**Medical Laboratory Sciences (MLS) Program**

**POLICY MANUAL**

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# Introduction

The purpose of this manual is to provide information for all employees and students of MLS program at Fakeeh College for Medical Sciences (FCMS) about various policies and procedures implemented at the program level. Employees and students are expected to be familiar with these policies and procedures. Any inquiry related to these policies and procedures should be directed to the Quality and Accreditation Unit (QAU). Additionally, this manual can be modified and updated in every three years or as needed. The policies and procedures within this manual are arranged under six chapters as follows:

**Chapter 1: Mission Goals and Objectives [Code-MGO]**

**Chapter 2: Program Management and Quality Assurance [Code- PMQA]**

**Chapter 3: Learning and Teaching [Code-LAT]**

**Chapter 4: Student Administration and Support Services [Code-SAS]**

**Chapter 5: Teaching Staff [Code-TS]**

**Chapter 6: Learning Resources, Facilities and Equipment [Code -LRFE]**

For more information regarding this manual will be found online on the college website:

<http://www.fakeehcollege.edu.sa/English/index.php?page=staff&action=generaldoc>

Quality & Accreditation Unit (QAU)

Fakeeh College for Medical Sciences

**Chapter-1**

**Mission Goals and Objectives**

**[MGO]**

# 1-Mission and objectives

## 1.1 Periodic Revision of MLS Mission, and By-laws. (MGO-MLS-01)

**Statement of the Purpose:**

To ensure that the MLS Program Mission statements and regulations are kept up to date by reviewing it periodically and also in the light of changing circumstances.

**Relation with NCAAA Standards**

S1.1.1, S1.1.6.

**Policies:**

* 1. This policy is to ensure that periodic review and feedback gathered on its Mission, goals and Program policies and regulations by means of a broad range of input from throughout the institution, stakeholders and independent reviewers to make it up-to-date and to match with the current status.
	2. MLS staff, students and other stakeholders awareness on ‘Mission” is measured on annual basis by conducting a mission awareness survey.
	3. The Mission review process is applicable for institutional Mission as well as for all FCMS programs.

**Procedure:**

**Review process:**

* + 1. FCMS College Council will decide on the Mission review process wherever there are significant changes in the Program’s nature or/and at least once in every five years as part of the “Strategic Plan” revision.
		2. The FCMS Strategic Planning Unit in coordination with Strategic Planning Steering Committee is responsible for initiating the review process.
		3. MLS staff, students and other stakeholders will be informed about the circumstances of Mission review process and their feedback is gathered through participating and/ or completing a Mission review survey format.
		4. The Strategic Planning Unit will submit the initial draft of mission statements to Strategic Planning Steering Committee for feedback.
		5. The College Council will share the revised draft with the College Board of Trustees (BOT) for review and comment, and the final draft is prepared.
		6. Once approved by BOT, it will be widely published through Cards, LCDs, College Website, and other official documents.
		7. The survey results are taken into consideration for reviewing the mission statements by Strategic Planning Unit.

**Responsibilities:**

**Strategic Planning Unit & Strategic Planning Steering Committee:**

Mission, Vision Goals and strategic plan development and review for FCMS and its all programs.

**College Council:** Review and discuss the final draft of statements and regulations and recommend its approval by Board of Trustees.

**Board of Trustees:** Final approval of FCMS’ and its programs’ vision, mission and strategic plan.

**Forms:**

* 1. Mission, Vision review feedback survey format.
	2. Stakeholder Awareness Survey on Mission and Objectives (See MQA-02:13).

**Evidence:**

1. FCMS strategic planning process.
2. FCMS approved vision and mission statements.
3. Annual Action plan.
4. Stakeholder’s feedback on the strategic planning committee.
5. College council report.
6. Stakeholders’ comments and views.
7. Survey’s results of the staff, students and stakeholders.
8. Mission review policy.
9. Mission and vision preparation Survey.

**KPI’s:**

1. Assess stakeholders’ awareness of college vision ,mission and objectives.
2. Satisfaction rate of mission, vision, and objectives.
3. Assessment of plan's compatibility with Vision 2030.
4. Assessment of the strategic plan compatibility with the national Education Development Plan.
5. Percentage of the achieved objectives of the strategic plan.

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

**Chapter-2**

**Program Management and Quality Assurance**

**[PMQA]**

# 2. **Program Management & Quality Assurance**

## 2.**1** **Committee and task force team Formation Policy (PMQA-MLS-01)**

**Statement of the Purpose:**

* 1. To define the steps for establishing and guiding the operation of committees and taskforce teams in the MLS program.
	2. To ensure the efficiency, by avoiding duplication of objectives and/or functions of established committees and taskforce teams.
	3. To ensure clear communication and work flow through well planned, organized meetings.

**Relation with NCAAA Standards**

S2.1, S2.2,S2.3 S2.4, S2.5,

**Policies:**

* 1. It is the policy of the program to encourage team work at all levels by involving members from male and female sections and from all Departments/ Units to be represented in program’s committees and taskforce teams.
	2. The authority to appoint or terminate any member from the program’s committees rests only with the Dean of the College
	3. MLS program’s standing committee membership will be assigned for a period of time during an Academic year.
	4. All committees shall hold meetings as per terms of reference.
	5. Attendance is mandatory for all the members.
	6. All meetings shall be minuted and filed and kept with the Chairperson and copy of minutes to be sent to Dean’s Office and Quality and Accreditation Unit.

**Procedure:**

* 1. The initiator identifies a need for a committee and submits the request, Terms of Reference and attaches any documents that could support the establishment of the committee to the Quality and Accreditation Unit for reviewing and evaluating the Terms of Reference.
	2. Quality and Accreditation Unit will review the Terms of Reference and ensure that similar committee or taskforce team does not exist then propose it to College’s Dean for approval. The Dean will decide the membership to be represented in the committee.
	3. The approved and signed terms of references returns to the Quality and Accreditation Unit and will keep the original copy and circulate scanned copies of the Committee Appointment Order Form (Attachment No.3) and the Terms of Reference to assigned members and update the college committee index accordingly.
	4. The Committee Chairmancalls for the first meeting of the committee within the first two weeks of receiving the Committee Appointment Order form.
	5. The Committee Chairmansends call for meeting, and the approved minutes via email taken after each meeting to committee members and copied to college Dean and Quality and Accreditation Unit.

**Guidelines for committee operation:**

**Responsibilities of committee Chairman***:*

1. The main responsibility of the Chairman is to ensure that the committee's direction is maintained within its established Terms of Reference, commencing from the time of receiving official notification.
2. Committee Chairmanprepares the agenda, sends call for meeting, and minutes via email taken after each meeting to committee members and copied to Dean and Quality and Accreditation Unit Director.
3. Opens, conducts and adjourns meetings.
4. Organizes, promotes participation of members, and control debate.
5. Count votes and announces the results.
6. Authenticates and ensures timely completion of minutes of committee meetings.
7. Recommends sub-committees upon committee's action. (for standing committees only).
8. Prepares, reviews, authenticates and submits committee reports and recommendations, as required.
9. Follows up on the absenteeism of members.
10. Requests replacement due to a vacancy, or frequent absenteeism, from appointing authority.
11. Has responsibility to establish policies, annual goals, activity plan and budget needed activities at the beginning of each academic year and submit to Dean’s approval.
12. Ensures that the committee's assigned responsibilities are completed in a proper and timely manner according to the terms of reference.
13. Following every meeting the chairman will highlight all issues arising that require referral for action and/or referral for approval from another entity (department, section, individual or committee)
14. Informs the Dean of any constraints hindering the accomplishment of the assigned duties.

Informs the Dean of the membership update (status) and ensures delegation of membership is based on appropriate approval of the above authority.

1. Sub-committee should submit an interim status and final report to the Standing Committee.
2. Submits an Annual Review Report to Dean and Quality and Accreditation Unit at the end of each academic year.

**Member of a Committee:** is expected to contribute time and effort towards the achievement of the committee functions. Basic duties include the following:

* + 1. Attends the committee meetings on time and any delay for 10 minutes considered as absenteeism.
		2. Notifies the secretary or chairman and department director of justified absence, within a reasonable time before any scheduled meetings. His/her department director will assign an acting member/representative to attend on his behalf.
		3. Complies with confidentiality requirements of issues, as applicable.
		4. Retires from that portion of the meeting where matters relating to him/her are under debate, or where conflict of interest arises.
		5. Informs immediate supervisor of the frequency of meetings, completion of assignment and pertinent information to department operation as necessary.
		6. Volunteers and willingly accepts assignments and complete it on time.
		7. The secretary of the committee is responsible for taking and typing the minutes and preparing any material for the committee meeting with the coordination of the committee chairman.

**Delegation of Membership:**

* + 1. All committee members must attend the meetings. A permanent delegation of membership may be accepted only through notifying the committee chairman.
		2. The Chairman may temporarily delegate authority to another (voting) member to serve as Acting Chairman during official leaves with the approval of the Dean.
		3. During an official leave of a committee member, the member in coordination with his/her organizational unit may recommend the appointment of another person to act on behalf of the absent member.
		4. When a member will not be able to attend a committee meeting due to unavoidable circumstances, a temporary replacement shall be arranged with the committee chairman through his/her Department Director ahead of the meeting time.

**Absenteeism:** Members who are absent for no valid reason for three or more consecutive meetings may be reported to the Dean and replacement requested.

**Meetings:** Meetings should be conducted in a timely, professional, and orderly manner, taking into consideration the requirements set below.

* + 1. Meetings will not become official unless called to order by the Committee Chairman or his/her representative.
		2. In addition to the fixed meeting schedule for all program’s committees, frequency of the meetings will be determined based on the volume of its activities. (If not as specified in the Terms of References)

**Agenda:** The agenda is prepared by the Chairman.

* + 1. The agenda should be according to the committee’s functions and activities as stated in the committee’s terms of reference.
		2. Unfinished business should be included in the agenda of the next meeting as old business for further discussion prior to new business.
		3. The urgent or important items should come before those of less importance.
		4. It should include the time the meeting will start, time allocated for each item and adjournment.
		5. The members should adhere to the agenda. To take up any particular item of business out of its proper order or re-scheduled requires a two-thirds vote.

**Minutes:** are the vital importance to the record keeping of committee as they reflect the official activities of the committee and provide reference to the organization:

* + 1. The secretary should prepare the minutes as soon as possible after a meeting.
		2. Minutes of the previous meeting should be distributed to members prior to the next meeting, and should be presented as the first item on the agenda.
		3. The minutes are certified by the signature and approval of the Chairman.
		4. A hard copy of the official approved minutes for all committees will be sent to Quality and Accreditation Unit and scanned copy will be sent through intranet to the members.

**Minutes of a meeting must include the following:**

1. Name of the committee.
2. Date, hour, place meeting was called to order.
3. Name of the chairman and the present members (acting/representative) and the fact that a quorum was present.
4. Name of absent members (on leave, excused, emergency, or un-excused absence and vacation).
5. Status of items on the agenda (open and closed).
6. Summary of any reports presented or debated.
7. All main suggestions, excluding those withdrawn.
8. Voting (yes, no and abstentions).
9. Time of adjournment.
	1. Unless otherwise stated in the committee Terms of Reference, the quorum for standing committees should not be less than (2/3) two-thirds of the committee members. For sub-committees and all ad hoc, a quorum is obtained if more than half of the members are present.
	2. In the absence of a quorum, the Chairman calls the meeting to order, announces the absence of a quorum, and entertains a motion to adjourn or recess, or takes measures to obtain a quorum.
	3. No quorum is obtained in the absence of the duly authorized presiding officer in any scheduled meeting.

**Debate:** In order to reach an appropriate decision on proposals submitted to a committee, exchange of ideas through debate is encouraged. Debate must be fundamentally impersonal. Discussion must be relevant to the subject.

* + 1. The Chairman opens the agenda items for discussion/debate in an orderly manner giving enough opportunity for members to speak. Reasonable time should be given by the Chairman for the discussion or debate of each item.
		2. No member can make a motion or address the meeting unless permission is granted by the Chairman.
		3. All discussions should be addressed to/through the Chairman and must never be directed to any individual.
		4. Members should not interrupt the speakers and/or disturb the meeting. Side conversation between members is considered an out of order conduct.
		5. The Chairman has the responsibility of controlling and expediting debate.
		6. When the debate appears to the Chairman to be finished, he should initiate the closing of the debate.

**Voting:** Members should vote freely without concern for undue course. Voting can be affirmative, negative or by abstention.

* + 1. If the question is undebatable or debate has been closed by order of the committee, the Chairman may put it to a vote, first calling for the affirmative and then for the negative vote and abstentions.
		2. The vote should be taken by “show of hands”, however, other methods of voting may be adapted by 2/3 vote.
		3. The responsibility of announcing or declaring the vote results with the Chairman. If there is doubt as to the result, the votes should be recounted.
		4. The Chairman has the same voting right as any other committee member.
		5. A member has the right to change a vote up to the time the vote is finally announced.

**Points of Order:** it is the duty of the Chairman to enforce the rules and the orders of the committee without debate or delay.

* + 1. Every member who notices the breach of a rule has the right to raise a point of order.
		2. A point of order must be raised at the time the breach of order occurs.
		3. The Chairman decides the validity of the point of order; however, an appeal may be made immediately at the time of the ruling.

**Adjournment:** Time of adjournment is normally fixed on the agenda; however, adjournment may take place before or after such time.

* + 1. The announcement of adjourning a meeting is the responsibility of the Chairman as the presiding officer
		2. Members should not leave their seats until the Chairman has declared the meeting adjourned.

**Committee Annual Review Reports:**

* + 1. A committee report should be as brief, clear and accurate and include the following:
		2. A brief explanation of the methodology or how the committee carried out its work and the number of man-hours consumed to accomplish its tasks.
		3. A description of the work that the committee performed, its findings and conclusions. (Investigation committee)
		4. Committee reports should be printed in advance and distributed to members prior to the meeting.
		5. The committee report should be presented to the committee by its Chairman or by a representative member of the committee.
		6. Committee report after being presented to the committee should be open for comment, questions and discussion.
		7. The Chairman must sign the final form of the report, after being approved by the committee.
		8. All standing committees and Sub-committees will submit annual reports to the

College Dean and copied to Quality and Accreditation Unit.

* + 1. The report, after being submitted to the Dean, may be referred back to the committee for further study, modification or recommendation.

**Dissolution of a Committee:**

1. Only the appointing authority (College Dean) can dissolve the committee any time during its operation.
2. Unless otherwise specified, Sub-Committee, Ad hoc (Task Force) will be dissolved automatically upon acceptance, by the appointing authority of their final report.
3. The appointing authority, upon receipt of the committee report, should decide on the merit of performance and status of the committee within one-month period; otherwise, the committee is considered dissolved.
4. A Standing Committee may recommend its dissolution for certain reasons, by a unanimous vote of its members. Such recommendations should be documented.

**Responsibilities:**

**College Dean:**

Appointment and dissolution of college committees.

**Committee chairperson:**

Ensure that the committee's direction is maintained within its established Terms of Reference.

**Committee members:**

Contribute time and effort towards the achievement of the committee functions by abiding to the regulations.

**Forms:**

* 1. Committee formation order form.
	2. Agenda and Call for Meeting form.
	3. Minutes of meeting Format.
	4. Annual Department Report form
	5. Annul Unit Report form
	6. Department/ Unit Description
	7. Annual Committee report Format

**Evidence:**

1. List of Committees and work teams at FCMS.
2. Committee chairperson responsibilities.
3. Responsibilities and terms of reference of the Committees.
4. Approved Committees’ recommendations.
5. Strengthening the collective work of the Committees
6. Committee’s annual reports.
7. Approved manual of Committees’ tasks.

**KPI’s:**

1. Proportion of faculty and staff who participated in committees.
2. Proportion of stakeholders’ satisfaction with committees at FCMS.
	1.

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## 2.2 Committee Self-evaluation Policy. (Code PMQA-MLS-02)

**Statement of the Purpose:**

To Maintain and improve services provided by the MLS program’s committees, and to improve the satisfaction over the quality of services provided by the Committees.

**Relation with NCAAA Standards**

S2.5.6,S2.5.8,S2.5.9,2.5.10,S2.5.12

**Policies:**

MLS program’s admin believes that self-evaluation is an important measure to identify the strengths and weaknesses, therefore, to improve the quality of performance.

**Procedure:**

* 1. Self-evaluation process is conducted annually by all program’s Committees’ including administration and Departmental Council.
	2. Committee chairpersons will evaluate the performance based on the evaluations of committee members and will present the report to the QAU and higher authority of the college.
	3. Based on the self-evaluation report committee will adopt new strategies for enhancing committee performance if required.
	4. The self-evaluation reports of the MLS program’s sub-committees will be submitted to the Quality and Accreditation Unit.
	5. The Quality and Accreditation Unit will prepare a comprehensive report on committee’s activities annually and submit to the college Dean and Quality and Accreditation Steering Committee for review and approval.

**Responsibilities:**

**Committee Members:** Complete the self-evaluation on annual basis.

**Committee chairperson:**

Prepare committee self-evaluation report and improvement strategies.

**Quality and Accreditation Unit:**

Submit an overall report on committees’ performanceduring academic year to the College Dean and Quality and Accreditation Steering Committee.

**Forms:**

* 1. Self evaluation tool-Board of Trustees
	2. Self evaluation tool-College Council
	3. Self evaluation tool-Quality and Accreditation Steering Committee

**Evidence:**

1. Self-evaluation report on committees.
2. FCMS Improvement plans
3. Approved comprehensive annual report of the Quality Committee Activities.

**KPI’s:**

1. Satisfaction rate of stakeholders of each committee.
2. Achievements rates of each committee at FCMS.

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## 2.3 Code of Conduct Policy. (Code PMQA-MLS-03)

**Statement of the Purpose:**

* 1. This Code of Conduct contains the policies that relate to the legal and ethical standards of conduct that FCMS’s Board of trustees, executive management, staff and students are expected to comply with while carrying out their fiduciary duties and responsibilities at the college.
1. This policy is intended to help concerned persons focus on areas of ethical risk, provide guidance to help them recognize and deal with ethical issues, provide mechanisms to report unethical conduct, and to help foster a culture of honesty and accountability.

**Relation with NCAAA Standards**

S2.6.1, S2.6.2, S2.6.3, S 2.6.4, S2.6.5, S2.6.6, S2.6.7

**Policies:**

* 1. The Code of Conduct complements, but does not replace, the standards of behavior and performance required by the college regulations.
	2. The code of conduct clarifies the standards of behavior that are expected of staff and students in the performance of their duties and responsibilities. It gives guidance in areas where staff needs to make personal and ethical decisions.
	3. All FCMS staff and students shall comply with the laws, rules and regulations applicable to FCMS.

**Conflict of Interest:**

* + 1. All FCMS’s staff and faculty shall avoid conflicts of interest between themselves and FCMS.
		2. A “conflict of interest” can occur when the private interest of any of the FCMS’s staff and faculty in any way or even appears to interfere, with the interests of FCMS as a whole.
		3. A conflict situation can arise when any of the FCMS’s staff and faculty takes actions or has interests that may make it difficult to perform his or her college work objectively and effectively.
		4. Conflicts of interest also arise when any of the FCMS’s staff and faculty, or a member of their immediate family, receives improper personal benefits as a result of his or her position at FCMS.
		5. Each FCMS’s staff and faculty shall fully disclose any situation that involves, or may reasonably be expected to involve a conflict of interest. Moreover, all executive management, managers and employees shall report any conflict of interest to their department directors.

**Gifts**

All FCMS’s staff and faculty shall not accept gifts or personal benefits of any value from external parties if it could be perceived that this could compromise or influence any of the FCMS’s staff and faculty decision. Additionally, no gift shall be accepted from a supplier, vendor, contractor or student unless the gift has insubstantial value and a refusal to accept it would be discourteous or otherwise harmful to FCMS.

**Entertainment**

Acceptance of normal business entertainment such as lunch, dinner, an event, and the like, generally is appropriate if it is of a reasonable nature and is in the course of a meeting or another occasion, the purpose of which is to hold genuine business discussions or to foster better business relations. All FCMS’s staff and faculty are to report any such entertainment. As such, all executive management, managers and employees are to report any such entertainment (in advance, if practical) to their direct supervisors.

**Outside Activities**

All FCMS’s staff and faculty are prohibited from engaging in any freelance activity or employment that adversely affects the quality or quantity of work performed; competes with FCMS's activities; implies sponsorship or support by FCMS of the outside employment or organization; or adversely affects FCMS’s reputation; or makes use of or interferes with FCMS’s time, facilities, resources or supplies.

**Interests in Other Businesses**

It is a potential conflict of interest for all FCMS’s staff and faculty or their spouses or any other immediate family members (jointly referred to as “family members”) to directly or indirectly have a financial interest (e.g., as an investor, lender or Board Member) in a competitor, or in a customer or supplier with whom that FCMS’s staff and faculty or his or her subordinates deal in the course of his or her job with FCMS. Accordingly, employees must promptly disclose any such interests to their supervisor.

In addition, an employee must disclose to his or her supervisor/department director any employment or consulting relationship that a family member has with a competitor, or with a customer or supplier with whom the employee has dealings.

**Corporate Opportunities**

FCMS’s staff and faculty have a duty to advance FCMS’s legitimate interests when the opportunity to do so arises. They are, therefore, prohibited from:

* + 1. Taking for themselves personally opportunities that are discovered through the use of college property, information or position for personal gain.
		2. Competing with FCMS.

**Harassment**

FCMS’s staff and faculty are committed to a working environment which is free from harassment, including discrimination, victimization and bullying, and in which the dignity of the individual is paramount. As such, all concerned persons are responsible for helping to ensure that individuals do not suffer any form of harassment. Any staffs who suffer from harassment will have the total support of FCMS in putting a stop to it.

**Nepotism Disclosure**

FCMS does not prohibit the employment of relatives, and it does not wish to become involved in consensual relationships between co-workers. However, precautions must be taken to ensure that individuals are not and do not appear to be improperly influenced by the existence of close personal relationships. In particular, FCMS’s staff and faculty may not directly supervise or otherwise participate in decisions regarding the hiring, retention, promotion or compensation of other FCMS’s staff and faculty with whom they have a close personal relationship. FCMS construes “close personal relationships “as relationships between immediate family members, spouses, fiancés, children, grandchildren, siblings, parents, grandparents, aunts, uncles, nieces, nephews, and their respective spouses and any other relationships that reasonably might be perceived as potentially compromising FCMS’s staff and faculty ability to make independent, unbiased decisions on behalf of FCMS.

**Employee Relations**

It is FCMS's policy that all FCMS’s staff and faculty, regardless of level, shall strive to meet the following objectives:

* + 1. Respect each employee, worker and representative of students, suppliers and contractors as an individual, showing courtesy and consideration and fostering personal dignity.
		2. Make a commitment to and demonstrate equal treatment of all employees, workers, students, suppliers and contractors without regard to race, color, gender, religion, age, national origin, citizenship status or disability.
		3. Provide a workplace free of harassment on the basis of race, color, gender, religion, age, national origin, citizenship status or disability.
		4. Afford employees a reasonable opportunity, consistent with the needs of FCMS, for training to become better skilled in their jobs.
		5. Encourage promotion from within, consistent with the needs of FCMS, whenever qualified employees are available.
		6. Ensure that each manager knows personally every employee two levels directly below them to allow employees an avenue to voice opinions to management other than their direct management.
		7. Treat any suggestions by external consultants brought in to enhance our processes as opportunities to improve skills and not as criticism. Provide and maintain a safe, healthy and orderly workplace.
		8. Assure uniformly fair compensation and benefit practices that will attract, reward and retain quality employees.

**Safety**

FCMS is committed to provide a safe workplace for all FCMS’s staff and students. In addition, there are laws and regulations that impose responsibility on FCMS to safeguard against safety and health hazards. For those reasons, FCMS’s staff and faculty who are present at FCMS's facilities are required to follow all safety instructions and procedures that FCMS adopts. If FCMS’s staff and faculty have any questions about possible health and safety hazards at any of our facility, they shall bring those questions to the attention of their supervisor as soon as possible.

**Confidential Information**

Except when disclosure is authorized, legally mandated, or required by law, all FCMS’s staff and faculty shall maintain and protect the confidentiality of information entrusted to them about students, work colleagues, suppliers, stakeholders and FCMS’s business and financial affairs. “Confidential information” includes all non-public information that might be of use to competitors, or harmful to FCMS or its student, if disclosed.

**Fair Dealing**

All FCMS’s staff and faculty shall endeavor to deal fairly with FCMS’s students, suppliers, competitors and employees. None shall take advantage of anyone through manipulation, concealment, abuse of privileged information, misrepresentation of material facts, or any other unfair-dealing practice.

**Corruption and Bribery**

Bribery occurs when anyone offers, solicits, gives, receives or accepts anything of value in exchange for favorable treatment by a Company, government authority or official. It also occurs when a company secures an unfair advantage over its competitors through secret and corrupt dealings with prospective customers. Bribery is illegal, and any of FCMS’s staff and faculty who elicits, participates in or condones a bribe, kickback, or other unlawful payment or attempts to participate in any such activity, will be subject to strict disciplinary action, up to and including termination. FCMS also reserves the right to refer such matters to public authorities for possible criminal prosecution.

**Protection and Proper Use of Company Assets**

All FCMS’s staff and faculty shall protect FCMS’s assets and ensure their efficient use. Theft, carelessness and waste have a direct impact on FCMS’s profitability. As such, FCMS's assets are to be used only for the legitimate business purposes of FCMS and its subsidiaries and only by authorized employees or their designees. This includes both tangible and intangible assets. Some examples of tangible assets include Company vehicles and office equipment such as phones, copiers, computers, furniture, and supplies.

FCMS's email system shall be restricted primarily to Company business. Highly confidential information shall be handled appropriately. Files containing sensitive business data shall be appropriately password protected. FCMS reserves the right at any time to monitor and inspect, without notice, all electronic communications data and information transmitted on the network and electronic files located on personal computers owned by FCMS or computers on the premises used in Company business.

Third party software is provided as a productivity tool for employees to perform their job functions. FCMS’s staff and faculty may be liable as individuals for illegal software use. To the extent permitted under applicable laws, employees, contractors and temporary employees shall assign to FCMS any invention, work of authorship, composition or other form of intellectual property created during the period of employment.

**Advertising and Promotional Activities**

False, misleading or deceptive advertising and related activities in the promotion made by FCMS is prohibited. In addition, fair and accurate advertising and sales practices are critically important in preserving FCMS's goodwill and reputation with its students and the general public. Therefore, all advertising claims and other representations to students’ and potential students must be truthful and have a reasonable basis. In addition, all advertising claims, whether made in catalogues, brochures, leaflets, posters, newspapers, magazines or other print as well as non-print media, must be substantiated before publication or dissemination.

**Accurate Record Keeping and Reporting**

FCMS’s staff and faculty shall accurately reflect the transactions of FCMS in its books, records, accounts and reports and shall maintain an adequate system of internal controls and disclosure controls to promote compliance with the laws, rules and regulations applicable to FCMS. All FCMS’s staff and faculty will, to the best of their ability, use reasonable endeavors to ensure that FCMS’s records and documents, including financial reports, are true and correct. Falsification of any Company record is prohibited. All reports, documents or communications authorized or legally mandated for disclosure to the public shall be full, fair, accurate, timely and understandable.

**Influences on the Conduct of Audit**

FCMS’s staff and faculty must not take any action to fraudulently influence, coerce, manipulate or mislead any auditor performing an audit or review of FCMS's financial statements. The types of conduct that may constitute improper influence include:

* + 1. Offering or paying bribes or other financial incentives, including offering future employment or contracts for non-audit services.
		2. Providing an auditor with inaccurate or misleading information or advice, including legal analysis.
		3. Threatening to cancel or cancelling existing non-audit or audit engagements if an auditor objects to FCMS's accounting.
		4. Seeking to have a partner removed from an audit engagement because he objects to FCMS’s accounting.
		5. Blackmailing and making physical threats.

**The Environment**

FCMS recognizes that its businesses have an impact on the environment. FCMS is committed to ensuring that this impact is reduced where practicable. To satisfy this commitment, FCMS seeks to ensure that the resources and materials used by its businesses are sustainable, are capable of being recycled and are used effectively with the minimum of waste; that where practicable, we utilize technologies, materials and processes which do not have an adverse impact on the environment and, where such impact is unavoidable, it is minimized; and that our suppliers and contractors have the same objectives.

**Government Contracting**

The laws, rules and regulations applicable to contracting with government entities are complex and may impose different and special requirements on FCMS. Failure to comply with these requirements may be a criminal offence. All FCMS’s staff and faculty shall comply with these requirements and questions regarding compliance shall be referred to appropriate personnel or outside counsel as necessary.

**Reporting of Illegal or Unethical Behavior**

FCMS’s staff and faculty shall promote ethical behavior and shall encourage employees to talk to supervisors, directors or other appropriate personnel when in doubt about the best course of action in a particular situation. The FCMS’s staff and faculty shall report illegal or unethical behavior, of which they become aware of. As such, all executive management, managers and employees shall report illegal or unethical behavior to their direct line supervisor (manager). Violations will be investigated and action will be taken by the appropriate personnel or the Board as necessary. FCMS will not allow retaliation for reports made in good faith.

**Corporate Governance and Accountability**

FCMS is committed to high standards of corporate governance.

 **Misrepresentation to Avoid Academic Work:**

Misrepresentation by fabrication an otherwise justifiable excuse such as illness, injury, accident, etc., in order to avoid or delay timely submission of academic work or to avoid or delay the taking of a test or examination.

**Other:**

Academic units and members of the faculty may prescribe and give students prior notice of additional standards of conduct for academic honesty in a particular course, and violation of any such standard of conduct shall constitute misconduct under this Student Code and the University Disciplinary procedures.

**Violence**

A student shall not engage nor attempt to engage in any act of violence against oneself or another person.

**Weapons, Dangerous Instruments, and Explosive Chemicals or Devices**

The possession, use or threat of use of any object that may reasonably be believed to cause physical injury to another person is prohibited.

**Student Organizations**

Student organizations are expected to adhere to the same standards of conduct applicable to individual students.

**Theft**

Theft is defined as taking or possessing the property of another without right or permission. Students shall respect the property of the college, its guests, and all members of the college community.

The unauthorized taking, misappropriation, possession, retention, or disposal of any property owned or maintained by the college, another student, a person attending a college event, or any other person; will lead to disciplinary action.

**Other malpractice like:**

1. Furnishing false information to any college official, faculty member, or office.
2. Forgery, alteration, or misuse of any college document, record, or instrument of identification.
3. Disruption or obstruction of teaching, research, administration, disciplinary, proceedings, and other college activities on or off-campus, including its public service functions on or off-campus, or of other authorized activities.
4. Physical abuse, verbal abuse, threats, intimidation, harassment, coercion, and/or other conduct that threatens or unreasonably endangers the mental or physical health, safety or reputation of any person or oneself, including any such conduct achieved through means of social media or any other means of electronic communication.
5. Attempted or actual theft of and/or damage to property of the college or property of a member of the college on or off campus.
6. Failure to comply with direction of college officials will invite disciplinary action.
7. Unauthorized possession, duplication or use of keys and/or keycards to any college premises or unauthorized entry to or use of college premises.
8. Use, possession, or distribution of marijuana, heroin, narcotics, or other controlled substances, or drugs against the law of the country.

**Procedure:**

1. New employees are required to sign a copy of Fakeeh College for medical Sciences(FCMS) Code of Conduct upon joining and annual re-contracting and a signed copy is placed in the employee’s personnel file.
2. All new students are required to sign the copy of student’s code of conduct upon joining by the student affairs officer. The signed copy of the same is kept in students file.
3. Code of conduct has to be included as part of the staff and students orientation program and they need to sign the code of conduct as and when it is renewed.
4. An electronic copy of the Code shall be present on college document gate, accessible to all employees and the students. Publish the code for students and staff on all visible areas in both English and Arabic language for easy access and viewing.
5. It is the responsibility of department directors and college dean to monitor compliance with the Code of Conduct and to initiate disciplinary action against employees and students who do not abide by the tenets of the Code.

**Academic dishonesty by student:**

* + 1. In case of act of academic dishonesty, the faculty member may impose an academic sanction as severe as giving the student a failing grade in the course.
		2. Before imposing an academic sanction the faculty member shall first attempt to discuss the matter with the student.  If deemed necessary by either the faculty member or the student, the matter may be brought to the attention of the student’s adviser, the faculty member’s department head, or the dean of the college.
		3. When academic sanction is imposed which causes the student to receive a lowered course grade, the faculty member shall make a report in writing of the facts of the case and the academic sanction imposed against the student to the faculty member’s department head and to the disciplinary committee chairperson.  The student shall be provided with a copy of this report.  Further, the faculty member may recommend the disciplinary proceedings against the student for violation of the Student Code, if the faculty member in the exercise of his or her professional judgment believes that such action is warranted.
		4. In cases where a faculty member’s finding of academic dishonesty is admitted by the student and an academic sanction is imposed by the faculty member, who the student believes to be too severe, the student shall have the right to appeal the severity of the academic sanction through the applicable grade appeal procedure.
		5. In cases where a faculty member’s finding of academic dishonesty is disputed by the student, the matter shall be referred to the appeal committee for disposition in accordance with the college Disciplinary Procedures.  Any academic sanction imposed by the faculty member shall be held in pending for a final decision under the college Disciplinary Procedures.
		6. If it is determined through these procedures that the student did not commit academic dishonesty, the faculty member’s academic sanction shall be set aside.  If it is determined that the student committed academic dishonesty, the faculty member’s academic sanction shall be imposed in addition to any disciplinary sanction which may be imposed under the college Disciplinary procedure.

**Conflict Disclosure**

* + 1. Human resource officer has to ensure that all staff members are familiar with college policies and procedures related to Conflict of Interest through orientation program.
		2. All staff members should complete and promptly submit a disclosure form to the human resource officer upon employment. Upon employment and thereafter at any point if he/she has discovered or suspects that an actual, potential, or perceived conflict of interest exists or could arise from a situation or activity has to report this to department director.
		3. Upon receipt of a complete disclosure, the department director will forward the case to department council/college council for decision.
		4. Staff Member can expect disposition within a reasonable time frame (normally15 calendar days).
		5. In the case of the college dean, the Chair of the Board of Trustees shall act in the place of the College council.
		6. If any employee breaches the rules and regulations issued by the College shall be subject to disciplinary actions. Disciplinary actions which may be imposed on employee are:
			- Draw attention (Reprimand)
			- First Warning
			- Second Warning
			- Deduction from salary
			- Suspension without salary
			- Demotion.

Dismissal

* + 1. All FCMS employees have to refrain from the following activities according to our regulation:
			- Undue personal gain from college funds or resources.
			- Excessive or unauthorized use of college time or resources for professional, charitable or community activities.
			- Exploitation of students for private gain.
			- Compromise of college priorities due to personal financial considerations.
			- Unfair access by an outside party to college programs, services, information or technology.
			- Selection of an entity as a college vendor by an individual who has a personal or economic interest in that entity; this includes engaging a relative as an independent contractor, subcontractor or consultant.
			- Situations in which a faculty or staff directly dealing with students who are an immediate family member of the faculty or staff.
			- The College staff member are not allowed to enter into agreements, contracts, or purchases that give rise to a Conflict of Interest unless the conflict can be eliminated or appropriately managed through administrative oversight to protect the interests of the individual and the College.
			- College resources are to be used only in the interest of the College. Faculty and Staff may not use College resources, including facilities, personnel, equipment or confidential information, as part of their outside consulting activities or for any other non- College purposes.
			- Employees are not allowed to render any services to any person or company, in any capacity, during their service in the college, with or without pay.
			- Favors of any value should be recognized for their potential influence on the objectivity of judgment with respect to the provider and the recipient of the favor.
			- Faculty and Staff shall not solicit a gift or accept a significant gift when such solicitation or acceptance may influence, or have the appearance of influencing, the performance of the duties.
			- The College employees shall refrain from using College name and logo and any of the College means of communication in activities or businesses not related to the College.
			- A staff member should complete and promptly submit a conflict disclosure form to the department director after the member has discovered or suspects that an actual, potential, or perceived conflict of interest exists or could arise from a situation or activity.
			- Every staff member makes the commitment when hired by Fakeeh College for Medical Science to promote confidentiality and abide to Fakeeh College for Medical Science Policies and Procedures.
			- All FCMS administrators and employees have to report to the direct supervisor any acceptance of normal business entertainment such as lunch, dinner and the like to foster better business relation.
			- All FCMS administrators and employees are responsible to ensure that individuals do not suffer from any form of harassment. Any staff suffer from any kind of harassment can raise this issue to the staff disciplinary committee.
			- All FCMS employees and students are obliged to follow the FCMS safety regulations any violations will lead to disciplinary action.

**Responsibilities:**

**Employee and Student:** Each employee and student is committed to follow the code of conduct and regulations of the college.

**HR Officer:** Ensure that each employee receives orientation on college code of conduct and have employee sign upon joining and re-contracting the latest updated college code of conduct and keep this in their personal file.

**Student Affairs Officer:** Ensure that each student receives orientation on Student code of conduct and have students sign upon joining and keep the signed copy of the same in their personal file.

**Department Director:** Monitor each employee’s/Students compliance with the policy and report any breech of code of conduct for necessary action.

**College Dean:** Ensure that the college employees and students are aware of the code of conduct applicable to them and is strictly followed and this policy is fairly implemented.

**Forms:**

1. FCMS Code of conduct form for students and employees.
2. The confidentiality of information policy form.

**Evidence:**

1. Employees and students evaluation report on the commitment to the Code of conduct.
2. FCMS manual Code of conduct for employees and students.
3. The confidentiality of information report.

**KPIs**

1. Students satisfaction rate with the Code of conduct
2. Staff and faculty Satisfaction rate with students and users’ commitment to the Code of conduct.

  **Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## 2.4 Benchmarking policy. (Code PMQA-MLS-04).

**Statement of the Purpose:**

To establish guidelines for comparison of MLS program achievement with internal and external alike programs.

**Relation with NCAAA Standards**

S2.5.5, S2.5.6, S2.5.8, S2.5.9

**Policies:**

MLS always intends to improve our performance by verifying against accepted standards to implement best practice standards.

**Procedure:**

* 1. Identify potential benchmarking partners (programs) and reach an agreement for benchmarking.
	2. The selected competitor must have a compatible; Mission, Vision, Values services, similar discipline mix and comparable size.
	3. Select Key Performance Indicator (KPI) for benchmarking and discuss in Quality and Accreditation Steering Committee for approval.
	4. In each academic year, KPI will be discussed and finalized in the Quality and Accreditation Steering Committee.
	5. The similar performance indicator compares same data among the departments and sections.
	6. Forward the approved KPI data to the external programs for data sharing and feedback.
	7. Prepare benchmarking report and improvement strategies, (if applicable), when it is discussed in the Quality and Accreditation Steering Committee.

**Responsibilities:**

**Quality and Accreditation Unit;**

* + 1. Prepare KPI report for the purpose of benchmarking
		2. Identify the benchmarking partners and inform the college administration.
		3. Analyze data received from external programs and prepare a report on the outcome with recommendations.
		4. Provide FCMS QASC and departments with recommendations and report/s.

**Department Director:**

* + 1. Select Performance Indicators (PI) according to the program operational goals.
		2. Provide FCMS Quality and Accreditation Unit with finalized PI’s and data at the end of the semester.

**Quality and Accreditation Steering Committee:**

* + 1. Discuss and review the program annual KPI report/s and provide feedback and recommendations.
		2. Approve the KPI list to be benchmarked.
		3. Select programs for benchmarking.
		4. Discuss benchmarking report and plan improvement strategies.

**The Dean:**

* + 1. Approve the program’s finalized KPI report.
		2. Communicate with selected external programs for benchmarking.
		3. Approve the benchmarking report and improvement strategies.

**Forms:**

Key Performance Indicator – External Benchmarking Format.

**Evidence:**

1. FCMS seeks to verify to improve its performance
2. KPIs report
3. Forward the approved KPI data to the external institutions for data sharing and feedback
4. Share approved data for KPIs data to the external institutions
5. discuss benchmarking report with the quality committee.

**KPI’s:**

1. Satisfaction rate of student and staff on improve performance

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## 2.5 Internal Quality Auditing Policy. (Code PMQA-MLS-05)

**Statement of the Purpose:**

To ensure that the program achieves and maintains its quality standards and progress towards advancements.

Relation with NCAAA Standards

S2.5.1, S2.5.2, S2.5.4, S2.5.5, S2.5.9, S2.5.10

**Policies:**

* 1. MLS administration always aims to verify its achievement on quality standards and improve its performance to achieve excellence.
	2. **Time Specification:** Quality and Accreditation Steering Committee formulates the IQAS review team to initiate monitoring process from September to June every Academic year. The IQAS team reporting schedule is as follows:
* 1st Report to be submitted to QASC by December
* 2nd Report to be submitted to QASC by March
* Final Report to be submitted to QASC by June
	1. The scope of assessment includes: teaching and learning process, curriculum, academic administration, student guidance, assessment process, teaching and learning environment, adequacy of resources and facilities and other NCAAA quality standards.

**Procedure:**

* 1. Quality and Accreditation Steering Committee formulates an IQAS review team for each academic year**.**
	2. The IQAS review team evaluates the activities and performances (based on the IQAS evaluation guide) using the IQAS monitoring tool.
	3. The IQAS review team continuously monitors the quality of performance and report to QASC as per agreed timeline.
	4. As per agreed time frame the reviewers are responsible to submit their reports and recommendations to QAU.
	5. The recommendations will be discussed in the, “Quality and Accreditation Steering Committee” and measures will be taken accordingly.

**Responsibilities:**

**Quality and Accreditation Steering Committee:** Formulate IQAS audit team and co-ordinate the internal audit process.

Receives the report from audit team and discuss the improvement strategies.

**IQAS Review team:** Conduct annual quality monitoring and submit report to the Quality and Accreditation Unit and QASC.

**Forms:**

* 1. IQAS - Evaluation Guide
	2. IQAS – Rubric Evaluation
	3. IOAS – Checklist for NCAAA Standards
	4. IOAS – Checklist for Program evaluation
	5. IOAS – Checklist for Academic Departments evaluation
	6. IOAS – Checklist for Administrative departments/Units evaluation

**Evidence:**

1. Audit team members.
2. Audit team report.
3. Feedback report to the audit team recommendations.

**KPI’s:**

1. Steady improvement rate in quality.
2. Stakeholder satisfaction rate with the improvement in quality.

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## 2.6 Encouraging Initiative and Creative Ideas Policy. (Code PMQA-MLS-06)

**Statement of the Purpose:**

To provide opportunity for students and staff of Fakeeh College for Medical Sciences (FCMS) to raise their concerns, creative and innovative ideas to enhance their experience and satisfaction at college.

**Relation with NCAAA Standards**

S2.2.7, S 2.5.2, S2.5. 3, S2.5.7, S2.6.1

**Policies:**

1. FCMS is committed to ensure that all students and staff of the FCMS have the opportunity to raise their concerns, creative and innovative ideas for improvement.
2. FCMS values students and staff feedback which will enable college administration to improve academic and non-academic activities at the college.

**Procedure:**

* 1. A suggestion box is placed in both college campuses to accept students and staff suggestions.
	2. Students and staff write their concerns, creative and innovative ideas and place it in the suggestion box.
	3. Quality and Accreditation Unit (QAU) collects all the concerns, creative and innovative ideas on weekly basis.
	4. QAU will initiate the suggestion action form and forward to the responsible department /person.
	5. An action to be taken by the involved department and forward the form to the QAU after completion.
	6. QAU will follow up the action plan with the involved department to ensure action is taken and close the issue within one month from the receipt of the suggestion.
	7. QAU will prepare a monthly report on all suggestions received and submit to the College Dean.

**Responsibilities:**

* 1. **Employee/Students:** Forward the suggestions or recommendations for improvements and innovative ideas.
	2. **Quality and Accreditation Unit:** Collect the suggestions and follow up with the responsible department and prepare monthly report.
	3. **College departments:** Implement the action plan based on the recommendations for improvement and report to Quality and Accreditation Unit.

**Forms:**

* 1. Suggestion form
	2. Suggestion action form
	3. Monthly report form

**Evidence:**

1. Participation report on students and staff in creative initiatives and ideas.
2. Students and staff survey analysis of encouraging Initiative and Creative Ideas at FCMS.

**KPI’s:**

Student and staff satisfaction rate with the promotion of initiatives.

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## 2.7 Key Performance Indicator Policy. (Code PMQA-MLS-07)

**Statement of the Purpose:**

To guide the selection, monitoring and reporting of Key Performance Indicators (KPIs) at the MLS program.

**Relation with NCAAA Standards**

S2.5.4, S2.5.6, S2.5.7, S2.5.9

**Policies:**

1. Key Performance Indicator selection and development is done according to the guidelines by National Commission for Academic Assessment and Accreditation (NCAAA).
2. Additional indicators can be selected by departments in consultation with Quality and Accreditation Unit (QAU) with final approval from Quality and accreditation steering committee QASC.
3. Regular monitoring and reporting on Departmental Key Performance Indicators is the responsibility of the MLS program Director.
4. If any Key Performance Indicators Data reflecting negative trend or variances this has to be analyzed critically and initiate performance improvement plans by the MLS department and QAU.

**Procedure:**

1. Performance indicators are selected by MLS departments in co-ordination with QAU and this is reviewed annually by QASC.
2. MLS Department will collect data on Key Performance Indicators as per collection schedule (annually or bi-annually) and submit to QAU.
3. Data analyst is responsible for analyzing the data and preparing statistical reports.
4. QAU is responsible for preparing institutional indicators.
5. QAU director will present statistical report on all indicators in QASC with action recommendations (if applicable).
6. MLS Department director are responsible for developing action plans to improve the status based on the report.
7. The approved final Key performance Indicator report will be published college wide by the QAU.

**Responsibilities:**

**MLS Program Director:**

* + 1. Select Performance Indicators according to the department operational goals.
		2. Based on the KPI annual report prepare action plan for improvement for applicable indicators.
		3. Follow up the implementation of the performance improvement plan and report findings to Quality and Accreditation Steering Committee.

**Quality and Accreditation Unit:**

* + 1. Selection and monitoring of institution wide Key Performance Indicators (KPIs).
		2. Collaborate with departments in selection of Departmental Indicators according to departmental goals.
		3. Prepare the report with recommendations based on the analyzed data and submit it to Quality and Accreditation Steering committee.
		4. Follow up with the MLS department on improvement plans to rectify deficit areas.

**Quality and Accreditation Steering Committee:**

Review and Approve FCMS finalized KPIs.

**Forms:**

List of Key Performance Indicators

**Evidence:**

1. Key Performance Indicator report.
2. Audit teams report on Key Performance Indicator.

**KPI’s:**

External and internal Audit teams satisfaction rate of KPIs report.

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## **2**.8 Budget Preparation Policy. (Code PMQA-MLS-08)

**Statement of the Purpose:**

* 1. To ensure a sound financial platform for the continued operation of the Medical Laboratory Sciences (MLS) program in Fakeeh College for Medical Sciences (FCMS).
	2. To ensure appropriate equitable allocation and distribution of available financial resources to the program based on the college mission and goals of the college, in addition to Strategic planning and Quality Priorities.
	3. To establish direct link between the MLS program planning and financing processes of FCMS.

**Relation with NCAAA Standards**

S6.1.1, S6.1.2, S6.1.3, S6.1.4, S6.1.5, S6.1.6, S6.1.7, S6.1.8, S6.1.9.

**Policies:**

* 1. Board of Trustees (BOT) requires FCMS administration to prepare, publish and operate the FCMS based on agreed upon and approved annual budget.
	2. The Director of Administration and Finance (DAF) in conjunction with the Dean and Organizational Unit Managers will be responsible for preparing, agreeing, operating and reporting against the approved annual budgets.
	3. Annual budgets will be prepared with the input from all organizational Units.
	4. MLS Head of Department (HOD) will assist in the preparation by projecting his department needs to help in meeting organizational goals and will operate his department according to the approved annual budgets.
	5. MLS HOD will be responsible for his department performance and compliance to the approved FCMS annual budget.
	6. Finance Unit Manager will formally monitor and on compliance with the approved annual budget.
	7. Aggregated and correlated budget data are considered confidential and will have limited access.
	8. The preparation and reporting of the annual Budget will comply with the guidelines as directed herein.

**Procedure:**

* 1. The DAF will circulate the forms to all organizational Units including Programs Directors through the Dean on the last week of August every year.
	2. The Program Director will complete the budget preparation forms and will return them to the DAF by the second week of October.
	3. The DAF will coordinate with all Department Director as necessary to fully complete the departmental budget forms.
	4. The DAF will schedule necessary meetings with the Department Directors, to discuss the submitted forms. This stage will be completed by middle of November.
	5. The Finance Unit Manager will prepare the FCMS’s Annual Budget proposal in conjunction with the DAF encompassing the inputs from the organizational Units.
	6. The DAF and the Dean will submit the budget proposal to the Chairman, Board of Trustees for approval.
	7. Upon Approval of the budget from the Chairman, Board of Trustees, the same will be formalized as an approved budget for the approved fiscal year.
	8. The Dean will present quarterly reports to the Chairman, Board of Trustees on budget variance.
	9. If significant changes occur in the operative or budget assumptions, the Finance Unit Manager in conjunction with the DAF will review such changes.
	10. Financial carry-forward provisions are the responsibility of the DAF to avoid rushed end of year expenditure or disincentives for long term planning.
	11. Any changes to the budget will be submitted to Chairman, Board of Trustees for approval.

**Responsibilities:**

**The DAF:**

* + 1. Will circulate the forms to MLS HOD through the Dean
		2. Conduct meetings with the HOD as necessary in conjunction with the Dean.

**The Finance Unit Manager:**

Prepare annual budget proposal in conjunction with the DAF.

**The Dean:**

Will submit the proposal to the chairman, Board of trustees for approval.

**Forms:**

* 1. Asset Replacement Form
	2. New Asset Form
	3. Manpower for the Year
	4. Special Need Form

**Evidence:**

1. Financial plan
2. Financial budget of the FCMS strategic plan.
3. Examples of income diversification practices for FCMS.
4. Examples of cost studies for new projects and programs.
5. Follow-up reports on the responsiveness of financial needs to all academic and administrative units of the institution.
6. Examples of follow up of expenditure and budget and commitment to plans.
7. Examples of internal and external financial audit reports.
	1. Enterprise risk management plan.
8. FCMS financial risk and expenditure efficiency report.

**KPI’s:**

1. Total operating expenditure per student.
2. Percentage of projects / programs that were funded as planned.
3. Percentage of external sources of income.

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## 2.9 Manpower Plan (Code: PMQA-MLS-09)

**Statement of the Purpose:**

The purpose of the policy is to define standard structure for yearly Medical Laboratory Sciences (MLS) program manpower planning, to establish framework that will ensure sufficient levels of competent staff in the department to fulfill the requirements of Fakeeh College for Medical Sciences (FCMS).

**Relation with NCAAA Standards**

S4.1.3, S4.1.4, S5.1.1.

**Policies:**

* 1. The Dean and Director of Administration and Finance (DAF) reviews the MLS Program Manpower Plan on an annual basis.
	2. The Dean and DAF hold Direct Reports fully accountable for identifying and presenting manpower needs.
	3. The Board of Trustees (BOT) holds the ultimate authority for approval of the college Manpower Plan including the MLS Program.
	4. FCMS maintains a Job Position and Grading Catalogue with hyperlinked Job Descriptions which includes every approved MLS department job title.
	5. The Dean holds the sole approval authority for adding positions to the MLS Program manpower. No positions will be added without the written approval of the Dean.
	6. The DAF reserves the right to ask for justification from MLS HOD requesting addition of a position that does not correspond to approve organizational definitions. The approval of the Dean is required for any position that does not meet the approved definition**.**

**Procedure:**

* 1. The DAF will circulate the manpower form to all organizational Units including HOD through the Dean on the last week of August every year.
	2. The Program Director will complete the form and return it to DAF by the second week of October.
	3. HR Manager is responsible for all coordination Manpower review activities.
	4. DAF will arrange a mutual arrangement acceptable meeting times with direct reports to discuss the workforce needs for the coming year.
	5. Hierarchal Position Title framework is followed during the manpower review process.
	6. The HR Unit Manager compiles the requirements in the annual workforce plan and obtains the approval of the lists of the relevant direct report and Dean.
	7. Program Director should consider below while planning next year staff.
* **Mission and Vision**
* **The new curriculum planned to implement**
* **The students number**
* **Changes in technology in teaching**
* **New majors at FCMS**
* **Budget**
* **Changes in Organization**
* **Turnover rate of previous year**
	1. A workforce review is conducted annually in December.
	2. DAF discusses the Manpower plan with the Dean before finalizing the actual plan.
	3. Final report is sent to Dean for approval.
	4. Manpower Plans presented to Chairman of BOT for the final approval.
	5. Manpower plans will be also revised to reflect any changes in organizational structure.

**Responsibilities:**

**HR Unit:** Prepare the manpower Plan.

**FCMS Dean:** Review and Approve the Manpower Plan to be signed by BOT

**Director of Administration and Finance:** To distribute the manpower form to all units including MLS HOD, and discuss it as necessary.

**Forms:**

 N/A

**Evidence:**

Employees’ performance evaluation annual report

**KPI’s:**

1. Proportion of increase in theEmployees’ performance.
2. Ratio of students to teaching staff.

**KPI’s provider:** HR Unit

**Time:** at the end of academic year

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

**Chapter-3**

**Learning and Teaching**

**[LAT]**

# 3. Learning and Teaching

## 3.1 Curriculum Review Policy (Code: LAT-MLS-01)

**Statement of the Purpose:**

To provide guidelines for modifying or changing courses/curriculum to meet the health care challenging needs of Saudi society. Curriculum review aims at supporting ongoing quality and improvement of academic processes, and outcomes through reviewing the change in methods of delivery of the curriculum, and course specifications.

**Relation with NCAAA Standards**

S3.1.1, S3.1.6, S3.3.1

**Policies:**

* 1. The program is due for a curriculum review every 5-7 years (after the graduation of at least one patch) to determine the effectiveness of the current curriculum and make decisions about the future.
	2. Review process of the curriculum should reflect rigor, integrity, objectivity, teamwork and accountability.
	3. Review process of the curriculum:

Major review process includes:

* A clear statement of the scope for the review.
* Clearly defined responsibility and terms reference for all stages of the review.
* Reference to stakeholders’ feedback.
* Reference to similar program key performance indicators.
* Communication and implementation of the outcome of the review.
* Appropriate documentation of all stages of the review.
* Reviewing Graduate attributes, Program Learning Outcomes, Courses delivered, Teaching Strategies and Assessment Methods etc.
	1. Minor review process are justified and documented.

**Procedure:**

* 1. Curriculum change/modifications will be first requested at departmental level.
	2. Curriculum change requests will be discussed in the Curriculum Review and Monitoring Sub-committee (MLS Program).
	3. The recommendations made by CRM sub-committee-MLS will be discussed in the MLS Department Council, and when approved.
	4. The approved recommendations will be submitted to the Medical Education Department that will review and submit their recommendations to the institutional CRMC
	5. The Institutional Curriculum Review and Monitoring Committee will review the proposed changes and send the recommendations to The Department of Medical Education.
	6. The Department of Medical Education will send the recommendations to the Vice Deanship, Development and Quality Management for approval.
	7. After approval of the Vice Deanship, Development and Quality Management, the recommendations will be submitted to the College Council.
	8. The College Council will approve the proposed changes and recommendation if they are minor.
	9. Proposed major curriculum changes will be reviewed by The College Council , and if the Council:
1. Disapprove the changes, it will be returned back to The Department of Medical Education and then to the concerned Head of Department for further review.
2. Approve the recommendations, it will be submitted to the Board of Trustees for review, and approval
3. Disapproved recommendations by the Board of Trustees will be submitted back through The Department of Medical Education and then to the concerned Head of Department for further review.
4. Approved recommendations by The Board of Trustees will be submitted to MOE for approval.
	1. For minor changes, implementation of the approved curriculum will be applied once approved by The College Council.
	2. For major changes implementation of the curriculum will be started at the beginning of the new academic year after obtaining the approval of MOE.

**Responsibilities:**

**Curriculum Review and Monitoring Sub-committee-MLS:**

* + 1. Review the current curriculum including CR, CS, teaching strategies, assessment methods and the Learning outcomes at the student/course/program level
		2. Make the necessary recommendations for changes and send them to the head of the MLS Department for review and approval.

**MLS Department:**

Request/Review modifications of the curriculum.

**MLS Department Council:**

Discussing the proposed changes and submitting the recommendations to the Department of Medical Education.

**Department of Medical Education:**

* + 1. Assigning the review task to the Institutional Curriculum Review and Monitoring Committee.
		2. Submitting the recommendations to the Vice Deanship, Development and Quality Management for approval.

**The Institutional Curriculum Review and Monitoring Committee:**

Reviewing the proposed changes and sending the recommendations to the Department of Medical Education.

**The Vice Deanship, Development and Quality Management:**

Submitting the approved recommendations to the College Council.

**College Council:**

* + 1. Discussing the proposed changes.
		2. Requesting for an external reviewer to assess the recommended changes if needed.
		3. Submitting the recommendations to the Board of Trustees.

**Board of trustees:**

* + 1. Reviewing and discussing the proposed changes.
		2. Submitting the proposed changes/modifications to MOE for approval.

**MOE:**

* + 1. Approving or disapproving the proposed curriculum changes/modifications.
		2. Communicating the decision to the college.

**Forms:**

1. Minor Curriculum Change Form
2. Major Curriculum Change Form
3. Guidelines Defining the Levels of Comprehensive Program Reviews
4. Process of major changes -chart.
5. A Checklist for Reviewing Program Specification Based on EEC Recommendations

**Evidence:**

1. Statistic of enrollments annually (male & female)
2. Statistic of graduates who get job or enrolled in Higher studies after 6 months of graduation.
3. Graduates survey analysis.
4. Employers survey analysis.
5. Statistic of grads of graduates in National exams (Saudi Med)
6. Program report
7. Assessment of learning outcomes report

**KPI’s:**

1. Percentage of increasing enrollment
2. Percentage of graduates who get job or enrolled in Higher studies after 6 months of graduation.
3. Satisfaction rate of graduates on the academic program
4. Satisfaction rate of employers on the academic program
5. Percentage of graduates who pass the National exams (Saudi Med)

**KPI’s provider**: Quality unit

**Time:** at the end of each year

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## 3.2 Academic Advising Policy (Code: LAT-MLS-02)

**Statement of the Purpose:**

 **The purpose of this policy is to:**

* 1. Guide students during their academic study in MLS Department and facilitate their learning process in order to become self-directed learners and decision makers.
	2. Help students’ intellectual discovery and encourage them to take advantage of educational opportunities provided in teaching sessions and during clinical training as well as encourage extracurricular activities.

**Relation with NCAAA Standards**

S5.3

**Policies:**

All students in FCMS will have an assigned academic advisor to follow their progress throughout the study plan and guide them in achieving their goals.

**Procedure:**

* 1. Procedures for Academic Advising:

The academic advising system at FCMS is the responsibility of the Academic Advising (AA) is a part of the responsibilities and functions of the Academic Advising and Student Support Unit (AASSU). The unit is under the direct supervision of the Vice Dean of the Academic Affairs.

1. The AA coordinates with the Academic Affairs Unit (AAU) to announce the dates of MLS courses registration, add, drop and withdrawal. This takes place prior the start of the first semester.
2. The AA assigns an academic advisor for each of MLS student and organizes an initial meeting during the orientation program through the VDAA.
3. Part of the Academic advisors from the MLS Department responsibilities is to assist students in selecting the courses according to the MLS Program Plan, as well the semester teaching plan and registering the courses on the college website.
4. The AA plans and organizes mandatory meetings between academic advisors and their assigned students as follows:
* Individual meetings held onweekly basis throughout the semester as directed by the VDAA.
* Individual meeting held on the 6th week of each semester
* Other individual meetings are organized between the academic advisor and the assigned student as needed and this thing should be documented.
1. Academic advisors follow up students with academic or learning difficulties to identify reasons of poor performance and take appropriate action for improvement accordingly.
2. Students with poor academic performance are referred to the Student Support Section (SS) as part of AASSU by their academic advisors to receive appropriate support e.g. arranging extra tutorial hours for students who have difficulties in understanding the course materials.
3. If the student faces specific problems that affect his/her academic performance such as chronic illness, psychological problems or financial hardship, the academic advisor refers the student to the SSS to help students based on his/her needs (financial, social, health, academic support etc...).
4. The academic advisor follows closely with the SS the progress of poor academic performance students. This will be in coordination with the Student Progress Committee (SPC).

**Responsibilities:**

**The Academic Advising (AA):**

* + 1. Develops, implements and review the academic advising plan through the academic year.
		2. Assigns an academic advisor from MLS Department for each student and organizes the meetings during each semester, through the VDAA.
		3. Collaborates with college departments to improve the learning environment for the students, through the VDAA.
		4. Follows closely with the SS the progress of poor academic performance students.
		5. Prepares required action plan based on the student’s recommendations and suggestions for improvement during the year and for the next academic year.
		6. Submits an annual report to the AASSU and then to the Dean for approval. Consequently, discussed in the College Council.

**The Academic Advisor:**

* + 1. Assists students in selecting the courses according to the semester teaching plan and registering the courses on the college website.
		2. Conducts individual meetings with students as scheduled.
		3. Arranges for individual weekly meetings with each student as needed during the semester.
		4. Encourages students to participate in academic and extra-curricular activities to enhance their professional communication and leadership skills.
		5. Submits regular reports regarding students’ achievement levels to the AA.
		6. Identify students with poor academic performance or other personal problems that requires support, and report them to the supervisor of AA.
		7. Follows closely with the VDAA the progress of the students who need any type of support.
		8. Ensure the student commitment to FCMS policies and regulations.

**The student:**

* + 1. Clarifies his/her personal values, abilities, interests, and goals.
		2. Be aware of the MLS Program policies, procedures and requirements.
		3. Be prepared with accurate information to communicate with the advisor.
		4. Attends weekly individual meetings with the advisor to follow his/her academic progress.
		5. Consults the academic advisor or seek for advices as needed.
		6. Actively involved in monitoring his/her academic progress and following the advisor’s recommendations.

**Forms:**

* 1. Academic Counseling form.
	2. Academic Advising Weekly Monitoring Attendance form.

**Evidence:**

1.

**KPI’s:**

1. Proportion of Students satisfaction on Academic Advising (in Student Satisfaction survey).

**KPI’s provider**:

**Time:** at the end of each semester

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## 3.3 English language Admission test Policy (Code: LAT-MLS-03)

**Statement of the Purpose:**

* 1. Identify whether applicants are able to achieve the English language required scores for admission to Fakeeh College of Medical Sciences (FCMS) Medical Laboratory Sciences (MLS) program.
	2. Obtain information about accepted students’ English level via admission test, and consequently apply strategies for improving their English language skills.

**Relation with NCAAA Standards**

S3.1.5

**Policies:**

FCMS is keen to ensure that all students have a competent English level, which allows them to participate and communicate efficiently and productively during their courses studies. As a result, students will be able to demonstrate a satisfying level of English language upon graduation. To achieve this responsibility, a standardized admission test is applied to all new applicants to MLS Program.

**Procedure:**

* 1. Initial acceptance of applicants to MLS Program will be determined according to the Ministry of Education Standards of admission, and the interviewers’ feedback.
	2. Students who pass the interview will be informed about the necessity of being subjected to an admission test. Students will be notified about the date of the test by the Academic Affairs Unit.
	3. The admission test will be scheduled by the Academic Affairs Unit, in coordination with the BSGR Department- English Lecturers.
	4. The admission test is prepared, implemented, and corrected by the BSGR Department- English Lecturers.
	5. The test will examine the following skills:
* Listening.
* Reading.
* Speaking.
* Writing.
* Structure.
* Grammar.
	1. Regarding the speaking skill, students will be evaluated for that during their personal interview, since the interview committee includes an experienced English teacher.
	2. To be accepted for studying in the MLS Program, students require to achieve a score of 60% in the admission test.
	3. Students, who receive less than 60%, will not be accepted.
	4. Extra tutorial sessions are conducted for accepted students who obtained the required score, however, they are in need for improvement in certain skills.

**Responsibilities:**

English language lecturers should evaluate applicants based on the test scores, put a plan to fit the abilities and needs for these applicants.

**Forms:**

N/A

**Evidence:**

1. Preparing the exam to measure the applicants’ English Language level.
2. Analysis of student’s evaluation of English Language level Exam.

**KPI’s:**

**KPI’s provider**:

**Time:** at the beginning of each Academic year.

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## 3.4 Peer Review Policy. (Code: LAT-MLS-04)

**Statement of the Purpose:**

* 1. Monitor the quality of MLS Staff performance in teaching.
	2. Professionally support MLS staffs in particularly those identified as poor performers in their duties with respect to teaching.
	3. Ensure the effectiveness of various teaching strategies in achieving Learning Outcomes (LOs) of the MLS Program.

**Relation with NCAAA Standards**

 Monitor the quality of MLS Staff performance in teaching.

Professionally support MLS staffs in particularly those identified as poor performers in their duties with respect to teaching.

Ensure the effectiveness of various teaching strategies in achieving Learning Outcomes (LOs) of the MLS Program

**Policies:**

* 1. This policy and its associated procedures apply to MLS teaching staff involved in teaching in the department.
	2. Students’ effective learning is the ultimate goal of teaching process. Therefore, it is crucial to get their evaluation for the sake of a comprehensive overview of the MLS courses.
	3. Significant source of information could be given by the instructor’s goals, student learning outcomes (SLOs), teaching strategies, teaching activities, and action plans for improvement.
	4. Students’ achievement is a substantial measuring tool of effective teaching.
	5. Medical educationists are contributing to the process of teaching and learning; whether as advisers who support MLS staff or as evaluators who assess their performance.
	6. Continuous monitoring is performed regularly throughout the academic year. However, further tools for investigations are used when required. This could be due to any shortcomings encountered, students’ complaints, low course evaluation and low students achievements of learning outcomes (LOs).

**Procedure:**

1. MLS staff members go through well planned staff development activities according to their training requirement analysis.
2. Newly appointed MLS staff get comprehensive well- structured orientation program.
3. MLS staff are aware of different tools concerned with their evaluation e.g. policies, meetings and surveys. This awareness is conducted through many channels of communications e.g. Meetings and e- mails.
4. Constructive feedback is mandatory and is confidentially discussed with the instructor to ensure professional support and encourage the culture of continuous improvement.
5. To ensure the reliability of the monitoring and evaluating of teaching and learning processes, the information are gathered from different resources e.g. students, instructors, and peer reviewers and based on clear specific criteria and formats.

***Roles of students in evaluation and monitoring of teaching process:***

* + 1. **Students’ surveys:**
	1. Proper timing of questionnaire administration is mandatory and it is done during the last two weeks of the semester.
	2. Preparation of the students on how to fill the survey and clarification of the value of their feedback are significant and is explained to them prior the process.
	3. Administration and collection of “Teaching Evaluation Forms” are conducted by a person other than the course instructor to ensure anonymity e.g. by Quality &Accreditation Unit (QAU).
	4. Examples for these surveys are: Course Evaluation Survey (CES- (Teaching Staff Evaluation Survey) by Students- Surveys for indirect assessment to CLOs.
1. **Interviews with students (when needed)\*:**
	1. These interviews are conducted only when indicated.
	2. Students from the concerned courses are met by two interviewers to discuss their feedback.
	3. The interviewers are Faculty/staff members other than the course instructor; either from the same department or another one.
2. **Reliable Response rate in students’ survey, complaints and interviews are as follow:**
	1. For quantitative analysis (questionnaires), responses are considered reliable when collected from at least 50 % of the class students.
	2. In qualitative analysis (interviews), all comments are considered significant, irrespective to what the response rate is.

***Roles of instructors in evaluation and monitoring of teaching process (as submitted in staff development portfolio):***

* + 1. **The instructor’s Self -evaluation** e.g*. Instructor’s self – reflection*s. The instructors reflect on what is going on within their teaching classes such as the level of their students’ engagement and participation, teaching problems encountered, feedback on innovative teaching techniques. Plans for improvements submitted in course reports are partially based on such reflections and remarks.
		2. **Instructor’s informal feedback strategies:** Many informal strategiesare used to get students’ feedback on a regular basis, these include: informal class discussion, and minute paper techniques.

***Roles of Medical educationists in evaluation and monitoring of teaching process:***

* + 1. **Providing consultation & professional support:**
	1. Meetings are conducted between the medical educationists and the concerned course instructor who is requested for advice regarding his/her teaching and learning skills and strategies in Medical Education department (MED).
	2. In such meetings, consultation is offered to the instructors and also, they are provided with models and helpful tools and guidelines.
	3. Seminars, training programs and workshops are developed and implemented by Staff Development Unit (SDU) to enhance the instructors’ teaching skills and enhance their performance in the MLS department.
	4. Coaching sessions and one to one counseling\* are provided to staff members with low performance levels (as per class visits and or other tools of teaching evaluation).
1. **Reviewing relevant documents** submitted by instructors including course specifications and reports, study guides relevant documents in staff Professional Development Portfolios (PDP).

***Classroom visits by Peer Reviewers:***

* + 1. These visits provide information about the process of teaching. They are arranged by at least two observers (e.g. Medical educationists – MLS peers- MLS Head of departments) and more than one visit is preferred.
		2. Regular class visits are conducted to monitor the entire process throughout the academic year.
		3. MLS teaching staff is informed regarding the peer review class visit at least 1 hour before his /her teaching session**.**
		4. Extra visits\* are conducted to investigate and follow up staff teaching performance when further information is required.

**Evaluation of staff performance is used for professional support purposes**:

* + 1. The information gathered from students, medical educationists and peer reviewers will be used in the evaluation.
		2. Performance Rating Key categorized as follow:

|  |
| --- |
|  **Performance Rating Key** |
| **1** | **2** | **3** | **4** | **5** |
| **Needs Improvement** | **Satisfactory** | **Good** | **Very Good** | **Excellent** |
| Performance and/ or behavior falls short of the required standard | Performance in most areas met the requirements of the position. | Overall demonstration of consistent and sustained performance with all objectives being met. | Overall demonstration of consistent and sustained performance with all objectives being met and many being exceeded. | Demonstration of performance exceeding expectations. |

* + 1. Based on the above categorization, poor performers (below 3) are identified.
		2. For those identified as poor performers the followings are conducted\*:
			- Interviews with their students.
			- Coaching session’s and one to one counseling.
			- Further follow up visits to monitor their teaching performance.

**Responsibilities:**

**Peer review team members:**

The peer review team (MLS Head of department (HOD) or senior MLS faculty staff either PhD holder or hold a Master degree with good Academic experience) will conduct observation and evaluation for their MLS departments and provide the faculty with a feedback on the concerned course instructors performance.

**HOD:**

Reviews the peer review reports and provides the faculty when necessary.

**Forms:**

* 1. Peer observation forms-For the theory sessions
	2. Peer observation forms-For the Lab sessions
	3. Peer observation forms-For the clinical sessions

**Evidence:**

1.

**KPI’s:**

1.

**KPI’s provider:**

**Time:**

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## 3.5 Examination Policy. (Code: LAT-MLS-05)

**Statement of the Purpose:**

This policy has been created to ensure that examinations are organized and conducted during assessment period are in consistent with the regulations of Ministry of Education (MOE) & Fakeeh College for Medical Sciences (FCMS) bylaws. Moreover, to ensure that students have a valid assessment for the Medical Laboratory Sciences (MLS) courses that has to be undertaken during the formal examination period in order for them to progress to the next study level.

**Relation with NCAAA Standards**

S3.1.5

**Policies:**

Examination falls under theory, lab or clinical part, according to requirements of the course, and to what documented in the course specification, which is scheduled within the examination period to evaluate student’s performance in the MLS courses.

**Procedure:**

**Pre-Examination Period**

* + 1. The whole assessment process must be documented using the exam worksheet which is prepared by the assessment centre.
		2. Assessment center is responsible for supporting MLS faculty staff members to develop their exam worksheet for all MLS courses.
		3. “Test Blueprint” must be developed for all written and practical/clinical examinations for all MLS courses. This is to be done during the first two weeks of each semester of the academic year.
		4. Student Assessment Centre (SAC) must review the test blueprint with MLS faculty staff members to ensure that the contents of the test are valid and aligned with the Students learning outcomes (SLO) and Course learning Outcomes (CLO).
		5. Assessment center must review the construction of the test for both the written and practical examinations under complete confidential circumstances.

**Examination period:**

* + 1. It is the responsibility of MLS Head of department, Examination Committee & Academic Affairs Unit to organize the examinations schedule within the examination period in accordance with the examination regulations of FCMS & MOE.
		2. A draft schedule for examinations has to be posted on the FCMS website and bulletin board at least **three weeks** before the end of the semester. A student, who finds a conflict within the schedule of examination, should notify the Examination Committee by submitting written notes within a week after announcing the schedule.
		3. The MLS final examination schedule is to be announced to students two weeks prior the examination period by Examination Committee.
		4. The Examination Committee shall distribute the MLS final schedule of examination to each MLS faculty member through email.
		5. The MLS faculty should submit two sealed exam question papers together with the blueprint to MLS Head of the department (Set-1 & Set-2, with key answer) at least 10 days before the scheduled date of examination.
		6. Examination Committee will prepare the examination halls for exam conduction.
		7. Examination Committee will supervise the examination process.
		8. Examination Committee will prepare the control room for exam papers correction. (No exam paper is corrected out of the control room of the college and the result should be submitted within 48 hours after the exam).
		9. Item analysis for MCQs and EMQs must be done immediately after exam marking on the same day of the exam and has to be validated by an allocated member of the assessment center.
		10. It is the responsibility of assessment center and course instructor to take the appropriate actions for concerned courses that shows any flaws according to item analysis interpretation. This process has to be done in coordination with MLS Head of Department.
		11. Examination Committee is responsible for preparing a schedule for auditing the marked exam papers.
		12. Results will be submitted to MLS Department for departmental approval and then to the Institutional Students Grades Review and Moderation Subcommittee.
		13. Every MLS course coordinator should enter his/her course results for students (marks) in the college website within 48 hours from the end of the final exam.
		14. Institutional Students Grades Review and Moderation Subcommittee meets within 72 hours after the end of all examinations, prior to any announcement of results.
		15. Institutional Students Grades Review and Moderation Subcommittee is solely authorized to decide if the failing student is eligible for grace marks as well as upgrading student marks from grade to another one.
		16. MLS Head of the Department reviews all the results (marks) and implements the approved changes by the Institutional Students Grades Review and Moderation Subcommittee. Additionally, these changes will be sent electronically to the respected Vice Dean for clinical affairs to publish (announce) the results.
		17. It is the responsibility of Examination Committee to keep hard copies of the audited students marks sheets along with a copy from electronic system which is signed by MLS Head of Department and the Director of Student Assessment Centre.
		18. Once results are published to students, no changes in the marks is permissible except after granting the dean approval. The request to change the student mark must be justified and signed by the concerned course instructor and MLS Head of Department.
		19. Students will receive the final results within ONE WEEK after the exam ending date.

**Assessment weight and methods of assessment:**

The weight of assessment in courses which have no practical or clinical component will be as the following:

* + - * Final written examination 40 %
			* Midterm written examination 20%
			* Quizzes 10%
			* Semester activities 30%

The weight of assessment in courses which have practical or clinical components will be as the following:

* + - * Final examination 40% (20% for the written exam and 20% for the practical exam)
			* Mid- term examination 20% (10% for the written exam and 10% for the practical exam) The practical exam of the mid -term could be substituted by the practical students’ log book.
			* Continuous assessment 40% (25% for students’ activities and 15% for student portfolio).

**Components of continuous assessment and students’ portfolio:** the following table include some examples of the components to be included for continuous assessment and students’ portfolio:

|  |  |  |
| --- | --- | --- |
|  | **Portfolio 15%** | **Continuous Assessment 25%** |
| **1.** | Assignments evaluated using rubrics | Quizzes |
| **2.** | Research projects and activities | TBL or SDL |
| **3.** | Community Services (Student activity) | PBL |
| **4.** | Clinical Cases presentations | Student prepared presentation SPP |
| **5.** | Reflection | Others |
| **6.** | Blackboard activity |  |
| **7.** | Others |  |

**Written examination:**

* + 1. A variety of assessment tools must be used in written examination including: MCQs, EMQs, Short and Long Essays questions.
		2. The total number of questions in theoretical examination will be as the following:

|  |  |  |
| --- | --- | --- |
|  | **Exam** | **No of questions** |
| **1.** | Mid | 30 |
| **2.** | Final | 60 |
| **3.** | Total | 90 |

* + 1. Any change from the above approved figures must be consulted with the Student Assessment Centre (SAC)
		2. Questions distribution and the time allowed to answer each type of question is defined as follows:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Type** | **Percentage** | **Time allowed to answer each item** |
|  | MCQs | 60% | 1.5 min |
|  | EMQs | 20% | 1.5 min |
|  | Short Essay | 10% | 3 min |
|  | Long Essay | 10% | 7 min |

* + 1. Written examinations must cover all related learning outcomes, in knowledge and cognitive domains and this must be guided by the test blueprint.
		2. It is the responsibility of Student Assessment Center (SAC) to support MLS course instructors to develop their course blueprint and revise item construction against a standardized checklists.
		3. All written exams must be subject to item analysis interpretation within the same day of the exam. It is the responsibility of assessment centre to interpret the item analysis and generate a report immediately after exam marking.
		4. It is the responsibility of Student Assessment Center (SAC) to train MLS faculty staff members on writing high quality test.

**Skills Lab Examination**

* + 1. Students enrolled in Medical Laboratory Sciences program must have a clear understanding of the procedures required in the course with assessment tools. All procedures and assessment criteria and score must be included in the student’s skills lab manual that must be with students in all skills lab sessions.
		2. OSPE skills lab method of evaluation will be applied in all MLS courses that required lab training sessions and it is the responsibility of Student Assessment Center (SAC) to support course instructors to develop the “test blueprint”.
		3. The time allowed to each OSPE stations is 2 to 10 minutes.
		4. Skills lab examination will be conducted by presence of lab instructors and course coordinator on an ongoing basis twice per semester (Midterm and Final).
		5. Final student’s assessment score should be graded according to the scored procedure checklist.
		6. It is the responsibility of Student Assessment Center (SAC) to develop the quality matrix for clinical examination and provide course coordinators with the full report regarding all quality issues of the clinical examinations.

**Grace marks and grade upgrading:**

* + 1. The allocated grace mark allowed for students in all courses are 5 marks.
		2. The grace mark could be given for more than one course provided. However, the maximum given marks will not exceed 5 in total for all courses.
		3. The priority for giving the grace mark is to the course with the highest credit, unless there is any accepted justification give the mark to another course.
		4. Students could be given only one mark to upgrade his/her grade to a higher one.
		5. Institutional Students Grades Review and Moderation Subcommittee exclusively authorized to decide and approve any given grace marks and grade upgrading.

**Acceptance of exam’s excuses:**

* + 1. The student must notify MLS Head of department & the Examination Committee chairperson of his/her failing to attend the exam within three days after the exam date.
		2. Academic Affairs Committee is exclusively authorized to approve students excuses according to the official documents provided by the students as well as the college bylaws..
		3. The exam will follow the MOE & FCMS examination regulations.
		4. If the student was absent in the final written or practical exam with accepted excuse, student will enter the re-sit exam and the final score will be marked out of full mark, and he/she will keep the semester activities’ marks.
		5. Student’s exam marks or grades will be exactly the same as per the course specification.

**Re-Sit Exam Procedures:**

* + 1. For declaration of passing a course, a student shall secure 60% (sixty %) of the marks in both theory and practical examination collectively.
		2. Students have to pass the theory and practical components separately. Failure in one of the components means failure in the course as a whole. To pass a course, a student has to secure:
		3. At least 50% of the marks allocated for the final exam of the theory part.
		4. At least 50% of the marks allocated for the practical part (aggregately throughout the course)
		5. Students must finish all the requirements of each phases before moving to the subsequent phase.
		6. In the same phase, students could pass from year to year with courses which have a maximum of six credit hours.
		7. Re-sit examinations are allowed with no maximum number of courses.
		8. Re-sit exam is to be scheduled within 2 weeks after publishing the results for the courses which are pre-requisite to courses in the next semester, otherwise it will be scheduled in the summer vacation two weeks before the start of the academic year.
		9. The maximum score of students in the re-sit exam is 60% in disregards of what he/she actually scored.
		10. The maximum number of the student to sit for an exam for the same course is four, after which he/she will be dismissed from the college.

**Responsibilities:**

**Dean:**

* + 1. Approving the final schedule.
		2. Signing the final results after being approved by the Institutional Students Grades Review and Moderation Subcommittee and College Council.

**Institutional Students Grades Review and Moderation Subcommittee:**

* + 1. Approving the final results of all courses of FCMS’ s programs.
		2. Deciding the grace marks and the marks required for upgrading students from grade to another.

**Faculty Member:**

* + 1. Submitting sealed exam papers for reviewing.
		2. Marking exam papers.
		3. Entering results in the website after being approved by the College Council.

**MLS Head of the Department:**

* + 1. Preparing the first and final draft of the midterm and final exam schedules.
		2. Auditing and announcing the results in the website after being approved by the College Council.

**Academic Affairs Unit:**

Providing the Examination Committee with updated students list in each course.

**Students’ Affairs Unit:**

* + 1. Announcing and displaying exams rules and regulation.
		2. Preparing exams attendance list according to the distribution of students in the exam halls.
		3. Preparing the absenteeism report at the end of the exams.

**Student Assessment Centre:**

* + 1. Supporting course coordinators in completing the exam worksheets.
		2. Reviewing test blueprint to ensure content validity for MLS examination
		3. Reviewing the construction of all MLS test items for both theory and practical examination.
		4. Interpretation of item analysis report. Recommend the required action plan for the flawed items.
		5. Preparing the report of internal verification of assessment and sending it to course coordinators with the required recommendations for improvement.

**Examination Committee:**

* + 1. Announcing the MLS schedules for theory and practical exams at least two weeks before the exam date.
		2. Receiving exam Papers submitted by MLS Head of department.
		3. Supervising examination process in both female and male sections.
		4. Preparing schedule of students’ distribution in exam halls.
		5. Preparing the invigilation schedule.
		6. Photocopying exam papers.
		7. Supervising and scheduling the auditing process.
		8. Supervising entering the results in the college website auditing the results after being entered.
		9. Preparing the absenteeism report for MLS students.
		10. Preparing the exam final report.
		11. Archiving the exam papers.

**Forms**

* 1. Transcript Modification Form
	2. Cover page of exams template
	3. Examination regulations (Arabic)
	4. Examination Procedures Report.
	5. Guidelines for cover page of exams.
	6. Examination Auditing Checklist
	7. Exam Work sheet

**Evidence:**

1. Preparing the exam final report
2. Analysis of student’s evaluation of examination methods and process.
3. Alignment between exam methods and course learning outcomes.

**KPI’s:**

1. Proportion of Students satisfaction on examination methods and process (course evaluation).
2. Percentage of exams that met Standards required to measuring Course Learning Outcomes.

**KPI’s provider**: Examination Committee

**Time:** at the end of each semester

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## 3.6 New Program Approval Policy. (Code: LAT-MLS-06)

**Statement of the Purpose:**

This policy provides guidelines for proposing and approving new MLS Program. It also highlights the process of approving adapted program from national and international academic institutions.

**Relation with NCAAA Standards**

S3.1.2, S3.1.3

**Policies:**

* 1. A new MLS Program is proposed as a need for achieving the college mission for academic expansion, and in accordance with the health needs of the Saudi society.
	2. The proposed MLS Program should include the following criteria:
		1. The program’s name and degree designation which reflect the program content and purpose.
		2. The proposed MLS Program is congruent with the vision, mission, goals, and academic plans of FCMS.
		3. The admission requirements, and preparation needed are appropriate for the new MLS Program learning outcomes.
		4. The MLS Program structure, curriculum, and teaching/learning strategies are consistent with the program learning outcomes.
		5. The resources (physical, human & financial) are available to support the implementation of the proposed MLS Program.
		6. The proposed MLS Program meets the health needs of Saudi society.

**Procedure:**

**Approval process of a newly proposed MLS Program:**

* + 1. The initiative for a new MLS Program may come from students, faculty members, academic departments, College Council, and the board of trustees or an external agency.
		2. The detailed description of the rationale for the new MLS Program should be submitted by the department to the Department of Medical Education (MED) for their feedback. MED will send the proposed MLS Program to the Curriculum Review and Monitoring Committee (CRMC) for review.
		3. The recommendations from CRMC should be sent to the MED for revision.
		4. MED feedback and recommendations should be revised by CRMC.
		5. The recommendations will be discussed in the College Council (CC).
		6. The CC will submit the recommendations to the Board of Trustees (BOT).
		7. If the new proposal for MLS Program is accepted, the BOT shall submit the meeting minutes to MOE for approval.
		8. Once the minutes have been approved by MOE with no further modifications, the college will send the program to the Department of Medical Education.

**The process of adapting an approved program:**

* + 1. The approved program will be reviewed by the MLS department.
		2. Recommendation will be sent to the MED for feedback and approval
		3. Recommendations will be further approved by the CRMC.
		4. The approved recommendation for MLS Program will be submitted to the CC for discussion followed by the BOT.
		5. If approved, The Board of Trustees will submit the recommendations to MOE for approval.



**Responsibilities:**

**MLS department:**

* + 1. Discussing the new proposed MLS Program in the Departmental Council.
		2. Submitting the recommendations to the Department of Medical Education.

**The Department of Medical Education:**

Sending the new MLS Program to the Curriculum Review and Monitoring Committee for review.

**The Curriculum Review and Monitoring Committee:**

* + 1. Reviewing the new MLS Program proposals.
		2. Submitting the recommendations to the College Council.

**College Council:**

* + 1. Discussing the new MLS Program.
		2. Requesting an external reviewer to assess the recommendation of the new program if needed.
		3. Submitting the recommendations to the Board of Trustees.

**Board of trustees:**

* + 1. Accepting or rejecting the new MLS Program.
		2. If accepted, the Board of Trustees will submit the meeting minutes to MOE for approval.

**MOE:**

* + 1. Approving or disapproving the new MLS Program.
		2. Communicating the decision to the college.

**Forms:**

1. New Program Proposal Form
2. Guidelines defining the levels for approval of New program proposals.

**Evidence:**

1. Alignment between FCMS mission, vision, and goals and the suggested program.
2. Statistic of Job market and community need for the suggested program in Kingdom.
3. Benchmark report.
4. Alignment between the suggested program and SAKF.
5. Alignment between the suggested program and The Professional body.

**KPI’s:**

1. Average period spent on studying suggested new program.
2. Proportion of alignment between the suggested program and
3. SAKF
4. FCMS mission, vision, and goals

**KPI’s provider**: Curriculum review and monitoring committee

**Time:** at the end of each academic year

**Benchmarks:**

* **Internal Benchmark:**
* KPI’s for last 2 years.
* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## 3.7 FCMS Laboratory Utilization Policy. (Code: LAT- MLS-07)

**Statement of the Purpose:**

This policy provides direction for faculty and students on the process of securing and maintain laboratory, provide a safe, clean and well-maintained environment and protect costly equipment.

**Relation with NCAAA Standards**

Standard-3,6

**Policies:**

* 1. Faculty staff/students must be fully aware of the laboratory utilization guidelines; this should be a part of their MLS Program orientation.
	2. MLS Lab supervisors/ Clinical Instructors responsible to prepare the laboratory schedules based on the student’s semester schedule and distribute it to all course coordinators and lab instructors.
	3. Lab instructors that utilize the lab must fill the lab utilization form before leaving the lab.
	4. The lab cannot be booked for lectures, which must be delivered in a class room.
	5. Students are not permitted to be in the lab without lab instructor present.
	6. Students must respect the lab personnel, instructors and colleagues at all times while in the lab.
	7. Students are not allowed to put any personal items inside the lab which they must be kept in lockers.
	8. Students must behave themselves in a professional and academic manner. Failure to do so will result in dismissal from the lab.
	9. Students are not permitted to touch any equipment in the Lab except for equipment they are directly working on.
	10. Misuse of any equipment by any student will result in dismissal of that student from the Lab.
	11. Students are not permitted to enter lab store room, media room neither the preparation room.
	12. Students may come to the lab for extra practice time for enhancing their psychomotor skills. Appointments may be necessary depending on space availability.
	13. All supplies must be returned to the its original place neatly and in order.
	14. Students should report communicable disease to their instructors as soon as possible so that necessary precautions may be taken. A medical clearance from a physician must be issued as well as permission of the lab supervisor must be granted.
	15. No food or drink are permitted in labs.
	16. The lab space and computer are not to be used as a social area.

**Procedure:**

1. Lab supervisor is responsible for ordering the lab consumables, preparing the lab requirement and send the lab schedule by e-mail to faculty and teaching staff.
2. A separate booking request can be completed and submitted to the lab supervisor in case if lab is needed outside the scheduled date.
3. Lab instructor is responsible for preparing the equipment according to the Procedure to be taught before one day of the lab session.
4. The lab instructor should be in the lab at least 15 minutes prior to the session to ensure that the lab has been arranged properly, and should make sure that all used equipment is clean and kept in the proper place.
5. The lab supervisor must be notified when the lab session is cancelled at least 24 hours before the time of starting session.

**Responsibilities:**

**Lab Instructor:**

1. Lab Instructor should be in the lab at least 15 minutes prior to the session.
2. Lab Instructor must return all used supplies to its original place neatly and in order.
3. Lab instructor is responsible for preparing the equipment according to the Procedure before one day of the lab session.
4. Lab Instructor that utilizes the lab must fill the lab utilization form before leaving the lab.
5. Lab instructor must notify the lab supervisor when the lab session is cancelled at least 24 hours before the time of starting session.

**Students**

1. Students must adhere to college dress code and present their ID card when in the lab.
2. Students must ensure proper care of the lab equipment.
3. Students will be responsible for any damage to the equipment and must be report it to the lab instructor.
4. Students should maintain confidentiality regarding the performance of other students in the lab.
5. Students should report pregnancies, physical handicaps, recent injuries, illnesses, surgeries, or communicable disease to their instructors.

**Forms:**

* 1. Booking Request Form.
	2. Incident Report Form.
	3. Equipment and manikins borrowing form.
	4. Laboratory Utilization Format

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## 3.8 Academic Quality Monitoring and Evaluation Policy. (Code: LAT-MLS-08)

**Statement of the Purpose:**

* 1. To maintain and improve stakeholders expectation and satisfaction over the quality of academic services provided by MLS program at FCMS.
	2. To ensure that the students receive high quality education and training through well-structured MLS Program.

**Relation with NCAAA Standards**

Standard-2,3

**Policies:**

* 1. MLS Department is committed to maintain and improve the quality of its program, facilities and activities all the time.
	2. Consideration is given to the inputs, processes and outcomes, with an emphasis on the quality of learning outcomes and services it provides.
	3. MLS Department always focus on improving the quality of its academic program and services by gathering regular feedback from faculty, students and stakeholders to identify areas for improvement.
	4. MLS Department is committed to utilize various mechanisms to collect and evaluate feedback on the academic quality of programs such as course evaluation, students experience survey, program evaluation survey, student’s satisfaction survey, intern’s satisfaction survey, and employer satisfaction survey.
	5. For MLS Program, a specification should be prepared and ensure that its mission and objectives are aligned with FCMS mission and vision.
	6. The development of MLS Program Specification, Course specification and Field experience specification and its corresponding Reports has to comply with the guidelines of National Commission for Academic Assessment and Accreditation (NCAAA).
	7. Specific Key Performance Indicators are selected for monitoring and reporting the program quality of teaching and learning process.
	8. A comprehensive review of the MLS Program specifications is conducted every 5 years according to FCMS Policies and Procedures.
	9. Operational plans/Improvement plan for MLS Program will be prepared at the beginning of each Academic Year considering the recommendations from previous year Annual Program report, Course report, Field Experience Report and Survey Reports.

**Procedure:**

* 1. Preparation of MLS Program Specification by Head of Department and discussed in the Department Council (DC) and to be reviewed by Curriculum Review and Monitoring Committee (CRMC) as well as the MED in order to make adjustments where necessary.
	2. Course Specifications are prepared by responsible Faculty and reviewed by the Course Coordinator and Head of Department by using course specification checklist and proper template.
	3. Field Specification for MLS Bachelor Degree Program is applicable for Internship Year and it will be prepared by the Internship Coordinator and reviewed by MLS Head of Department.
	4. The final version of MLS Program Specification, Course Specifications and Field experience Specification will be compiled and submitted by the Head of Department to the Curriculum Review and Monitoring Unit CRMC & MED for review and then to College Council for approval.
	5. MLS Head of Department will publicize the approved Program Specification, Course Specifications and Field experience Specification to faculty members and submit approved hard and soft copy of the same to the Quality and Accreditation Unit.
	6. At the end of each semester each faculty delivering the Course is responsible to prepare the Course Report and submit it to the Course Coordinator. Faculty members will present a summary of course reports following the format attached and will have a discussion about the courses delivered.(See attached course report presentation format)
	7. Course Coordinator is responsible for reviewing the Course Reports and compiles it into a single Course Report if the Course is offered in more than one section.
	8. Course Coordinator has to submit the Course Reports to concerned Head of Department within **two weeks** of publishing the final result according to FCMS academic calendar in hard and soft copies.
	9. For Bachelor Program, Field Experience Report has to be completed by the College Internship Coordinator within 2 weeks of completion of the Internship Year and submit to MLS Head of Department for review and feedback.
	10. The Head of Department will evaluate each and every Course Report and Field Experience Report and provide feedback to the concerned Faculty within one week of submission of the reports in order to make plans for the new semester.
	11. Considering the feedback through all these course reports and field experience report, Head of Department will write an Annual Program Report at the end of each academic year.
	12. The completion and accuracy of the specifications and reports will be checked by using the course specification checklist and course report checklist by the Head of the Department.
	13. Post MED revision completion, Vice Dean for Academic Affairs or designee will evaluate the MLS Program specifications, course specifications, field specifications and corresponding reports to ensure accuracy and completeness.
	14. MLS Head of Department has to discuss the Annual Program Report at the Department Council and will forward to MED, Curriculum Review and Monitoring Committee (CRMC) and Quality and Accreditation Steering Committee (QASC) for revision. After reviewing the documents, the final report will be submitted to the College Council for approval.
	15. MLS Head of Department has to submit the approved Program report, Course reports and field experience report to the Quality and Accreditation Unit in soft and hard copies at the end of each Academic Year.
	16. The evaluation of quality of Courses offered is monitored by surveys like Course evaluation survey done by students and staff at the end of each course, Students experience survey done by level -5 students and MLS Program evaluation survey is conducted by the graduating students. (See attached survey formats)
	17. Stakeholder surveys also will be conducted at the end of each academic year to monitor the quality of MLS Program. (Employer satisfaction survey, Staff satisfaction survey, Students satisfaction survey)
	18. The quality evaluation survey feedback will be forwarded to concerned faculty and MLS Head of Department and a copy will be kept in Quality and Accreditation Unit.
	19. Quality and Accreditation Unit Director will review the reports to identify the gaps and areas for improvement and return to the concerned Head of Department for a plan for improvement.
	20. Quality and Accreditation Unitwill follow up the improvement plan with the concerned and provide final report to the Quality and Accreditation committee.
	21. Course portfolio is to be prepared for each course by course coordinator at the end of each semester and submit to MLS Head of Department for review within two weeks of publishing the final exam result according to FCMS academic calendar in hard and soft copies.
	22. MLS Head of Department has to keep a soft and hard copies of course portfolio in a special cabinet and submit another soft and hard copies of course portfolio to the Quality and Accreditation Unit at the end of each semester.
	23. One file will in harbor the documents of the 2 academic semesters.

**Responsibilities:**

**Head of Department:**

* + 1. Prepare MLS Program specification and review course specification and field specifications.
		2. Review Course Reports and Field Experience Report.
		3. Prepare the Annual Program Report.

**Curriculum Review and Monitoring Committee:**

Conduct overall review of MLS Program Specification, Course Specifications and Field Specification offered at FCMS and give recommendations.

**Quality and Accreditation Steering Committee:**

Discuss the MLS Annual Program Reports, Survey reports and Key Performance Indicator Reports and suggest actions for improvement.

**Quality Accreditation Unit:**

Monitor the compliance of the processes according to the policy.

**Forms:**

1. Course Specification form
2. Course Report form
3. Field Experience Specification form
4. Field Experience Report form
5. Annual Program Specification form
6. Annual Program Report form
7. Evaluation Check list -Course Specification
8. Evaluation Check list -Course Report
9. Evaluation Check list -Program Specification
10. Course Portfolio Checklist
11. Weekly Topics with Teaching Strategies and Alignment of SLO with CLO - form
12. Program Planning and Review Cycle
13. Course Report - Presentation Format
14. Specification of Field Experience as an attachment to Course Specification
15. Field Experience Report for Courses having Clinical Component
16. Annual Program Report (Applicable for Programs not yet completed the first cohort graduation).

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## 3.9 MLS Internship Year Training and Assessment Process Policy.(Code: LAT-MLS -09)

**Statement of the Purpose:**

* 1. To provide clear information about FCMS “Internship year”
	2. To clarify the responsibilities of involved departments.

**Relation with NCAAA Standards**

Standard-3

**Policies:**

* 1. At Fakeeh College for Medical sciences (FCMS) in order to certify the bachelor degree for students it is mandatory to successfully complete internship training (1) year (12 months) according the program registered.
	2. The Internship training hours is not included in the GPA.
	3. “Regular Undergraduate Program” students after completion of their four ( 4 ) years academic study (8 semesters), must complete an “Internship year” for a period of one ( 1 ) year (12 months) .
	4. With reference to the “completion Program”, the students after completion of two and a half (2 ½) years academic study (5 semesters),they must complete six ( 6 ) months in internship training.
	5. Undergraduate Program” students are obliged to pay full tuition fees same as other academic years of study and “completion Program” students have to pay 50% of their academic year tuition fees prior to the enrollment into the “Internship year”
	6. The students will receive the “Graduate Certificate” from the College only after successful completion of “Internship year” and full payment of their tuition fees.
	7. All the college disciplinary regulations and policies are applicable to “Interns” same as other students and/or FCMS training affiliates.
	8. Students sponsored by agencies other than Ministry of Education (MOE) will pay the same “Internship year” fees based on the approved contract between the sponsor and FCMS.
	9. It is the sole responsibility of the FCMS Department to initiate, follow up and award bachelor degree after successful completion of the “Internship Training year” and requirements.

**Procedure:**

**Preparation for starting the “Internship” year:**

* + 1. Registration department will prepare the list of students eligible for starting Internship training and submit to the Program Director.
		2. Program director will review this list and discuss in the program council and forward to the college council for final approval.
		3. College internship coordinator will forward the approved list to staff clinic to prepare the medical screening schedule (Complete medical screening-Hepatitis B and C status, HIV, Varicella status, PPD test and MMR) and for vaccination accordingly.
		4. College internship coordinator will prepare the required documents for each student before starting the “Internship Training (Medical records, BLS certificate, copy from the passport and National I.D/Iqama).
		5. College internship coordinator will discuss the rotation plan with the hospital Internship Coordinator and come up with the final rotation schedule for all students.
		6. Program director will review and approve the final rotation schedule for the Internship year.
		7. College internship coordinator will collaborate with hospital internship coordinator and conduct a structured orientation program.

**Follow up of the “Internship” year:**

* + 1. The intern student will be rotated and trained according to the field specification requirement.
		2. Every “Intern” will be assigned to a preceptor by unit manager and hospital Internship Coordinator.
		3. Hospital internship coordinator monitors Intern’s performance and attendance on daily basis and report to college internship coordinator weekly.
		4. College internship coordinator will follow up with the Interns and their preceptors on weekly basis for feedback and then discuss the issues with hospital internship coordinator.
		5. A monthly meeting will be conducted with the college dean and all internship students to discuss the internship matters.

**Intern students’ evaluation process:**

* + 1. Interns will be evaluated one week prior to the end of every rotation by using a specific evaluation tools.
		2. The student evaluation team should include the following:
* Student’s Preceptor
* College Internship Coordinator
* Hospital Internship Coordinator.
* Faculty staff
	+ 1. In order to certify that the intern student successfully completed the training in specific area, he/she must obtain a minimum score of 60% in each training area; otherwise they will be considered as failed.
		2. “Intern student” who fails in any evaluation will repeat that specific rotation at the end of the entire 12 month training period.
		3. Final overall internship period evaluation will be a weighted average of all of these clinical rotation evaluations as follows.

|  |  |  |  |
| --- | --- | --- | --- |
|

|  |
| --- |
| 90% and above  |

 |

|  |
| --- |
| Excellent  |

 |
|

|  |
| --- |
| 89% - 80%  |

 |

|  |
| --- |
| Very good  |

 |
|

|  |
| --- |
| 79% - 60%  |

 |

|  |
| --- |
| Good  |

 |
|

|  |
| --- |
| Below 60%  |

 |

|  |
| --- |
| Unsatisfactory (Fail)  |

 |

**Attendance**

* + 1. Attendance for the whole internship period is mandatory.
		2. Field Internship coordinator or preceptors are authorized to request interns to "make-up" a late arrival at work on the day of the occurrence.
		3. Any absence must be reported by hospital internship coordinator /preceptor to the college coordinator.
		4. The offending intern will be counseled by the intern’s college coordinator and the incident will be reported to the program director.
		5. Intern will be penalized by repeating the missed days.
		6. The intern student whose absenteeism exceeds 25% of any rotation will receive first warning letter (unexcused absence) and will be required to repeat the entire rotation at the end of the program regardless of the reason.
		7. The intern student whose absenteeism exceeds 50% of any rotation will receive second warning attention (unexcused absence) and will be dismissed from the internship program regardless of the reason
		8. The intern student will receive warning letter if intern has broken the Following rule(s):
* Uncooperative Attitude
* Misbehavior
* Dress code
* Late arrival
* Unauthorized absences
* Leaving a hospital without informing a preceptor
	+ 1. If intern students received 3 warning letter during the internship year, this student will be send for a counseling committee.
		2. In the event of sudden illness:
* The intern student is entitled a maximum of 12 days of sick leave throughout the internship year.
* Only a sick leave report certificate approved by DSFH staff clinic doctors and from government hospital will be accepted.
* Notifications/letters from private Hospitals/Clinics are not acceptable.
* A phone call must be made to the assigned unit, the interns’ hospital coordinator and clinical preceptor to inform them about the sick leave.
* When the intern student reports back on duty, he/she will submit the sick leave to intern’s hospital internship coordinator for final approval.
* In case the sick leave is not accepted, the student will have to repeat the missed days in the area of assignment.
* Other acceptable absences as lifetime events and/or family emergencies, an intern is allowed for 3 days during the internship year.

**Postponing:**

* + 1. When the intern student facing (health or personal) difficulties during their internship year can request to postpone (suspend) their training.
		2. Only one postponement is allowed during the internship year (with a valid reason).
		3. The intern student must pre-arrange the request for postponing with the college internship coordinator and should be approved by program council.
		4. The intern student must report to the college coordinator one month prior to resuming his/her training.

**Final clearance process:**

* + 1. In order to complete the internship training and issue bachelor degree certificate an overall evaluation for the whole internship year must be completed by the college internship coordinator and reviewed and approved by the program director.
1. List of students who are eligible for graduation will be discussed and approved in the program council and college council.
2. This list will be submitted to the college admission and Registration Office to issue the certificates.

**Responsibilities:**

**College Internship Coordinator Responsibilities:**

* 1. Responsible for collaborating and coordinating the implementation and appraisal of the internship year with the hospital internship Coordinator.
	2. Reviews policies and guidelines of the internship year in collaboration with the hospital internship coordinator for the Internship year.
	3. Reports directly to the program director.
	4. Makes the master rotation for intern’s students and follow up planning for clinical units.
	5. Reviews after each rotation the "attendance record" submitted by the hospital internship coordinator in order to monitor individual interns work records.
	6. Coordinates counseling’s of intern student if needed with the hospital internship coordinator.
	7. Act as a resource person for any enquires related to the internship year.
	8. Attend the final clinical evaluation with the hospital internship coordinator and field staff for the intern’s students at the end of each rotation.
	9. Motivates interns to participate in the implementation of continuing education program for the advancement of knowledge, professional growth and self-development.

**Hospital internship Coordinator Responsibilities**

* + 1. Responsible for collaborating and coordinating the implementation and appraisal of the internship year with the assigned college coordinator for the internship year.
		2. Plans, organizes and conducts orientation program for all new Interns students in the orientation period along with the assigned faculty Member for the internship year.
		3. Acts as a" Resource Person" for all Interns students.
		4. Responsible for planning the clinical unit of Interns student after receiving the master schedule for rotations from the college coordinator.
		5. Ensures the distribution of the clinical schedules to the college coordinator, manger office and MLS interns.
		6. Approves the final evaluation of the Interns student submitted by the unit manager after each clinical rotation.
		7. Initiates and maintains all records for Interns student’s attendance and submits reports by the end of the rotation along with the Interns student’s final evaluation to the college.
		8. Approves and submits counseling letters to the Interns student who fails to follow or respect the rules, regulation and policies of the Hospital.
		9. Motivates Interns student to participate in the implementation of continuing education program for the advancement of knowledge, professional growth and self-develop.

**Intern Student Responsibilities**

* + 1. Interns student is responsible for assessing needs, planning, implementing the plan of care required during the internship year based on the field specification requirements, and evaluating results of such care in accordance with the policies and standards of each unit under the direction of the preceptor.
		2. Report duty on time and leaves the clinical area when "hand-over" is completed.
		3. To participate in the unit/patient care activities and requirements.
		4. To perform the assigned work under preceptor’s supervision and according to hospital policy, and make relevant observation for the consequences.
		5. To maintain a clear and legible patient's documents of assigned patient’s records according to hospital documentation policy.
		6. To report any unusual incidents oroccurrence in the duty, according to hospital policy.
		7. To be available in the unit all the time on duty except on break time.
		8. Adhere to the internship regulations of the hospital.
		9. To participate in the activities that promotes and develops the job profession.
		10. To attend and participate in educational programs within the hospital that will foster professional growth and development (i.e. in-service committee, case conferences, continuing education).
		11. Follow guidelines/practices of infection control.
		12. To carry out care plan on assigned patients according to patient's needs and prioritize and in line with the hospital policy.

**Forms:**

N/A

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## 3.10 Internship Training Program Policy. (Code: LAT-MLS -10)

**Statement of the Purpose:**

To establish guidelines for “Internship Program” at Fakeeh College for Medical Sciences.

**Relation with NCAAA Standards**

Standard-3

**Policies:**

* 1. All students enrolling into an “Undergraduate Program”, after the completion of their academic study must complete an “Internship Training” accordingly.
	2. “Undergraduate students (high school entry level)” after completion of their four (4) years academic study (8 semesters), must complete an “Internship Training” for a period of one (1) year (12 months) equivalent to 45 credit hours.
	3. The students will receive the “Graduate Certificate” from the College only after successful completion of “Internship Program” and full payment of their tuition fees.
	4. All the College disciplinary regulations and policies are applicable to “Interns” same as other students and/or FCMS training affiliates.
	5. Students sponsored by agencies other than Ministry of Education (MOE) will pay the same “Internship Training” fees based on the approved contract between the Sponsor and FCMS.

**Procedure:**

* 1. After completing the required credit hours for the Program and the acquired GPA (not less than 2.0) students are eligible to enroll in the “Internship Training Program”.
	2. Students will complete their “Internship Training” at Dr. Soliman Fakeeh Hospital or its affiliates, exceptions are allowed in special cases only after the approval from College Council.
	3. Students can receive their schedule from the College “Internship Co-ordinator” assigned for the Program.
	4. Students will be assigned to a qualified Mentor/preceptor from the training hospital and their progress will be closely monitored by the College.
	5. Students will be evaluated at the end of each clinical rotation according to the “Internship Program Manual” and guidelines.
	6. The “Internship Training Program” is considered complete based on the students achievements in the program.

**Responsibilities:**

**Supervisor Registration:**

Provide the departments with a list of eligible students to enter the “Internship Training Program” at the end of each semester.

**Head of Department &Internship Co-ordinator:**

Liaise with training hospitals in preparing “Internship Training Program” plan.

**Forms:**

N/A

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## 3.11 MLS Student Assessment Policy. (Code: LAT-MLS -11)

**Statement of the Purpose:**

* 1. To define the rules and regulations of students’ assessment for MLS Program.
	2. To ensure that the student assessment process is in compliance with MOE regulations.
	3. To confirm that students’ achievement verification practices followed at MLS.

**Relation with NCAAA Standards**

Standard-3

**Policies:**

This policy and its associated procedures apply to all students and staff enrolled in or involved in the delivery of undergraduate courses. It sets out the principles that underpin the MLS Program approach to assessment and the mandatory procedures for the implementation of assessment.

**Assessment Principles:**

Assessment must be designed to contribute to high quality student learning and underpin the development, delivery and quality assurance of courses. Assessment should both help students learn (learning by assessment) and measure explicit evidence of their learning (assessment of learning).

Assessment:

1. Must be standards-based and provides evidence of the level of achievement with respect to learning outcomes and graduate attributes.
2. Must be a transparent process carried out with honesty, integrity and confidentiality in line with the Mission of the college.
3. Must comprise a variety of tasks which are reasonably achievable by students; and must be fair, inclusive and equitable for all students.

**Types of assessment**

**Formative Assessment:**

It is the part of the assessment process which evaluates ongoing teaching/learning process throughout the course. Ongoing feedback provides the student with the opportunity to enhance their performance. Specific recommendations from the course coordinator and academic advisor on strategies for improving student performance will be helpful and should be documented. No Marks are allocated to formative assessment.

**Summative assessment:**

* + - 1. Summative evaluation provides a graded assessment of student learning at regular intervals of the course; the grade counts toward the final grade.
			2. Summative evaluation tasks are graded and weighted based on the course’s grading scheme as described in the course specification.

**Forms of Assessment**

Forms of Assessment may include:

**Written Exam**: It may take different form of questions such as: short answer questions, multiple-choice questions and essays.

**Written Assignments**: It may take the form of essays, reports, case studies and portfolios.

**Presentations**: These are conducted within group discussion. In these presentations, the students will be delegated particular topics for research and will be required to present their findings.

**Procedure:**

**Student Notification of the Form of Assessment**

During the first week of semester, Students will be provided with a description of the means of evaluation to be used in the Course which l includes:

* + 1. Course Learning outcomes with assessment methods and score distribution
		2. Course activities
		3. The evaluation tools
		4. The date, time and location of their Assessment tasks.

**Rule and Regulation:**

* + 1. A student must attempt all assessment items mentioned in the course specification.
		2. Faculty members are expected to treat students fairly and honestly in the evaluation of their academic performance.
		3. In each course, students are provided with two or more assessment tasks per course (Midterm and Final exams), quizzes, oral presentation or assignments or any assessment methods relevant to learning outcomes mentioned and graded in the course specification.
		4. The student performance: All semester activities should be evaluated by oral presentation, skills lab demonstration, clinical exam (if applicable), quiz and other class tasks, or all of these or some of them, together with mid a final written exam.
		5. Student’s semester activity assessment is done via using relevant assessment rubric form.
		6. The total of marks for each course must be 100% divided into midterm exams, semester activity and final exams.
		7. A minimum/pass mark in all courses is 60%.
		8. Course coordinator should change the contexts and questions of assessment tasks from semester to semester to prevent copying of earlier students' work.
		9. All examinations must be taken within the schedules that are announced by the Examination Committee.
		10. The course coordinator submits the sealed exam questions to the Head of Department (Set-1 & Set-2, with key answer and course blueprint) at least 10 days before the scheduled date of examination.
		11. Marking and auditing of exam papers should be conducted in the control room to ensure the safety of exam papers.
		12. Course coordinator should mark exam papers and registers the marks achieved by the students in the result sheets prepared for that purpose.
		13. Course coordinator should sign the result sheet and approve it from the Head of the Department, and then enter results in the peoplesoft.
		14. The student is not allowed to take more than two exams for different courses in the same day.
		15. The students are not allowed to enter any examination after half an hour of the exam time, and will not be allowed to leave before half time of the exam.
		16. If a student is absent for an assessment the Head of the Department and the Vice Dean of the Academic Affair may allow the student to undertake the exam if the student produces approved sick leave or provides some other evidence for the absence, and if the reason for the absence is acceptable to the Head of the Department and the Vice Dean of the Academic Affair.
		17. Course coordinators must submit the blueprint and exam metrices with student result to ensure the reliability and accuracy of students and confirming the standard of student’s achievements of learning outcomes.

**Assessment Weight and Methods of Assessment:**

***Course without a Practical* *component – Theory only (17 courses)***

|  |  |
| --- | --- |
| **Assessment Item** | **Theory** |
| ***Summative Assessment*** 1.1 Midterm written examination | 20% |
|
| 1.2 Final written examination | 40% |
| ***Continuous Assessment*** 2.1 Quizzes X2  | 10% |
|
| 2.2 Semester Activities (Assignments and Presentations) | 30% |
| **TOTAL**  | **100%** |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Code** | **Course** | **Course Code** | **Course** |
| ISLS 101 | Islamic Studies I | ARB 102 | Arabic Language II |
| MATH111 | Mathematics  | ISLS 103 | Islamic studies III |
| BIOL 111 | Biology | ISLS 104 | Islamic studies IV |
| ARP 101 | Arabic Language I | COMP 110 | Introduction to Computer Science  |
| PHYS 111 | General Physics  | GEN 222 | Human Genetics  |
| IHLS 111 | Introduction to health sciences  | PSY 224 | Psychology |
| BIOL 122 | Biology II  | CLS 315 | Epidemiology, Biostatics & quality assurance  |
| ISLS 102 | Islamic Studies II  | CLS 320 | Pathophysiology  |
| CLS 421 | Introduction to Laboratory Management  |  |  |

 |

***Course with Theory and Practical component*** (22 courses)

|  |  |  |  |
| --- | --- | --- | --- |
| **Assessment Item** | **Percentage %** | Theory  | Practical  |
| **1.Formative assessment** | **Continuous** | ✓ | ✓ |
| **2.Summative Assessment**  |
|  2.1 Midterm examination | 10% | ✓ | ✓ |
|  2.2 Final examination |
|  2.2.1 Written examination.  | 20 % | ✓ | ✓ |
|  2.2.2 OSPE / Practical | 20 % | ✓ | ✓ |
| **3.Continuous assessment** |
|  3.1 Quiz (X2) | 10% | ✓ | ✓ |
|  3.2 Semester activities (Assignment - Presentations - Open book exam - Posters - Logbook - Lab demonstration - Community services)  | 25 % | ✓ | ✓ |
|  3.3 Course portfolios | 15 % | ✓ | ✓ |
| **TOTAL = 100%** | **100%** |  |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Code** | **Course** | **Course Code** | **Course** |
| CHEM 111 | Chemistry for health sciences  |  CLS 313 CLS 324 | Hematology and hemostatsis |
| ENG 110ENG 120 | English language  |  CLS 314 | Principles of histopathology  |
| ENG 130 | English language and medical terminology |  CLS 318 | Electron microscopy |
| BICH 211 BICH 222 | Biochemistry for health sciences |  CLS 322 CLS 412 | Clinical bacteriology  |
| ANT 211 | Principles of human anatomy |  CLS 323 | Clinical mycology  |
| PHSL 222 | Principles of human physiology  |  CLS 325 | Clinical immunology and serology |
| MIC 223 | Introduction to microbiology  |  CLS 326 | Clinical parasitology  |
| CLS 310 | Introduction to clinical laboratory sciences  |  CLS 413 CLS 423 | Blood bank |
| CLS 311 | Clinical Biochemistry  |  CLS 411 | Clinical instrumentation  |
| CLS 312 | General clinical microbiology |  CLS 414 | Clinical virology  |
| CLS 410 | Gene technology  |  CLS 422 | Laboratory practice and leadership |

 |

**Components of Continuous Assessment and Clinical Portfolio:** the following table include some examples of the components to be included for continuous assessment andClinical Portfolio:

|  |  |  |
| --- | --- | --- |
|  | **Portfolio 15 %** | **Continuous Assessment (or Semester activities) 25 %** |
| **1.** | Assignments evaluated using rubrics | Quizzes |
| **2.** | Research projects and activities | TBL or SDL |
| **3.** | Community Services (Student activity) | PBL |
| **4.** | Clinical Cases presentations | Student prepared presentation SPP |
| **5.** | Reflection | Others |
| **6.** | Blackboard activity |  |
| **7.** | Others |  |

**Grading Elements:**

Students are required to achieve a minimum Grade Point Average (GPA) of 2.0 at each level in each course (out of a possible 5.0); if they fail to achieve this level, they do not pass and must retake the course. GPA is determined by dividing the total number of points from all the courses the student has attended by the number of units in the student’s schedule.

**Cumulative Grade Point**:

|  |  |
| --- | --- |
| Cumulative Grade Point Average (GPA) | Grade |
| Greater than 4.50 | Excellent |
| 3.75 < 4.50 | Very Good |
| 2.75 < 3.75 | Good |
| 2.00 < 2.75 | Pass |
| Less than 2.00 | Fail |

**Grading System:**

|  |  |  |
| --- | --- | --- |
| **Grade** | **Numerical** | **Average Point** |
| A+ | 95-100 | 5.0 |
| A | 90-less than 95 | 4.75 |
| B+ | 85-less than 90 | 4.5 |
| B | 80-less than 85 | 4.0 |
| C+ | 75-less than 80 | 3.5 |
| C | 70-less than 75 | 3.0 |
| D+ | 65-less than 70 | 2.5 |
| D | 60-less than 65 | 2.0 |
| F | Below 60 | 1.0 |

**Students Grades Auditing**

Examination committee is responsible for auditing the calculation of the student’s grades to ensure the accuracy of its calculation and compares it with that in the people soft.

* + 1. **Quality Assurance, Verification and Review**

Assessment tasks must be subject to routine assessment verification processes and review

**Internal Verification:**

Refers to Internal Verification Policy (LAT-MLS-24).

**External Verification:**

Refers to External Examiner Policy (LAT-MLS-25).

**Communication of Grades to Students:**

After the approval of the student’s result by the College Council, all course coordinators will enter the results in the people soft to be announced to students after being audited by the HOD within two weeks.

**Student Grading Appeals:**

Students have the right to appeal any action or decision that may affect the ultimate evaluation of their performance in a course. Academic appeals are limited to matters affecting evaluation, {See the MLS Program student Appeals Policy and Procedures (LAT-MLS-13).

**Assessment Feedback:**

1. Timely feedback to the student throughout the semester is considered an essential component of the teaching and learning process. Feedback will be provided by a variety of methods including discussions in lectures and tutorials, review of individual marked coursework and review of marked examination papers on request.
2. Review of assessments by student.
3. A request for a review by MLS Program student must be made in writing and lodged with the relevant course coordinator within three working days of formal notification of the grade.
4. The grounds upon which the student may request a review of a grade are that the student believes that an error has occurred in the calculation of the mark.
5. The grade is inconsistent with the assessment requirements or assessment criteria.
6. The Examination Committee will normally respond to the request for a review of a grade in writing within ten working days and may confirm or vary the original decision.

**Dealing with Cheating**

The student who cheats or attempts to cheat in the exam or violates the rules and regulations of conducting the exam is punished as per the rules of disciplining students issued by the College Council. (Refer to examination cheating policy (SAS-10).

**Examiner Conflict of Interest**

The Assessment Center will take all reasonable steps to ensure that no conflict of interest that relates to its operations has an adverse effect. When this does happen, the Assessment Center will take all reasonable steps to mitigate the adverse effect as far as possible and correct it. (Refer to conflict of interest policy- No- **GAD-06**).

**Special Consideration:**

* + 1. **Reasonable Accommodation of Students:**
1. Special provision may be made in cases of disability, long and short-term illness, chronic and temporary illness or other major disruptions to study which affect a student’s ability to attend an assessment task.
2. Examination committee will arrange for special provisions may include extension of submission date of assignment, special examination arrangements, deferred examinations or other special adjustments.
3. Applications for special provisions must be made using the prescribed form and include any required supporting evidence in accordance with the Assessment Procedures. Refer to Examination process policy (LAT-MLS-05) for further details.
4. Students who didn’t attend the assessment without a documented excuse will receive a grade zero (0) for the Assessment.
	* 1. **Field practice assessment (The Internship Year):**

Refers to Internship Policy (LAT-MLS-09).

**Responsibilities:**

* 1. **Head of Department:**
1. Provide teaching staff with assessment information, resources and procedures which are available to students and staff.
2. Informed course coordinator about the rules for progression in the courses.
3. Ensure the alignment of assessment methods with course learning outcomes.
4. Ensure the assessment procedures are adhered to course learning outcomes.
	1. Ensure that students are receiving constructive and timely feedback about their assessment tasks.
	2. Make sure that grading criteria and standards are applied accurately, fairly and consistently.
	3. Adopt a consistent approach to instruct students about academic integrity and managing incidence of academic misconduct.
	4. **Course Coordinator**
	5. Be familiar with the requirements for good assessment practice.
	6. Ensure that assessment practices are aligned with course learning outcomes.
	7. Communicate assessment expectations clearly in the first-class session and be available to discuss students’ concerns about assessment.
	8. Ensure students are familiar with the requirements for academic integrity in the discipline.
	9. Set the first submission deadline early in the semester to gain information about possible learning challenges for some students.
	10. Give timely and constructive feedback on work submitted.
	11. Keep confidential records of student achievement and any intervention strategies during the semester.
	12. Cooperate with the Head of Department in the investigation of any grievance raised by one of their students.
	13. **MLS Program Assessment Committee:**
	14. Developing, reviewing, and evaluating the program Assessment Plan in collaboration with FCMS Assessment center.
	15. Developing policies and procedures related to assessment of student learning outcomes for the concerned Program.
	16. Reviewing test blueprint to ensure content validity of all examination.
	17. Supporting course coordinators in making the exam results valid and reliable.
	18. Reviewing the construction of all test items for both theory and practical/clinical examination.
	19. Interpretation of item analysis report and recommend the required action for items which have any flaws.
	20. Preparing the report of internal verification of assessment and sending it to course coordinators with the required recommendations for improvement.
	21. **Assessment Committee:**
	22. Assisting MLS Program departments to develop plans for assessing student learning outcomes.
	23. Overseeing the implementation of the concerned program Assessment Plan, evaluate assessment activities, interpret the results and evaluate the overall effectiveness of the plan.
	24. Suggesting recommendations to address the deficiencies that are revealed by evaluating the assessment activities.
	25. Ensuring that all requirements and practices of EEC- NCAAA which related to student assessment are fulfilled in all MLS Program courses.
	26. Preparing and compiling annual report on its achievements to be submitted to the CDMS
	27. **Students:**
	28. **Students have a responsibility to:**
		1. Adhere to the MLS Program assessment policy and procedure.
		2. Behave ethically and responsibly in their conduct of assessment tasks.
		3. Submit work on time, ensuring that is their work except when shared ownership is part of the task.
		4. Notify the course coordinator as soon as possible if difficulties arise with timing, resources, or understanding studies or tasks.
		5. Use assessment to engage in self-evaluation in terms of course progression and achieving learning outcomes.
		6. Be aware of the academic grievance procedure.
	29. **College Registrar**

Ensure accuracy and security of student academic records.

**Forms:**

* 1. Oral Presentation Evaluation form.
	2. Written Assignment Evaluation Form
	3. Research Proposal Evaluation Form
	4. External Examiner Report
	5. Evaluation Form for Reflection Section of Portfolio

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## 3.12 Students’ Poor Academic Performance Policy. (Code: LAT-MLS -12)

**Statement of the Purpose:**

The purpose of this policy is to identify students with inadequate academic performance and implement strategies for assisting students to achieve academic success.

**Relation with NCAAA Standards**

Standard-3

**Policies:**

MLS Program is committed to identify students with poor academic performance and support their academic progress to assist them to successfully complete their courses.

**Procedure:**

**Throughout the course**

* + 1. Student academic performance is monitored closely to identify any student whose performance is likely to lead to academic failure.
		2. Course coordinator will identify students who do not achieve the standard performance (60%) at least in two consecutive assessments in the course.
		3. The course coordinator will set up a meeting with the student to support him/her to address issues affecting academic performance.
		4. The course coordinator will provide the student with an academic progress form and advise him/her on how to achieve the requirements for successful academic progression.
		5. The course coordinator will refer the student to the academic advisor for consultation.
		6. If the student has difficulties in understanding the course materials, the academic advisor will organize extra tutorial hours for the student.
		7. The course coordinator will arrange a small teaching group according to student’s needs. e.g English, Mathematics, ….etc.
		8. If the student faces personal or psychological problems, it will be reported to the head of department who will refer the student to the college’s psychosocial counselor.

**The psychosocial counselor will**

* + 1. Set up meetings with the student to identify the causes of the problem and propose solutions to help the student to overcome these problems.
		2. Send a report to the head of the department about the student’s problem and implemented actions.
		3. Student’s progress in improving their academic performance will continuously be monitored by the course coordinator and the academic advisor.

**At semester level**

* + 1. At the end of each semester, the head of department will discuss the exam results in the departmental council.
		2. The departmental council will check the course completion rate and identify students who failed in courses.
		3. The head of department will refer students who failed in one or more courses to the academic advisor to identify the causes of failure and provide advices for improvement.
		4. The academic advisor will discuss the problem with the student and implementing the appropriate strategy according to student’s problem as follows:
* English language problem: an extensive English Language course will be organized for the students in a convenient time.
* Weakness in mathematics: an extensive mathematic course will be organized for the students in a convenient time.
* Difficulties in understanding the course materials: extra tutorial hours will be organized for the student.
* Frequent absenteeism: the causes of absenteeism will be discussed with the student and appropriate solutions will be proposed accordingly.
* Teacher-student interpersonal relationship: the academic advisor will discuss the issue with both the teacher and student, and find solutions for improving their relationship.
* Poor time management: the academic advisor will help the student to plan time and improve time management skills.
* Non-motivated or non-interested in the course: the academic advisor will collaborate with the course coordinator to motivate the student.
	1. Course coordinators and academic advisors will continuously monitor students’ academic progress and report to the head of department.
	2. For students whose semester grade point is below a 2.0:
1. A warning letter will be sent to the student by the academic affairs department.
2. The Academic Affairs Unit will send a report to the head of department.
3. The academic advisors who will set up a meeting with the student to discuss the causes of the problem and provide advices for improvement.
4. Students’ progress in the following semester will be continuously monitored by the academic advisor and reported to the head of department.
5. Students will be in the probation period, and will not be allowed to register more than 12 credit hours per semester.

**At program level**

**Academic Affairs Unit will:**

1. Identify students whose cumulative GPA is below a 2.0.

1. Send a warning letter to the student.
2. Send a report to the head of department and academic advisor.
3. The head of department will discuss students whose cumulative GPA is below 2.0 in the departmental council.
4. The departmental council will select the course/courses each individual student should study to improve the cumulative GPA.
5. The recommendations of the departmental council will be submitted to the college council for approval.
6. The decision of the council will be communicated to the student by the head of department.
7. Follow up of the student’s academic progress in the course/courses he/she is enrolled in will be continuously monitored by the course coordinator and the academic advisor, and will be reported to the head of department.

**Responsibilities:**

**Head of Department**

* + 1. Discuss students whose cumulative GPA is below 2.0 in the departmental council.
		2. Inform students about the courses they should enroll in to improve their GPA.
		3. Follow up students’ academic progress.

**Course Coordinator**

* + 1. Identifies students with poor academic performance.
		2. Identifies causes of students’ poor performance and implement the appropriate action for improvement.
		3. Monitor students’ academic progress.
		4. Reports to the head of the department and the academic advisor.

**Academic Advisor**

* + 1. Discusses the causes of poor performance with the student.
		2. Provides advises for the student to improvement his/her academic performance.
		3. Monitors the student’s academic progress.
		4. Reports to the head of the department.

**Psychosocial Counsellor**

* + 1. Sets up a meeting with each individual student to discuss his/her problems.
		2. Provides advices to the students to overcome the problem and improve performance.
		3. Reports to the head of department

**Students’ Affairs Department**

* + 1. Identifies students whose semester grade point is below a 2.0 and those cumulative GPA is below a 2.0.
		2. Reports to students’ academic advisors and head of department.
		3. Sends a warning letter to the student and make sure the students signed for receiving the letter.

**Students**

* + 1. Attend all meeting with the course coordinator, academic advisor and the head of department.
		2. Implement what is planned to improve his/her academic performance.

**Forms:**

Student’s Academic Progress Form

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## 3.13 Student Academic Appeal Policy. (Code: LAT -MLS-13)

**Statement of the Purpose:**

The aim of the policy is to ensure fairness and rigorous quality assurance of the academic decision-making processes. The policy seeks resolution when a student feels that he/she has not been treated fairly with respect to academic decisions. Student appeals provide a mechanism for reasonable review of academic decisions.

**Relation with NCAAA Standards**

**Policies:**

MLS students have the right to appeal for a review of an academic decision on assessment, progression and termination of studies. The college encourages students and staff to resolve academic issues through discussion. When resolution is not reached, students may request for formal review. MLS Program believes that it is our responsibility to maintain academic integrity.

**Academic Decisions that may be Appealed:**

* + 1. A final grade in a course.
		2. A grade within a course (e.g. written exam, oral presentation, written assignment, skills lab, practical exam).
		3. An academic dishonesty charge (e.g., plagiarism, cheating).
		4. Student denial of entry test.
		5. Termination of studies.
		6. Other issues related to academic decisions.

**Grounds for Appeal:**

* + 1. Merit of work (an academic decision that does not reflect student’s achievements).
		2. Illness/ hospitalization.
		3. Personal issues (e.g. death of a family member, legal issue, unexpected circumstances).
		4. Policy violation (when a staff fails to follow college policy and procedures which affects student’s academic grade).

**Procedure:**

* 1. The student first attempts to discuss the academic issue with the instructor of the course within five working days of receiving a grade or an academic decision.
	2. If the issue remains unresolved, the student discusses the problem with the academic advisor.
	3. If the issue is not resolved and the student remains dissatisfied with the academic decision, then the student may commence a formal appeal in accordance with the academic appeal procedures of MLS Program.
	4. The student fills out a ‘Student Appeal Form.
	5. The student can attach evidences that support the appeal.
	6. The student pays the appeal fees (50 Saudi Riyals) in case if it necessitates an exams grade review process.
	7. The student submits the completed ‘Student Appeal Form,’ supported evidences and fees receipt to the Vice Dean Academic Affairs through academic advisor to complete the further steps.
	8. The Vice Dean of Academic Affairs formulates the Appeal Review Team(ART) for further investigation and recommendation.[The student academic advisor, Examination Committee member and Head of Department can be involved in this team as needed].
	9. The appeal review team sets up a meeting with the student and involved staff members within 5 working days of receiving the appeal.
	10. The appeal review team discusses possible alternatives for resolving student’s appeal.
	11. The appeal review team takes a decision and submits the decision to the Vice Dean of Academic Affairs for approval.
	12. The Vice Dean of Academic Affairs communicates the decision in writing to the student(through academic advisor) within 7 working days of receiving the appeal.
	13. Privacy and confidentiality will be maintained throughout the appeal process.
	14. Disclosure about the appeal will only be made if it is necessary for dealing with the appeal and ensures that the student is protected against subsequent punitive action or discrimination following the appeal.

**Responsibilities:**

**Students:** Complies with FCMS student appeal policy and procedures.

**Academic Advisor:** Follow up the student appeal and communicate the final decision to the student as per policy guidelines.

**Head of Department**

* + 1. Sets up a meeting with student to discuss his/her academic issue and take steps to resolve it.
		2. Discusses student’s academic issue with the concerned staff and possible alternative to resolve the issue.

**Vice Dean of Academic Affairs**

* + 1. Refers student’s appeal to the appeal review team.
		2. Review the decision of appeal review team.
		3. Communicates the final decision to the student.
		4. Ensures that the student is protected against subsequent punitive action or discrimination following the appeal.

**The appeal review team:**

* + 1. Investigates student’s appeal.
		2. Sets up a meeting with the student to hear his/her appeal.
		3. Meets with the concerned staff to discuss student’s appeal and possible alternatives for resolving the issue.
		4. Takes a decision about student’s appeal and communicates the decision in writing to the Vice Dean of Academic Affairs.

**Dean:** Review and Approval of Final decision on students appeal.

**Forms:**

Student Appeal Form

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## 3.14 Faculty Office Hours policy. (Code: LAT -MLS-14)

**Statement of the Purpose:**

To achieve the college goals, and provide students enrolled in MLS program with maximum direct access to all MLS Faculty staff, for consultation and advise during office hours. This policy developed for effective use of office hours dedicated to improve the student engagement with academic staff.

**Relation with NCAAA Standards**

Standard-3

**Policies:**

* 1. The Head of Department (HOD) within the college are responsible to inform all the faculty staff members about this policy and its regulation.
	2. The office Hours was developed for advice, counseling and academic instruction outside of the classroom for students by faculty staff members.
	3. The office Hours are implemented within the first week of academic calendar and will be outside of the regular schedule.
	4. Approximately for each course 2 to 3 office hours per week are required and posted on the staff member's respective door to inform students when he/she will be available for advising and consultation during the office hours and mentioned during the introductory lecture (1 hour) the course by the course coordinator.
	5. Students should be informed of any necessary deviations from posted office hours.
	6. Whenever a faculty member is not available or similarly occupied, as for example in academic meetings, she/he must inform the student and reschedules another time with them.
	7. The Faculty staff members shall notify the HOD when they are unable to keep established office hours for re-arrangement.
	8. The HODs are responsible for ensuring that the office hours are reasonably accommodating to student needs within the context of each faculty staff member’s schedule.
	9. Student feedback must be collected annually regarding the office hour for more improvement.

**Responsibilities:**

Applicable to all academic faculty staff member in FCMS.

**Forms:**

Staff allocation for office hours

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## 3.15 MLS Faculty Staff Workload Policy. (Code: LAT -MLS-15)

**Statement of the Purpose:**

The purpose of this policy is to clarify the workload system to MLS faculty members in order for them to comply with its regulations and understand their performance expectations.

**Relation with NCAAA Standards**

Standard-5

**Policies:**

* 1. The distribution of workload assignments for an academic faculty member will be determined in accordance with FCMS mission and goals.
	2. It is the responsibility of the Head of Department, under the oversight of the college dean, to make workload assignments to faculty members.
	3. The workload policy supports, but does not replace judgment in determining the distribution of work for individuals or among groups of faculty over time.
	4. All faculty members are expected to perform department and/or college services as needed including administrative, academic advising and other activities.
	5. **Teaching**: As per MOE guidelines for Higher Education the following table outlines the teaching workload:

|  |  |
| --- | --- |
| **Academic rank** | **Credit Hours/Semester** |
| Professor | 12 |
| Associate professor | 14 |
| Assistant professor | 16 |
| Lecturer | 18 |
| Teacher assistant | 18 |
| Language teacher | 18 |

* 1. The teaching workload include the following:
* Theoretical sessions (lectures) and other teaching strategies (e. g. TBL, PBL, tutorials)
* Lab/practical sessions.
* Clinical training and / or teaching sessions.
* Supervising post-graduate dissertations (2 CH for MSc, 4CH for PhD per semester).
	1. The College Council has the right to approve for any extra teaching credit hours. Faculty staff members with approved teaching overload assignment must continue to fulfill community service, scientific research and other administrative obligations.
	2. **Scientific research and scholarly activities:**

Research projects approved by the College Dean and funded by FCMS or other agencies only will be considered.

Scientific research activities include, but not limited to the following:

* Publish a scientific paper in peer-review journal (with other faculty staff members and / or students).
* Writing or translating a peer scientific book.
* Oral presentation of scientific paper in a scientific conference that leads to a paper publication.
* Preparing a scientific proposal (funded).
* Patent approval.
* Contribution of a scientific product in a scientific exhibition.
* Contribution in organizing a scientific conference or workshop.
* Membership in a scientific journal editorial board and to be measured according to agreed upon “Annual Academic Staff Targets”.
	1. **Community services:**

The activities performed within the scope of approved community service plans only will be considered under this section. The community service activities include all volunteering activities within the scope of FCMS community service plan:

* International World Health Days.
* Collaborative activities with government, private organizations.
* Presenting community education programs to the public and to be measured according to agreed upon “Annual Academic Staff Targets”.
	1. Teaching workload is reduced for any staff member assigned for administration work, such as Dean, Vice Deans, Head of Departments and Directors, to do their administration responsibilities.

|  |  |
| --- | --- |
| **Admin. Level** | **Administrative workload (credit hours per semester)** |
| Dean | 4 |
| Vice Deans | 2 |
| Head of Departments (HODs) | 2 |
| Division Directors | 2 |

* 1. **Professional Service**

All College teaching staff members are expected to engage in professional, discipline-specific, and institutional/departmental service activities including working under license in any of the clinical departments or units at DSFH or equivalent sites, and to be measured according to agreed upon “Annual Academic Staff Targets”.

**Procedure:**

* + 1. Teaching staff workload must be finalized by the concerned HODs minimum one month before the staring date of the upcoming semester. (For first Semester-By July every year, for second semester-by November every year, for summer semester by April every year)
1. According to the approved departmental work load each teaching staff member must prepare their individual teaching workload and submit it to the HOD (of the department where they belong to).
2. Each HOD must submit their departmental staff ‘Individual teaching Workload’ to the VDAA (Vice Dean Academic Affairs) and FCMS Dean for review and final approval.
3. It is the responsibility of each HOD to ensure that responsibilities are distributed fairly among all departmental staff members according to their specialization and capabilities to facilitate the smooth functioning of the department.
4. TheAnnual Academic Staff Targets are measured based on the following elements.
5. Completion of all course reports within the time frame per semester according to policy.
6. Contributing for the development of curricular materials, learning and assessment strategies in the various programs within FCMS.
7. Contribution to the activities including meetings of all committees and tasks as well as the IQAS program and academic advising.
8. Achieving academic load assigned in the various programs within FCMS.
9. Achieving 85% students satisfaction rate per year in all courses delivered by the academic staff.
10. Achieving a minimum of 5 medical education development activities per year.
11. Achieving a minimum of 30 hours (approved by SCFHS) of professional continuous development and medical education per year.
12. Submitting one research proposal per year (sponsored by external sponsor).
13. Submitting one research proposal per year (sponsored by FCMS).
14. Number of research grants awarded per year.
15. Achieving 2 scientific papers published in peer reviewed journal per year.
16. Participating/contributing in community service agreement engagement: achieving a minimum of 50% activities per year.
17. Achieving 85% peer’s satisfaction rate per year within FCMS.
18. Comply with NCAAA accreditation standards within FCMS at the institutional and program levels.
19. Such elements will be discussed and agreed upon with respective academic staff member individually at the start of the target period. Each academic staff targets will be electronically fed in the “Annual Academic Staff Target” profile.
20. Such targets will be calculated in confidence annually via an external private consultancy firm. Further, the HOD plus three peers will be asked to comment on the academic staff (in full confidence) on the following competencies.

|  |
| --- |
| **Core Competencies for Performance Evaluation** |
| **Job Knowledge:*** Demonstrates the knowledge and skills required to perform the job, including administrative policies and procedures, technical and / or specialized knowledge/expertise and managerial/ supervisory skills.
* Understands position goals, responsibilities, and expectations,
* Is current on professional/technical developments related to position.
 |
| **Stewardship:*** Demonstrates accountability in all work responsibilities
* Exercises sound and ethical judgment when acting on behalf of the university.
* Exercise appropriate confidentiality in all aspects of work
* Shows commitment to work and to consequences of own actions.
 |
| **Communication:*** Demonstrates the ability to express thoughts clearly, both orally and in writing
* Demonstrates effective listening skills
* Shares knowledge and information
* Asks questions and offers input for positive results
 |
| **Motivation:*** Shows initiative, anticipates needs and takes actions
* Demonstrated innovation, creativity and informed risk-taking
* Engages in problem-solving; suggests ways to improve performance and be more efficient
* Strives to achieve individual, unit, and FCMS goals
 |
| **Teamwork:*** Builds working relationships to solve problems and achieve common goals
* Demonstrated sensitivity to the needs of others
* Offers assistance, support, and feedback to others
* Works effectively and cooperatively with others.
 |
| **Service-Minded:*** Is approachable/accessible to others.
* Reaches out to be helpful in a timely and responsive manner.
* Strives to satisfy one’s external and/or internal customers
* Is diplomatic, courteous, and welcoming
 |
| **Adaptability:*** Is flexible, open and receptive to new ideas and approaches
* Adapts to changing priorities, situations and demands
* Handles multiple tasks and priorities
* Modifies one’s preferred way of doing things
* Adapt to the private sector working environment and regulation
 |
| **Inclusiveness:*** Shows respect for differences in backgrounds, lifestyles, viewpoints, and needs, with regard to ethnicity, gender, creed, and sexual orientation.
* Promotes cooperation and a welcoming environment for all
* Works to understand the perspectives brought by all individuals
* Pursues knowledge of diversity and inclusiveness
 |
| **Self-Development*** Enhances personal knowledge, skills and abilities.
* Anticipates and adapts to technological advances as needed
* Seeks opportunities for continuous learning
* Seeks and acts upon performance feedback
 |

1. All fed in information will be reviewed by the external private consultancy firm for calculating the targets. The final peer review will be sent in confidence to the academic staff member for comments and feedback.
2. Final review is sent to the Dean for comments and recommendations to complete the 360-review process in total confidence.
3. Only the academic staff member and the Dean of the College are aware of the content of the report which is archived electronically.

**Responsibilities:**

**College Council:** To approve for the extra teaching workload for staff members over the designated workload according to the academic rank.

**Head of Department:** To distribute teaching load fairly among staff members.

**VDAA:** Review each teaching staff workload.

**Dean:** To approve the workloads for faculty members.

**Forms:**

Individual teaching staff workload approval form

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## 3.16 MLS Students Assessment Plan and Management Policy. (Code: LAT -MLS-16)

**Statement of the Purpose:**

* 1. To ensure that the student assessment process is in compliance with MOE regulations and MLS Policies and bylaws.
	2. To ensure that the assessment process is valid, reliable,comprehensive and fair.
	3. To confirm that assessment plan including direct and indirect assessment methods contributing to an effective achievement of students’ learning outcomes in the MLS Program.
	4. To ensure continuous monitoring, verification and quality assurance of the assessment process and outcome.
	5. To ensure appropriate security of exam content and blueprint as a substantial element for maintaining the confidentiality and integrity of the exams.

**Relation with NCAAA Standards**

Standard-3

**Policies:**

MLS Program is committed to enhance the entire educational process based on effective management of the assessment process. Assessment provides an academic standard that ensures continuous monitoring of students achievement of learning outcomes. This policy provides a structured framework for planning, implementation and monitoring of assessment in MLS Program.

**Procedure:**

**Planning process (Pre-examination)**

* + 1. Refer to mission statement.
		2. Revise students learning outcomes (SLOs), course learning outcomes (CLOs) and program learning outcomes (PLOs).
		3. Plan for the delivery of outcomes.
		4. Plan for revising and implementing assessment policies.
		5. Plan for Direct assessment (Identify methods and measures for direct assessment).
		6. Plan for the implementation of assessment process.
		7. Plan for the analysis and Report of results.
		8. Student Notification of the Form of Assessment.
		9. Pre – examination for summative assessment (Ensure alignment-Prepare blue print -Design Item and review them-Standard setting and rescaling).
		10. Preparation of Indirect Measures of assessment.

**Implementation of assessment (During Examination)**

* + 1. All examinations must be taken within the schedules that are announced by the examination committee.
		2. The course coordinator submits the sealed exam questions to the head of department (Set-1 and Set-2, with key answer and course blueprint) at least 10 days before the scheduled date of examination.
		3. Marking and auditing of exam papers should be conducted in the control room to ensure the security of exam papers.
		4. Course coordinator should mark exam papers and enters the marks achieved by the students in the result sheets prepared for that purpose.
		5. Grading Elements:Students are required to achieve a minimum Grade Point Average (GPA) of 2.0 at each level in each course (out of a possible 5.0); if they fail to achieve this level, they do not pass and must retake the course. GPA is determined by dividing the total number of points from all the courses the student has attended by the number of units in the student’s schedule.

**Cumulative Grade Point:**

|  |  |
| --- | --- |
| Cumulative Grade Point Average (GPA) | Grade |
| Greater than 4.50 | Excellent |
| 3.75 < 4.50 | Very Good |
| 2.75 < 3.75 | Good |
| 2.00 < 2.75 | Pass |
| Less than 2.00 | Fail |

**Grading System:**

|  |  |  |
| --- | --- | --- |
| Grade | Numerical | Average Point |
| A+ | 95-100 | 5.0 |
| A | 90-less than 95 | 4.75 |
| B+ | 85-less than 90 | 4.5 |
| B | 80-less than 85 | 4.0 |
| C+ | 75-less than 80 | 3.5 |
| C | 70-less than 75 | 3.0 |
| D+ | 65-less than 70 | 2.5 |
| D | 60-less than 65 | 2.0 |
| F | Below 60 | 1.0 |

**Verification and analysis (Post –examination):**

***Post –examination-Level-1***

**Quality Assurance, Verification and Review**: Assessment tasks must be subjected to routine assessment verification processes and review through consensus verification practices.

**Audit**: Examination committee will assign faculty staffs to review the examination process in each course to ensure that they reflect appropriate assessment design and grading.

**Internal Verification**: College assessment unit will verify the student result and grades between the different programs at the college and also between male and female within the same program.

**External Verification:** External examiner from other local universities will attend examination procedures and verifying students result by using specific checklist (External Examiner Report).

1. The Examination committee is responsible for auditing the calculation of the student’s grades to ensure the accuracy of its calculation and comparing it with that in college website then submitting the verified exam results to the course coordinator.

**Signature and approval:**

1. Course coordinator should sign the result sheet and approve it from the Head of the Department -after it is discussed and approved in the departmental counsel-, then the results are approved by the College counsel and released to students through the FCMS website.
2. KPIs: (Process and outcome).
3. Analysis: Item analysis and writing analysis report.
4. Indirect assessment (already prepared before) are distributed (Surveys for students, staff, employers) and analyzed.

***Post-examination - level-2***

1. Course reports and course portfolios are prepared (including samples of all assessment methods e.g. MCQs, assignments, OSCE, OSPE. etc.).
2. All course reports including any analysis of the whole semester educational process (teaching and assessment processes, resources and action plans for improvement) should be submitted to the Head of the Department and discussed in department council meeting.
3. Annual program report should be written -based on all included course reports- and discussed in department council meeting.
4. Annual program report are submitted to Medical Education Department (MED), Curriculum Reviewing and Monitoring Committee (CRMC) and College Council(CC) to be approved.
5. Action plans prepared for improvement are used in planning process for the new academic year.
6. The IQAS monitors the implementation of these action plans, thus closing the loop.

**Responsibilities:**

**Dean:** (Pre-examination/ Examination process-Post /examination-Level-1and2).

**VD for academic Affair**: (Examination process).

**VD for development and quality management**: (Post –examination-Level-2).

**Course Coordinator:** (Pre-examination/ Examination process/ Post –examination-Level-2).

**Heads of department**: (Pre-examination/ Examination process/ Post –examination-Level-2).

**Medical Education Department and Assessment Unit:** (Pre-examination/ *Post* –examination- Level-1).

**Examination Committee:** (During Examination process).

**QAU:** ((Pre-examination/ Post –examination-Level-2).

**IQAS**: (Post –examination-Level-2).

**Forms:**

 N/A

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## 3.17 Writing Multiple Choice Questions (MCQs) Policy. (LAT- MLS-17)

**Statement of the Purpose:**

* 1. To define the rules and regulations of writing MCQs in all written exam for MLS program in FCMS.
	2. To ensure that MCQs included in written examinations in MLS Program are well written according to international guidelines developed for this purpose.
	3. To support academic staff members in FCMS to check the quality of the questions, they wrote for different exams.

**Relation with NCAAA Standards**

**Policies:**

This policy and its associated checklist apply to all written examination conducted in MLS Program. It sets out the guidelines and roles for academic staff to properly write MCQs in their exams.

**Procedure:**

**MCQs writing guidelines:**

* + 1. **Guidelines for the whole item:**
	1. The item reflects an important curricular objective.
	2. The item focuses on a single problem.
	3. The item is totally independent of all other items for its correct answer.
	4. The item should be free of cultural, gender, or other biases.
	5. The item is not unduly demanding of the student's total time for the test.
	6. The item should be clear and contain simple language.
	7. Asking opinion was avoided type questions.
	8. Whole item is on same page.
1. **Guidelines for writing stem:**
	1. The stem should be self-contained, The students should be able to answer the question without reference to the alternatives (e.g. follow the rule of “cover the options”.
	2. The stem should be clearly worded and free of ambiguity.
	3. The stem should be free of irrelevant or unnecessary detail.
	4. The stem asks a question that has a definite answer.
	5. The stem should not provide grammatical clues to any alternative.
	6. Negatively worded stems should be avoided if possible (e.g. except and not).
	7. All questions have the same number of alternatives.
2. **Guidelines for writing alternatives**
	1. The alternatives are all appropriate to the question asked or implied by the stem
	2. Alternatives must be grammatically consistent with the stem.
3. Alternatives should be in one column.
4. Avoid overlapping distracters (e.g. in range values).
5. Alternatives are stated as briefly and simply as possible.
6. Words common to all the alternatives should be placed in the stem.
7. All distracters should be plausible, attract the marginal student to choose them.
8. The use of trickery has been avoided.
9. "All of the above" is not to be used.
10. "None of the above" is not to be used.
11. Key words from the stem are not repeated in the alternatives.
12. Avoiding stating the correct answer in greater length.
13. Avoiding absolute terms like "always" "never".
14. Avoiding stating the correct answer in textbook language.
15. False information in alternatives is not to be presented in the questions.

**Responsibilities:**

**Course instructors** are responsible for following this policy in writing MCQs in their written exam.

**Head of departments** are responsible for revising and following the implementation of this policy in their departments for all MCQs include in written exam

**MLS Assessment Committee** is responsible for the final revision and monitoring of both internal and external verification of MCQs included in written exam.

**Forms:**

Checklist for Evaluating MCQ

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## 3.18 Assessment of Learning Outcomes (LOs) for all programs in FCMS.(Code: LAT -MLS-18)

**Statement of the Purpose:**

* 1. To identify the rules and regulations of Assessment of Learning Outcomes (LOs) in MLS Program offered by FCMS.
	2. To define the roles and responsibilities of all concerned parties involved in the process of LOs Assessment.
	3. To determine the deadline for each step of the LOs assessment process.

**Relation with NCAAA Standards**

Standard-3

**Policies:**

This policy and its associated framework is applied to MLS educational program in FCMS with the aim to assess the achievement of LOs of MLS Program and to close the loop of LOs Assessment.

**Procedure:**

**Phases of LOs Assessment’s plan:**

**Plan Phase:**

* + 1. Ensuring alignment of “Program goals and objectives” with program and institution mission.
		2. Ensuring PLOs alignment with program goals and objectives.
		3. Ensuring alignment of CLOS and SLOs with PLOs.
		4. Ensure alignment of teaching strategies with PLOs and CLOs.
		5. Selecting LOs to be assessed in each program.
		6. Selecting and reviewing the required KPIs according to national and international benchmarks.
		7. Identifying the methods for “Direct and Indirect Assessment” in alignment with LOs.
		8. Preparing for Indirect assessment measures: (surveys for students, staff, and employers) and selecting methods of data analysis.
		9. Pre- examination preparation for summative assessment (test blueprint, developing items).

**Do Phase:**

* + 1. Submitting exam papers set1and set 2, key answer and blueprint.
		2. Organizing control room and prepare electronic machine and answer sheets.
		3. Conducting the examination according to schedule and MLS Program regulation.
		4. Distributing and collecting all course related questionnaires and surveys.

**Check Phase:**

* + 1. Preparing Item Analysis report for written exam.
		2. Discussing Item Analysis reports with concerned course instructors.
		3. Completing the internal and external verification process for final exams.
		4. Uploading the scores on people soft by Course instructors.
		5. Approving the results in departmental meeting.
		6. Approving the results by Institutional Students Grades Review and Moderation Subcommittee and College Council.
		7. Publishing the approved results to students by Vice Dean for Academic Affairs.
		8. Students' appeal for grade review. (if any)

**Analysis and reporting Phase:**

* + 1. Submitting Course reports and course portfolios to HOD.
		2. Discussing the main data of course reports in departmental meeting and approving the suggested action plan.
		3. Submitting all course reports to Medical Education Department (MED) for revision.
		4. Preparing annual program reports based on the data from course reports and approving it in departmental council.
		5. Submitting approved program reports to MED for revision.
		6. Preparing PLOs &CLOs achievement reports by HODs using attached forms. (6.2&6.3)
		7. Setting plan for closing assessment loop.
		8. Communicating results of Learning Outcomes assessment and plan with faculty staff members.
		9. Implementing plan for closing assessment loop.

**Responsibilities:**

**The following are responsible for implementing LOs assessment plan:**

* + 1. Dean
		2. Institutional Curriculum Review and Monitoring Committee
		3. Learning Outcome Monitoring Committee -MLS Program
		4. Vice Dean for Development and Quality Management
		5. Vice Dean for Academic Affairs
		6. Head of Medical Education Department
		7. Director of Assessment Centre
		8. Director of Quality and Accreditation Unit
		9. Course Instructors

**Specific responsibilities are well illustrated in the attached framework.**

**Time Due:** The time due for each phase with all steps in assessment of LOs is well illustrated in the attached framework.

**Monitoring and Overseeing:**

Student Assessment Centre is the body which is responsible for the monitoring, overseeing the whole process of assessment of LOs and submitting the final report.

**Forms:**

* 1. Learning outcomes assessment plan.
	2. PLOs achievement report form.
	3. CLOs achievement report form.

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## 3.19 Internship Eligibility and Requirements Policy. (Code: LAT -MLS-19)

**Statement of the Purpose:**

This policy will outline the requirements for interns to be eligible to commence Internship year.

**Relation with NCAAA Standards**

Standard-3

**Policies:**

1. To identify candidates eligible for the Medical Laboratory Sciences (MLS) internship year.
2. To state the required medical screening tests and vaccination for intern.
3. To identify the rules and regulations of eligibility for the MLS internship year.

**Procedure:**

The candidates for MLS internship year must fulfill the following requirements:

1. Students must complete the required 126 credit hours for the program that are composed of theoretical and practical contents under the MLS Program.
2. Students must obtain a Cumulative Grade Point Average (GPA) of 2 or more to be eligible for the internship program.
3. Students must obtain the certificate of Basic Life Support (BLS) course.
4. Students must complete a signed medical evaluation form obtained at DSFH staff clinic.
5. Students applying for the internship year must be medically screened for the following test:
* Tuberculin Skin Test
* Varicella Zooster IgG
* HBs-Ag
* HBs-Ab total
* HCV Ab Total
* HIV Ag-Ab Combo
1. Immunization card must complete, and interns must be vaccinated for MMR and Hepatitis B.
2. If a female intern is pregnant, her internship will be terminated immediately. However, if she wishes to proceed, she must sign a consent form to be responsible for her decision and the form must be presented to the College Internship Coordinator.
3. In case of exposure to body fluids and/or in case of needle prick incident, interns she must follow the hospital policy on reporting the incident. The report must be submitted to Risk Management Unit and a copy of that report must be submitted to the College Internship Coordinator.
4. Interns must successfully pass the medication calculation test with a score of 100%
5. Interns must attend the college and concerned training sites orientation programs

**Responsibilities:**

**The following parties are responsible for implementing the internship eligibility and requirements process:**

* + 1. Dean
		2. Vice Dean for Academic Affairs
		3. Vice Dean for Clinical Affairs
		4. Registration Officer
		5. Internship and Student Training Unit Director
		6. MLS Program Director
		7. MLS Internship Coordinator

**Forms:**

Affiliation Checklist

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## 3.20 Development and Review of Field Experience Specification and Report Policy. (Code: LAT -MLS-20)

**Statement of the Purpose:**

To provide guideline for development of field experience specification as well as reviewing the field experience report.

**Relation with NCAAA Standards**

Standard-3

**Policies:**

1. Field Experience Specification must be completed and submitted at the beginning of each academic year.
2. Field Experience Report must be completed and submitted at end of the academic year or after interns complete their rotations completely.



**Procedure:**

1. Field Experience Specification and Report must be completed by the Internship Coordinator and submitted to the Internship Monitoring Committee and MLS Department Council for revision.
2. Reviewing the Field Experience Specification must be completed within one month before the beginning of the academic year.
3. The reviewed Field Experience Specification will be submitted to Curriculum Review and Monitoring Committee.
4. The reviewed Field Experience Specification will be sent then to the Program Director.
5. The approved version of Field Experience Specification will be sent then to the Medical Education Unit for further assessment in a period of one week and will be sent then to the Quality and Accreditation Unit for final approval in a week before commencement of the internship year.
6. Field Experience Specification will be implemented thereafter.
7. At the end of the internship year, the Field Experience Report must be finalized by the College Internship Coordinator.
8. Review and approval of the Field Experience Report must be completed within two weeks after the end of the academic year by the MLS internship monitoring committee.
9. The reviewed Field Experience Report will be submitted to the Curriculum and Monitoring Committee and afterward to the Program Director to implement any modification suggested.
10. The reviewed Field Experience Report will be discussed in Department Council
11. The approved version of the report will be submitted to the Medical Education Unit for further assessment.
12. The finalized report will be then sent to the Quality and Accreditation Unit for final approval

**Responsibilities:**

1. College Internship Coordinator
2. Field Coordinator from Dr. Soliman Fakeeh Hospital (DSFH)
3. Curriculum Development and Monitoring Committee
4. Program Director
5. Department Council
6. Head of the Medical Education Unit
7. Director of the Quality and Accreditation Unit

**Forms:**

Field Experience Specification format

Field Experience Report format

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## 3.21 College and Hospital Orientation Policy. (Code: LAT -MLS-21)

**Statement of the Purpose:**

This policy is developed to provide important information about the orientation program during the internship year, including internship guidelines, regulations, policies and procedures applicable at DSFH and other training sites.

**Relation with NCAAA Standards**

Standard-3

**Policies:**

1. The MLS intern must complete all graduation requirements before the start of the internship year.
2. All interns must complete and sign the check-up list, immunization and other paperwork prior to starting the internship year.
3. The MLS intern must attend the orientation program in the college.
4. The MLS intern must attend the orientation program in the hospital.
5. Attendance is mandatory for all interns, and in the case of approved excuses, the intern must coordinate with the college responsible staff for rescheduling.

**Procedure:**

1. The MLS intern must complete the entire mandated requirements prior to starting the internship year as per **MLS Eligibility and Requirements Policy**.
2. The MLS interns must attend the college and Hospital orientation programs.
3. In case of not attending one or more of the orientation session(s), the MLS intern will be rescheduled for the missed topic of the orientation programs. This intern must present an acceptable excuse.
4. After completion of the orientation programs, the MLS interns will be eligible to commence the internship year according to the schedule and rotations plan.

**Responsibilities:**

1. Field Experience Supervisor
2. CollegeCoordinator
3. MLS Internship & Monitoring Committee
4. FCMS Internship & Monitoring Committee
5. Vice Dean for Clinical Affairs
6. MLS program director

**Forms:**

College Orientation Program

DSFH Orientation Program

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## 3.22 Internship – Follow – up and Supervision Policy. (Code: LAT -MLS-22)

**Statement of the Purpose:**

1. This policy establishes the mechanism of monitoring of internship year implementation including follow-up and supervision.
2. It is established to implement the follow-up and supervision mechanism and to ensure that the interns’ performance is regularly appraised towards the achievement of the learning outcomes.

**Relation with NCAAA Standards**

Standard-3

**Policies:**

This policy is designed to describe the mechanism of the follow-up and supervision process during the internship year. It tends to explain the responsibility of all staff involved as well as ensuring regular monitoring of the interns and to identify areas that need improvement.

**Procedure:**

1. An academic staff from the college ‘College supervisor’ is assigned to follow up and supervise the interns based on their specialty (Microbiology, Biochemistry, Hematology, Blood Bank, Serology and Histopathology).
2. The intern’s activities during the internship year are jointly monitored by the College supervisor and Clinical preceptor.
3. The College supervisor makes regular visit to the training site (every 1-2 weeks) at DSFH and once a month at external training sites to meet with the interns.
4. The College supervisor discusses the objectives with the intern and ask questions related to the principles and procedures of the test performed.
5. The college supervisor is required to complete the form ‘Weekly follow-up form’ and present it to the Internship and Monitoring committee for discussion and early identification of weaknesses.
6. The College supervisor will give a score using Rubric format, this score will be calculated toward the final evaluation of the intern.
7. The preceptor and College supervisor must check the daily attendance of the interns and report any case of absenteeism.
8. The preceptor and College supervisor will check the dress code and appearance of the interns, and report any case of violation.
9. The intern should provide all necessary information and feedback that support improvement of the training year.

**Responsibilities:**

1. Preceptor
2. Field Experience Supervisor
3. College Supervisors
4. College Internship Coordinator

**Monitory and Overseeing:**

Monitoring the implementation of this policy lie under the responsibilities of the following

1. MLS Internship & Monitoring Committee
2. FCMS Internship Monitoring Committee
3. Vice Dean for Clinical Affairs
4. MLS program director

**Forms:**

Field Experience Specification format

Field Experience Report format

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## 3.23 Internship Assessment and Evaluation Procedure Policy. (Code: LAT -MLS-23)

**Statement of the Purpose:**

1. To describe the Internship assessment plan and evaluation procedure.
2. To outline the roles and responsibilities of all involved in the assessment and evaluation processes of the interns.

**Relation with NCAAA Standards**

Standard-3

**Policies:**

This policy provides information for implementing the assessment and evaluation plan described in the Field Experience Specification. It tends to provide guidelines to ensure that each intern is assessed and evaluated based on certain criteria.

**Procedure:**

1. **Weekly Follow – Up Evaluation,** during which the interns are evaluated against certain applied for each rotation using the approved forms. This is conducted by the assigned College supervisor. The objectives to be covered for each rotation must be initiated by the program and discussed with the college supervisor, whose responsibility is to closely monitor and assess the intern. The assessment form must be completed and discussed in the Internship committee and Departmental council for improvement.
2. **Overall Clinical Evaluation,** during which the interns are comprehensively evaluated at the end of each rotation using the approved forms. This is conducted jointly by both clinical preceptor and the Field Training Supervisor.
3. **Post – Internship Written Examination,** post completion of the internship year, the interns are required to attend the written examination as part of the evaluation process. The exam comprises of verity of questions that test the knowledge and cognition for each section during the internship training year.
4. **Marks Weight per Rotation:**

|  |  |  |
| --- | --- | --- |
| **Activity** | **%** | **Responsibility** |
| Overall Clinical Evaluation (average marks for all rotations) | 60% | Training field |
| Weekly follow up evaluation  | 10 % | College  |
| Case Study Presentation  | 10% | College |
| Post Internship Written Examination (MCQ’s) | 20% | College |
| **TOTAL** | **100%** | College |

1. **Final Score Equivalency / Interpretation:**

|  |  |
| --- | --- |
| **SCORE** | **INTERPRETATION** |
| > 90 % | Excellent |
| 80 – 89 % | Very Good |
| 70 – 79 % |  Good |
| 60 – 69% |  Satisfactory |
| < 60 % | Unsatisfactory/Fail |

**Responsibilities:**

1. The following are responsible for implementing the Assessment and Evaluation Procedure Policy:
2. Preceptor
3. Field Experience Supervisor
4. College Supervisor
5. College Internship Coordinator
6. Monitoring and Overseeing:

Monitoring the implementation of this policy lie under the responsibilities of the following:

1. MLS Internship & Monitoring Committee
2. FCMS Internship Monitoring Committee
3. Vice Dean for Clinical Affairs
4. MLS Program Director

**Forms:**

1. Overall Clinical Evaluation
2. Weekly follow up form
3. Presentation evaluation form

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS).

## 3.24 Internal Verification Policy. (Code: LAT -MLS-24)

**Statement of the Purpose:**

To confirm that students’ achievement verification practices are followed at the MLS Department.

**Relation with NCAAA Standards**

Standard-3

**Policies:**

This policy provides a structured framework to ensure that the learners receive fair assessment which is free from discrimination.

**Procedure:**

1. Development of “test blueprint” to ensure that all course LOs are properly covered during examination.
2. Students are assessed using different methods relevant to the LOs mentioned in the course specification for each course.
3. The used assessment methods are concurrent with the policies and procedures at the MLS Department.
4. Evaluation of the “test item” construction is done by the MLS Assessment Committee members using a structured checklist.
5. Auditing of grades is conducted by an independent academic staff assigned by the examination committee.
6. Item Analysis Report is prepared by MLS Assessment Committee members to determine the items difficulty, discrimination and reliability of the exam.
7. The Course Coordinators justify any inappropriate questions in the Item Analysis Report.
8. Preparation of Report of Internal Verification of Assessment (RIVA) according to the template (annexed) is done by the MLS Assessment Committee members then approved by the Course Coordinator and the MLS Head of Department (HOD).
9. The finding of the RIVA compiled for each course is discussed with the Course Coordinator and the HOD at a special departmental meeting.
10. An action plan is developed by the MLS Assessment Committee members and approved by the Course Coordinator and the HOD.
11. The monitoring of the action plan is the responsibility of MLS Assessment Committee members aiming to close the “Assessment Loop”.
12. The Assessment Center Director provides an “Annual Report” on the process of RIVA to the Institutional Curriculum Review and Monitoring Committee and the implementation of action plans.

**Responsibilities:**

**The responsibility of Course Coordinator is to:**

* + 1. Develop a Blueprint.
		2. Write justification about the inappropriate questions mentioned in the Item Analysis Report for the course being examined.

**The responsibility of MLS Assessment Committee is to:**

* + 1. Revise of the developed the Blueprint.
		2. Ensure that different varieties of assessment methods are used as per course specification and “Study Guide”.
		3. Prepare of Item Analysis Report for each course.
		4. Prepare RIVA.
		5. Develop the action plan.
		6. Monitor the implementation of the action plan.

**The responsibility of the Director of Assessment Center is to:**

Develop an “Annual Report” on the process of RIVA to be prepared to the Institutional Curriculum Review and Monitoring Committee for final review and approval.

**The responsibility of the Head of Department is to:**

* 1. Approval of final revised Blueprint.
	2. Approval of RIVA.
	3. Monitor the implementation of the action plan.

**The responsibility of the Examination Committee is to:**

Audit of grades.

**Forms:**

Report of internal verification (RIVA).

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## 3.25 External Verification Policy. (Code: LAT -MLS-25)

**Statement of the Purpose:**

To ensure that all MLS students being assessed fairly based on defined standards.

**Relation with NCAAA Standards**

Standard-3

**Policies:**

1. This policy is a structured framework designed to provide confidence and credibility in the assessment and external final verification of students results by ensuring that the assessment process is conducted within MLS Department at FCMS in compliance with the NCAAA standards and approved FCMS’ policies and procedures.
2. MLS Department fosters external review and verification process as part of its quality assurance and continuous quality improvement process.
3. The policy and procedures consist of three main sections: before, during and after the external verifier’s visit.

**Procedure:**

**Before the external verifiers visit:**

1. The Head of Department (HOD) in collaboration with MLS Assessment Committee identify the courses to be verified by the EV.
2. 20% of the specialty courses need to be reviewed by the EVs every year.
3. HOD identifies two external verifiers by the end of the first week of the academic year.
4. The qualification of EVs must match to great extent the courses which are taught.
5. The HOD submits the external verifier nomination forms (Annex-1) to the Dean for review and approval.
6. The Dean sends official letters to the approved EVs.
7. The course instructors for the selected courses have to arrange copies of course specifications, few samples of the final exam answer sheets, assignments or projects with the answer key for MCQs and model answer for essays alongside the rubric evaluation form for other methods of assessment.
8. The HOD arranges a suitable date and time for the EV visit to take place.

**During the external verifiers visit:**

1. The external verifiers review the needed evidences as he/she responsible for:
	1. Check the Curriculum Map.
	2. Review course specification and Course Learning Outcomes (CLOs).
	3. Assess the alignment between the CLOs with the course description.
	4. Check the exam blueprint and samples of the student answers of the final exam, assignments or projects.
	5. Evaluate the appropriateness of the methods of assessment used in relation to the levels of study and the stated CLOs.
	6. Review the used marking criteria and the supplied model answers.
2. EVs meet with the students to get feedback on assessment scheduling/load and on the exam questions.
3. EVs meet with the relevant course instructors and HOD to address any issues identified and the action needed to rectify it.
4. EVs submit a report of external verification (REVA) (Annex-2) with recommendations (if any) for further improvement.

**After the external verifiers visit:**

1. The HOD calls for departmental meeting to discuss the report of EVs in the presence of MLS Assessment Committee members.
2. The HOD and course instructors develop action plan based on external verifiers recommendation and departmental meeting discussion. These recommendations and action plans to be reflected within the respective course report.
3. The MLS Assessment Committee monitors the implementation of the action plan aiming to close the loop of assessment.
4. The Assessment Center director provides annual report on the process of external verification to the Institutional Curriculum Review and Monitoring Committee.

**Responsibilities:**

**The responsibility of the Head of Department is to:**

* + 1. Nominate two external verifiers by the end of the first week of academic year.
		2. Send the names of the verifiers to the Dean to see any conflict of interest.
		3. Identify 20% of the specialty courses to be reviewed by the EVs every year.
		4. Arranges a suitable date and time for the EV visit to take place.

**The responsibility of Course Instructor is to:**

1. Photocopy a few samples of the student answers of the final exam, assignments or projects with the answer key and model answer.
2. Participate in developing the action plan for improvement according to EVs comments.
3. Implement the proposed action plan developed for improvement.

**The responsibility of external verifier is to:**

1. Review samples of the student answers of the final exam, assignments or projects with the answer key and model answer.
2. Submit a report of external verification (REVA).

**The responsibility of MLS Assessment Committee representative is to:**

1. Participate in developing the action plan for improvement according to EVs’ report
2. Monitor the action plan for improvement accordingly.

**The responsibility of the Director of Assessment Center member is to:**

1. Develop annual report on the process of external verification to the institutional curriculum review and monitoring Committee.

**The responsibility of the Dean is to**

* 1. Send official letters to the nominated external verifiers.

**Forms:**

External verifier nomination form.

Report of external verification (REVA)

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## 3.26 Blueprint for Written Examination Policy. (Code: LAT -MLS-26)

**Statement of the Purpose:**

To ensure that all Course Learning Outcomes (LOs) are properly represented in the written examination.

To confirm using variety of questions types in the written examination.

**Relation with NCAAA Standards**

Standard-3

**Policies:**

This policy provides a structured framework to ensure the content validity of the test.

**Procedure:**

**Building test blueprint:**

1. Outline the content area (Topics).
2. Match the topics with the different domains of Course Learning Outcomes (CLOs) (Knowledge, cognitive).
3. Determine the contact hour of each topic.
4. Decide on the weight (number of questions) to be given to each topic according to the contact hour and the importance of each topic.
5. Prepare the number of questions in midterm and final exams according to MLS assessment policy.
6. Consider appropriate distribution of the exam questions to cover the recall and reasoning domains in the midterm and final exam.
7. Write the time allocated for midterm and final exam (the time allocated for midterm exam is 60 minutes while in the final exam is 120 minutes).
8. Use varieties of question types for written examination (MCQs, EMQs and Short and Long Essays questions).
9. Estimate the percentage and time allowed to answer each question type as shown in the following table:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Type** | **Percentage** | **Time allowed to answer each item** |
|  | **MCQs** | 60% | 1.5 min. |
|  | **EMQs** | 20% | 1.5 min. |
|  | **Short Essay** | 20% | 2 min. |
|  | **Long Essay** | 4 min. |

**Revision and approval of blueprint:**

* + 1. The course coordinator submits the blueprint to the head of department for primary reviewing.
		2. The reviewed blueprint is submitted to the MLS Assessment Committee during the first two

 weeks of each semester.

* + 1. This submitted blueprint is reviewed by the assigned member of MLS Assessment Committee.
		2. The final revised blueprint is approved by the head of department and MLS Assessment

 Committee by maximum 3rd week of the semester.

**Responsibilities:**

**Course coordinator:** Development of Test Blueprint.

**MLS Assessment Committee:** Reviewing and approval of the developed blueprint.

**Head of department:** Approval of the final revised blueprint**:**

**Forms:**

Template of Blueprint

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## 3.27 Formative Assessment Policy. (Code: LAT -MLS-27)

**Statement of the Purpose:**

* + 1. To *monitor students’ learning* and provide ongoing constructive feedback that can be used by

 staff members to improve their teaching strategies and by students to improve their learning.

* + 1. To help students identify their strengths and weaknesses and areas that need more improvement.
		2. To help faculty recognize where students are facing challenges and address problems immediately.

**Relation with NCAAA Standards**

Standard-3

**Policies:**

This policy provides a structured framework for planning, implementing and monitoring of formative assessment sessions in MLS Department. This policy is developed to ensure that each student in MLS Department is assessed and provided with ongoing constructive feedback concerning strengths and weaknesses, in a timely and effective manner, during each course.

**Procedure:**

**Planning phase:**

1. Development of Blueprint for formative assessment:
	1. Blueprint is developed by each course instructor covering cognitive and knowledge domains.
	2. It is revised by the members of MLS Assessment Committee.
	3. It is approved by the head of department and director of assessment center.
2. In the first week of each semester during the orientation session, each course instructor is responsible to inform the students about the format, date and time of each Formative Assessment session.
3. A minimum of four formative assessment sessions are conducted for each course in each semester.
4. All courses, regardless of duration, provide formative assessment sessions.

**Implementation phase:**

* 1. Different varieties of assessment methods are used (MCQs, EMQs, short essay, long essay, MEQ, case application or other methods in the attached guide).
	2. Developing a bank of formative assessment questions by each course instructor with the assistance of the MLS Assessment Committee.
	3. Immediate (maximum within one week), descriptive and constructive feedback are given to the students.

**Evaluation phase:**

* + - 1. The MLS Assessment committee ensures that each formative assessment is administered on the specified date and time.
			2. The effectiveness of the formative assessment sessions are evaluated by students’ satisfaction survey.
			3. Analyzing the students’ satisfaction survey of students is performed by the quality and accreditation unit.
			4. Highlighting the areas of strengths and the areas that require improvement are done by course instructor.
			5. Recommendations and action plan are developed by the course instructor.
			6. The action plan is monitored by the MLS Assessment Committee and Head of Department, aiming to close the loop of assessment

**Responsibilities:**

**The responsibility of Course Instructor is to:**

* + 1. Develop a Blueprint.
		2. Inform students with the format, date and time of each formative assessment.
		3. Give immediate, descriptive and constructive feedback to the students.

**The responsibility of MLS Assessment Committee is to:**

* + 1. Give orientation about how to develop blueprint for formative assessment.
		2. Revise the developed blueprint.
		3. Ensure that different varieties of assessment methods are used as (MCQs, EMQs, short essay, long essay, MEQs or other methods in the attached guide).
		4. Monitor the process of formative assessment up to closing the loop.
		5. A compile comprehensive report about formative assessment for each course in MLS department to be submitted at the end of each semester to the Head of the Department to be discussed at the Institutional Curriculum Review and Monitoring Committee.

**The responsibility of Head of Department is to:**

* + - 1. Approve final revised blueprints.
			2. Ensure that all courses, regardless of duration, have provided formative assessment.
			3. Confirm that the formative assessment conducted at minimum four times per semester for each course.

**Quality and accreditation unit:**

Analyze the students’ satisfaction survey of students.

**Forms:**

Blueprint for formative assessment-form.

Formative assessment follow-up and feedback form.

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## 3.28 Objective Structured Practical Examinations (OSPE) Policy. (Code: LAT -MLS-28)

**Statement of the Purpose:**

To ensure that objective structured practical examination (OSPE) is designed properly to objectively assess students’ knowledge, skills and attitudes in a simulated practical environment with multiple assessors and domains.

**Relation with NCAAA Standards**

Standard-3

**Policies:**

This policy provides a structured framework for Objective structured Practical Examinations. It is conducted in courses with practical part. OSPE is conducted twice yearly as a part of the midterm if applicable and the final examination.

**Procedure:**

**The procedure of Objective structured Practical Examinations includes the following points:**

1. Planning and organization of OSPE.
2. Implementation of OSPE.
3. Evaluation of OSPE.
4. **Planning for OSPE:**
	1. Preparation of OSPE blueprint using the blueprint template (Annex1). according to the following points:
	2. Review the course learning outcomes
	3. Decide on domains of skills to be tested
	4. Map the domains against the learning objectives
	5. Sampling: decide on the proportion of stations in each section
	6. Calculate your total testing time; ensure appropriate time is allowed for the task at each station
	7. Writing stations according to station writing template (Annex 2). (OSPE stations must focus on appropriate psychomotor skills at the ‘shows how’ level of the Miller's pyramid avoiding items that can be included in tests of knowledge like MCQs)
	8. Revising the checklists for each procedural examination station by assessment center members.
	9. Training for the students for exam process (mock exam) by course coordinator in each course.
	10. Training for stations raters for calibrations and standardization.
	11. Training for standardized patients samples if applicable.
5. **Implementation of OSPE:**
	1. Assigning roles and responsibilities (exam coordinator, examiners, support staff)
	2. Orientation and debriefing of the examinees, patients and observers/examiners.
	3. Each OSPE should include 10-15 stations at least (static and dynamic) each station should last from 5-10 minutes.
	4. The following materials must be available for every station:
	5. Station writing template including (candidate instructions, Examiner instructions, equipment list and standardized patient instructions if applicable).
	6. Marking Guidance including (station checklist and scoring rubric).
6. **Evaluation of OSPE:**
	1. Marking of stations.
	2. Doing Post evaluation metrics (psychometric analysis) after station marking which includes the followings.
		1. **Metric 1:** Cronbach’s alpha which measures the overall reliability of the exam.
		2. **Metric 2:** Coefficient of determination R2: This allows us to determine the degree of (linear) correlation between the checklist score and the overall global rating at each station.
		3. **Metric 3:** Between-group variation (including assessor effects): this is a very powerful metric as it gives a very good indication of the uniformity of the assessment process between groups.
		4. **Metrics 4**: Students satisfaction survey analysis.
	3. Reporting the findings and identifying the area of strengths and areas of improvement using RIVA template for OSPE.
	4. Developing recommendations and action plan for upcoming OSPEs through Post examination metrics report.

**Responsibilities:**

1. **OSPE Committee:** is responsible for overseeing the whole examination process from planning to the evaluation of the examination.
2. **OSPE Coordinator:** coordinate the planning and implementation of the exam. The coordinator is responsible for supervision the development, organization, administration, and grading of the examination.
3. **Station Developers (Course coordinator):** develop OSPE stations according to station template.
4. **Support Staff:** The following are the major responsibilities of the support staff:
* Photocopying
* Preparing and distributing materials
* Distributing materials
* Setting up individual stations
* Developing the OSPE map
* Time keeping
* Setting up the bell system
* Developing and placing the number and arrow signage at appropriate places
* Arrangement of required material and equipment
* Maintaining a central store for necessary material, equipment and their replacements
* Quarantine arrangements for examinees waiting for their exam
* Collecting answer sheets from every station and examiner.
* Entering scores in a spread sheet
1. Raters evaluate the students’ Procedural skills in observed stations

**Forms:**

OSPE blueprint

Station writing template

Students Satisfaction Survey (See MQA-02:4 and MQA-02:14)

RIVA report

Post Examinations metrics report

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

**Chapter-4**

**Student Administration and Service**

**[SAS]**

# 4. Students Services

## 4.1 Admission Policy. (Code: SAS-MLS-01)

**Statement of the Purpose:**

The purpose of this policy is to provide a guideline for the process of admission for Bachelor of MLS program. Differences

**Relation with NCAAA Standards**

S4.1.1, S4.1.2, S4.1.4, S4.1.5, S4.1.6.

**Policies:**

* 1. FCMS provides an opportunity for students to continue and complete their education to get a bachelor’s degree in medical laboratory sciences.
	2. All applicants are to follow the admission process according to FCMS and MOE admission requirements.
	3. All required documents and conditions must satisfy the admission criteria.
	4. At FCMS, MLS program makes every effort to ensure that all qualified applicants are provided with full consideration for admission and does not discriminate in access to the program and activities.
	5. All students enrolled in the program must possess the intellectual, ethical, physical, and emotional capabilities required for the professional practice.
	6. MLS program management considers reasonable accommodations for otherwise qualified students with special needs as per decision of the medical examination team (from DSFH) as well as the Academic Affairs Committee (AAC).

**Procedure:**

* 1. Applicants shall fill-in “the Admission form”, "Student's Guardians Information form” and he/she will submit all the required documents at the Academic Affairs Unit (AAU) or through College Website during the period of admission as per announcement.
	2. Applicant should complete applications and admission forms on time.
	3. If applicant has any condition that can be considered under disability/special need shall be declared during the admission time by filling the special need/disability disclosure form. The identified applicant’s case will be evaluated by the medical examination team from DSFH. Upon receiving the recommendations from the medical examination team, the AAC will decide whether the student can be accepted to study in the program or not.
	4. If any applicant accepted with special needs, applicant shall submit a written request for accommodations to the AAU office. The AAU office will forward the request to the AAC.AAC will discuss the case and the chair will communicate the decision to the concerned parties for implementation.
	5. Academic Affairs Unit communicate with the applicants and inform them about their application status if accepted or Declined.
	6. Applicant should do the college Mini Multiple Interviews (MMI) and pass.
	7. After passing the Interview, the applicants will have “English Admission Test”and if they passed, there will be a selection done by the administration based on overseeing the GPA, Assessment test, Abilities test and English placement test.
	8. Academic Affairs Unit will communicate with the applicants and inform them about their status.
	9. For applicants who got acceptance, he/she should do the medical checkup and be physically fit as certified through the arrangement with Dr. Soliman Fakeeh Hospital (DSFH)/ staff clinic.
	10. After that, the applicant shall go to Academic Affairs Unit and Submit all the Original documents and fill "Receiving the original documents from the students form”.
	11. Student / Guardian should sign FCMS contract after acceptance in the college.
	12. Student will receive his/her identification card (ID).

**Responsibilities:**

**Academic Affairs Unit:**

* + 1. Announce the stated period of admission process according to MOE and college academic calendar.
		2. Announce the college admission criteria.
		3. Receive applicant’s admission forms and help them on their admission.
		4. Ensure that the applicant admission forms are completed according to the college admission criteria.
		5. Arrange for the appointment of Mini Multiple Interview (MMI).
		6. Inform applicant about their admission and enrolment status.
		7. Provide student’s identification card (ID).

**Forms:**

* 1. Admission Form
	2. MMI Forms
	3. Student’s guardian information Form
	4. Medical Checkup for the Students Form
	5. Receiving the original documents from the students-form
	6. Applicant/Student Health Status declaration form

**Evidence:**

Students’ admission Guideline Manual.

**KPI’s:**

Proportion of student satisfaction on admission process.

**KPI’s provider:** Academic Affairs Unit

**Time:** at the end of academic year

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## 4.2 Transfer Policy (Code: SAS-MLS-02)

**Statement of the Purpose:**

* 1. To set guidelines for applicants who are studying at FCMS and wish to internally transfer to the MLS program.
	2. To set guidelines for the applicants who wish to be transferred to the MLS program, coming from other institutions (external).

**Relation with NCAAA Standards**

S4.1.2, S4.1.4, S4.2.3

**Policies:**

* 1. FCMS provides its current students the opportunity to change their field of specialization, where they can be transferred from a program to another within the college.
	2. FCMS provides students external to the college the opportunity to join the MLS program officially
	3. Students who completed less than 50% of the courses in the program only will be considered for acceptance for transfer. If they exceed more than half of the program (50%) in another institution or another program within FCMS will not be considered eligible for transfer.
	4. The equivalency regulations for program to program and institution to institution include:
		+ - The field of study from where the applicant is transferring must be of relevance to MLS Program.
			- The previous program must be a bachelor’s program leading to a bachelor’s degree
			- The contents of the courses to be equalized and the learning outcomes must match their equivalent courses in the MLS program, the matching score must be 60% or above.
			- A minimum of ‘C’ grade must be earned in the equalized courses
			- A minimum GPA of 2.75 is required.
			- The courses that could be equalized are the general courses and basic sciences courses, and the MLS specialty courses are not subjected for equalization even if the student take these courses in his/her current institute.
			- Transferred students must study at FCMS no less that 3 years (3rd , 4th and internship years)
			- The scores of the equalized courses will not be accounted for the accumulative GPA, and only PASS will be given without grades.
			- The MLS equalization committee must approve the equalization request prior to grant further approval by the Academic Affairs and higher authority of the college.
	5. Applicant shall proceed with the transfer as follows:

**Cash Students:**

1. Applicants must bring an official transferring form signed by the previous institute
2. Applicant shall sign on his/her final MLS program transfer application.
3. Pay the required tuition fees through FCMS Finance Unit.
4. Visit his/ her assigned academic advisor to discuss the curriculum plan and study schedule.

**Scholarship students:**

1. Academic Affairs Unit (AAU) must notify the sponsor with the applicant’s transfer request.
2. If sponsor approve the applicant’s MLS program transfer request, Applicant shall sign on his/her final program transfer application.
3. Visit his/ her assigned academic advisor, in order to discuss his/her curriculum plan.
4. If the sponsor doesn’t agree for the transfer student must be officially notified by the ARD.

**Procedure:**

**Transfer from a program to MLS program within FCMS:**

FCMS students can change their specialty and can transfer to MLS program as per the following guidelines:

* + 1. Applicant must fill the transfer request form, and then submit it to the Academic Affairs Unit (AAU).
		2. The ARD shall process the request and send it with the student’s transcript to MLS program director for approval.
		3. MLS program director shall process the request through the designated equalization committee followed by MLS Department Council for review and recommendations.
		4. The Department Council shall review the request, transcript and recommend the equivalency regulations, and then send it to FCMS Academic Affairs Committee (AAC) for decision.
		5. If the FCMS Academic Affairs Committee approves the transfer, then the program director will send the final decision to the Academic Affairs Unit with the report detailing the number of courses, credit hours and the courses’ names.
		6. The Academic Affairs Unit shall notify the student about the decision.
		7. The decision should be ratified by College Council.

**Transfer from external institute to the MLS program at FCMS:**

Students can join the MLS program as per the following guidelines:

* + 1. The student must provide an official transcript, course contents for courses to be equalized and clearance letter to ensure he/she is cleared from the current institution and was not involved in any misconduct or behavioral issues.
		2. Applicant must fill the MLS transfer request form and attach it with current transcript, and course contents and submit it to the FCMS Academic Affairs Unit.
		3. Program director shall process the request through the MLS equalization committee, and then send the recommendations to the Department Council for recommendations.
		4. The Department Council shall review the request, the contents of the taught courses, the transcript and the equivalency regulations, then send its recommendations to FCMS Academic Affairs Committee for final decisions.
		5. The decision has to be ratified by the College Council.

**Responsibilities:**

* 1. **Academic Affairs Unit:**
		1. Receive applicant’s program-to-program transfer request and institute-to institute transfer request.
		2. Provide program director and scholarship sponsor with; applicant program-to program transfer request and institute-to-institute transfer request.
		3. Notify applicant about the decision on his/her request.
	2. **Program Director:**
		1. Process and make recommendations on the applicants’ transfer request.
		2. Provide the equalization committee with the required documents and the request forms for review and recommendations.
		3. Provide the Department Council with applicant transfer request for recommendations.
	3. **MLS program equalization task-force team:**
		1. Review students’ transcript.
		2. Identify the courses that can be equalized.
		3. Review in detail these courses course specifications and decide on the acceptance of equalization.
		4. Submit report to program director.
	4. **Department Council:**

5.4.1 Review the request, transcript, courses contents, the recommendations and equivalency regulations, and then send the recommendations to the Academic Affairs Committee for a decision.

* 1. **Academic Affairs Committee:**

 Approval of the transfer report (internal or external).

* 1. **FCMS College Council:**
		1. Make the final decision on program-to-program transfer request or institute-to-institute transfer request.
		2. Provide the Academic Affairs Unit with ratification on applicant transfer requests.

**Scholarship Sponsor:**

* + 1. Provide FCMS Academic Affairs Unit with approve or disapprove of the transfer request.
		2. If the sponsor approves the transfer request, the sponsor must provide FCMS with financial guarantee letter.

**Students:**

* 1. Fill the program-to-program transfer request form.
		1. Fill the institute-to-institute transfer request form.
		2. If the applicant is not a current student at FCMS, he/she must provide FCMS Academic Affairs Unit with a clearance letter from the other institution, signed and sealed transcript, and course contents from his/her current institute.
		3. If applicant is granted program-to-program transfer or institute-to-institute transfer, he/she must sign and agree on his/her new curriculum plan including the waved courses

**Forms:**

1. Program to Program Transfer Request form.
2. Institution to Institution Transfer Request form.

**Evidence:**

1. Statistics of transferred students from program to program within FCMS.
2. Statistics of transferred students from /to FCMS.
3. Analysis of the transfer survey

**KPI’s:**

1. Proportion of transferred students from program to program within FCMS.
2. Proportion of decreasing rate transferred students from FCMS to another institution.
3. Proportion of increasing rate of transferred students from another institution to FCMS.

**KPI’s provider:** Academic Affairs Unit

**Time:** at the end of academic year

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## 4.3 Registration Policy. (Code: SAS-MLS-03)

**Statement of the Purpose:**

The purpose of this policy is to provide a guideline for the process of registration for Bachelor of MLS program.

**Relation with NCAAA Standards**

S4.1.1, S4.1.2, S4.1.4, S4.1.5, S4.1.6.

**Policies:**

* 1. All students are to follow the registration process according to FCMS and MOE registration requirements.
	2. MLS Program academic advisors provide guidance for students when there is any inquiries’ regarding registration.

**Procedure:**

**Credit hours registration and courses enrolment are as follows:**

* + 1. Students able to register a minimum of 12 credit hours and a maximum of 18 credit hours in each semesterbased on their GPA as the rules of MOE. For freshman students they are registered the credit hours mentioned above as per the courses offered in the first semester. (They are registered 14 credit hours in the first semester).
		2. MLS courses registration starts at the first day of the semester and students able to complete registration within 2-week period. Otherwise, no student is allowed to register after this deadline.
		3. Student able to add or drop courses until the 3rd week of the semester.
		4. Student wish to withdraw the semester within the first 6 week of the semester shall refund 50% of their tuition fees. Otherwise, students will lose their right to refund.
		5. FCMS authorities have the right to cancel student registration and/or enrolment in MLS Program if he/she fails to complete registration within the time limit specified under FCMS regulation.
		6. If student or college cancels registration or enrolment student. MOE and FCMS regulation will be applied.

**Responsibilities:**

**MLS Head of Department and Academic Advisor:**

* + 1. Guide students throughout their progress in the MLS Program.
		2. Coordinate with the Academic affairs Unit regarding the registration and enrolment calendar.
		3. Make sure student follow the MLS Program study plan.
		4. Keep record of each student’s achievement.

**Forms:**

1. Courses Registration form.
2. Add and Drop Course form.
3. Withdraw from courses form.
4. Semester Withdrawal form.
5. Final withdrawal from College form.
6. Student Clearance form.
7. Application Request for Receiving the Graduation Certificate
8. Certificate of student's Information Request form
9. Course Registration Form for the Intensive Summer English Course

**Evidence:**

Students’ admission Guideline Manual.

**KPI’s:**

Proportion of student satisfaction on admission process.

**KPI’s provider:** Academic Affairs Unit

**Time:** at the end of academic year

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## 4.4 Student’s Exposure to a Communicable Disease Policy. (SAS-MLS-04)

**Statement of the Purpose:**

The purpose of this policy is that MLS Program seeks to minimize the risk of exposure to communicable diseases, to prevent spread of disease among students and the community and to have a uniform, planned approach for dealing with students who had exposed to or have communicable diseases. The MLS faculty will ensure that each student understands and is capable of adhering to the college precautions procedures.

**Relation with NCAAA Standards**

S4.4.3, S4.7.1, S4.7.5

**Policies:**

* 1. A student who suspects or has a real contact with an individual or patient that would result in the student’s exposure to a communicable disease must report such contacts/ diagnoses to MLS department in order to prevent further complications.
	2. Students are obligated to report any exposure to a communicable disease.
	3. Students are obligated to follow the concerned precautions to provide infection.
	4. FCMS and MLS department are obligated to ensure the provision of a safe environment of education and clinical training.
	5. Students are responsible to have up to data immunization.
	6. Students shall be screened periodically to prevent any infection.

**Procedure:**

* 1. The student must immediately notify the MLS faculty supervising the clinical experience.
	2. If student was exposed or was possibly communicable during clinical laboratory experience in Fakeeh Hospital and any other institution/agencies, the following procedure regarding communicable disease should be followed:
		+ The clinical instructor will notify the clinical course coordinator.
		+ Clinical Course Coordinator will complete the report of exposure to communicable disease as soon as possible.
		+ Clinical course coordinator has to consult the staff health clinic at DSFH regarding management of case, to verify reporting requirements.
		+ Staff health clinic at Fakeeh Hospital has to inform infection control department if any action needed.
	3. Students will be allowed to attend the classes only if they bring official approval for the same from staff health physician.
	4. Testing results of the communicable disease should be submitted to the college, and MLS department and should be repeated at 6 weeks, 3 months, 6 months, and one-year post-exposure.

**Responsibilities:**

Reporting the occurrence of the case- Staff health physician

**Forms:**

N/A

**Evidence:**

Student’s Exposure to a Communicable Disease annual report.

**KPI’s:**

Proportion ofstudent’s exposure to a communicable disease.

**KPI’s provider:** Staff health physician

**Time:** at the end of academic year

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## 4.5 Student’s Medical Welfare Policy. (Code: SAS-MLS-05)

**Statement of the Purpose:**

* 1. To ensure MLS students, who sustain illness and/or injury during their studies, receive emergency health care and fair health care.
	2. To prevent the spread of infectious diseases among FCMS students.

**Relation with NCAAA Standards**

S4.4.3, S4.7.1, S4.4.3

**Policies:**

* 1. MLS Program develop procedures, including the use of the recording injuries requiring First Aid or other medical treatment.
	2. MLS Program ensure the block of any infectious diseases to spread or develop epidemic among its students population.

**Procedure:**

* 1. All MLS students have the right to receive first aid at a local level. First aid facilities is provided to be adequate for the immediate treatment of injuries and illnesses that may arise at the college.
	2. FCMS is committed to provide the students with a fair health care coverage, according to FCMS insurance plan.
	3. Students are responsible of reporting injury/illness to Students Affairs and/or MLS Program Director before it could adversely affect him/her or other colleagues and clients.
	4. The student to have (who has) a private insurance coverage, if students require full health insurance coverage, he/she should pay separately to health insurance company available at DSFH, to be provided with different rates according to the insurance personal.
	5. Screening procedures is mandatory and included as part of admission fees at FCMS.
	6. Health insurance coverage plans are available for MLS students to buy upon admission and is mandatory for those who do not have any insurance policy.
	7. In case if the students are already insured, they require to provide the document and will be kept in the student record.
	8. In case of absence of health insurance (family or personal health insurance), an identification letter should be provided to students to have health insurance with DSFH companies upon their own financial responsibility. Then a copy of health insurance card to be kept in student’s records.

**Responsibilities:**

**Students:**

* + 1. Students who has a third-party insurance, they shall declare it to the Academic Affairs Unit.
		2. Students must provide FCMS with his/ her medical history to avoid future complications of treatment.
		3. Students must communicate with the Academic Affairs Unit and program director, if they are suspected or diagnosed with any infectious disease.

**Students Affairs:**

* + 1. Ensure the implementation of this policy.
		2. Ensure that all students are covered with insurance plan by any health insurance provider. Otherwise, the Student’s Affair Unit shall ensure that students get minimal health care coverage, which FCMS providers and keeping his insurance coverage up to date.
		3. Communicate with DSFH and make sure that students get treatment properly according to the insurance plan.
		4. Students’ Affair shall immediately communicate with Academic Affairs Unit, program directors and FCMS management if a student/s are suspected and/or diagnosed with any communicable diseases.

**Academic Advisor and Program Director:**

* + 1. Ensure that this policy is implemented.
		2. Ensure that all students at the program are medically covered by this policy.
		3. Program director will keep track of the medical status of their program students and communicate with the Students Affair Unit about any changes on student’s health status.

**Forms:**

 N/A

**Evidence:**

Student health physician annual report

**KPI’s:**

Proportion ofstudents who receive fair health care

**KPI’s provider:** Student health physician

**Time:** at the end of academic year

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## 4.6 Student Grievance Policy. (Code SAS-MLS- 06)

**Statement of the Purpose:**

The purpose of student grievance policy is to provide guidance and procedures for addressing student grievances and complaints in an equitable manner in order to reach fair and appropriate resolution to student complaints in compliance with FCMS and MLS Program standards for the process.

**Relation with NCAAA Standards**

S4.7.1, S4.7.2, S4.7.3, S4.7.5.

**Policies:**

MLS Program student who wishes to file a grievance should first attempt to resolve the issue at its source with the instructor or staff member involved. Should such a resolution be impossible, however, the student may pursue the following steps if he/she wishes to file a grievance.

There are two grievance tracks: (1) academic grievances, such as grade disputes and academic dishonesty issues; and (2) all other matters, such as schedules, fees, materials, and property.

**Procedure:**

**Grievances:**

**Academic Grievances:** (Refer to student academic appeal policy).

**Non-Academic Grievances:** Students wishing to appeal non-academic matters, such as decisions regarding property, scheduling, etc. as a first step confer with the faculty or staff member involved.

* 1. If no solution be reached in Step 1, the student, within 5 working days after the outcome of the conference has been determined, should contact the Dean by submitting a written complaint.
	2. The Dean will gather and analyze appropriate information and if necessary, he/she has the option of convening and chairing a committee (comprised of at least one faculty member, one student, and one staff member from administration/Student Support Services /a member from Human Resource selected by the Dean) to help evaluate the student’s petition through interviewing parties involved in the grievance and gathering and reviewing materials pertinent to the case.
	3. If the complaint is against one of the committee members, he/she should be excluded from the committee investigations regarding this case.
	4. The decision at this stage of the grievance will be made by the Dean based on the facts that have been gathered.
	5. Within five working days after completing the investigation, the Dean will, notify the student of his/her decision.
	6. The decision of the Dean will be final.
	7. FCMS Dean will ensure that students are protected against subsequent punitive action or discrimination following consideration of a grievance or appeal.

**Responsibilities:**

* 1. Faculty Dean, MLS Head of Department, and all other managers have a duty to announce and implement this policy and procedure and to make every effort to ensure that grievances are minimized, and that harassment and bullying or discrimination doesn’t occur. Any grieved issue raised must be investigated promptly and effectively. It is not acceptable from MLS department to ignore unacceptable behavior or complain.
	2. Faculty Dean, MLS Head of Department should maintain confidentiality and seek to ensure that there is no further problem after a grievance has been resolved.

**Forms:**

Student Grievance Form.

**Evidence:**

Students’ Grievance Reports.

**KPI’s:**

Proportion of decreasing in the number of students’ grievances.

**KPI’s provider:** Quality and Accreditation Unit

**Time:** at the end of each semester

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## 4.7 Student’s Reward Policy. (Code: SAS-MLS-07)

**Statement of the Purpose:**

Student’s rewards and recognition policy is to motivate the student quality of performance, fostering learning and curiosity. The rewards are granted to students who are found academically motivated to learn, active, smart, &performing exceptional curricular & extracurricular activities. The tasks being rewarded should be challenging enough to maintain students’ interests.

**Relation with NCAAA Standards**

S4.1.1, S4.1.2, S4.1.4, S4.1.5, S4.1.6.

**Policies:**

* + 1. Reward is not new in education; it is addressed as a system to work best. It is used to motivate students to better study skills & higher self-confidence, which will lead to changing behavior.
		2. FCMS recognize& supports significant student who are to exhibit the behavior college wants, whether it’s higher grades, increased attendance, academically& clinically quality of performance, through structured reward and recognition procedures.

**Procedures:**

**Thanks & appreciation letters for rewarding students’ performance in following cases:**

* + 1. Mastery of a task, skills, or subjects& showing intelligent performance
		2. Indicate a good of ability in approach learning with a mastery-goal
		3. Mastering certain skills or demonstrating increased understanding for reaching a particular performance level or outperforming others.
		4. Any participation in extracurricular activities & or community services activities.

**Responsibilities:**

**Head of Departments:** For thanks & appreciation letters for rewarding students’ performance.

**Forms:**

N/A

**KPI’s:**

**KPI’s provider:** Academic Affairs Unit

**Time:** at the end of academic year

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## 4.8 Student’s Re-enrollment Policy. (Code: SAS-MLS-08)

**Statement of the Purpose:**

The purpose of this policy is to provide a guide for that students wishing to re-enroll to FCMS and are eligible to resume MLS Program.

**Relation with NCAAA Standards**

S4.1.1, S4.1.2, S4.1.4, S4.1.5, S4.1.6.

**Policies:**

Student who withdraw is eligible to be reenrolled to FCMS and MLS Program if he/she fulfilled the reenrollment requirements that include:

* + 1. Being within 4 semesters of inactivity, or as a new applicant if more than 4 semesters.
		2. The student was not terminated for academic or behavioral issues.
		3. It is the 1st application for reenrollment.
		4. It is permitted to re-enrolled student for one time only.
		5. It is not permitted to re-enroll student who has academic and disciplinary acts in his records.

**Procedures:**

 Students whose enrollment is inactivated can submit request to reactivate his/ her registration at FCMS according to MOHE reenrollment subject No. 17, as the following criteria:

* + 1. Requests for permission to re-enrollment to be submitted to Academic Affairs Unit Office within four semesters of the inactive enrollment date.
		2. Academic Affairs Unit will refer the request to be discussed at the College Council. If the decision for the request was approved by college council and MLS department, the reenrollment using same registration number and records are completed.
		3. If student is inactive for more than four semesters, a new request can be submitted, with going back to student record. Student is subject to the academic regulations and requirements in effect at the time of registration, and with new registration number.
		4. Re-enrollment is dependent upon full disclosure of all relevant and up to date developmental, behavioral and academic information.
		5. The re-enrollment decision has to be taken by the Academic Affairs Committee and for the approval by the College Council then ratified by Board of Trustees.
		6. The C.C has the full capacity in the decision of student reenrollment, and respect of decisions should be adhered.
		7. If the decision is rejected, the reenrolled student can appeal and the C.C has the right to refer the case to B.O.T for a decision.

**Responsibilities:**

**Academic Affairs Unit:**

* + 1. Helps student on their reenrollment and registration form completion.
		2. Processes the reenrollment form and provides all required documents.
		3. Informs student about college council and MLS Department Council reenrollment decision.

**Academic Affairs Committee:**

* + 1. Academic Affairs Committee revised the case and making the decision.
		2. Review the referred case of reenrollment with all the student’s documents.
		3. Approves/ disapproves request based on committee decision.
		4. Refer the case to B.O.T in case appealing.

**Forms:**

**Student Reenrollment form.**

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## 4.9 Students Orientation Policy (Code: SAS-MLS-09)

**Statement of the Purpose:**

Orientation to the MLS program and its courses is designed to assist with the transition of students into an academic setting. The purpose of this policy is to help students to create a clearer focus on the academic requirements, MLS program regulations and to be familiar with MLS program services. Information concerning this orientation program will be provided to students following their admission.

**Relation with NCAAA Standards**

 Standard-4

**Policies:**

MLS program believe that orientation of the students is an inevitable part of their study in the program.

**Procedure:**

* 1. It is the responsibility of Student Activity Affairs Unit to arrange and conduct the student orientation program at the beginning of every academic year.
	2. Orientation for new student is mandatory for all.
	3. Orientation Team staff will work hard to address each member’s needs and to include everyone in the group discussion.
	4. Orientation program includes a presentation on regulations of the MLS program and academic requirements, various services offered regulations that students must follow during their study in the program also a tour to the college facilities.
	5. Students will be given a copy of handbook which includes details of MLS program regulations.

**Responsibilities:**

**Student affair:** For arranging with head of departments and conducting the orientation program in Male and Female sections at the beginning of each semester.

**Forms:**

1. Student General Orientation Program.
2. Student Post Orientation Evaluation form.

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## 4.10 Students Absenteeism Theory, Lab & Clinical practice Policy.(Code: SAS-MLS-10)

**Statement of the Purpose:**

The purpose of this policy is to upgrade academic and educational process in MLS Program by committing to achieve regular attendance of our students in classes, and laboratory practice.

**Relation with NCAAA Standards**

 Standard-4

**Policies:**

Attendance and participation in course activities are essential to student success at MLS Program. Attendance will be monitored on a weekly basis by the Student Affairs Unit and the status will be intimated to the concerned department directors.

**Procedure:**

Regulations of absence, acceptance of excuses and re-examination will be implemented as follow:

**Absence:**

* + 1. Students should be expected to attend all lectures, l and laboratory practice regularly.
		2. Student gets first warning letter: in case of 10% absenteeism of the total number of lectures.
		3. Student gets second warning letter: in case of 15% absenteeism of the total number of lectures.
		4. Student gets the third warning letter: in case of 20% absenteeism of the total number of the lectures and a student should sign a written pledge not to be absent again.
		5. A student will be deprived from entering the final exam: in case of absenteeism of 25% and above in the course.
		6. Students have to compensate the clinical absences if more than 2 days, before final clinical examination
		7. The faculty member commits to enter the presence and absence of student still maximum of 24 hours of the end of the lecture
		8. The faculty member refers to the Student Affairs in case of any mistake in entering the attendance for student’s process to modify the system after filling a special form that corrects
		9. MLS department Council has the authority to decide on the excuses submitted by the student and lifting of denial, and the final decision to be taken by the Department Council after determining the overall attendance rate which should not be more than 50% of the total number of the lectures and practical sessions specified by the curriculum.

**Excuses:**

**Medical excuses:**

* + - 1. A medical excuse issued by Dr. Soliman Fakeeh Hospital will be accepted.
			2. Any medical excuse issued by other medical sector must be approved by the staff health physician in Dr. Soliman Fakeeh Hospital.
			3. Students need to submit the original copy of the medical excuse to the MLS Program Director for approval.
			4. After approval, the medical excuse (Sick leave) will be submitted to the students’ affair office within 72 hours of its release to be kept in the concerned student’s file, and a copy must be submitted to the Course instructor.

**Another excuses**

* + - 1. Another excuses (such as a report of death-accidents, etc..) are accepted after validating
			2. The original copy of the excuse must be submitted to the students’ affair office within 72 hours of its release, and a copy must be submitted to the Course instructor.

**Final Exams:** A make-up final exam will be conducted, for absent students within the first two weeks of the following term after submitting acceptable excuses to Examination Committee.

* 1. The decision about the other cases which are not mentioned by the pervious instructions will be taken by the department council, then the college council members.
	2. Announcement on the MLS Bulletin Board/ Screens or Monitors:
	3. The announcement of warnings, denial, scheduling of makeup exams or all of the terms- on the MLS bulletin board is considered to be formal notification to all concerned students.

**Responsibilities:**

**Student:**

* + 1. Students should be expected to attend all lectures, and laboratory practice regularly.
		2. The original copy of the excuse must be submitted to the students’ affair office within 72 hours of its release, and a copy must be submitted to the Course instructor.

**Faculty member:**

* + 1. The faculty member commits to enter the presence and absence of student still maximum of 24 hours of the end of the lecture
		2. The faculty member refers to the Student Affairs in case of any mistake in entering the attendance for student’s process to modify the system after filling a special form that corrects

**Student Affairs Unit:**

* + 1. Receive excuses within 72 hours after the lecture’s date, they will be entered in the attendance system after being checked.
		2. Make sure of the commitment of faculty members to enter the attendance for all courses
		3. Announce and deliver warnings for students
		4. Address the head of the department in case of denial to be raised for department council for approval.
		5. Inform the student formally and all departments concerned in the case of the final decision.

**MLS Program Director:**

Raise the denial case to The MLS department Council for discussion and approval.

**Department council**

Discuss the denial case of students then make the decision final.

**Forms:**

1. Student Class Attendance Register
2. Attendance Warning Letter -form.

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## 4.11 Extracurricular Activities policy. (Code: SAS-MLS-11)

**Statement of the Purpose:**

* 1. To provide a clearunderstanding of the role of extracurricular activities in the MLS Program and to follow a consistent approach in planning and implementation of the activities.
	2. To develop and encourage experience and expertise in areas not included in the formal curriculum.
	3. To encourage students’ active participation in a variety of extracurricular activities.
	4. To improve the students’ holistic developments.
	5. To enhance the reputation of MLS program in the community by collaborating with the Community Service Unit to avoid any duplication of activities fostering team work.

**Relation with NCAAA Standards**

 Standard-4

**Policies:**

* 1. MLS program considers student involvement in extracurricular activities is an inevitable part of the Program educational process.
	2. This policy applies to all Faculty, Students, Student Activity Affairs.
	3. The policy promotes academic excellence of the students by encouraging participation in the extracurricular activities.

**Procedure:**

* 1. The Extracurricular Activity - Student Activity Affairs Unit preparesextracurricular activities plan for each of the current ECA clubs for the academic year; a brief outline of the actives is announced in the orientation day.
	2. The plan is divided into two semesters, approval of the plan from the MLS program director, the Vice Dean of Academic Affairs (VDAA) and the College’s Dean.
	3. Announce the plan through the MLS program Website to be accessible for both staff and students.
	4. There are seven extracurricular activity clubs; 1. Scientific & Cultural Club 2. Sports & Health Club. 3. Social Club 4. Art Club 5. Religious & Islamic Awareness Club 6. Book club, and Theater Club. Students who would like to participate and be a member of one -or more- of the club have to submit the registration form” to the Student Activity Affairs Unit during the first week of the academic year.
	5. First meeting of the unit will be with the heads of the clubs to discuss the ECA plan and distribute the responsibility of the individual activity under each club among MLS program staff, Then each head of the club will discuss ECA plan with the assigned staff who has the responsibility of conducting each club activity under supervision of head of the club and head of Student Activity Affairs Unit.
	6. After preparation of the student list of each club, an election of a leader and vice leader to be a spokesperson for the club.
	7. In the same meeting the head of the club announce the range of activities plan in each club and ask the student to choose the ones they prefer to participate in during the semester. Students are encouraged to participate in at least one activity per academic year.
	8. Students who would like to participate in one of the ECA have to register his/her name under this activity.
	9. The leader agrees on a primary spokesperson for each activity which correspondence, questions and arrangements would be addressed with the staff responsible for that activity.
	10. Follow up meetings are arranged to follow the implementation of the activity.
	11. “External speakers” will be arranged as required according to the relevance to topics and will have to sign an “external participation form”.
	12. Arrangements are made to allocate the budget needed for each activity as well as the time plan for it
	13. Clear rules are established to control who, when, where and how the activity will be presented. These rules guide and assist staff and students in preparing and implementing the activities.
	14. “Post activity evaluation form’ has to be distributed among the attendance (students and staff) after each activity then sent for analysis by the statistician then submitted to the Unit head and to the VDAA.
	15. “Trip permission form”; a written and signed parent approval is required if this ECA is hold outside FCMS or DSFH.
	16. Student Activity Affairs Unit Report including Extracurricular activity is prepared and submitted to head of the unit, MLS program Director, College’s Vice Dean and Quality Unit, at the end of each semester.

**Responsibilities:**

**Student Activity Affairs Unit:**

* + 1. Development of Extracurricular Activities plan
		2. Development of organization structure required to carry out the activity
		3. Selection of unit staff members to all activity and register students’ membership and participation to the club of their choice.
		4. Conducting the entire Extracurricular Activity Plan
		5. Works in collaboration with other units and committees to facilitate the activities.
		6. Implementation and monitoring of the activity
		7. Supervises the action of the seven unit’s clubs
		8. prepares an annual report for the unit

**Forms:**

1. Activity Organizing form.
2. Trip Permission form.
3. Public Speaker Invitation form.
4. Extra-curricular Activities Evaluation form.

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## 4.12 Tuition Fees Payment According to the Courses Registered Policy.(Code: SAS-MLS-12)

**Statement of the Purpose:**

To inform the students and guardians on the costs incurred for studying at MLS Program.

**Relation with NCAAA Standards**

S4.1.6

**Policies:**

1. MLS program provides its students an opportunity of flexible fees payment, where students can pay their tuition fees based on the courses enrolled.
2. Students are permitted to enroll only in two ( 2 )”Courses” if they opt to enroll according to “Courses”.
3. Student has to pay an amount of 1000 SR (One thousand Saudi Riyal) as
4. “Registration Fees” which is non-refundable.
5. The “Tuition Fees” per “Course” chosen is calculated as 2000 SR (Two thousand Saudi Riyal) per “Credit Hour”.
6. Student has to pay the full “Tuition Fees” according to the “Courses” registered at the beginning of the approved semester.
7. This policy is applicable only to exceptional cases like graduating students having only one or two courses required for graduation or students registering for summer semester.

**Procedure:**

1. Academic Affairs Unit shall provide students with detailed information on the Course enrolment regulations.
2. Students have to pay the tuition fees at the beginning of the Semester in cash directly to the Accountant.

**Responsibilities:**

**Finance Department/Accountant:**

1. Provide the students with detailed information on tuition fees payment regulations.
2. Collect the cash payment from Students.

**Academic Affairs Unit:**

Provide the students with information on Course registration regulations.

**Forms:**

N/A

**Evidence:**

Tuition Fees annual report.

**KPI’s:**

Proportion of increasing income from Tuition Fees

**KPI’s provider:** Financial department

**Time:** at the end of academic year

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## **4.13 Alumni Policy.** (Code: SAS-MLS-13)

**Statement of the Purpose:**

The purpose of developing alumni in MLS program is to provide a common source of data about all alumni, students, staff and friends of the college. The anticipated intention behind this mutual resource is to evaluate the improvement in the output of teaching process in the MLS program and to build a compassion sturdy society and network.Furthermore, the policy aims to assist and advance the alumni in the pursuit of excellence, and continue the friendships initially formed in the FCMS.

**Relation with NCAAA Standards**

Standard-4

**Policies:**

* 1. Alumni policy covers all alumni data, information, records and content which are consistent with laws, rules and regulations created by MLS program.
	2. Alumni Policy, and compliance with the policy, will be reviewed every 4 years by related committees, Quality and Accreditation Unit, the Dean, and the College Council.
	3. Student Career and Alumni Unit (SCAU) is currently located in MLS program at FCMS in Jeddah. However, based on upcoming needs in the future, new chapters and networks might be established, each of them will be operated by a volunteer committee responsible for organizing activities and events, and will be managed through the main office in the FCMS.
	4. Ultimate open and free membership of all graduates (current and past students) of MLS program are intended to enroll as members of the MLS program Alumni and will be maintained through documented contact details.
	5. The Alumni which belong to the Student Career and Alumni Unit will be dynamic, member-focused, and a reflection of Saudi values and customs. Moreover, it is directed towards supporting the social, intellectual, and spiritual needs of all present and future alumni of MLS program.
	6. Academic Affairs Unit will provide the SCAU with names and details of all graduated students
	7. The SCAU will contact all graduated students through the available contacting details to invite them to register in the Alumni.
	8. Students in the internship year will be early encouraged to register in the Alumni
	9. Webpage for the Alumni will be generate either as a distinct one or integrated with the FCMS webpage. Online account will be given for each member that includes the followings windows (icons):
* Updating member's details.
* Requesting cards or any further documents.
* Communication preference.
* Journal access.
* Email services.
* Meeting friends.
* Upcoming events.
* Photo gallery
* Subscriptions for the FCMS services
	1. **Information Privacy Policy:**
* The aim of information privacy policy is to protect the alumni from unauthorized access to members' personal information.
* The SCAU maintains a database of biographical information about its alumni, including the following:
* Name, address, telephone numbers and/or email address for both home and business
* Degree(s) and date of degree(s) awarded by MLS program.
	1. Alumni records and database are only available to academic and administrative offices of the FCMS which might use them effectively according to their duties and responsibilities.
	2. Information about alumni should be kept secured and mustn't be shared by third party outside the FCMS with the exception of very limited circumstances after obtaining permission of the FCMS administration office.
	3. Alumni have the right to manage the amount of information that is viewable in their directory listing through his account or by request.
	4. The Alumni member has the right to withdraw from the membership without giving reasons through his/her account or by a direct request to the SCAU.
	5. The SCAU may produce printed alumni directories or provide online instructions freely accessed by alumni.
	6. The FCMS has the right to decline online access to any member who misuses the website in a non professional way and to delete user accounts or inappropriate updates to the individual profiles.

**Procedure:**

* 1. By the end of each academic semester, the SCAU will contact the Academic Affairs Unit to obtain the general academic and personal details of graduate students.
	2. Representatives in the SCAU will verbally contact the graduate student and arrange an individual meeting with him/her.
	3. Conducting the program survey which is available online through the college’s website.
	4. Distributing the employer satisfaction survey in identified hospitals.
	5. Developing an alumni analysis sheet to appropriately enter the collected data from the selected hospitals.
	6. Collecting the evaluation survey by representatives in the Alumni and performing appropriate analysis.
	7. Summarized the main findings of the survey with suggestions and recommendations for improvement.
	8. The SCAU will submit an annual report events and activities during the academic year to the vice dean, dean, and the quality and accreditation unit for approval.

**Responsibilities:**

**Academic Affairs Unit**

* + 1. Preparing graduate students list
		2. Following up graduates
		3. Providing the representatives of the alumni with graduate names

**Alumni representatives**

* + 1. Collecting student contact details after finishing their internship.
		2. Calling graduate after 6 months to update their status.
		3. Informing graduates with all college activates and events through the college website.
		4. Informing graduates about upcoming events through emails or phones
		5. Announcing for any scholarship, fellowship, or work opportunities.
		6. Distributing the employer satisfaction survey in identified hospitals.
		7. Statistically analyzing the collected data to prepare the statistical report.
		8. Preparing the annual report.

**Forms:**

* 1. Employer Satisfaction Survey (See MQA-02:6).
	2. Alumni Survey (See MQA-02:10).

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## **4.14 Student Career Counseling Policy.** (Code: SAS-MLS-14)

**Statement of the Purpose:**

In Saudi Arabia, most of the higher education institutes are currently provide its students with career counseling services. These services assist students throughout their college life to better understand their skills, values, abilities, and career interests, and to make appropriate choices about their future careers in the job market after graduation.

**Relation with NCAAA Standards**

Standard-4

**Policies:**

* 1. To be in competition with other public and private institutes of higher education in Saudi Arabia and to respond appropriately to the demands and expectations of our students, MLS Program at FCMS intended to provide their students with career counseling services.
	2. All students in the MLS program are invited and encouraged to constantly meet with career counselors assigned by the Student Career and Alumni Unit (SCAU).
	3. Equal opportunities should be available for all college students to meet counselors for facilitating a greeter self-awareness of students in relating to workplace and for exploring and achieving their career goals.
	4. Because career development is a continuous process, all students levels are encouraged to be involved including freshmen, sophomores, juniors, and seniors. However, students in the 4th or 5th academic year will be the focus of counseling services.
	5. Career counseling members must hold a master degree or higher degrees (preferably PhD holders) and required to be expert in counseling skills, assessment and evaluation of students’ abilities, skills, and interests, and in career information resources.
	6. Career counseling members are responsible to maintain confidentiality of student information, including written records and reports.
	7. It is the responsibilities of MLS program' students to develop their professional levels and to comply with career counselors recommendations, including the follow up if needed.
	8. Career counseling members typically offer such services as advising, workshops, events, providing resources of information about job and occupations (e.g. internet resources) and assisting with teaching job search strategies (i.g. writing a résumé and cover letter, learning interview skills, and learning ways of job searching).
	9. The SCAU in the FCMS must facilitate the process of local employers who are interested to recruit students of MLS program to make their advertisements and to conduct interviews at the campus.
	10. The SCAU should provide an appropriate place (i.e. class rooms) to conduct career counseling and to carry out its services such as workshops.
	11. To maintain qualified and expert career counseling members, the SCAU will organize a series of training sessions for its members on career counseling annually.
	12. Career counseling for MLS program students can be performed individually or in groups. If performed in group, it is recommended to include a suitable number of students in each group so that they are comfortable with each other and feel free to participate within the group.

**Procedure:**

The main steps of career counseling procedure for MLS program students include the following:

* 1. Students who find themselves need career guidance or who are not sure about how their courses relate to their future career and workplace, are welcomed to visit the SCAU.
	2. Students have to take an appointment by visiting the SCAU.
	3. The SCAU asks the student (counselee) to fill a form (see Appendix I) asking such data as name, date of birth, academic year level, reason for counseling session, number of visit, counseling session date and time, contact details, etc.
	4. The SCAU administrator checks the availability of counselors with respect to the appointment times given by the student (s).
	5. Once the appointment time is confirmed by the SCAU, the student has to visit and get career counseling.
	6. After completing the counseling visit, the counselor must update the initial form with new details according the results of the counseling session.
	7. The SCAU might give the student a new appointment date and time as follow up to evaluate the student’s improvement after the counseling visit (if required). This appointment might be determined and confirmed through an email or a text message sent to the student.
	8. Based on a student’s needs for career searching strategies, the SCAU arranges workshops and/or special classes periodically with a minimum of one workshop annually, in particular for senior students in the fourth and fifth academic year before graduation. These workshops include pre and post assessment to ensure obtaining the required skills and to show the improvement.
	9. The expected time frame required for the entire career counseling process for MLS program students varies and depends largely upon the work load of the counselors who are a faculty staff and have academic duties and lectures.
	10. The SCAU set a maximum time of 24 hrs in advance to cancel any appointment. If cancelled in advance, the appointment will be rescheduled within five business days. If the student delayed for more than 10 minutes for an appointment, the career counselor has the right to reschedule the appointment.

**Responsibilities:**

**The Student Career and Alumni Unit (SCAU)**

The SCAU involves four faculty staff members and one administrative assistant. The responsibilities of the SCAU are:

* + 1. Keeping copies of various employer forms from both public and private sectors that   can be used as examples during career guidance training sessions or workshops.
		2. Conducting career counseling training sessions or workshops to train MLS program students in important related areas such as interviewing skills, and writing up covering letter and résumés.
		3. Inviting community members specialized in related career field of students as guest   speakers to explain and discuss various topics about their job and availability of   opportunities.
		4. Identifying and exploring internship, and job market needs and opportunities.
		5. Facilitating connections of those graduated students to the Alumni policy and other   professional policies.
		6. Providing students with examples of job-hunting websites (if available) and the SCAU might create its own website as a source of career information.
		7. The SCAU should provide an appropriate place (i.e. class rooms) to conduct career counseling and to perform its services such as workshops.

**The Counselor**

* + 1. Helping MLS program students to increase their self-awareness in such areas as personality style, abilities, interests, and values and how these areas relate to the workplace.
		2. Helping students to locate resources and sources of information (e.g. networking) about jobs and occupations to gain access to information that might influence their   decisions and choices about career future path.
		3. Developing job search skills of students for potential employers.
		4. Helping students to build online professional identity for themselves. For instance, encouraging them to create and maintain a LinkedIn profile.
		5. Encouraging student’s independence and responsibility of taking crucial decisions concerning their career future path.

**The Student**

* + 1. Developing their professional levels and to comply with career counselors’ recommendations, including the follow up if needed.
		2. Keeping in contact with the SCAU searching for needed career counseling
		3. Visiting the SCAU to arrange for a proper appointment with the counselor.
		4. Filling the Student Career Counseling Appointment Form appropriately and providing concise and accurate details.
		5. Visiting the SCAU on the exact appointment date and time as scheduled by the SCAU to get career counseling.

**Forms:**

Student Career Counseling Appointment Form.

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## **4.15 Communicating with Graduate Students Policy.** (Code: SAS-MLS-15)

**Statement of the Purpose:**

* 1. Ensure regular contact is maintained with alumni of MLS program at Fakeeh College of Medical Sciences (FCMS) to keep them informed about institutional developments.
	2. Invite and encourage the graduate students to participate in the college’s activities.

**Relation with NCAAA Standards**

Standard-4

**Policies:**

* 1. MLS Program communicates with alumni in order to provide evidence about program learning outcomes and the extent to which they are achieved.
	2. Program evaluation methods are used to evaluate employment outcome data and employer feedback and subsequent performance of graduates.

**Procedure:**

* 1. Contact the Academic Affairs Unit to obtain graduate students Data and information.
	2. Verbally contact and personally meet with graduating student.
	3. Conduct the program survey which is available online through the college’s website.
	4. Distribute the employer satisfaction survey to identified hospitals.
	5. Develop alumni analysis sheet.
	6. The evaluation collected to the Quality and Accreditation Unit for analysis.
	7. Submit an annual report to the Head of MLS Program, the college dean and the Quality and Accreditation Unit for approval.

**Responsibilities:**

**Academic Affairs Unit:**

* + 1. Prepare graduate list
		2. Provide the Manager of Student Career and Alumni Unitwith graduates Data

**Student Career and Alumni Unit Manager:**

* + 1. Collect student contact numbers after they finish the internship.
		2. Call students after 6 months to update their states
		3. Inform graduate with all college activates through college website
		4. Distribute the employer satisfaction survey to identified hospitals
		5. QAU with survey data to prepare statistical report
		6. Prepare annual report

**Forms:**

* 1. Program Evaluation Survey (See MQA-02:3)
	2. Employer Satisfaction Survey (See MQA-02:6)
	3. Analysis Sheet

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

**Chapter-5**

**Teaching Staff**

**[TS]**

# 5. Teaching Staff

## 5.1 Performance Evaluation Policy. (Code: TS-MLS-01)

**Statement of the Purpose:**

To establish clearly defined objective parameters for evaluation of MLS staff performance at Fakeeh College for Medical Sciences (FCMS).

**Relation with NCAAA Standards**

S5.2.3, S5.2.5

**Policies:**

* 1. Each MLS Program employee’s performance is subjected for review and appraisal periodically through summative and formative evaluation by the program director to provide feedback on the position’s key areas of responsibility as set forth in the employee’s job description.
	2. A new employee has 90 days probation period and is due for a probation period appraisal at least 30 days before end of probation period.
	3. Annual performance evaluations shall occur at least 45 days before the anniversary date of the employee’s official date of employment. If the employee’s job has changed then the performance evaluation is due also 45 days before the anniversary date of the job change.
	4. MLS Staff performance will be evaluated according to their contribution in the:
		+ Teaching and academic activities
		+ Community service activities
		+ Research activities
	5. At the end of each academic year, every faculty staff member should submit an academic staff portfolio that includes all of their achievements. This portfolio will be used as a guide for an objective annual evaluation.
	6. It is a requirement that each MLS Staff member publishes one research paper in a peer reviewed journal every academic year. This will be an important evaluation criterion in the MLS Staff annual performance evaluation.
	7. It is the responsibility of MLS Head of Department (HOD) to ensure performance appraisals are conducted and turned back in to HR before the employee’s anniversary date.
	8. Evaluations for employees on vacation or leave of absence will be postponed until they return to work.
	9. The completed Probationary evaluation form for each employee will be part of that employee's official personnel file.
	10. Annual salary increment is applicable for FCMS staff according to their performance regardless of promotion or any other allowance was entitled during the same period.
	11. Annual increment is given according to the performance rating score that is Excellent only.

**Procedure:**

* 1. The HR Unit informs the HOD with all the new hires and their hiring date.
	2. The HR Unit prepares lists of those staff and forwards them to the MLS HOD.
	3. The HR Unit will send quarterly reminder to MLS HOD for evaluations due for the assigned period.
	4. Program Director is responsible to develop system to track deadlines for department employees’ appraisals.
	5. The staff first fills the self-assessment on performance evaluation form and submits to the Program Director.
	6. The Program Director should use the concerned staff job description as a reference during the assessment/evaluation process.
	7. The Program Director will complete the probationary/annual performance evaluation form and conduct an evaluation interview, discuss the points and agreed on the final decision, then return the form to the employee being evaluated to review the form in detail.
	8. The employee will review the form, add any comment he/she may wish to make, and sign the form. Then the Program Director will calculate the overall performance rating for the employee and record it on the evaluation form.
	9. Relevant recommendations concerning the improvement of staff performance should be documented on the evaluation form and addressed to HR Unit for future action and implementation.
	10. When performance evaluation is completed and the form is signed, the Program Director provides a copy to the employee, retain a copy in the department file, and send originals to HR Manager, within 2 weeks of receiving notification from the HR Unit.
	11. If the Program Director has not complied with the HR notification, HR Unit will raise it to the Dean for further actions.
	12. If an employee does not receive a performance evaluation according to the guidelines of this policy, the employee can appeal to the College Dean.

**Related recommendations based on the overall Performance Rating:**

* + 1. At the end of the initial probationary period:
1. If the assessment is deemed satisfactory, the probationary employee will be re-classified as a regular employee.
2. If the assessment determines the employee is unsatisfactory, then the HOD will meet with HR Manager to determine if the employee needs to be released from their employment obligation or reassigned to another position and assess performance again in another 90 days.

**Annual increments:**

**Excellent Level Rating -** the employee will be included for the annual increment of %3 if he/she receives excellent level rating as per Dean’s approval.

**If the employee’s performance is below Satisfactory Level:**

* + 1. The Program Director must consult with the HR Unit to decide whether to give the employee a 2nd chance to improve his\her performance before the renewal of contract, or to end the contract without giving any 2nd chance.
		2. If the employee got “below satisfactory level rating” on the 2nd evaluation, he/she will receive a letter of dismissal from FCMS.

**Responsibilities:**

**HR Manager:**

Notify the MLS HOD with the list of staff due for performance evaluation on a quarterly basis.

**Program Director:**

* 1. Track deadlines for the MLS employees’ evaluations.
	2. Conduct an evaluation interview, discuss the points and agreed on the final decision with the employee within the assigned period.
	3. Document staff performance evaluation and recommendation and forward to HR Unit for further action and implementation.

**Employee:**

Complete the self-assessment in the annual performance evaluation form and send this back to the Program Director within the assigned period.

**Forms:**

1. Employee formative evaluation form
2. Academic staff Performance evaluation form
3. Administrative staff Performance evaluation form
4. Managerial staff Performance evaluation form
5. Support service staff Performance evaluation form

**Evidence:**

Performance evaluation report

**KPI’s:**

Proportion of increase in theTeaching staff’/ staff performance.

**KPI’s provider:** HR Unit

**Time:** at the end of academic year

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## 5.2 Professional Development Portfolio (PDP) for academic staff Policy.(Code: TS-MLS-02)

**Statement of the Purpose:**

* 1. To ensure that MLS Program Academic Staff at Fakeeh College for Medical Sciences (FCMS) are continually developing their academic and professional career.
	2. To inspire the MLS staff to reflect on the work they do.
	3. To encourage the MLS staff to present tangible evidence for the quality of their work.

**Relation with NCAAA Standards**

 Standard-5

**Policies:**

* 1. At FCMS, development portfolio is a means of aligning academic staff activities with criteria set by the college; in addition to those established nationally and internationally.
	2. The process of selecting and organizing material for a portfolio help academic staff reflect on and improve their performance.
	3. **Professional Development Portfolio (PDP)** isuseful to:
		+ Document staff's professional development.
		+ Submit evidence of their areas of strength.
		+ Identify areas that need further improvement or new skills acquisition.
		+ Support staff in application for promotion or new jobs
		+ Help staff reflect on their experiences.
		+ Encourage staff to plan for their future.
	4. The role that MLS Head of Department (HOD) plays in the process is critical, particularly in the encouragement and guidance of junior staff and staff in developmental posts.

**Procedure:**

* 1. Each MLS staff member prepares his/her development portfolio for annual review.
	2. The development portfolio consists of four sections defined by their purpose at FCMS, including:

**Section-I:** Curriculum Vitae

**Section-II:** Staff Workload

**Section-III:** A summary of Achievementsin each of the followings:

* **Educational process (Teaching/Assessment).**
* **Research**
* **Administration and Leadership**
* **Student Centered Activities.**
* **Community (a student activity)**
* **Professionalism and Continuous Professional Development (CPD)**

**Section-IV: Evidences**

A key feature of an Academic Staff Portfolio will be listing evidence of your performance in support of you may mention. For each of the above mentioned sectors, relevant evidences are submitted.

**Section –V: Reflections**

This portfolio is s an analytical self-reflection originated to enhance academic staff’s performance.

**Reviewing Your Portfolio**

1. The completed portfolios to be submitted to the MLS HOD two weeks before the scheduled staff evaluation meeting.
2. These reviews should take place regularly each year in the period between 1 June and the end of the summer vacation.
3. After review and approval by the finalized copy of the portfolios to be forwarded to Human Resource (HR) Unit.

**Responsibilities:**

* 1. Academic Staff
	2. Heads of departments.
	3. Manager of Human resource development unit
	4. Vice Dean for Development and Quality Management.

**Forms:**

Checklist for evidences

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## 5.3 Staff Professional Development policy. (Code: TS-MLS-03)

**Statement of the Purpose:**

This policy aims to provide a framework for personal and professional development for all staff members of MLS Department to enhance their growth and development and excel their work performance.

**Relation with NCAAA Standards**

 Standard-5

**Policies:**

* 1. MLS Department is committed to provide the staff with development opportunities to increase and update their knowledge and skills required to enable them to perform their roles efficiently.
	2. MLS Department is obligated to provide students with highly qualified, well trained staff.
	3. The professional development activities should contribute to achieving the MLS Department strategic goals.
	4. The annual professional development plan must meet the current and future needs of MLS program, as well as the learning and developmental needs of the academic staff. The plan must be approved by the head of MLS Department, and the Dean.
	5. Staff development activities are included in the job description form for each staff member as a legitimate work activity.
	6. All staff should have fair access to staff development activities.

**Procedure:**

* 1. The Staff Development Unit will assess and identify the learning and development needs of the staff in the beginning of each academic year through staff survey, an individual development plan and recommendations of the head of MLS Department.
	2. The Staff Development Unit will prepare an annual plan for professional development activities based upon need assessment per individual (academic staff).
	3. The professional development plan for each academic year will be circulated to the Dean, Head of MLS Department and MLS staff via the internal emails for review and suggestions.
	4. The budget plan for the activities will be developed, and submitted with the professional development plan to the Dean for approval.
	5. The final professional development plan will be submitted for the College Council for approval, and then it will be circulated to all MLS staff.
	6. Media and Public Relation Unit is responsible for the organization, and the announcement of the activity.
	7. A flyer will be developed by the Media and Public Relation Unit and will be distributed to all staff of MLS Department two week before the event.
	8. The planning and implementation of the activities will be arranged by the Manager of the Staff Development Unit.
	9. Attendance record and documentation for each activity has to be prepared by the planner of the activity, and to be submitted to the Manager of the Staff Development Unit.
	10. At the end of each activity, the staff will provide feedback about the activity using staff development activity evaluation form.
	11. Certificates of attendance will be prepared through the Staff Development Unit within one week after the activity and will be sent to Staff through their respective departments. If CME is obtained for the activity, this will be reflected on the certificate.
	12. The Staff Development Unit will continuously monitor and evaluate the planned activities, and the Manager will send a report to the Dean, the head of MLS Department and the Quality and Accreditation Unit each semester.
	13. Depending on the outcome and feedback of the report, it may require submission to the College Council and Board of Trustees.
	14. KPIs will be developed to measure the impact of the staff professional development program.
	15. The Media and Public Relation Unit will make an announcement about other activities that are organized by other academic institutions.
	16. The Staff Development Unit will set up rules and regulations for attending professional development activities for academic staff.
	17. The staff will be encouraged to attend other professional development activities outside MLS Department through the following procedure:
		+ The themes of the workshop or the conference should be related to the staff’s specialty.
		+ The devoted staff should submit a request form to the head of MLS department and the details of the activity.
		+ If approved by the Head of the Department, it will be submitted to the dean for approval.
		+ If the activity will be conducted outside the Kingdom, it should be approved by Departmental and College Council.
		+ The devoted staff will be granted scientific leave during the activity period.
		+ If the activity will be conducted outside Jeddah, the devoted staff will be granted a ticket and pocket money for accommodation.
		+ After attending the activity, the devoted staff should provide a brief report about the activity and the possibility of implementing this activity in the college to benefit other staff members.
		+ A copy of the certificate of attendance should be kept in the Staff Development Unit, and the staff’s file in HR Unit.

**Responsibilities:**

* 1. The Staff development unit is responsible for planning and implementing the staff development activities.
	2. It is the responsibility of the staff to enhance their own professional development through regular attendance of the planned activities, and updating their knowledge and skills.
	3. The head of MLS Department is responsible for ensuring that the staffs are regularly attending FCMS professional development activities.
	4. The head of MLS Department is responsible for organizing staff attendance of professional development activities in other academic institutions.
	5. All academic staff members are responsible and accountable for implementing the new knowledge and skills that will be covered throughout the professional development activities. This will be measured through the relevant KPIs.
	6. All records related to staff professional development activities will be kept in the Staff Development Unit.

**Forms:**

* 1. Staff Development form
	2. Workshop Evaluation form
	3. Faculty Training Needs Assessment
	4. Administrative Staff Training Needs Assessment

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## 5.4 Encouraging scholarly and research activities at FCMS Policy.(Code: TS-MLS-04)

**Statement of the Purpose:**

* 1. MLS Program at Fakeeh College for Medical Sciences (FCMS) is focusing on the enhancement and support of interdisciplinary research & scholarly activity through the establishment of Scientific Research Unit. Research & scholarly activity are important part of the development of the staff and the progress in academic life. These activities are related to the faculty member’s discipline and the intellectual advancement of other areas related to medical sciences.
	2. To encourage the faculty and the students of MLS Program to actively work on research & scholarly activity in order to reach the FCMS academic goals.
	3. To ensure that the teaching staff of MLS Program is up to date in scientific research and the staff applies what they gain by relevant scholarly activity and professional practice in a valuable manner.

**Relation with NCAAA Standards**

 Standard-5

**Policies:**

* 1. All scholarly activity associated with the MLS Program has to undergo appropriate approval process prior to starting.
	2. Teaching staff has to have an up-to-date knowledge of their professional practice and reflect on research and professional activity to facilitate student learning.
	3. MLS Program facilitates the education development program in which teaching staff are required to develop scholarly and professional activities.
	4. MLS Program adopt a teaching and learning environment in which scholarly and professional activities are promoted and valued, through the provision of working time and resources for teaching staff to achieve agreed scholarly activity.
	5. MLS Program Facilitate research and research collaborations with national and international agencies and institutions.
	6. MLS Program facilitate staff members to publicize research results through conferences, meetings, and other activities.
	7. MLS Program focus to strengthen postgraduate and undergraduate education by providing students with training opportunities and access to facilities through engaged research activities.
	8. MLS Program is committed to engage in public service programs related to a research expertise.

**Procedure:**

* 1. All academic staff members of MLS Program must submit their research proposals and scholarly activity to the Director of Postgraduate Studies and Scientific Research.
	2. The proposal has to be reviewed and approved by the Scientific Research Unit (SRU) Manager, Dean and Institutional Review Board (IRB).
	3. The outcomes of the approved proposal/projects are regularly discussed in SRU and reported to SRU Manager on regular basis.
	4. The Head of MLS Program and the Dean may approve leave of absence for academic staff to undertake scholarly activity as per approved policy & procedure.
	5. The SRU-designee from each department will be responsible for monitoring the progress and impact made as a result of scholarly activity undertaken.
	6. Teaching staff are encouraged to share professional practice with peers and students through groups such as the research and group discussion, and professional development activities.
	7. The impact of scholarly activity on teaching- learning process is evaluated as part of faculty member’s performance evaluation.
	8. Important policies that guide the researcher are:
* Research Intellectual Property Policy (RES-01)
* Institutional Review Board (IRB) Research Governance Policy (RES-02)
* National & International Research Collaboration Policy (RES-03)
* IRB Conflict of Interest (RES-04)
* Publication reward Policy (RES-05)

**Responsibilities:**

**Researcher:**

* + 1. Prepare research proposals and related documents in the approved format and submit to SRU-Manager.
		2. Submit periodic progress report to SRU-Manager as per agreed timeline.
		3. Submit the final research outcome report as well as published paper to SRU-Manager.
		4. Update ‘Research data Information sheet’ and submit to SRU-Manager.

**SRU-Manager**

* + 1. Receive and review the research proposals from faculty member and students.
		2. Forward the received proposals to SRU for review and recommendations.
		3. Communicate SRU review feedback to the researcher.
		4. Once proposal approved by SRU forward this to IRB through College Dean.
		5. Follow up all active research projects.
		6. Establish communication with external agencies for research collaboration.
		7. Maintain FCMS research database.
		8. Present annual report on research activities in College Council.

**Scientific Research Unit:**

* + 1. Review and report on research proposals submitted by SRU-Manager.
		2. Review periodic progress report and provide necessary guidance and recommendation.
		3. Review the final research report and feedback to SRU Manager.

**FCMS Dean**

* + 1. Approve research proposals and plans of MLS Program staff and students.
		2. Establish research collaboration agreements.
		3. Ensure availability of need resources to support research activities within FCMS.

**Head of MLS Program**

Approve leave of absence for academic staff to undertake scholarly activity as per approved policy & procedure.

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## **5.5 Community Services Policy.** (Code: TS-MLS-05)

**Statement of the Purpose:**

* 1. This policy provides clear guidance and directions to MLS Program at Fakeeh College for Medical Sciences (FCMS) concerning the community services.
	2. The policy aims to ensure that MLS Program is committed to contribute positively to Saudi community in Jeddah.

**Relation with NCAAA Standards**

S8.1.1, S8.1.2, S8.1.3, S8.1.4, S8.2.1, S8.2.2, S8.2.3, S8.2.4, S8.2.5

**Policies:**

* 1. CSU prepare community services activities plan annually based on the Saudi community needs through survey as well as staff and students’ feedback.
	2. All staff and students of MLS Program should involve in planning for community services activities.
	3. CSU submit annual community services activities plan to College Council for approval.
	4. The CSU publishes the approved community services activities plan on the college website.
	5. The approved community services activities plan circulate to the staff and students to give them equal opportunity to select the service activity as they was to participate in.
	6. Staff and students (Undergraduate and Postgraduate) of MLS Program assigned for each service activity is responsible for implementing the service as well as getting feedback evaluation from the target group receiving such activity.
	7. The assigned group of staff and students for each service are responsible to submit all the documents (reports, evidences and feedback) to CSU for approved from the dean to publish on the college website and community services database.
	8. CSU submit annual report about the services conducted through MLS Program to the college council.

**Procedure:**

* 1. CSU prepare community services activities plan annually based on the Saudi community needs through survey as well as staff and students’ feedback.
	2. All staff and students of MLS Program should involve in planning for community services activities.
	3. CSU submit annual community services activities plan to college council for approval.
	4. The CSU publishes the approved community services activities plan on the College website.
	5. The approved community services activities plan circulate to the staff and students of MLS Program to give them equal opportunity to select the service activity as they was to participate in.
	6. Staff and students (undergraduate and postgraduate) assigned for each service activity is responsible for implementing the service as well as getting feedback evaluation from the target group receiving such activity.
	7. The assigned group of staff and students for each service are responsible to submit all the documents (reports, evidences and feedback) to CSU for approved from the dean to publish on the college website and community services database.
	8. CSU submit annual report about the services conducted through MLS Program to the College Council.

**Responsibilities:**

**Community Service Unit**

* + 1. Assess the scope of community service areas within the community and prioritize activities accordingly.
		2. Develop and implement community service plan within MLS Program in alignment with institutional strategic plan.
		3. Collaborate with external agencies to share the interest in participating in community service activities.
		4. Develop and implement the strategies to enhance the reputation of FCMS in the community.
		5. Submit annual report about the services conducted through MLS Program to the College Council.

**Forms:**

* 1. Activity Registration Form.
	2. Strategies to enhance the reputation of FCMS in the community.

**Evidence:**

1. Community service activities plan.
2. Examples of Community service activities annual report
3. Evaluation and appraisal system for assessment of Community service activities.
4. Community needs analysis survey.
5. Community services evaluation survey.
6. Community partnership and services Plan
7. Follow-up reports of the implementation of the Community partnership and services Plan
8. Guide for community consultation and services.
9. Examples of participation reports of faculty, staff and students in the planning and implementation of Community services and consultation.
10. Examples of participation reports of employers and professional bodies in the planning and development Community partnership and services.
11. Reports of Community partnership and services activities (including professional development, educational, entrepreneurship, awareness programs and initiatives, use of facilities and resources, and consultations).
12. Examples of evaluation and effectiveness of the Community partnership and services activities including KPI report.

**KPI’s:**

1. Proportion of full time teaching and other staff actively engaged in partnership and services activities (males/ females/ total).
2. Number of Community partnership and services activities conducted annually (by faculty, staff and students) (males/ females/ total)
3. Satisfaction rate of Community service activities.

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

**Chapter-6**

**Learning Resources, Facilities and Equipment**

**[LRFE]**

# 6. Learning Resources & Facilities Equipment

## **6.1 Website Maintenance and Upgrade Policy. (Code: LRFE-MLS-01)**

**Statement of the Purpose:**

This policy aims to outline the actions that must be followed to comply with MLS Program Website development and upgrade Procedure.

**Relation with NCAAA Standards**

Standard-6

**Policies:**

The FCMS stakeholders perform regular audits to the website content to ensure that is accurate and up-to-date.

**Procedure:**

**Website maintenance**:

1. The activities from which the FCMS Website Maintenance is composed are:
	* + Website Publishing: To keep content up-to-date.
		+ Website Quality Assurance: To spot errors on a site.
		+ Website Feedback Monitoring: To manage communication with website Visitors.
		+ Website Performance Monitoring: To measure network and internet speed.
		+ Change Control: To manage technical and other changes in a co-ordinated way
2. A website maintenance request is prepared and delivered to the IT website developer for execution and implementation, every time:
	* An error has been discovered in the content language.
	* Incorrect information is detected in the content.
	* An amendment to the MLS Program, plans, and curriculum has been applied.
	* A new event that needs to be published.
	* A new rule for student admission will be in effect.
	* A new academic calendar to be published.

**Website upgrade:**

1. When the MLS top management or the Institutional Information System Management Committeeidentify the need to develop a new Website or to redesign the existing Website, then an RFP will be developed and submitted to the specialized website development companies for proposals.
2. The IT Unit with the HOD will develop a web project outline that:
	* Identifies the Unit and the member(s) of the unit who will be responsible for the content of the Website.
	* Explains how the Website will support the unit’s business goal(s) and the college’s institutional goals.
	* Identifies the audience that the Website is intended to serve.
	* Defines the scope of work for the website.
3. Upon receipt of the proposal, the Web development company will meet with the Website Owners and any other relevant stakeholders to confirm the scope and needs of the Website.
4. Website Owners must ensure that all content on the Website complies with any relevant Copyright restrictions.

**Responsibilities:**

IT Unit is responsible for the maintenance and the online availability of the website.

**Forms:**

N/A

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## 6.2 Waste Management Policy. (Code: LRFE-MLS-02)

**Statement of the Purpose:**

To provide guidelines and goals for implementing a proper waste management, and a successful recycling system in MLS laboratories at Fakeeh College for Medical Sciences (FCMS).

**Relation with NCAAA Standards**

Standard-6

**Policies:**

* 1. MLS laboratories will work to the extent possible to recycle all papers, plastics and all other regular wastes. Moreover, it will work towards recycling and composting the waste from being land filled. In addition, MLS staff and students shall segregate all the waste generated to be disposed of according the procedures using the segregation bins.
	2. The MLS department will be responsible towards waste generated on its laboratories. Thus, Faculty, lab supervisors and students will follow national codes and regulations of hazardous and non-hazardous laboratory waste materials.

**Procedure:**

* 1. Non-hazardous waste disposal: Non-hazardous waste generated by MLS department will be disposed of inside the black-colored plastic bags that are placed inside the designated segregation buckets as follow;
		+ Paper waste bucket; designated to dispose of all paper waste objects such as notebook and printing papers etc.
		+ Plastic waste bucket; designated to dispose of all plastic waste objects such as drinking water bottles etc.
		+ Other waste bucket; designated to dispose of all normal waste such as food leftover, which neither is considered as paper waste, nor is considered as plastic waste.
	2. Hazardous waste disposal: Hazardous waste generated by the department will be disposed of as follow;
		+ Sharps waste bins; all sharps such as needles will be placed in the yellow sharps bucket.
	3. Biohazard waste; all biological materials waste will be processed as follow;
		+ - Infectious waste such as culture plates will be placed on a doubled yellow-colored plastic bag, and labeled with “Infections Waste” alongside the biohazards logo.
			- Human body fluids such as blood, blood components and urine will be placed in a red-colored plastic bag, and labeled with “Pathological Waste” alongside biohazard logo.
	4. Chemical waste; will be processed as follow;
		+ - Solid chemical waste: will be placed in a yellow-colored plastic bag, and labeled with the attached data sticker alongside chemical waste logo.
			- Liquid chemical waste: will be collected in thick, sealed, leak proof container/bottle, and placed inside a yellow-colored plastic bag. Then, the bag will be labeled with the attached data sticker alongside chemical waste logo.
	5. Housekeeping staff will process FCMS wastes as follow;
		+ Collect twice a shift and upon need the wastes in a designated color coded bags/containers and keep it in the dirty utility of FCMS.
		+ The collected waste will be sent by the end of the shift (3:00 pm) to the waste disposal area at the parking lot.
		+ The housekeeping supervisor will make sure that all wasted materials have been segregated and identified according to this policy. Moreover, he/she shall use the monthly waste checklist log sheet, in order to document a proper waste disposal.

**Responsibilities:**

**Director of Administration and Finance (DAF) will ensure:**

* + 1. The waste management policy is implemented at all MLS facilities.
		2. All housekeeping staff gets the proper training for their job performance on semi-annual bases.
		3. All new staff gets a proper orientation about the waste management policy upon arrival during FCMS general orientation**.**

**MLS staff and students must make sure;**

Their daily normal waste is disposed of on the designated waste pockets.

**Housekeeping Supervisor will ensure;**

* + 1. Documenting the daily waste disposal by using the waste checklist log sheet.
		2. Proper segregation and disposal of all waste according to this policy in the waste disposal area.
		3. Sending a monthly report or upon need to the DAF.

**Forms:**

 Waste checklist log sheet.

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## **6.3 Library Policy. (Code: LRFE-MLS-03)**

**Statement of the Purpose:**

* 1. This policy statement is designed to serve as guide to the library personnel and library users alike. In order to provide a dynamic educational role, there should be stipulation to guide our objectives and all procedures to realize the main objectives of the library, specifically this policy will;
	2. Ensure that the objectives of the library are attained to help in the college mission and vision.
	3. Ensure that informational resources are acquired to help the academic community in the learning and teaching process and research.
	4. Provide conducive learning environment by providing quality information resources and facilities.

**Relation with NCAAA Standards**

Standard-6

**Policies:**

This policy statement is written in response to the mission of Fakeeh College for Medical Sciences, to provide a holistic approach in giving information resources to the library users in their quest for academic excellence. The library commits to inculcate a passion for excellence through research, study and information science. In keeping with the mission, information resources are readily accessible to the library users. Two library branches will serve the male and female respectively and will be operating in the following timings;

|  |  |  |
| --- | --- | --- |
| **Library Branch** | **Sundays to Thursday** | **Saturdays** |
| Main/Female (Bldg. 3) | 8:00 a.m – 6:00 p.m. | 8:00 a.m – 5:00 p.m. |
| Male/Affiliate (Bldg. 4) | 8:00 a.m – 6:00 p.m. | 8:00 a.m – 5:00 p.m. |

An orientation shall be conducted to all new employees and staff as well new students and transferees every beginning of academic year. Current awareness program shall also be held to further inform the academic community on the policy and guidelines of the library as well as on how to maximize use of available resources.

**Procedure:**

**Library Rules and Regulation**

* + 1. All library users will be asked to sign in the “Daily Library Monitoring Form” upon entering the library.
		2. Identification card shall be presented upon loaning any materials or availing any library services.
		3. Eating, drinking, smoking and sleeping in the library is not allowed.
		4. Talking loudly and making loud discussions. Silence must be observed at all times
		5. Doing unnecessary activities that may disturb other users is prohibited.
		6. Littering and loitering are prohibited.
		7. Playing online game in cell phone, computer and other gadgets is not allowed.
		8. Cellular phones must be in silent mode.
		9. Proper dress code must be observed.
		10. Valuable things including laptops can be brought inside the library, however the librarian is not responsible in case of loses.

**Photocopy & Printing Services**

Photocopying and printing services are deployed to help the library users save all information selected. However strict compliance to copyright law must be observed all the time. To observe the copyright law the following guidelines must be observed;

**Print Resources:** Maximum of a chapter or at most 10 pages, whichever is higher can be copied at a time.

**Digital Resources:** As per publisher allowance on downloading.

 Copying machine is available at the following price;

|  |  |  |
| --- | --- | --- |
| **Photocopy/Black &White** |  | **Printing** |
|  | **Black & White** | **Colored** |
| **No. of Pages** | **Amount in SR** |  | **No. of Pages** | **Amount in SR** | **No. of Pages** | **Amount in SR** |
| 1-8 | 1 |  | 1-4 | 1 | 1 | 1 |

**Lost and Damaged Book:**

All lost and damaged library materials will be charged with its equivalent market value plus SR100 as processing fee.

**Borrowing of Library Materials**

**Faculty, Staff & Affiliates:**

* + - 1. Every book contains a “borrower’s card” which contains all the relevant information of the book and will be signed by the borrower upon borrowing the book.
			2. All faculty/staff members of FCMS are allowed to borrow books at maximum of FIVE (5) titles, for ONE (1) MONTH, but can be renewed twice per semester.
			3. If the borrower failed to return the book on its due date, an email will be sent to him/her as a reminder. Overdue fines shall immediately take effect. It is the responsibility of the borrower to remember the due dates of the library items.
			4. The faculty/staff members are responsible for returning the book on the last due date and for any book not returned on time, the faculty/staff member will be accessed an overdue fine of SR10 per day per item.
			5. Each book is classified according to its condition. This is to check the books being returned if there are any writings or damages happened, penalties will be charged to the borrower depending on the extent of damage done.

**Students:**

* + - 1. Every book contains a borrower’s card which contains all the relevant information of the book and will be signed by the borrower upon borrowing the book.
			2. Each student is allowed to borrow two (2) books for a period of three (3) days.
			3. The student completes the borrower’s form to borrow the books.
			4. If the student is not able to return the book on its due date, for any book not returned on time, he/she will be accessed an overdue fine of SR 5 per day. If he/she did not return the book for 3rd week delay, he/she will be deprived to borrow any books for a period of one month on the current semester.
			5. Each book is checked for damage according to its condition. This is to check the books being returned if there are any writings or damages happened. Charges will be apply on the extend of the damages.

**Selection and Acquisition of Library Resources**

**Print Resources:**

* + - 1. Before the beginning of each academic year, the head of department communicates with the faculty to assess the needs for updated books, new books, references or any other required teaching materials.
			2. Each faculty prepares a list of required references and submits it to the head of department. The HOD will compile the entire list from the entire faculty.
			3. The head of department prepares a comprehensive list and submit it to Vice Dean Academic Affairs, to be endorsed by the library unit for the Dean’s approval.
			4. After Dean’s approval, the list will be sent to the librarian for procuring.
			5. Upon arrival of new books, the librarian will send the list of new books and materials available in the library to the head of department.
			6. The head of department will notify the faculty on the availability of new books in the library.
			7. The process should start at the end of each academic year and to complete it minimum two weeks before the start of the new academic year.

**Digital Resources (SDL):**

* + - 1. Before the beginning of each academic year, the head of department communicates with the faculty to assess the needs for specific database needed for the program
			2. Each faculty prepares a list of required references and submits it to the head of department.
			3. The head of department prepares a comprehensive list and submit it to Vice Dean Academic Affairs, to be endorsed by the library unit for the Dean’s approval.
			4. After Dean’s approval, the list will be sent to the librarian for procuring.
			5. Upon arrival of new books, the librarian will send the list of new books and materials available in the library to the head of department.
			6. The head of department will notify the faculty on the availability of new books in the library.
			7. The process should start at the end of each academic year and to complete it minimum two weeks before the start of the new academic year.
			8. Compiled list of suggested databases will be forwarded to the IT department to communicate with the Saudi Digital Library.

**Cataloguing & Classification**

**Books:**

* + - 1. All books shall be stamped with the college ownership logo.
			2. An equal number of copies shall be designated between male and the female libraries. In case of a single copy, only the female shall be allocated but can be transferred upon requested or upon inter-library loan procedures.
			3. Using the KOHA cataloguing modules, ISBN of the book shall be scan to locate its MARC record via Z39.5 modules.
			4. Library of congress subject and classification shall be adopted for all library materials.
			5. A customized barcode ID will be automatically generated.
			6. A call number shall be generated based on the library of congress classification system with the following details; main class, subclass, author, copyright and copy number.
			7. Color coding shall also be adopted to easily identify library resource designation with;

|  |  |
| --- | --- |
| **Color** | **Department** |
|  | Green | Department of Bachelor in Science of Nursing |
|  | Red | Department of Medical Laboratory Sciences |
|  | Blue | Department of Surgery and Surgical Specialties |
|  | Blue | Department of Medicine and Medical Specialties |
|  | Blue | Department of Radiology/Anesthesia & Critical Care |
|  | Orange | Department of Pharmaceutical Sciences |
|  | Yellow | General Reference |
|  | Black | General Circulation |
|  | Black | Pathological Sciences |
|  | Black | Physiological Sciences |
|  | Black | Basic Sciences and General Requirements |

**Non-Book:**

* + - 1. All other library resources aside from books and those that are found in the Saudi Digital Library shall be considered non-book resources notably the DVD use for instructional learning.
			2. Similar to cataloguing and classifying books in KOHA, only the format will be selected to DVD instead books format.
			3. Using the KOHA cataloguing modules, ISBN of the book shall be scan to locate its MARC record via Z39.5 modules.
			4. Library of congress subject and classification shall be adopted for all library materials.
			5. A customized barcode ID will be automatically generated.
			6. A call number shall be generated based on the library of congress classification system with the following details; main class, subclass, author, copyright and copy number.

**Clearance, Fine & Penalty**

**Faculty and Staff and other Affiliates:**

* + - 1. A clearance shall be obtained by all faculty and staff every semester.
			2. There shall be no loaning for all library resources at least one (1) month before the final examination day. Only library reading is allowed.
			3. Damaged/Lost books and other library resources shall be charged with the prevailing market price in addition of 100 SR as processing fee.
			4. Faculty are entitle to 30 days (including weekends) borrowing period and renewable twice during the semester.
			5. Late fines shall be charged of 10 SR per day per book before clearance shall be signed
			6. Library shall forward to Human Resources Department the list of faculty and staff with accountability in the library at end of each semester.
			7. Any faculty/staff member is not allowed to leave the college, either for annual leave or upon resignation without being cleared from the record of the Library.

**Students & Interns:**

* + - 1. Ensure that no student accountability in the library at the end of the semester by communicating directly to them to return all loaned items.
			2. There shall be no loaning for all library resources at least one (1) month before the final examination day. Only library reading is allowed.
			3. Damaged/Lost books and other library resources shall be charged with the prevailing market price in addition of 100 SR as processing fee.
			4. Students are entitled to 3 days (excluding weekends & holidays) borrowing period and renewable twice during the semester.
			5. Late fines shall be charged of 5 SR per day per book.
			6. Library shall forward to IT Department the list of students with accountability at the end of the semester to lock/secured the students account in PeopleSoft.

**Using the Discussion Rooms:**

* + 1. There shall be two discussion rooms allocated for both male and female libraries.
		2. Reservation is at first come first serve basis.
		3. Upon utilization, requestor shall claim the key in the library reception area.
		4. Key of the discussion room shall be return to the library reception area upon after using the rooms.
		5. Requestor shall be liable for any damages during the use of the rooms.
		6. Strictly no food is allowed inside and shall be monitored by the library staff all the times.

**Reserve Books:**

* + 1. There shall be reserve section to ensure that at least one copy of all library holding is always available in the library at all times.
		2. Librarians will always have the discourse to allow or not to allow certain library item.

**Saudi Digital Registration:**

* + 1. Each bona fide member of FCMS and its affiliate is entitled for Saudi Digital Library access.
		2. A user agreement form shall be sign before the access shall be granted.
		3. The user agreement form is available in the library and shall be presented to the IT department for the access.

**The Top Library User Awards:**

To encourage library readership, there shall be an awarding of the top library users award every semester that will receive a certificate and a token using the criterion of “most number of item loaned each semester”.

**Faculty & Staff:**

There shall be one male and female faculty top library user for each semester.

**Top User for Students:**

* + - 1. Top User for Department of MLS
			2. Top User for Department of Medical laboratory Sciences
			3. Top User for Department of Pharmaceutical Sciences
			4. Top User for Department of Medicine

**Responsibilities:**

**The Library Manager:**

* + 1. The library manager shall provide effective vision and planning for the library services.
		2. Continuously improved library services by implementing added services.
		3. Liaise and coordinate throughout the college and seek recommendation to further improve the library services.
		4. Train library users in search the OPAC and the use of Saudi Digital Library.
		5. Ensure that this policy is promulgated effectively.

**The Librarian:**

* + 1. Ensures that this policy is effectively implemented.
		2. Ensure that library services are delivered to the highest standard of services.
		3. Maintain statistical records.
		4. Assist users in searching and locating library materials.
		5. Provide reference service in the library.
		6. Report to the library manager all library activities.

**The Head of Department:**

* + 1. Revising the recommendation and required books from faculty/staff members to finalize the list for purchasing through the Purchasing Unit in the College.
		2. Reviews the list of books prepared by Librarian based on bookshops offers and book exhibitions in KSA and beyond.

**The Vice Dean for Academic Affairs:**

* + 1. Reviews and recommend approval of policies of the library including acquiring library resources.
		2. Revised and approved semi-annual report and annual report as well as action plan of the unit.

**The College Dean:**

* + 1. Approves the purchasing of the recommended and required books which reviewed by Head of Departments and Vice Dean for Academic Affairs.
		2. Approves the purchasing of the list of books prepared by the Librarian based on bookshops offers and book exhibitions in KSA and regional after reviewed by the Head of Department.

**Forms:**

* 1. Saudi Digital Library User Agreement Form
	2. Books Order Form
	3. Library Daily Monitoring Sheet
	4. Discussion Room Reservation Form
	5. Process Flowchart for Library Selection and Acquisition

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## **6.4 Learning Resources Policy. (Code: LRFE-MLS-04)**

**Statement of the Purpose:**

* 1. This policy provides the principles for selecting and providing access to learning resources to promote and support learning process and to meet the broad informational needs of the college.
	2. The college provide health learning environment that will encourage academic study and research for students and faculty staff according to the standard of Ministry of Education.

**Relation with NCAAA Standards**

Standard-6

**Policies:**

The purpose is to provide guidance to FCMS learning resources the acquisition and retention of relevant and quality materials. This policy supports the mission and curriculum of the college, to encourage faculty staff, and students to use the facilities and learning resources.

**Procedure:**

* + 1. Learning materials and resources selected will be consistent with the Ministry of Education rules and regulations as standard for benchmarking.
		2. Selection of learning resources based on the FCMS curriculum, and students’ interests and abilities.
		3. The acquisition and servicing of learning materials necessary for the effective conduct of courses and research are provided through each department by annual budgetary processes.
		4. Faculty members are expected to discuss in advance with the head of the department on anticipated needs for the next year to assist and update course specifications.
		5. Head of the department is responsible for preparing annual plan for the recommended needs of learning resources as requested from teaching staff of the department.
		6. Learning resources are fair, equitable, and supportive for male and female section. It may be used with an individual student, small, or large groups of students.
		7. College staff is expected to assume proper responsibility for the protection, maintenance, and use of equipment and materials assigned to their area.
		8. College staff will be trained to ensure that they are proactive role when they used learning resources.
		9. Selection of learning resources is an ongoing process which should include the removal of materials no longer appropriate and the replacement of lost or worn materials still of educational value.

**Information Technology (IT) Services:**

* + 1. Information Technology (IT) will play a major role in learning resources provision, such as media services to provide faculty staff and students with a variety of technology resources and services.
		2. Information Technology Services provides support and management of Smart Board and English language lab, in addition to classrooms and specialty lab. are equipped (at minimum) with a projector and Lap-top.
		3. Learning materials and resources selected will be consistent with the Ministry of Education rules and regulations as standard for benchmarking.
		4. Selection of learning resources based on the FCMS curriculum, and students’ interests and abilities.
		5. The acquisition and servicing of learning materials necessary for the effective conduct of courses and research are provided through each department by annual budgetary processes.
		6. Faculty members are expected to discuss in advance with the head of the department on anticipated needs for the next year to assist and update course specifications.
		7. Head of the department is responsible for preparing annual plan for the recommended needs of learning resources as requested from teaching staff of the department.
		8. Learning resources are fair, equitable, and supportive for male and female section. It may be used with an individual student, small, or large groups of students.
		9. College staff is expected to assume proper responsibility for the protection, maintenance, and use of equipment and materials assigned to their area.
		10. College staff will be trained to ensure that they are proactive role when they used learning resources.
		11. Selection of learning resources is an ongoing process which should include the removal of materials no longer appropriate and the replacement of lost or worn materials still of educational value.

**Responsibilities:**

**The Lab supervisors (Computer lab., Language lab. MLS skills lab. MLS lab.)**

* + 1. Participate in planning and administrative functions of learning recourses services.
		2. Provide effective access to resources.
		3. Maintain the organization of learning materials.
		4. Provide learning services in response to the information needs of staff and students.
		5. Assisting to staff and students through various mechanisms of providing information, in order to make optimum use of the resources.
		6. Train staff and students to effectively use lab. learning resources.
		7. Receive recommended learning material needs from program directors and communicate with proper websites and companies in Jeddah to purchase the materials.
		8. Maintain records for the loan service from labs.
		9. Maintain circulation files, records and statistics
		10. Cooperating with others companies to provide access to resources outside the college.
		11. Joining with faculty to encourage the students to use electronic resources, which improves their lifelong learning.

**Head of Department:**

* + 1. Revising the recommendation and required learning resources from faculty staff to finalize the list for purchasing.
		2. Review the list of learning resources materials prepared by lab. Supervisor based on related companies offers in KSA and regional.
		3. Follow the using of the Learning resources in the department.
		4. Annually review and evaluation of service provision in the light of changing needs.
		5. Annually feedback from students through course evaluation survey and satisfaction survey and suggestions boxes will be recorded and put in the consideration to improve learning process.
		6. Follow with the library the provision and management of learning resources including textbooks and internet access to Saudi digital library.
		7. Follow with lab supervisors for the provision and management of lab learning resources.
		8. Teaching staff and students have access to resources for effective study and to resources which increase educational opportunity.
		9. Ensure the learning resources services will support students’ skills, knowledge and understanding and encourage long life learning.
		10. Arrange training course for lab supervisors and teaching staff to ensure that they are proactive role to use learning resources.
		11. Ensure learning resources environment will be safe, and healthy for staff and students.

**College Dean:**

* + 1. Approved for purchasing the recommendation and required learning resources which reviewed by head of departments.
		2. Approved for purchasing the list of learning resources prepared by lab supervisor based on related companies offers in KSA and regional.

**Forms:**

* 1. How to access on Saudi digital library
	2. Guidelines in using the computers with internet connections

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

## 6.5 Clinical Facility Selection for Affiliation Policy. (Code: LRFE-MLS-05)

**Statement of the Purpose:**

This policy establishes specific criteria in selecting institutions (hospital and other healthcare facilities) for the MLS internship clinical training.

**Relation with NCAAA Standards**

Standard-6

**Policies:**

1. FCMS and the selected institution (hospital and other healthcare facilities) must have a memorandum of understanding (MOU).
2. The following criteria must be met in order to arrange for the affiliation documentation and complying with FCMS criteria that include:
3. The training venues must utilize a variety of collated high-tech equipment that simulates the international crieteria for clinical laboratories and apply a strict regulations and guidance to varify the internationally approved system and parameters.
4. The labs must provide accuracy, precision, reference intervals and reportable range of laboratory data.
5. Must be a tertiary hospital with at least 500-bed capacity (private or government).
6. Must have specified space in the laboratories for the affiliates (MLS interns).
7. Must provide the MLS interns with opportunities for training in the major sections of the laboratory (Microbiology, Biochemistry, Hematology, serology, Blood Bank and Histopathology sections).
8. Must cover the internship learning outcomes approved by the MLS program at FCMS for each section.
9. Should be accredited by national and international accreditation agencies, preferable by the ‘College of American Pathologists’ (CAP), or by ‘American Association for Laboratory Accreditation’ (AALA), ‘The American Society for Clinical Pathology’ (ASCP), ‘The American Society for Clinical Laboratory Sciences’ (ASCLS) or others.
10. Must use our MLS approved formats for continuous evaluation and assessment.
11. Must have experience in training MLS interns from different universities and there is an established educational department for training.
12. Each section must be appropriate in size to accommodate at least 4 different interns at

 once.

1. Must provide a qualified preceptor with preceptorship training experience in every section during the internship.
2. Each preceptor must have a minimum of 2-years’ experience in that section of the lab.
3. Must offer services that cover the core concepts of MLS internship.
4. Must provide hands-on training to the MLS interns.
5. Must comply with the FCMS rules and regulation regarding the attendance and off days.

**Procedure:**

1. The MLS internship and monitoring committee will identify possible institutions for clinical training of the MLS interns.
2. The list of identified institutions will be presented to the departmental council and will be forwarded to the FCMS college council for final approval.
3. A letter for training request will be sent to the selected institution, and a site visit will follow after the acceptance.
4. The FCMS administration/legal affairs will prepare the initial draft of the memorandum of understanding (MOU) stipulating the terms and conditions to be agreed upon by both parties.
5. The final draft will be signed by representatives of both parties

**Responsibilities:**

1. College internship coordinator
2. MLS program director
3. MLS internship committee
4. FCMS internship committee
5. Vice Dean for Clinical Affairs
6. Deanship

**Benchmarks:**

* **Internal Benchmark:**

KPI’s for last 2 years.

* **External Benchmark:**

King Saud Bin Abdulaziz University for Health Sciences (KSAU-HS) and Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.

**Approval:**

**FCMS Dean, Prof Mohammad S. Ardawi**

 