

Prepared by

# Quality Assurance Manual

Second version  
2024-2025

**RCHS's Quality Assurance  
Manual**

*Prepared by: Quality and Accreditation  
Department*

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## List of Abbreviation

Abbreviation	Definition
<b>CEO</b>	Chief Executive Officer
<b>CLOs</b>	Course Learning Outcomes
<b>CPR</b>	Cardio-Pulmonary Resuscitation
<b>ERP</b>	Enterprise resources Planning
<b>ETEC</b>	Education and Training Evaluation Commission
<b>FTE</b>	Full Time Equivalent
<b>GAs</b>	Graduate Attributes
<b>HSPC</b>	Higher Committee of Strategic Planning
<b>ICT</b>	Information and Communication Technology
<b>IP</b>	Intellectual Property
<b>IT</b>	Information Technology
<b>KPI</b>	Key Performance Indicator
<b>LMS</b>	Learning Management System
<b>LO</b>	Learning Outcomes
<b>MOU</b>	Memorandum of Understanding
<b>NCAAA</b>	National Center for Academic Assessment and Accreditation
<b>NQF</b>	National Qualification Framework
<b>PAC</b>	Program Administrative Committee
<b>PC</b>	Program Committee
<b>PLOs</b>	Program Learning Outcomes
<b>PPE</b>	Personal Protective Equipment
<b>QAU</b>	Quality and Accreditation Unit
<b>RARES</b>	Riyada Admission and Registration E-System
<b>RCHS</b>	Al-Riyada College for Health Sciences
<b>SCFHS</b>	Saudi Commission for Health Specialties
<b>SDL</b>	Saudi Digital Library
<b>SOCPA</b>	Saudi Organization for Certified Public Accountants
<b>VR</b>	Virtual Reality
<b>WIPO</b>	World Intellectual Property Organization

## About the College

Al-Riyada College for Health Sciences (RCHS) was established as a result of a study conducted by The Social & Economic department of Makkah Region. The study showed there was a huge shortage of qualified Saudi employees in the healthcare sector in general and in the nursing profession in particular.

Considering the kingdom's need for qualified nurses with bachelor's degree, Dr. Muhammad Ahmed Irfan & Partners in 2006 to establish the College of Leadership in Health Sciences, which was done by decision of His Excellency the Minister of Education No. (35/1-5942) dated 2/2/1428 H. The college focused on offering Bachelor of Nursing program in cooperation with a number of major hospitals. To ensure quality outcomes, the program was created in partnership with Queen Margaret College during the early years of the Foundation. This program is built on the latest teaching methods based on evidence-based learning and integrated sciences. The distinguishing feature of this approach is the homogeneity and integration between basic medical sciences, humanities, and applied nursing sciences. This is evident in the study plan prepared for this program, as some advanced materials aim to reflect this homogeneity. In 2022 the Nursing Program was updated based on National Qualification Framework, NCAAA standards, and national & international benchmarks, the updated program was approved from King Abdelaziz University and launched in 2023

## Introduction

This manual outlines the general quality assurance framework in the Al-Riyada College for Health Sciences RCHS, including the planning, quality assurance system, and performance improvement strategies. The approach of Bachelor of nursing program to quality assurance is based on its Vision, Mission and Values statements, which are aligned with RCHS's vision, mission, and values. The college aims to ensure that its quality assurance system functions well and is delivered by competent professionals who are committed to integrating quality approaches into the program's systems and processes based on the requirements of the National Center for Academic Accreditation and Evaluation (NCAAA). The quality procedures and strategies are annually reviewed and evolve in line with the principles of continuous improvement guided by supervision from the Department of Quality & Development at RCHS.

## **Vision, Mission, Values, and Goals of RCHS**

### **Vision**

Leadership in nursing education and excellence in scientific research and community service.

### **Mission**

Enriching the community with outstanding nursing staff academically and professionally in which contributes to the service of the community and the development of scientific research nationally and internationally.

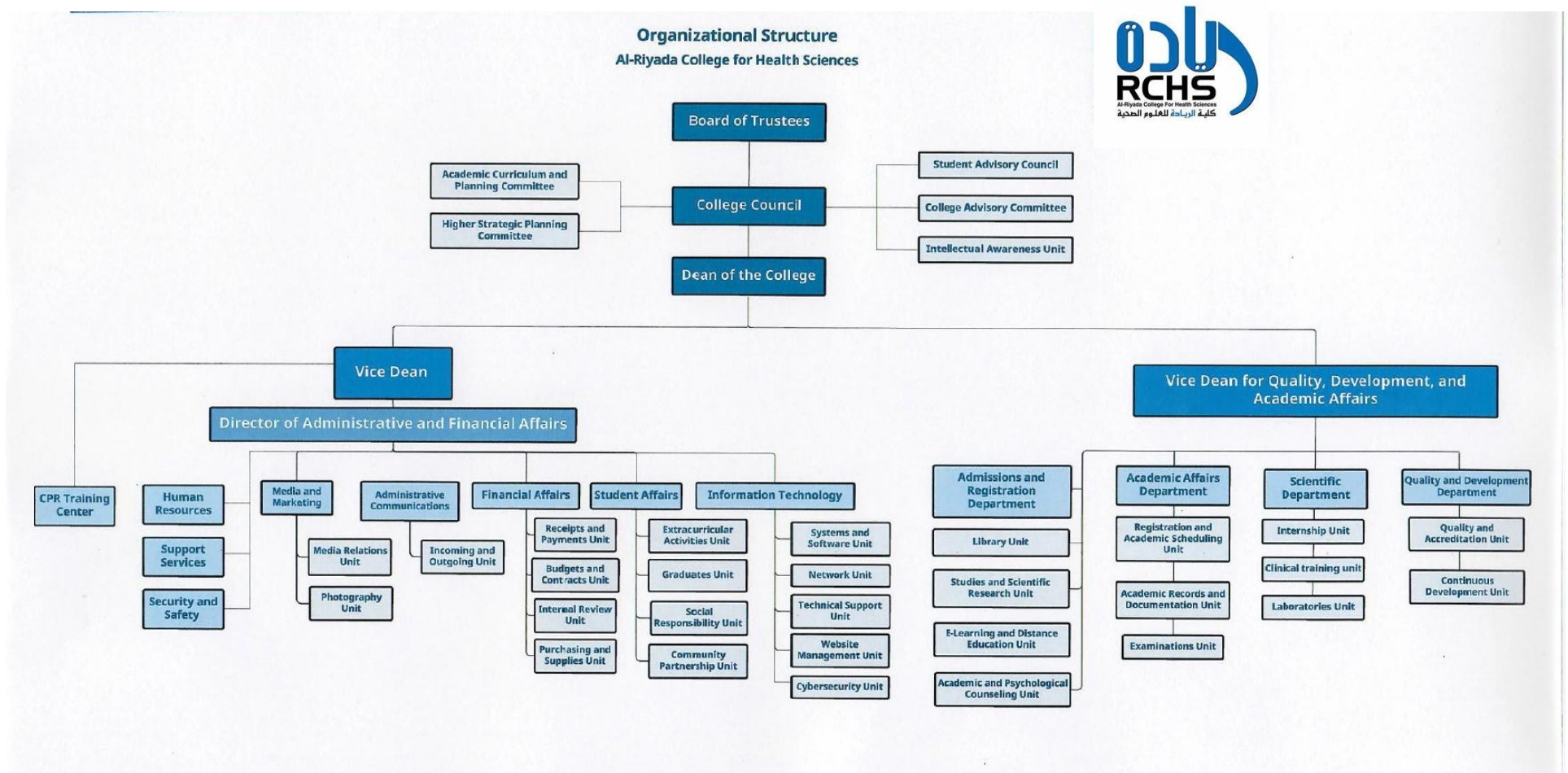
### **Values**

- Justice
- Transparency
- The responsibility
- Creativity
- Teamwork
- Continuous Improvement

### **College Goals**

1. Preparing qualified graduates, who have the knowledge and ability to solve problems, innovate, continue education, and conduct research in the field of specialization.
2. Enabling graduates to communicate effectively in their work environment with different work teams assume responsibility, and use updated technological methods in the field of specialization.
3. The graduate must be able to provide community services while adhering to professional ethics.

**Figure 1: Administrative Structure of Al-Riyada College for Health Sciences**



## Quality & Development Department

Quality & Development Department (Q&DD) plays a crucial role in providing guidance, and support to all programs of the RCHS. One of the key responsibilities of Q&DD is ensuring quality assurance and monitoring it across the college and its programs. This includes developing and implementing quality assurance policies and procedures, conducting regular audits and evaluations, and ensuring compliance with accreditation standards. Q&DD also works closely with faculty and staff to identify areas for improvement and implement strategies to enhance the quality of education, services, and research at the college. Through these efforts, Q&DD helps to ensure that the RCHS delivers high-quality education and research programs that meet the needs of students, faculty, and the community.

### Vision

Excellence in achieving national and international standards for optimizing nursing education, healthcare and research.

### Mission

Instilling a culture of quality and continuous improvement and development of the programs in the college, based on national and international standards.

### Values

- Innovation
- Excellence
- Professionalism
- Teamwork
- impartiality
- Transparency

### Objectives

- Develop a quality assurance system to achieve national and international standards.
- Develop comprehensive strategies to achieve high standards of quality assurance and development.
- Conduct internal audit to identify the areas for improvement and to take required corrective actions.
- Conduct training of the faculty and administrative staff to develop required skills for total quality management implementation.

- Identify areas for performance comparisons with selected comparable institutions chosen to provide appropriate benchmarks for significant activities.
- Engage the faculty and students in the quality improvement process and development.
- Prepare reports on the developments in quality assurance.

### **Responsibilities of the Head of the Quality & Development Department**

- Supervise the work of the units of the Quality & Development Department
- Supervise all development projects aimed at improving performance to ensure the application of total quality methods and tools.
- Supervise the application of academic accreditation standards for the college and its programs.
- Verify that the self-study requirements of academic accreditation (institution and program) are met.
- Participate the preparation of the strategic plan of the college and follow up the implementation of its projects and initiatives in cooperation with the other academic and non- academic departments.
- Study the difficulties and obstacles facing development and quality programs and propose solutions to them.
- Supervise the preparation of the annual report of the college and submit it to the relevant authorities after its approval by the Dean of the College.
- Follow up the update of the college's website regarding the Quality & Development Department and affiliated administrative units.
- Approve periodic reports on the fields of quality and academic accreditation.
- Submit periodic reports to the Dean of the College on the progress of work in the units of the Quality & Development Department, explaining the achievements and difficulties.

### **Structure and Functions of the units of the Quality & Development Department**

The main function of the department is to provide support and guidance to the various units of the college while promoting a culture of quality at both the college and program levels. This ensures the delivery of improved services to internal and external stakeholders. The responsibilities of the Quality & Development Department are carried out through the two units shown in the organogram (Figure 2).



**Figure 2: Quality & Development Department Organogram**

### **Units affiliated to the Quality & Development Department**

- Quality and Accreditation Unit
- Continuous Development Unit

### **Quality and Accreditation Unit**

The Quality and Accreditation Unit's main function is to develop, implement, and monitor quality assurance, policies, and procedures to enhance the academic standards of the College. This unit strives to develop and foster a culture of quality in all operational activities from academics to research and service. One of the main aims of the unit is to prepare the College for national institutional accreditation and national & international academic program accreditation by meeting the standards and requirements. This unit has the following tasks:

#### **Tasks of the Unit:**

The tasks are grouped to follow a complete accreditation cycle:

**Planning → Implementation → Monitoring → Improvement → Communication.**

#### **1. Strategic Alignment and Planning**

1. Establish the vision and mission of the Quality and Accreditation Unit in alignment with the College and Vice Deanship.

2. Develop and update the policies, procedures, objectives, and operational frameworks of the Quality and Academic Accreditation Program.
3. Support departments in preparing program and course specifications and ensure periodic review.
4. Identify and develop academic and administrative performance evaluation measures and prepare the related manuals.

## **2. Quality Assurance System Implementation**

5. Supervise the implementation and continuous development of the college-wide quality program.
6. Provide support and oversight for the implementation of national and international academic accreditation requirements for all programs.
7. Train college employees at all levels on quality assurance standards, procedures, and documentation.
8. Promote a culture of quality, performance measurement, and continuous improvement through training courses, workshops, lectures, and seminars.

## **3. Accreditation Requirements & Documentation**

9. Oversee the fulfillment and documentation of all institutional accreditation requirements, including evidence collection, verification, and submission.
10. Support academic departments in conducting their self-study according to NCAAA-approved standards.
11. Prepare, review, and periodically update the College Policies and Procedures Manual.
12. Follow up the updating of the college website to ensure accuracy and alignment with accreditation needs.

## **4. Monitoring, Evaluation, and Performance Measurement**

13. Collect, compile, and analyze institutional and program-level performance indicators annually.
14. Conduct benchmarking activities with comparable local academic institutions.
15. Supervise the implementation of the annual plan for measuring program learning outcomes and ensure timely reporting.
16. Monitor the development of educational facilities, including modernization of laboratories.
17. Follow up on the performance evaluation of faculty members, academic leaders, administrative staff, and other beneficiaries.
18. Prepare periodic reports on performance evaluation results and recommend actionable improvements.

## **5. Surveys, Feedback, and Stakeholder Engagement**

19. Develop and implement mechanisms to identify the expectations and satisfaction levels of internal and external stakeholders.

20. Prepare, distribute, and analyze beneficiary satisfaction surveys; prepare reports; share results; and supervise the execution of improvement plans.
21. Announce survey results periodically to relevant stakeholders.
22. Conduct regular meetings with students, faculty members, graduates, and other beneficiaries to collect feedback and close the quality loop.

#### **6. Continuous Improvement and Problem-Solving**

23. Study challenges faced by quality and development initiatives and propose evidence-based solutions.
24. Follow up on the activities related to creativity, excellence, and academic/research performance awards within the college.
25. Communicate findings, recommendations, and improvement opportunities to all relevant departments and units.

### **Continuous Development Unit**

Continuous Education Unit provides a range of educational and training activities to enhance the professional skills and knowledge for leaders, faculty members, administrative staff, graduates, interns and students. The Unit offers professional development seminars, workshops, webinars and courses on topics such as clinical methods, evidence-based nursing, research, nursing education, ethics, and communication. The Unit is dedicated to helping nursing professionals stay current and up-to-date with the latest advances and Skills in nursing.

#### **Tasks of the Unite:**

- Assess needs of College members regularly for continuous professional development (CPD).
- Plan CPD activities responsive to the need's assessment of COD members.
- Organize announcement, registration processes, and execution of CPD activities.
- Collaborate with other units and committees to conduct well-organized CPD activities.
- Collect data and provide annual reports of all training activities conducted.
- Collect data and provide annual reports of all training activities attended by college members outside college.
- Continuously monitor performance and assess quality of CPD activities at College and design and implement improvement plans as needed.

## **Roles and Responsibilities of Stakeholders in Quality assurance at Al-Riyada College for Health Sciences**

### **A. The Role of Leadership in Quality and Academic Accreditation**

Administrative leadership plays a strategic and influential role in academic quality and accreditation. Beyond supervision, leadership shapes institutional direction and ensures commitment to accreditation standards.

#### **1. Setting Strategic Vision and Promoting Quality Culture**

Leadership is responsible for:

- Establishing a clear strategic vision for quality
- Ensuring policies align with national and international standards
- Encouraging innovation and continuous improvement

#### **2. Providing Institutional Support and Resources**

Leadership ensures:

- Adequate budgets and resources
- Updated infrastructure and digital systems
- Training for faculty and staff

#### **3. Developing Policies and Procedures**

Leadership develops and updates:

- Academic standards
- Evaluation frameworks
- Teaching and assessment policies

#### **4. Overseeing Internal and External Reviews**

Leadership supervises:

- Review schedules
- Committee formation
- Data submission for accreditation

#### **5. Communicating with Accreditation Bodies**

Leadership represents the institution in:

- Meetings with accrediting agencies
- Submitting documents and responding to recommendations

#### **6. Engaging Stakeholders in Improvement Processes**

Leadership encourages participation from:

- Students
- Faculty
- Administrative staff
- Community stakeholders

### **7. Continuous Evaluation and Data-Driven Decision-Making**

Leadership adopts evaluation tools such as KPIs to guide improvement.

### **8. Responding to Environmental and Educational Challenges**

Leadership develops strategies to adapt to technological, economic, or social changes.

### **9. Encouraging Innovation and Continuous Improvement**

Leadership supports:

- Research
- Modern teaching methods
- Future-oriented learning practices

## **B. The Role of Faculty Members in Quality and Academic Accreditation**

Quality and academic accreditation processes form essential pillars in higher education institutions. Faculty members are key contributors to achieving educational quality and meeting accreditation standards. Their involvement is vital for improving academic performance, developing programs, enhancing institutional reputation, and ensuring stakeholder satisfaction.

### **1. Curriculum and Program Development**

Faculty members play a major role in developing academic curricula and programs to align with global standards. Their responsibilities include:

- Periodic curriculum review based on scientific and technological advancements
- Updating academic content to meet labor-market needs
- Designing academic programs that enhance student skills and broaden their knowledge

### **2. Commitment to Academic and Ethical Standards**

Faculty members promote a culture of quality by committing to academic and ethical standards, including:

- Adherence to approved curricula and teaching frameworks
- Encouraging academic integrity among students
- Supporting research excellence, which enhances institutional reputation

### **3. Providing Continuous Feedback**

Through daily interaction with students, faculty members gather valuable feedback on teaching effectiveness. This includes:

- Continuous assessment through exams, projects, and class participation
- Providing constructive feedback to improve student performance
- Analyzing assessment results to refine teaching strategies

### **4. Continuous Improvement of Teaching Practices**

Faculty members adopt modern educational approaches to improve teaching quality, such as:

- Interactive learning methods and digital tools
- Using performance data to enhance teaching strategies

- Participating in workshops and academic development programs

### **5. Contribution to Accreditation and Evaluation Processes**

Faculty members actively participate in institutional accreditation through:

- Reviewing internal and external evaluation reports
- Collaborating with quality committees
- Preparing quality reports and recommending improvements
- Ensuring course alignment with accreditation standards

### **6. Academic Advising and Student Support**

Faculty members guide students academically, helping them with:

- Study planning and time management
- Selecting appropriate courses
- Supervising graduation projects and research

### **7. Innovation in Teaching and Research**

Their role includes promoting academic innovation through:

- Encouraging critical thinking and problem-solving
- Supporting advanced research aligned with community needs
- Integrating modern educational technologies

### **8. Sharing Academic Results with the Community**

Faculty members enhance the institution's academic standing by:

- Publishing scientific research in reputable journals
- Participating in international conferences and academic forums

## C. The Role of Administrative Staff in Quality and Academic Accreditation

Although faculty and students form the core of the educational process, administrative staff play a critical role in supporting academic quality and sustaining accreditation. Administrative functions—academic or operational—are essential components of the academic environment. Efficient administrative support greatly enhances educational quality.

### 1. Supporting the Implementation of Academic Quality Standards

Administrative staff support academic quality by:

- Organizing course schedules
- Preparing classrooms, facilities, and educational resources
- Accurately documenting academic and administrative processes

### 2. Managing Student Data and Academic Records

A key element of accreditation is accurate academic data. Staff responsibilities include:

- Collecting and storing student data
- Preparing academic reports
- Providing required documentation for accreditation reviews

### 3. Supporting Research and Innovation

Administrative staff enhance the institution's academic reputation by:

- Organizing workshops and scientific conferences
- Facilitating access to research funding
- Assisting with research paper submissions

### 4. Enhancing Student Experience

Staff contribute to a positive learning environment by:

- Assisting students with registration and academic procedures
- Resolving daily issues
- Supporting advising programs

### 5. Facilitating Self-Evaluation and Review Processes

Administrative staff are essential in:

- Collecting and analyzing data for self-studies
- Preparing evaluation reports
- Following up on improvement recommendations

### 6. Ensuring Administrative Efficiency

Staff improve institutional efficiency by:

- Enhancing documentation procedures
- Supporting digital transformation
- Ensuring coordination between departments

### 7. Managing Financial Resources

Financial staff contribute to quality by:

- Allocating budgets to support academic programs
- Managing research funding
- Preparing transparent financial reports

## **8. Ensuring Legal and Regulatory Compliance**

Staff help maintain accreditation by:

- Ensuring institutional policies meet national and international standards
- Preparing official accreditation documents
- Coordinating with accreditation bodies

## **D. The Role of Students in Quality and Academic Accreditation Processes**

Quality and academic accreditation processes are essential functions in higher education institutions, as they aim to improve the quality of education and ensure institutional excellence. Students represent one of the key pillars of these processes, as their engagement directly influences the success and implementation of quality and accreditation standards.

Below is a detailed overview of the student's role in these processes:

### **1. Active Participation in Course and Program Evaluation**

Students interact directly with curricula and teaching methods; therefore, their opinions and observations are among the most important tools for evaluating the educational process. Through annual or periodic evaluation surveys, students can provide feedback on:

- Course content
- Academic programs
- Practical training and internships
- The learning environment and instructional technologies

### **2. Contributing to the Improvement of the Learning Environment**

Students are part of the learning environment and can positively influence it through their interactions with peers and faculty. Student participation in academic and extracurricular activities helps enrich the learning environment and enhance the overall educational experience.

### **3. Commitment to Academic Quality Standards**

Students play a central role in achieving academic quality standards by adhering to academic regulations, attending classes, participating actively, and managing their time and resources effectively. Their commitment contributes to improving learning outcomes and achieving the program's graduate attributes.

### **4. Engagement in Academic and Research Activities**

Students can support accreditation efforts by engaging in research activities and scientific events. Participation in research projects or academic competitions reflects the institution's academic capabilities and strengthens its academic reputation.

### **5. Providing Continuous Feedback**

Students serve as a primary source of feedback that helps institutions identify strengths and weaknesses in academic programs. Constructive and honest student input helps guide educational decision-making and supports academic improvement.

## **6. Taking Personal Responsibility**

The student's role extends beyond evaluation to include personal academic responsibility. A committed student who seeks to develop their academic skills contributes to improving the overall educational quality of the institution.

## **7. Utilizing Academic Support Services**

Academic support services are integral to quality assurance. When students make use of advising services, skill-building sessions, or psychological support, they enhance their academic experience and contribute to the institution's educational excellence.

## **8. Applying Accreditation Standards in University Life**

By engaging with the institution's academic standards and regulations, students help strengthen the culture of accreditation. When students adopt good academic practices—such as academic integrity and self-development—they reinforce the institution's commitment to quality.

## **9. Developing Critical Thinking Skills**

Critical thinking and analysis form the foundation of academic quality standards. Students who develop these skills not only improve their own performance but also help create a richer learning environment that encourages innovation.

## **10. Collaboration with the College's Quality Department**

Students may participate in activities and initiatives organized by the Quality Department, contributing to identifying priorities and supporting decision-making related to educational development.

# **E. The Role of Graduates in Quality and Academic Accreditation**

Graduates are key contributors to improving educational quality and accreditation outcomes. Their experiences and achievements reflect the effectiveness of academic programs.

## **1. Providing Practical Feedback on Academic Programs**

Graduates offer:

- Insights on curriculum relevance
- Evaluation of preparedness for real-world challenges

## **2. Measuring the Impact of Education on the Labor Market**

Graduate performance serves as an indicator of:

- Program quality
- Alignment with market needs

## **3. Supporting Continuous Institutional Improvement**

Graduates contribute through:

- Surveys
- Interviews
- Program evaluations

#### **4. Contributing to Accreditation Requirements**

Accreditation bodies often evaluate:

- Graduate employment outcomes
- Career performance
- Competency levels

#### **5. Participating in Program Development**

Graduates may contribute by:

- Joining advisory boards
- Providing industry-specific guidance
- Helping align programs with professional standards

#### **6. Strengthening Institutional Reputation and Networks**

Graduates serve as ambassadors who:

- Enhance community perception
- Create partnerships between the institution and industry

#### **7. Improving Institutional Ranking and Accreditation Outcomes**

Graduate success in:

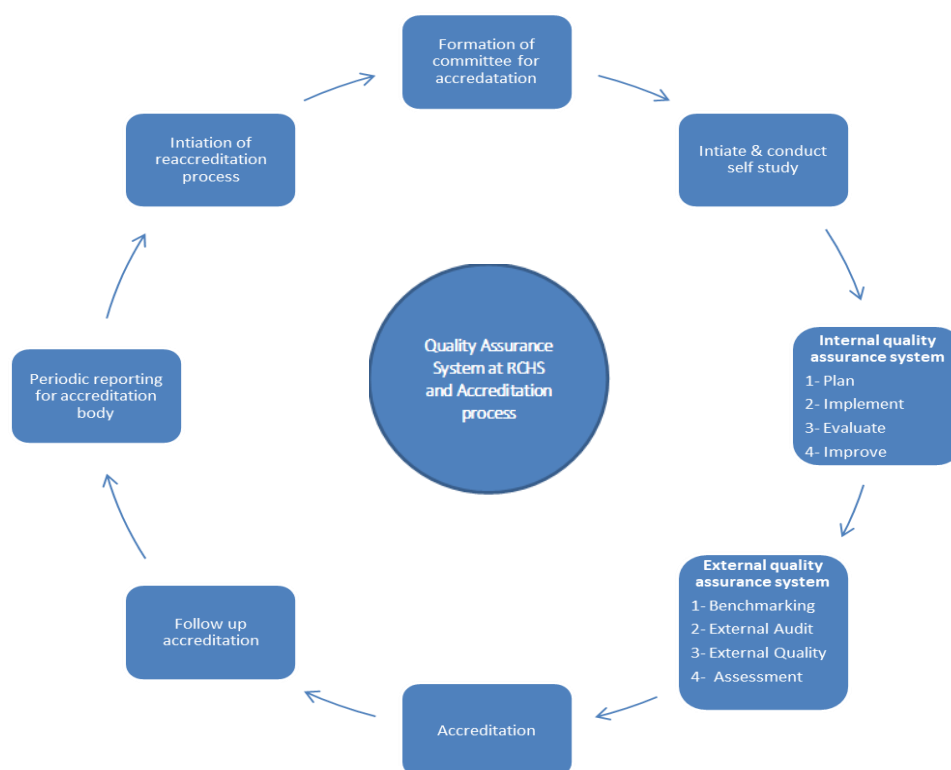
- Professional licensing exams
- International assessments

## Quality Assurance System

The Quality Assurance System at RCCHS promotes a quality culture among its stakeholders by developing an internal regulatory framework with clear and consistent procedures to support an active commitment to improving quality at all levels. Internal and external dimensions of quality assurance work together towards attaining academic accreditation. Specifically, internal quality assurance self-regulates the academic environment with a structured process, whereas external quality assurance promotes transparency & critical dialogue with stakeholders and society.

### Alignment of the Bachelor of Nursing Program BSN Quality Assurance System with the RCCHS Institutional Quality Assurance System

The Quality Assurance System at RCCHS promotes an institutional quality culture among its stakeholders by developing an internal regulatory framework with clear and consistent procedures. At RCCHS, both internal and external dimensions of quality assurance work together towards the attainment of academic accreditation. The BSN Program follows the principles of RCCHS quality assurance system. The quality assurance system adopted at RCCHS is described in Figure 3.



**Figure 3: Quality Assurance System at RCCHS**

## Guidelines for monitoring quality assurance in RCHS

Establishing, maintaining, and sustaining quality education and assurance is an uninterrupted process that requires structuring the practice per the influence of internal and external changes affecting the program. This warrants a systematic methodological analysis of the internal quality assurance system. Such analysis of the internal quality assurance system aims to cope with the highly competitive academic environment and to get recognized by the national and international accreditation bodies. In this context, the BSN program internal quality assurance system develops, manages, monitors, and sustains its quality standards to meet the aspirations of the growing student community and other stakeholders of the program.

### Performance Measurement System

The BSN program implements a comprehensive performance measurement system (including, but not limited to, student surveys) to regularly evaluate and report on all academic and service activities. The guiding principles for this evaluation are based on the quality cycle: Plan, Perform, Monitor, and Improve.

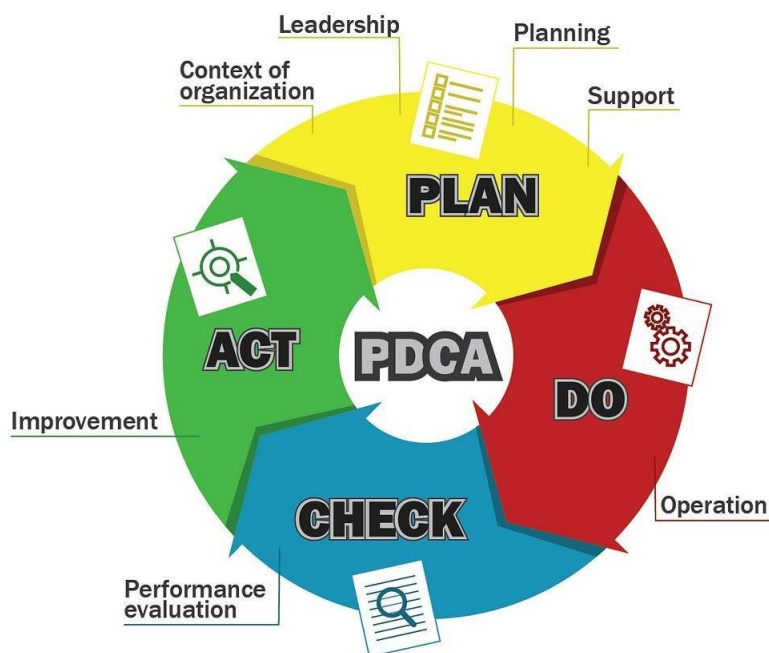


Figure 4: The Quality Cycle

## Quality Assurance Cycle & Annual Timeline

Phase	Timeline	Key QA Activities	Main Outputs
<b>1. Planning Phase</b>	<b>May – August</b>	<ul style="list-style-type: none"> <li>• Develop annual Operational Plan</li> <li>• Update Program &amp; Course Specifications</li> <li>• Set institutional &amp; program KPIs</li> <li>• Update policies &amp; procedures manuals</li> <li>• Prepare academic calendar</li> <li>• Conduct orientation for faculty, staff &amp; clinical trainers</li> </ul>	<ul style="list-style-type: none"> <li>• Approved operational plan</li> <li>• Updated program &amp; course documents</li> <li>• Updated policy &amp; procedure manual</li> </ul>
<b>2. Implementation Phase (Semester 1)</b>	<b>September – January</b>	<ul style="list-style-type: none"> <li>• Deliver courses as per specifications</li> <li>• Conduct student evaluations (mid &amp; end of semester)</li> <li>• Collect CLO assessment data</li> <li>• QA internal audits (course files, labs, clinical training, e-learning)</li> <li>• Monitor KPI progress</li> <li>• Conduct QA and assessment training</li> </ul>	<ul style="list-style-type: none"> <li>• Mid-year KPI report</li> <li>• Internal audit reports</li> <li>• Updated CLO data</li> </ul>
<b>3. Monitoring &amp; Data Collection Phase (Semester 2)</b>	<b>February – May</b>	<ul style="list-style-type: none"> <li>• Implement courses and assessments</li> <li>• Conduct end-of-semester surveys</li> <li>• Measure PLO achievement and update matrices</li> <li>• Collect reports from units (Research, Community Service, E-learning, Labs)</li> <li>• Conduct benchmarking with peer colleges</li> <li>• Update RCHS KPI dashboards</li> </ul>	<ul style="list-style-type: none"> <li>• Final KPI results</li> <li>• PLO/CLO analysis reports</li> <li>• Benchmarking report</li> <li>• Updated accreditation evidence</li> </ul>

Phase	Timeline	Key QA Activities	Main Outputs
<b>4. Review &amp; Improvement Phase</b>	<b>June – July</b>	<ul style="list-style-type: none"> <li>• Prepare Course Reports (all courses)</li> <li>• Prepare Program Annual Report (PAR)</li> <li>• Prepare SES (Self-Evaluation Scale)</li> <li>• Prepare APER (Annual Program Evaluation Report)</li> <li>• Finalize improvement action plan</li> <li>• Conduct annual quality review meeting</li> </ul>	<ul style="list-style-type: none"> <li>• Course Reports</li> <li>• Program Annual Report</li> <li>• SES &amp; APER</li> <li>• Improvement Action Plan</li> </ul>
<b>5. Continuous Quality Activities</b>	<b>Throughout the Year</b>	<ul style="list-style-type: none"> <li>• Ongoing evidence collection</li> <li>• Accreditation readiness activities</li> <li>• Website and documentation updates</li> <li>• Regular QA training for faculty</li> <li>• Stakeholder engagement (students, graduates, employers)</li> <li>• Monitoring action plans</li> <li>• Maintaining lab, simulation &amp; safety standards</li> </ul>	<ul style="list-style-type: none"> <li>• Updated evidence repository</li> <li>• Updated website</li> <li>• Continuous improvement progress reports</li> </ul>

## Cross-Reference Matrix (NCAAA Standards with RCHS QA Activities):

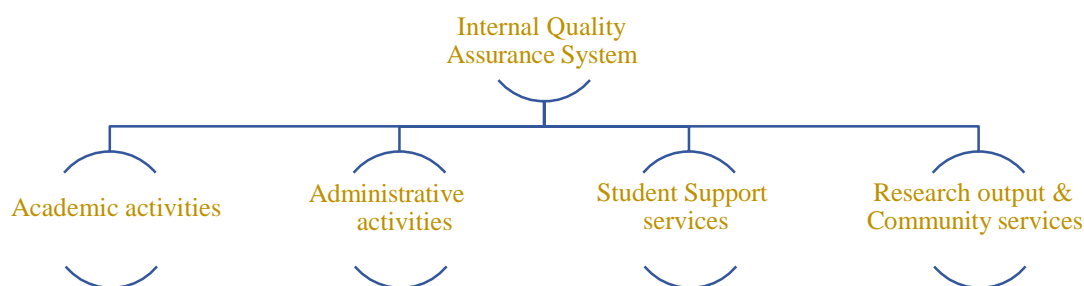
To ensure full compliance with NCAAA requirements, all institutional and program quality processes are aligned with the NCAAA Standards through a structured cross-referencing framework. Each policy, procedure, KPI, assessment tool, and report is mapped to the relevant NCAAA standard, enabling clear traceability, systematic documentation, and effective demonstration of evidence during internal and external reviews.

NCAAA Institutional Standard	RCHS QA Activities	Evidence / Documents
1. Vision, Mission, and Strategic Planning	<ul style="list-style-type: none"> <li>Review of Vision &amp; Mission</li> <li>Strategic Plan updates</li> <li>Alignment with Vision 2030</li> <li>Setting &amp; monitoring strategic directions</li> </ul>	<ul style="list-style-type: none"> <li>Vision &amp; Mission Statement</li> <li>Strategic Plan</li> <li>Stakeholder Meeting Minutes</li> <li>KPI Strategic Alignment Matrix</li> </ul>
2. Governance, Leadership, and Management	<ul style="list-style-type: none"> <li>Updating governance manual</li> <li>Activating committees with TORs</li> <li>Leadership performance appraisal</li> <li>Risk &amp; crisis management</li> <li>Policy development &amp; review</li> </ul>	<ul style="list-style-type: none"> <li>Governance Manual</li> <li>Organizational Chart</li> <li>Committee TORs &amp; Minutes</li> <li>Leadership Appraisal Reports</li> <li>Risk Register &amp; Crisis Plan</li> </ul>
3. Teaching and Learning	<ul style="list-style-type: none"> <li>Updating Program &amp; Course Specifications</li> <li>Course portfolio audits</li> <li>CLO/PLO measurement &amp; mapping</li> <li>Monitoring teaching activities</li> <li>Ensuring e-learning quality</li> <li>Matrix of PLOs with NQF</li> <li>Matrix of PLOs with Specialized Standard</li> </ul>	<ul style="list-style-type: none"> <li>Program Specs (PS)</li> <li>Course Specs (CS)</li> <li>Course Portfolios &amp; Reports</li> <li>CLO/PLO Achievement Reports</li> <li>E-learning Audit Reports</li> <li>Matrix of PLOs with NQF Report</li> <li>Matrix of PLOs with Specialized Standard Report</li> </ul>
4. Students	<ul style="list-style-type: none"> <li>Monitoring academic advising</li> <li>Delivering student support services</li> <li>Managing complaints &amp; appeals</li> <li>Student surveys and feedback</li> <li>Alumni follow-up</li> </ul>	<ul style="list-style-type: none"> <li>Advising Logs</li> <li>Student Support Reports</li> <li>Complaint &amp; Appeal Records</li> <li>Student Satisfaction Surveys</li> <li>Alumni Tracer Report</li> </ul>
5. Faculty and Staff	<ul style="list-style-type: none"> <li>Recruitment &amp; workload management</li> <li>Faculty training and CPD</li> <li>Classroom observations</li> <li>Annual performance appraisal</li> <li>Staff satisfaction surveys</li> </ul>	<ul style="list-style-type: none"> <li>Workload Forms</li> <li>Recruitment Policy</li> <li>CPD Attendance Sheets</li> <li>Appraisal Reports</li> <li>Classroom Observation Tools</li> </ul>

NCAAA Institutional Standard	RCHS QA Activities	Evidence / Documents
6. Institutional Resources	<ul style="list-style-type: none"> <li>• Library and e-learning evaluations</li> <li>• Lab &amp; simulation audits</li> <li>• Facilities safety inspections</li> <li>• Budget planning &amp; monitoring</li> <li>• Hazardous waste disposal systems</li> </ul>	<ul style="list-style-type: none"> <li>• Library Reports</li> <li>• LMS Usage Report</li> <li>• Lab Audit Checklists</li> <li>• Maintenance Logs</li> <li>• Budget Reports</li> <li>• Safety &amp; Waste Disposal Records</li> </ul>
7. Research and Innovation	<ul style="list-style-type: none"> <li>• Monitoring faculty research output</li> <li>• Research committees activation</li> <li>• Research ethics approvals</li> <li>• Supporting innovation activities</li> </ul>	<ul style="list-style-type: none"> <li>• Research Policy</li> <li>• Publication Logs</li> <li>• Ethics Committee Approvals</li> <li>• Innovation Activity Reports</li> <li>• Research activities KPIs Report</li> </ul>
8. Community Partnership	<ul style="list-style-type: none"> <li>• Planning community engagement activities</li> <li>• Monitoring community impact</li> <li>• Employer and graduate feedback</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Community Engagement Plan</li> <li>• Activity Reports</li> <li>• Employer &amp; Graduate Surveys</li> <li>• Community Partnership activities KPIs Report</li> </ul>

## Internal Quality Assurance System (IQA) in RCHS

Internal quality assurance self-regulates the academic environment with a structured process. The internal quality assurance system at RCHS focuses on four core activities: Academic activities, administrative activities, student support services, and research output & community service. Internal Quality Assurance has a pivotal position in the accreditation framework. The results of monitoring and feedback acquisition are studied, and discussed in relevant units and committees, including the college council, and recommendations are received at Quality and Development Department Q&DD. These are incorporated into the quality management operational plan and translated into actions for improvement, implementation is monitored, evaluated and results are reported to close the quality loop.



**Figure 5: Internal Quality Assurance System**

The internal quality assurance system of the BSN program focuses on the following core activities:

1. Quality Assurance of Teaching and Learning
2. Quality Assurance of Students Assessment
3. Quality assurance of teaching staff affairs
4. Quality assurance of facilities and learning resources.
5. Quality assurance of student support services.
6. Quality assurance of research and community service.

## Quality Assurance of Teaching and Learning

### Program Specification

The Program Specification provides a platform for the planning, monitoring and improvement of the program by faculty members responsible for its delivery. It contains sufficient information to demonstrate that the program will meet the requirements of the Standards for Quality Assurance and Accreditation of Higher Education Programs and the NQF.

The Program Specification is prepared according to the NCAAA template. The specification includes general descriptive information about the BSN program as well as its mission, goals, and program objectives, which are aligned with RCHS 's mission and goals. It also contains the learning outcomes that should be acquired by the students and the methods of teaching and student assessment strategies (direct and indirect) for their achievement of learning outcomes in different domains of learning. Moreover, the program specification also includes plans for ongoing evaluation of its effectiveness and planning processes for improvement.

### Course Specification

The course specification is prepared after approval of program specification and before a course is delivered for the first time. Nevertheless, it can be subjected to modification according to the major or minor comments provided by internal and external auditors. The purpose of course specification is to provide a clear roadmap for the course. Course specification includes the course identification and general information, objectives, description, and topics to be delivered to the students. It contains learning domains and Course learning outcomes (CLOs) matching with that of the programs and in keeping with the National Qualifications Framework (NQF). Furthermore, course specification includes teaching strategies and the methods of assessment of the students for each LOs. Course Coordinators are responsible for the preparation of the course specifications according to the NCAAA template in the light of the program specification. Course specification is used as a reference for preparation of the actual teaching and assessments to be conducted in the course.

### Field Experience Specifications.

In many professional degrees, a field experience activity (also known as a practicum, cooperative program, internship, or other title) is one of the most valuable components. Although it is typically provided off campus in an industry or professional setting and overseen in part by people outside the university, it should be treated as the equivalent of a course and carefully prepared and reviewed.

### Course Report

Course Reports are prepared at the end of each semester according to the NCAAA template, giving an overview of the course delivery process till completion. The course report includes general information about the course and a summary of the analysis of students' grades, evaluation of the course by the students and any issues faced in the implementation of the course. It also includes the results of the assessment of achievement of CLOs by students. Improvement plans are determined according to direct and indirect assessments and provided as an action plan for review before the course is offered again in the following academic year.

Course reports are reviewed by the Department Board to identify the strengths and the weaknesses. Further improvements, and action plans are developed accordingly then they approved by Department Chairpersons and then submitted to the Vice Dean for Academic Affairs and Quality and Development

Department.

### **Annual Program Report**

The Annual Program Report (APR) is prepared after the completion of the academic year using the NCAAA template. The APR reports on how well the program was able to conduct its courses and achieve the desired Program Learning Outcomes (PLOs) by providing details of the graduated class, percentage of graduates employed in the government and private sectors, student achievement of the program learning outcomes and a report of students' evaluation of the courses. It also provides an overview of the teaching and learning key performance indicators in comparison to the internal and external benchmarks. Based on the evaluation of performance indicators, improvement plans are determined and provided as a guide to improve the teaching and assessment strategies in the program.

### **Field Experience Reports.**

Each year, field experience reports should be created to document what occurred, how effective the program was, and to analyze the findings and plan for any future improvements. The major components of the report are comparable to those for ordinary courses, albeit they must alter in various ways due to the nature of the activity.

### **Course Portfolio**

The course portfolio contains all evidence related to the delivery of a course and is used during program reviews. It provides comprehensive information about what has been implemented in the course during previous semesters. The portfolio typically includes the course syllabus, course specification, course report, teaching materials, samples of assessment tools, a complete record of assessment results, student course evaluation reports, and samples of students' work.

Each course coordinator submits the completed course portfolio to the department, which then forwards it to the Quality and Accreditation Unit (Q&AU) at the Quality and Development Department for auditing.

## **Quality Assurance of Students Assessment**

The BSN Program has clear procedures to ensure the quality of student assessment. Students are assessed using predefined criteria, regulations, and procedures applied consistently. There are precise procedures to ensure the quality of examinations. All student assessments are carried out professionally and involve extensive knowledge of testing and examination processes. Student assessment procedures must:

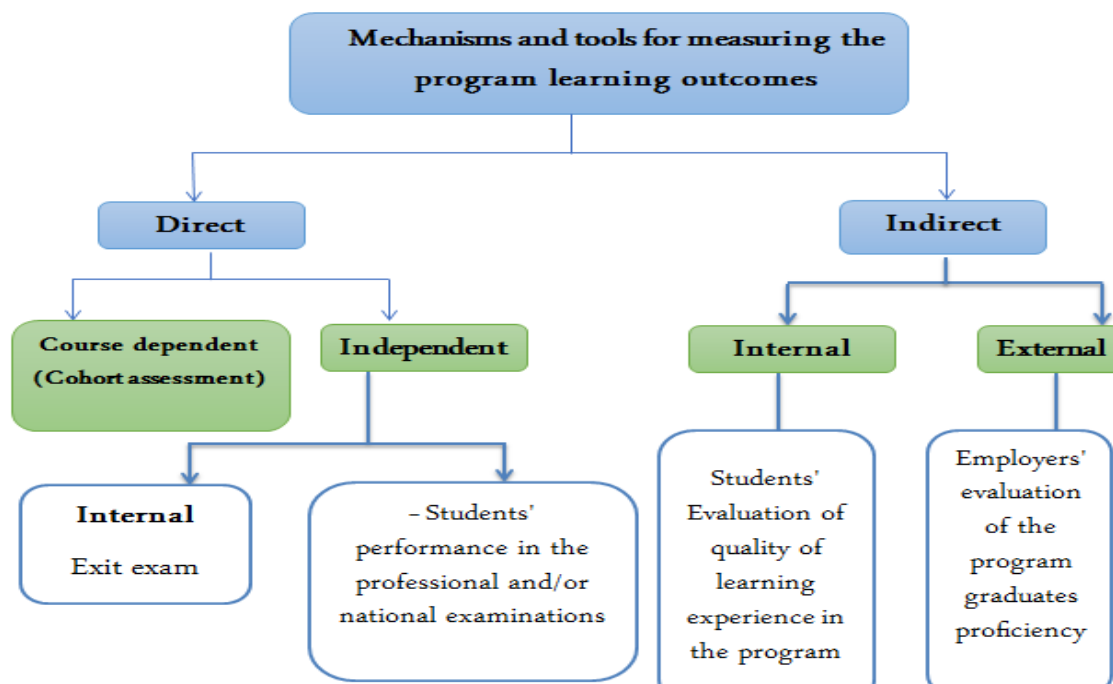
- Be designed to measure the achievement of the intended learning outcomes and other program objectives.
- Be fit for purpose, whether diagnostic, formative, or summative.
- Have clear and published grading/marking criteria.
- Where possible, the assessment does not rely on single examiners' verdicts.
- Consider all the possible consequences of examination regulations.
- Have clear regulations covering student absence, illness, and other mitigating circumstances.
- Ensure that assessments are conducted securely per the institution's stated procedures.
- Be subject to administrative verification checks to ensure the accuracy of the procedures.

- Inform students clearly about the assessment strategy being used for their program, what examination regulations or other assessment methods they will be subject to, what will be expected of them, and the criteria that will be applied to the assessment of their performance.
- Be examined and evaluated by the external examiner when possible.
- Arrange for students to be given feedback about their weaknesses during the learning process.

The BSN program Student Assessment Manual includes the policies that regulate examinations and assessment and the guidelines that must be followed in designing assessments at the course level. To ensure consistency, all courses at the BSN Program must comply with the predefined teaching strategies, assessment methods, and grading policy, and an audit of all course specifications to verify alignment with these policies and CLOs. Exam blueprints must be developed for all courses, and course coordinators are expected to adhere to it when preparing exam papers. Rubrics are used to grade written assignments, case presentations and projects for a valid and objective assessment. Internal validation of the students' assessment is done by sampling 10% of students' MCQ scores and Short Answer scripts by two peers ensuring the fairness of the students scoring procedures. In addition, the Institutional Plagiarism Policy is implemented in the BSN Program, and specific guidelines are provided to students and faculty to protect themselves from plagiarism.

### **Process for Assessment of Students' Achievement of Program Learning Outcomes**

Program-level student learning outcomes are measurable results-oriented statements that specify what students will be able to know and do as a result of participating in an academic degree program. These outcomes are described in the program's academic learning assessment plans. While planning for the assessment of PLOs the program ensures that assessment tools are designed in such a way as to contribute to high-quality student learning and support the development, delivery, and quality assurance of both departments and courses. As stipulated by NCAAA, RCHS program use two ways to assess Program Learning Outcomes: direct and indirect methods of LOs assessment.



### A. Direct Assessment Methods of Program Learning Outcomes

Direct summative assessment methods are often used to measure student learning outcomes at the program level (e.g., written and practical exams, oral exams, research projects) and course level (e.g., written and practical exams, case studies, and oral presentations). It includes the evaluation of the results of the graduates at the end of each level of the learning process. Students' achievement of Program Learning Outcomes (PLO) is assessed directly by adopting the following 15-step process:

- Step 1: Preparation of Program Planning matrix.
- Step 2: Use Course specification to align each CLO with appropriate PLOs.
- Step 3: Measuring Weight for CLOs
- Step 4: Use Course Specification to determine appropriate teaching strategies and assessment methods for measuring each Course Learning Outcomes (CLO).
- Step 5: Devise an appropriate Course blueprint & Assessment plan for each course offered in the program.
- Step-6: Prepare Course Learning Outcomes assessment matrix for each course offered in the program (develop this table separately for each course).
- Step-7: Measure Students' achievement of each course learning outcome of the respective course offered in the academic program. Incorporate the findings in the course report (NCAA Template).
- Step 8: Aggregate students' achievement concerning the CLOs contributing to each Program Learning Outcomes (PLO) (i.e., using course specification). It is mandatory to prepare a CLOs- PLOs Mapping matrix to facilitate this process.
- Step 9: Classify students' achievement into four categories using a predefined grading system.
- Step 10: Develop Key Performance Indicators (KPIs) for each PLO using 3 parts for

successful measurement of learning outcomes, and these include: (i) a measurable verb; (ii) the essential condition (if any) under which the performance is to occur and (iii) the criterion of acceptable performance. Accordingly, the minimum 'threshold' and the 'target' for the successful accomplishment of each PLO are defined. Presently, all the undergraduate programs of RCHS consider 80% and above as the minimum threshold, indicating a successful accomplishment of each PLO. Thus, each KPI is defined as "the percentage of students who achieved the minimum threshold (i.e., 80%) in the respective learning outcomes of courses targeting each one of the Program learning outcomes- "The higher the score, the better the performance'.

- Step 11: Fix the target and internal benchmark for each PLO.
- Step 12: Obtain External benchmark with similar programs in other Saudi Universities.
- Step 13: Compare actual performance with target, internal and external benchmark.
- Step 14: Develop recommendations and an action plan for improvements.
- Step 15: Implement Action plan
- Step 16: Continue the cycle annually and ascertain the program's progress toward its goals and objectives.

The following is the description of these steps in details:

#### Step 1: Preparation of Program Planning matrix

A Program planning matrix needs to be prepared in the form of a table provided by NCAAA by adopting the following steps (i.e., refer to Program Specification template).

1. Prepare a table (Table X) by indicating the Program Learning Outcomes (PLO) according to the level of instruction in the third column and;
2. Indicate the courses required to teach each PLO; use the appropriate program's course code numbers across the first row of the table and move horizontally.
3. Indicate the contribution of courses to each PLO using the following level scales I = Introduction by the percentage of each CLO; P = Proficient/Professional by % of each CLO; M= Mastered by % of each CLO. The term 'I' indicates that these courses are offered during the initial levels of the curriculum, which are prerequisite to higher levels of learning. The term 'P' indicates that those courses are required for students to get practiced or proficient concerning the achievement of learning outcomes. Likewise, the term 'M' denotes that those courses help students to get mastered with learning outcomes offered at the advanced level of the Program.

Table 1: Program Planning Matrix\*

Course code & No.	Program Learning Outcomes										
	Knowledge and Understanding				Skills				Values		
	K1	K2	K3	---	S1	S2	S3	---	V1	V2	---
Course ....											
Course ....											
Course ....											
Course ....											

(I = Introduced P = Practiced M = Mastered)

\*To be taken from Program Specification Template (T3)

### Step 2: Use Course specification to align each CLO with appropriate

Table 2: Mapping of CLOs with PLOs\*

CLO		Aligned PLOs
1.0	Knowledge and understanding	
1.1		
1.2		
1.3		
2.0	Skills	
2.1		
2.2		
2.3		
3.0	Values	
3.1		
3.2		
3.3		

\* To be taken from Course Specification Template (T4)

### Step 3: Measuring Weight for CLOs

CLO	Topics	Topic Weight	CLO Weight
1. CLO1	1, 2	0.2 + 0.4 = 0.6 (60%)	0.6 (60%)
2. CLO2	2	0.4 (40%)	0.4 (40%)
3. CLO3	3	0.3 (30%)	0.3 (30%)
4. CLO4	4	0.1 (10%)	0.1 (10%)

Calculations:

CLO 1 weight: Total weight of topics 1 and 2 (0.6) = 0.6 (60%)

CLO 2 weight: Weight of topic 2 (0.4) = 0.4 (40%)

CLO 3 weight: Weight of topic 3 (0.3) = 0.3 (30%)

CLO 4 weight: Weight of topic 4 (0.1) = 0.1 (10%)

Note: The weight of each CLO reflects the relative importance of the learning outcomes in terms of the instructional time and topics covered in the course. However, this is just an example and the course coordinator should also consider other factors that contribute to the CLO weight, such as relevance to the program standards, difficulty level, and potential assessment methods.

**Step 4: Use Course Specification to determine appropriate teaching strategies and assessment methods for measuring each Course Learning Outcomes (CLO)**

Use Table 3 for each course indicating appropriate teaching strategies and assessment methods for each Course Learning Outcomes. This information is usually extracted from the Course Specification of each course offered in the program. Assessment methods utilized to evaluate students' achievement vary and depend on the nature of the course offered in the program. Courses built on theoretical modules are usually assessed based on students' performance in the end-of-term examinations, i.e., written exams. Likewise, courses with a laboratory or clinical component are usually assessed using students' performance in practical or clinical exams such as OSCEs or OSPEs. Rubrics are developed and are used to record students' performance quantitatively in assignments and presentations.

Table 3: Mapping of CLOs, Teaching Strategies, and Assessment methods

Code	Course Learning Outcomes	Teaching Strategies	Assessment Methods
1.0	Knowledge and understanding		
1.1			
1.2			
2.0	Skills		
2.1			
2.2			
...			
3.0	Values		
3.1			
3.2			

In Table 3, the first column shows the Course Learning Outcomes, the second column shows the teaching strategies, insert supporting teaching strategies that fit and align with the assessment methods and intended learning outcomes. These represent the teaching strategies to be used to develop that learning outcome. e.g., Lectures, tutorials, seminars, practical training, labs, etc. The third column shows the assessment method, insert appropriate assessment methods that accurately measure and evaluate the learning outcome.

Table 4: Examples of assessment tools mapped against assessment methods to measure course learning outcomes in different domains

Learning Domains	Assessment Methods (examples)	Assessment Tools (examples)
Knowledge and understanding	Written Assessments (i.e. Midterm or End of term exams)	Short Answer Questions (SAQ); MCQs
Skills	Clinical/Practical	<ul style="list-style-type: none"> <li>Long Cases; Lab Examination</li> <li>Objective Structured Clinical Examination (OSCE)</li> <li>Objective Structured Practical Examination(OSPE)</li> </ul>
	Portfolio Seminars	Logbooks; Portfolios, Procedural Logs
	Practical/ Lab Exams	Case study; Lab assessment Rubrics
Values	Classroom Observation	Tutor's report; Checklists; Rating scales Rubrics

**Step 5: Devise appropriate Course Blueprint & Assessment Plan for each course offered in the Program.**

Based on the assessment tools decided for the course, each course coordinator must prepare a course blueprint by linking each assessment tool with the Course learning outcomes. The course blueprint includes the percentage of marks allocated for each assessment tool and a detailed timeline (plan) for the conduct of assessments across the semester (Table 5 and 6).

Table 5: Course Blueprint Template

**1- General Information about the course**

College		Program	
Course Name		Course Code	
Academic year		Semester	
Course type		Credit hours	
Level/year in which the course is offered		Course name	instructor's

## 2- Course Learning Outcomes (CLOs), Teaching Strategies and Assessment Methods

Code	Course Learning Outcomes	Code of CLOs aligned with program	Target	Teaching Strategies	Assessment Methods
<b>1.0 Knowledge and understanding</b>					
<b>2.0 Skills</b>					
<b>3.0 Values, autonomy, and responsibility</b>					

## 3- Course Content

No	List of Topics	Contact Hours	Distribution of contact hours to each course learning outcome				
			K..	K..	S..	S..	V..



### 1- Students Assessment Activities

No	Assessment Activities *	Assessment timing (in week no)	Percentage of Total Assessment Score	Course Learning Outcomes					No of question	Type of questions
				K..	K..	S..	S..	V..		
<b>CLO weight</b>				%*	%*	%*	%*	%*		

Council	
Reference	
Date	

Table 6: Course Assessment Plan showing the distribution of marks among assessment tools across the semester

Course Name:		Course Code:						Date of Preparation							Marks or %									
								Course Coordinator																
								Head of Dept. (HOD)																
Weeks		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16							
Exam title				1 <sup>st</sup> Quiz					Mid-Term									2 <sup>nd</sup> Quiz				1 <sup>st</sup> Term		
Tools*	MCQ																							
	Essay																							
	Practical																							
	Assignment																							
	Observation																							
	Portfolio																							
Marks (%)																								

**Step-6: Prepare Course Learning Outcomes assessment matrix for each course offered in the BSN program (for each course)**

Each course coordinator must prepare a Course learning outcomes assessment matrix for their respective course. This table should be included in the Course assessment plan and be informed to students before the beginning of the academic year.

**Step-7: Measure students' achievement of course learning outcomes in each respective course offered in the academic program and incorporate it in the respective course report**

**Step-8: Aggregate students' achievement with regard to those CLOs contributing to each Program Learning Outcomes (PLO) (i.e. using program planning matrix)**

Students' performance is categorized with four expectation levels ranging from grade 'A' to 'D' in a continuum. Grades (A, B, C, D) are determined according to each learning domain based on the methods of assessments. Any performance below 60% is considered as unsuccessful and considered to be not attained by the students. It is a usual practice that 60% is considered as a minimum threshold for successfully accomplishing learning outcomes, both at the Program and at the Course Level.

**Step 9: Students' achievements are calculated for each learning domain, and their performances are classified into four categories.**

**Step 10: Develop Key Performance Indicators (KPIs) based on the percentage of students who achieved the minimum threshold (80%) in Courses targeting each respective Program Learning Outcomes**

Develop Key Performance Indicators (KPIs) for each PLO using 3 parts for successful measurement of learning outcomes, and these include: (i) a measurable verb; (ii) the essential condition (if any) under which the performance is to occur and (iii) the criterion of acceptable performance. When Magar's three parts of a LO are used correctly, a LO may also be a KPI, and it is recommended to monitor students learning outcomes achievement using Key Performance Indicators (KPIs). Accordingly, the minimum 'threshold' and the 'target' for the successful accomplishment of each PLO are defined. Presently, all the undergraduate programs at RCHS consider 80% and above as the minimum threshold, indicating a successful accomplishment of each PLO. Thus, each KPI is defined as "the percentage of students who achieved the minimum threshold (i.e., 80%) in the respective learning outcomes of courses targeting each one of the Program learning outcomes- "The higher the score, the better the performance". Even though the minimum threshold is 80% each year, based on the achievement of PLOs by the students, the Program administration should modify the target and link it with the development of KPIs to monitor performance continuously.

### Step 11: Fix the target and internal benchmark for each PLO

**Target Benchmark:** The first step in fixing the target is based on the two key issues, viz. (i) retrospective analysis of Program performance in the previous academic year[s] and (ii) internal benchmark (Internal Threshold). The target KPI to be achieved is set based on the goals and objectives of the program, and it is decided by the department council, considering its previous year's performance and the internal benchmark. If the previous year's performance falls less than the internal benchmark, the target benchmark is set equal to the Internal Benchmark value.

**Internal Benchmark:** It is fixed based on the previous year's performance if the data is available for one year, or an average value can be taken if data of the past successive years (maximum three years) are available.

### Step 12: Obtain External benchmark with similar BSN programs offered in other Comparable College or Universities.

In order to initiate this process, the colleges should contact another comparable college where this specific academic program is offered for the exchange of data and is included in the analysis. Also, the College can initiate and suggest the process of making administrative arrangements to sign a memorandum with a comparable institution to secure an external benchmark. In order to select an external benchmarking partner, the following criteria are used:

- Comparability of infrastructural facilities required from the program.
- Similarity of Programs as defined by the Ministry of Higher Education (i.e., duration of the study and course-specific comparisons, including credit hours);
- Availability of data

### Step 13: Compare actual performance with target, internal and external benchmark.

The actual performance of the program concerning students' achievement of Program learning outcomes is compared against: (i) its previous year's performance; (ii) its internal benchmark; and (iii) its external benchmarking partner.

While fixing a target for the current academic year, it is essential to note that it should not be less than the internal benchmark and the previous year's performance. If the actual performance is better than the previous year's performance, it is advisable to increase the target based on the opinion of the teaching staff and other essential stakeholders. On the other hand, if the actual performance falls short of the target fixed for the academic year, the current year's target will be retained as the new target benchmark for the next academic year after considering the external benchmarking partner's performance.

Based on the above 12 steps process, the achievement of PLOs by the BSN students will be displayed using the table given below as part of the Annual program report.

Table 7: Program Learning Outcomes Assessment Results

#	Program Learning Outcome	Assessment Methods (Direct and Indirect)	Performance Target	Results*
Knowledge and understanding				
K1				
K2				
K..				
Skills				
S1				
S2				
S..				
Values				
V1				
V2				
V..				
Comments on the Program Learning Outcome Assessment results:				

This KPI table is used to document directly assessed program learning outcomes and is appended to the Annual Program Report.

Table 8: KPI table showing the results of students' attainment of PLOs of the program

KPI Code # ___ Program KPI: ___	
Assessment Year: ___ Program Learning Outcome: _____	
NQF Learning Domain	
KPI Target Benchmark	
KPI Actual Benchmark	
Internal Benchmark	

External Benchmark	
Analysis: (List strengths and recommendations)	
New Target Benchmark	

#### Step 14: Develop an action plan for improvement

After a thorough analysis of the program's performance concerning the achievement of learning outcomes by the students, the stakeholders responsible for quality and improvement (mostly the Academic Quality coordinator) develop a list of priorities for improvement. A set of recommendations are developed from the list of priorities after making a SWOT analysis for each identified priority. The following template is used for developing an action plan for enforcing improvements.

Table 9: Action Plan Template

#	Recommendation derived from each CLO/PLO	Action Plan proposed	The person responsible for the action plan	Timeline (Duration) proposed for completion	Action Plan		Current Status
					Start date	End date	

#### Step 15: Implement Action plan

Implementing the action plan requires a coordinated effort of faculty members, course coordinators, the Vice Deanship of Academic Affairs, the Curriculum committee members, the Department chairpersons, and the Dean of the College. In some occasions, it may extend up to Board of trustees in which any major change needs to be carried out in the curriculum based on the achievement of students learning outcomes and to fulfill the external environmental requirements (i.e., employer's requirements, NQF, and skills set required by the licensing & accreditation body). While implementing the action plan, appropriate timelines are prepared for each one of the tasks using a Gantt chart, and designated personnel are allocated to monitor it effectively. Further, the Program administration is responsible for providing the required resources in the form funding, manpower,

and materials for the accomplishment of the action plan.

**Step 16: Continue the cycle every year and ascertain progress of the program towards its goals and objectives.**

The process of assessment of Program Learning Outcomes achieved by the students is carried out every year, and it is repeated every year. By doing so, the program can ascertain its progress toward its goals and objectives. Each program is instructed to prepare an action plan progress report to study the improvements obtained through the previous year's action plan using the table format given below:

Table 10: Action Plan Follow-up

Studying the Progress on Implementation of Previous Year's Action Plans				
Actions Planned	Planned Completion Date	Person Responsible	Completed	If Not Complete, Give Reasons
1-				
2-				
3-				
4-				

In addition to the above surveys, the performance of graduates in Professional exams such as the Saudi Nursing Licensing Exam (SNLE).

**Indirect ways of assessing Students achievement of PLO's**

As stipulated by NCAAA, there are several indirect ways to assess students' achievement of Learning outcomes, and it is usually carried out using stakeholder evaluation surveys. The BSN programs uses the following surveys to assess student's achievement of Learning outcomes:

- Course evaluation survey (CES)
- Program evaluation survey (PES),
- Student Satisfaction Survey (SSS),
- Alumni, Interns satisfaction survey (for clinical rotations),
- Employers Survey to assess graduate characteristics

Table 11: List of Surveys used to capture student's achievement of PLOs in the BSN Program

	Survey	Population	Frequency
1.	Course evaluation survey (CES)	Students registered in each Course	Once for each course (each semester)
2.	Program Evaluation Survey	Final year students	Once a year
3.	Students' Satisfaction Survey	Students' half-way through the program	Once a year
4.	Alumni Survey	Graduates	Once a year
5.	Interns Survey	Those students who are pursuing the Internship Program	At the end of Internship year
6.	Employers' Survey	Employers of the Graduates	Once a year
7.	Level of satisfaction of Faculty members regarding institutional climate	Faculty	Once a year
8.	Level of satisfaction of Employee regarding institutional climate	Employee	Once a year

Scoring system of the survey is based on a Likert scale, which is interpreted as shown in the table below.

	Score	Level of satisfaction	Level of evaluation
Scoring system of the survey	1-1.80	Strongly disagree	Very low
	1.81 -2.60	Disagree	Low
	2.61-3.40	Neutral	Average
	3.41- 4.20	Agree	High
	4.21- 5	Strongly agree	Very high

Table 12: Grading of Students responses during Surveys

## **Closing the Loop, Results dissemination & Follow-up**

The purpose of assessment is to help determine whether the program is being effective in accomplishing what it aims to achieve and to allow documenting and demonstrating continuous improvement based upon the utilization of the assessment results. Therefore, "closing the loop" implies that the planning and evaluation process of the program have completed a full cycle from establishing a mission to using assessment results in the next planning and assessment cycle.

Assessment results should be disseminated widely, evaluated thoroughly, and used to improve the quality of the program, its courses, and other academic & administrative services. The results should be communicated to the relevant stakeholders and to the program administration as well as the college's top management because implementing the next steps often involves all parties' collaborative efforts. For planning purposes, it is vital to share the successes and the shortcoming to generate effective action plans to propose remedial measures for improvements. The action plan should include specific suggestions for increasing the likelihood of success during the next assessment cycle. Moreover, an action plan might involve inter-department cooperation and collaboration, should include an estimated cost, if applicable, and should be listed by order of priority.

It is noteworthy to mention that closing the assessment loop may require the use of additional resources beyond current budgets. The assessment loop is only closed if actions are taken to make modifications where necessary.

The College Dean should submit the assessment report to the Chairman of the Board of Trustees. The Board of Trustees will review & discuss the annual program reports & the proposed action plans and approve the same for implementation. Approved action plans should include a detailed timeline and the responsible charter for implementation. Further, the approved action plans should be forwarded to the directorate of Budgeting & Planning, which utilizes this as input for the next year's budget planning cycle.

## **Quality Assurance Focusing On Teaching Staff**

Annual faculty appraisal:

The College requires that all faculty be evaluated on their performance on an annual basis. The appraisal is conducted according to the RCHS policy of appraisal.

The Program maintains performance appraisal data to provide its teaching staff with constructive feedback on goal setting, progress assessment, career progress, and evaluation of performance. The criteria for teaching staff performance evaluation include:

- Teaching performance and academic advising activities.
- Research and publications
- Community service
- Administrative, social, cultural activities.
- Ethical and personal qualities.

Before the evaluation, the department chairman informs the teaching staff for the commencement of the appraisal and to review the job description for any change and the teaching staff fills out the self- evaluation form. The department chairperson conducts a one-to-one meeting with the teaching staff and follows the procedure in the policy. The teaching staff should acknowledge and sign the form that is forwarded to Vice dean for Academic Affairs and then to the Dean's office where it is forwarded to for final approval. For unachieved performance targets, the department chairperson follows the policy for underachieving teaching staff.

#### **Course evaluation survey:**

Another assisting tool in quality of teaching is the course evaluation surveys. The department chairperson reviews the course report of the concerned faculty and the results of the Course Evaluation Survey (CES).

#### **Peer review of faculty:**

Peer review provides another perspective on teaching effectiveness beyond CES. Unlike students, peer reviewers are often experts in the faculty member's discipline and/or pedagogy. It helps faculty better recognize areas of teaching strengths and weakness and determine how to improve.

Peer review may be performed formatively to provide a faculty member with feedback to help them improve, or summative, as part of a formal evaluation like annual, promotion, or tenure review.

The purpose, process, tools, and expectations for peer reviews should always be communicated clearly to faculty early enough to allow them to prepare. Peer review consist of any combination of the following assessments performed by a faculty member's colleague(s):

- Review of curriculum
- Review of teaching materials (e.g. syllabi, lesson plans, assignments, course shells)
- Review of student artifacts (e.g. examples of student work)
- Review of a teaching portfolio
- Classroom or lab observations
- Clinical training observation

The department chair discusses the evaluation with faculty members who should acknowledge and agree/disagree with the final evaluation.

## Quality Assurance of Facilities & Learning Resources

The college has clear procedures to ensure that the quality of facilities needed for student learning is adequate and appropriate for each program (i.e. Adequate checks on the computer facilities; Adequate checks on the library; Adequate checks on the laboratories). An exclusive policy entitled, 'information technology (IT) Policy' is in place which informs the faculty, support staff, students, management and their individuals authorized to use college facilities, and the regulations relating to the use of IT systems. In addition, the Information Security Policy is operational at the college level, to protect and preserve computer- based information generated by, owned by, or otherwise in the possession of college, including all academic, administrative, and research data.

The following KPI is used to assess the users' satisfaction with the facilities and learning resources.

- Satisfaction of beneficiaries with technical services (KPI-I-12)

An exclusive Policy and Procedures manual exists in Library manual govern all the functions related to management of Learning Resources at RCHS. The following KPIs are used to measure the effectiveness of learning resources and are reported to college higher administration on an annual basis.

- Number of books and periodicals in the Library per student.
- Annual expenditure on books and periodicals per student.
- Ratio of books to titles
- Number of books, journals and total publications per full time student.
- Number of on-line databases available for students and faculty through the library.
- Number of accessible computer terminals per student

The following KPI is used to assess the users' satisfaction with the facilities and learning resources.

- Satisfaction of beneficiaries with learning resources (KPI-I-5)

## Quality Assurance of Students Support Services

The college has clear procedures to assure the quality of the student support and student counseling. The Counseling and Advising units are directly working under the supervision of Vice dean for Academic Affairs, and it has Academic Guidance Units operating at program levels that cater to student's needs.

An approved code of Ethics has been established at the college level, which identifies the students' rights and responsibilities as well as actions to be taken for breaches of student discipline.

### Academic Advising Unit:

The BSN Program, under the supervision of the Vice Dean for Academic Affairs, offers support services to address the many challenges faced by the students. One of the main programs of the student support system is the academic advising program. Students receive all support to overcome difficulties and develop their capabilities and skills. The system is designed to work with students to achieve their maximum potential during their studies by providing a holistic approach to student support to aid in retention and graduation.

To implement and activate the academic advising program, a guide was prepared and distributed to all BSN students with the list of academic advisors. The guide includes components of advising, student advising plans, roles and responsibilities of advisor, roles and responsibilities of advisee, students benefiting from academic advising support, identifying process, and academic advising tools. After introducing the Academic Advising program, a message is sent in the first week of the first semester, to all students enrolled in the program through learning management system LMS to encourage students to ask for help and to introduce the counseling center services at the college. Students are invited to communicate with the academic advisor if they need assistance. Students can also access their academic advisors through the electronic system.

### **Quality Assurance Focusing on Administrative Activities**

The BSN Program adheres to the guidelines developed by the College to monitor the quality improvements in the administrative processes.

#### **Guidelines for Monitoring Quality Improvements in the Administrative Units**

The assessment process for administrative units is completed annually and is implemented mainly to support the College's mission and to abide by the institutional commitment to institutional effectiveness and ultimately to promote an environment that fosters student learning. The process is managed by the Q&DD, in cooperation with other departments. Every year, individual departments and units in cooperation with Q&DD collect and analyze data related to their activities, and utilize this information to make changes/updates as appropriate. To guide this process, units develop annual assessment plans and reports. These documents are submitted to the Q&DD for review and feedback.

#### **Administrative Support Services Delivered at RCHS**

- Information and Communication Technology (ICT) Services
- Directorate of Library Affairs
- Human Recourses
- Department of Budgeting
- Department of Students Admission
- Department of Academic Affairs
- Department of Students Affairs

These areas ensure that the facilities, finances, and personnel support the learning environment dedicated to serving the student body and focus on the improvement of the basic operations necessary to the College's infrastructure.

Some of the KPIs used to monitor administrative support services at RCHS are:

- Ratio of Students to Administrative Staff
- Ratio of Students to Student Support Staff.
- The amount of faculty time scheduled for individual student consultations.
- Student assessments of availability of faculty for consultation and academic advice.
- Number of books and periodicals in the Hospital Library per student.
- Annual expenditure on books and periodicals per student
- Ratio of books to titles.
- Number of books, journals and total publications per full time student.
- Number of on-line databases available for students and faculty through the library.
- Average response times in obtaining materials through inter-library loans.
- Annual IT expenditure per student
- Number of accessible computer terminals per student
- Usage rates for teaching spaces.
- Total operating expenditure per student (apart from accommodation and allowance)
- Proportion of funding derived from varied sources (Government, student fees, research income and other)
- Proportion of teaching staff participating in professional development activities in the past year.
- Number/proportion of faculty holding official positions international academic, research or professional organizations.
- Breadth and diversity of background of academic staff as measured by country where highest qualification obtained and ethnic background.
- Proportion of faculty leaving the College in past year
- Number of formal faculty and staff complaints or disputes as a proportion of total number.
- Proportions of faculty rating the institution positively on confidential opinion surveys.
- New faculty assessments of the value of orientation programs.
- Faculty assessments of the value of performance evaluation processes.

### **Administrative Outcomes Assessment Process**

The administrative outcomes assessment process is a cyclic sub-process in the College Institutional Effectiveness Process. It works as follows:

- Defining the unit goals in line with college mission and goals.
- Driving the unit outcomes.
- Identifying and designing the appropriate assessment tools that measure unit outcomes.
- Establishing an achievement target for each assessment measure.
- Collecting and analyzing the assessment data to determine major findings.
- Developing and implementing an action plan based on assessment results to improve attainment of expected outcomes.

## Quality Assurance of Research and Community Service

### Community Service

Community service is recognized as an essential college, and program responsibility at all levels. RCHS categorically emphasizes its role in community service as one of its three primary focus areas which is aligned with the BSN Program mission and goals.

The community partnership unit (CPU) was established to introduce the community to the role of the Al-Riyada College and its academic and research mission in community partnership and to contribute to creating a distinctive relationship between the college and the various public and private sectors and create a good image of its scientific and social activity. The CPU also works to support the promotion of community responsibility and partnership by increasing the number of community partnerships and scientific research studies. The unit works and reports on its activities and achievements, as well as areas for improvements, challenges, and future plans to the Vice Dean of administrative affairs. The unit responsibilities include the following:

- Emphasizing the importance of the role of faculty members, administrators, and students in community service.
- Promote community activities for faculty and students, and documenting them in the social responsibility bank.
- Encourage community involvement in the evaluation and development of the community service provided by the college/programs.
- Providing channels for effective communication between the college staff and the various community parties and promoting the development of effective partnerships.

The unit's performance is guided by the program's operational plan and evaluated by the unit's performance indicators as well as the relevant program KPIs

### Research and scientific activities

The Vice Dean for academic affairs and Research and scientific studies unit prepare Research Plans in line with the College's strategic plan, and develop appropriate projects to implement its initiatives, which include the following:

- Increase the proportion of research funded from external sources
- Increase the proportion of research conducted with the private sector
- Encouraging faculty members to increase research production capacity and publish academic research in refereed scientific journals and participation in scientific conferences and forums.
- Activating research partnerships between disciplines and enhancing research cooperation between the educational institutions local and regional.
- Encourage members to establish specialized scientific forums and hold specialized scientific research seminars.

### **Internal revision: -**

It means of evaluating the quality of performance of academic programs at the college according to standards of NCAAA, with the aim of ensuring quality and continuous improvement. The performance of these revision processes is carried out through specialized teams.

#### **The internal review and evaluation process aims to:**

- Spreading a culture of quality in colleges.
- Improving practices in the educational and administrative process to achieve the colleges' vision and mission.
- Ensure the program management's commitment to applying program standards in all program operations.
- Apply a systematic approach to using feedback in improvement processes and following up on their implementation.
- Ensure the readiness of programs and their eligibility to apply for program accreditation.

#### **Components of the internal revision system:**

The internal audit system consists of basic components represented by inputs, processes, and outputs, each of which has its own sub-components, as shown in the following figure:

1. (IQR) is a developmental process which provides an opportunity for Departments to identify ways of enhancing the management of its programs, and the existing quality management structures and systems to provide a high-quality learning experience for students.
2. The objectives of (IQR) are to:
  - Enable the Departments to review the quality assurance mechanisms for the management of its programs.
  - Ensure that the RCHS policies and procedures are consistently applied across programs.
  - Ensure that the RCHS policies and procedures are fit-for-purpose and operate as intended to safeguard academic standards.
  - Ensure that the academic programs are reviewed considering stakeholder feedback.
  - Improve the readiness of programs for national and international reviews and accreditations.

#### **Selection of internal reviewers at the colleges:**

- External reviewers or quality practitioner accredited by the NCAAA.
- Supervisors of quality unit in colleges.
- Who has quality experience within the college or administrative entity.

Formation of the internal performance audit visit team:

The internal audit team for the program or one of the administrative entities consists of:

- Team leader.
- 2 internal reviewers.

The team is selected and the team leader is determined through the Dean of college based on the requirements of the visit and the scope of the program, and the formation is approved through the leader of Quality and Development department.

The Internal Audit and Committee	Main tasks	Sub-tasks
<b>Team Leader</b>	<ul style="list-style-type: none"> <li>- Managing the evaluation team and distributing tasks.</li> <li>- Communicate and coordinate with the audit consultant Interior of the department of Development and Quality.</li> <li>- Evaluation of the standard .....</li> <li>- Preparing the internal audit report in consultation With the review team.</li> </ul>	-
<b>Internal review (1)</b>	- Evaluation of standards .....&..... Review of	Evaluation of auditor standards (2) Standards.....&.....
<b>Internal review (2)</b>	- Evaluation of standards .....&..... Review of	Evaluation of auditor standards (1) Standards.....&.....

**There are many methods of verification in internal audit and can be classified as follows:**

Methods	Description
<b>Documents inspection</b>	Documents for the program or administrative entity for which an audit is being conducted are examined internally, through documents that are submitted electronically to the department of Development And quality
<b>Interviews</b>	Conducting interviews with groups concerned with the program or administrative entity (leaders). – Faculty – Students – Staff)

### Internal revision procedures

No	Procedure	Description	Responsibility for implementation
1	<b>Approving the formation of the internal program review team.</b>	The team is formed by experienced members of the quality committees and departments of the programs and colleges and is then approved by the Deputy General Supervisor for Quality and Development. The team is then divided into standards sub-teams, with at least two members for each sub-team/standard.	The Dean of the college
2	<b>Developing internal audit models.</b>	The forms include an evaluation of each of the program standards, in addition to the evaluation of each standard and the overall evaluation of the program according to the evaluation mechanism contained in the program self-evaluation standards form.	Quality and Development department.
3	<b>Preparing the internal audit team.</b>	Preparing a workshop for the internal audit team to present the work mechanism and evaluation.	Quality and Development department.
4	<b>Carrying out internal program audits.</b>	The review process is carried out according to the previously announced schedule and includes: 1. Examination of evidence and evidence. 2. Meetings with beneficiaries.	Internal review team
5	<b>Preparing internal audit reports.</b>	Reports are prepared in two stages: 1. The first stage includes preparing the sub-teams for program evaluations according to the standard for each sub-team.	Sub-team coordinators Team leader

No	Procedure	Description	Responsibility for implementation
		2. The second stage includes preparing a special report for each program on all standards, including the strengths and priorities for improvement for each standard.	
6	<b>Review internal audit reports.</b>	It is ensured that the notes listed in front of each criterion are consistent with the evaluation of that criterion. As well as formulating improvement priorities and recommendations in a way that supports improvement processes.	Quality and Development department.
7	<b>Approval of internal audit reports.</b>	-	The Dean of college
8	<b>Preparing the consolidated report.</b>	The unified report includes a summary of the program results and the most prominent recommendations.	Quality and Development department.
9	<b>Review the consolidated report.</b>	Reviewing the summary of results and most prominent recommendations.	The Dean of college
10	<b>Adopting the unified report.</b>	-	The Dean of college
11	<b>Program response to internal audit report recommendations.</b>	The response includes developing appropriate improvement plans to address the colleges' recommendations.	programs directors

## Standards of ethics for reviewers

- The reviewers must be keen to gain the trust of the college and its members.
- The reviewers must be characterized by complete objectivity and impartiality at all stages of the evaluation process.
- The reviewers must realize that he is a member of an integrated work team and must therefore work in a spirit of integrity team.
- The reviewers should not present the experiences of others or his own as an example of good practices.
- The reviewer is prohibited from using any information or publications related to the college subject to evaluation for any other purposes other than what is specified for it, or to allow any other institutions to access it
- The reviewer is prohibited from disclosing the evaluation report, in whole or in part, or the weights and grades it contains obtained by the program, or the positive and negative aspects contained in the final evaluation report.

### Recommendations for writing the audit report

Reviewers should only comment on the program's performance for each criterion within the criteria.

The following specifications are taken into account while writing the audit report:

1. **Content:** The report shows the strengths and aspects that need development in each element of the standards.
2. **Accuracy:** It is important to use precise and coherent terminology in writing the report, and that the terminology is accurate information used is compatible with relevant legislation and directives, and definitions must be noted terms such as faculties,

departments, committees and course names are used in the same way as they are referred to in the program.

3. **Neutrality:** The evaluation results and results must be reflected without any exaggeration, distortion or criticism, and the opinions must be expressed consensus among members of the review team, free from individual bias.
4. **Evidence-based:** Evaluations should be supported by evidence (e.g. documents, interviews, visits) without the use of any Personal assumptions or viewpoints.
5. **Method:** Constructive criticism must be provided that will contribute to the development of the program.
6. **Language and punctuation:** Grammatical rules must be taken into account and ambiguous expressions should be avoided while writing the report. Punctuation rules, and language should be clear and concise.
7. Include academic program review procedures in each section of the report.
8. **Format:** Format must be compatible writing is formatted in Majalla Sakkal font, with a size of 14 points and a spacing of 1.5 lines, with margins of no less than 2.5 cm. Each criterion must not exceed 350 words.

## External Quality Assurance System (Eqa)

The BSN Program follows the procedures implemented by RCHS for external quality assurance and periodic review or/and evaluation of its core activities: Teaching and Learning activities offered in the program, research and community services. The external quality assurance system includes benchmarking, external audit or external quality assessment.

External reviews of the program are carried out periodically as stipulated by the curriculum committee to ensure quality of the programs offered in the college. Also, there are external advisory boards at the college level to provide support, guidance and, advice to the college in its pursuit of excellence, innovation and to enhance its international reputation.

### External Benchmarking

External benchmarking plays a major role in adapting and applying the best practices identified externally with a comparable institution at national and international levels. The college has identified comparable college within the Kingdom of Saudi Arabia with whom formal agreements have been occur and data on KPIs are exchanged annually. These college is:

- Vision College, Jeddah, KSA

The principles that guide the establishment of benchmarking agreements are as follows:

- **Principle of Selection:** One or more college must have selected to benchmark the college and program's quality, and a list of indicators that are considered in using these benchmarks must be available. If these indicators include unpublished data, agreements must have completed for therelevant data to be provided.
- **Principle of Equivalence:** Recognition of equivalence in standards with international benchmarks is essential, and degree requirements can be taken as a helpful guide in establishing equivalence.
- **Principle of Contact:** Respect the organizational culture of partner organizations and

work within mutually agreed procedures. Before contacting partners, determine what to benchmark, identify Key Performance Indicators to compare, and complete a rigorous self-assessment. Obtain the partner college's permission before providing its name in response to a contact request.

- **Principle of Agreement:** RCHS has to identify other College to provide comparative benchmarks for quality evaluation and, where necessary, have established agreements for the exchange of information on indicators to be used for this purpose. Special agreements are not required to use published data on performance benchmarks but are necessary if unpublished data is to be used.
- **Principle of Confidentiality:** All benchmarking exchanges should be treated as confidential. Publication and external communication of findings should not proceed without the permission of the universities (i.e., benchmarking partners).
- **Principle of Exchange:** The type and level of information exchanged should be comparable between the benchmarking partners. An institution may benchmark its performance on different functions against different institutions if it wishes to do so.
- **Principle of Use:** Benchmarking information should not be used for other than the stated purpose for which it is obtained without the prior consent of the participating partners.

RCHS enforces a set of guiding factors to be considered while selecting a benchmarking partner. The Benchmarking partners should:

- Be selected based on a shared understanding of the benchmarking goals, fields, and comparisons, which may or may not rely on existing inter- institutional contact.
- Have a clear and communicated understanding of the expected degree of involvement (time, human and financial resources).
- Ensure a high level of trust within benchmarking networks, as sensitive data will be exchanged.
- Obtain a commitment from senior management of all partner higher education institutions.

The following priority areas have been identified for external benchmarking:

- Institutional strategic development
- Student learning experience
- Infrastructure
- Faculty development practices
- Research contributions
- Graduates' attributes
- Community relationships

The indicators to be benchmarked should:

- Not only include inputs but also outputs and/or processes
- Be quantitative as well as qualitative, as most issues are best compared by using a mix of quantitative and qualitative methods

- Be selected according to the relevance for the purpose, not solely on existing data
- Measure outcomes in relation to inputs

Procedures/operations to be adopted should:

- Be documented using a transparent methodology which is communicated both inside the institution and among benchmarking partners
- Be supported with adequate human, financial and other resources to carry out the benchmarking exercise
- Where appropriate, be implemented by carefully selected and trained experts in assessment/evaluation work
- Be established to process data in a well-structured way
- Ensure a periodical monitoring/review of the effectiveness of the benchmarking process and its value in implementing changes at the appropriate level within the participating institutions.

The Vice Dean for administrative affairs coordinates the preparation and management of external benchmarking activities with support from the Q&DD. Data for Key performance indicators is collected from a variety of sources and shared with benchmarking partners who reciprocate by sending their KPI values which are reported in annual KPI reports.

### **External Advisory Committee (EAC)**

External Advisory Committee of the BSN program is done on a regular basis by experts to ensure high quality processes in nursing education, research, and community services. The External Advisory Committee (EAC) was established comprising experts in the field of nursing, graduates and students. The EAC has a clear responsibility for college and program development, review and improvement. The advisory committee reviews the curriculum, suggests changes in programs and procedures, and provides feedback on the performance of program graduates. The advisory committee acts as an integral contributor to the college's program review and planning process.

### **External Advisory Committee Tasks**

- Review the Program's Mission, Vision, and Goals.
- Review the program's Operational Plan and its achievement report and relevant performance indicators.
- Evaluate the alignment of the program's Operational plan with the current and future requirements of the labor market.
- Appraise the current BSN curriculum, Program Specification and the Program learning outcomes, and the graduate attributes in relation to the National Qualification Framework and the current requirements of the labor market.
- Assess the current teaching and assessment methods adopted in the BSN program and discuss their suitability considering the current scientific and technological developments in medical education.
- Evaluate the results of the assessment of the Program Learning Outcome achievement and

discuss the actions that should be taken based on these assessments.

- Review the Program's Research Plan and its suitability for the needs of the local, regional, and international community and discuss potential research partnerships.
- Review the program's current community service partnerships and initiatives and discuss potential agreements with community institutions.
- Assess the program's Field Experience activities including student clinical training and the Internship program including its learning outcomes and its mechanisms of evaluation considering the needs of the labor market and discuss potential training agreements.
- Review the College and Program's benchmarking report and propose potential external benchmarking agreements.
- Propose potential agreements and partnerships with the industrial and professional sectors.
- Discuss potential marketing plans for the program's services as sources of financial income for the program such as specialty research and training services provided by faculty, staff, and students.

### **External Quality Assessment**

External quality review and assessment of the program is done on a regular basis by international experts and accreditation agencies to ensure high quality processes in nursing education, research and community services. The following are examples of the external quality assessments in the college:

- The external reviews also include quality evaluation surveys from employers, Alumni, and Internship.
- External (supervisor at the training site/hospital) and internal evaluation of interns' performance during internship year.

## Monitoring System & Evaluation Processes

Clear procedures are in place to assess students' achievement of the program learning outcomes. As stipulated by the National Qualification Framework, learning outcomes of all three learning domains are to be assessed at the program and course level. All students are assessed using predefined criteria, regulations, and procedures.

Students' progress is systematically recorded and monitored. Timely feedback is provided to those students. Further, corrective actions are taken where and whenever necessary. The monitoring system includes a feedback survey from four categories of stakeholders, and it consists of the following:

- Students
- Academic and Administrative staff
- Employers
- Alumni

The BSN program uses the following survey instruments to capture feedback from stakeholders: Students-centered surveys include (i) Course Evaluation Surveys (CES); (ii) Students Satisfaction Surveys (SSS), and (iii) Program Evaluation Surveys (PES). Similarly, Faculty Satisfaction surveys (FSS). Additionally, there is a separate survey tool for alumni and employers to capture their perceptions. All these surveys are administered through an online application and specific guidelines are in place to guide the implementation of these surveys.

### Quality Surveys:

Surveys are a web-based application developed in-house by the Q&DD to generate feedback from the students and faculty members, responses are collected electronically. Open-ended questions of surveys and their responses are generated digitally, facilitating qualitative analysis. When the surveys are completed, the data can easily be exposed to a spreadsheet or any other statistical application like SPSS, and Q&DD make detailed analysis, interpretations, and reports and communicate them to the concerned Course coordinators, Department Chairpersons, or Vice Deans. Based on the findings, necessary actions are taken to address and rectify the problems. Only course evaluation survey is offered through the Riyada Admission and Registration System (RARS) and available to the students after the beginning of the course by one month, the students can't identify they final grads of the course unless they are completed the survey, the analysis of the survey done electronically through RARS and the report (tables and figures) appear automatically for the faculty also through RARS.

## **Managing Academic Accreditation**

Academic accreditation is a process of validation in which the college and its affiliated programs are evaluated. The accreditation agency, both national and international, aids in the evaluation of the college and program for accreditation or the renewals of previously accredited program based on its performance, related to the educational process and its results overlaying the curriculum, teaching-learning, evaluations, faculty, research, infrastructure, learning resources, governance, financial wellbeing, and student services.

Accreditation is an indicator of quality status of an institution as set by the accreditation agency, which enables employers to filter those individuals who have obtained a degree from an accredited institution from those who have not. Accreditation process also offers students a better chance of having their credits transferred to other reputable institutions should they decide to obtain a graduate level of education.

## **Academic Accreditation (institution – program)**

### **Review Process**

1. The process starts with establishing a Principal Committee, which is followed by the formation of Steering Committees (6 for program and 8 for institution) for the NCAAA Standards to self-evaluate. When the self-evaluation is completed, the steering committees submit the draft self- study report to the Principal Committee.
2. The Principal Committee submits the report to an Independent Evaluator/s (optional) for an independent opinion. Considering the independent opinion, the steering committee prepares the Self-Study Report, the Program's second draft (SSRP).
3. The second draft will then be submitted to the Mock Review, organized by the college/program in concurrence with NCAAA. The committee will address the recommendations from the mock review panel in the SSRP, and the revised SSRP will be submitted to the NCAAA.
4. The final SSRP will be re-submitted to NCAAA at least two months before the external review.
5. The selected review panel list will be sent to the college/program by NCAAA with a conflict- of-interest form.
6. A letter specifying the dates of the final onsite review will be sent by NCAAA, followed by approval of the site visit/virtual schedule by NCAAA.
7. The accreditation consultant of NCAAA will visit the college to conduct a preparatory workshop for the site visit. He/she verifies the eligibility documents and sends an accreditation consultant report on eligibility.
8. Finally, the external reviewers' onsite visit will have stakeholders' meetings, inspect relevant documents, and evidence, and tour the facilities that support the academic activities. The panel observes and verifies the activities and the evidence that cannot be assessed from the SSRP alone, such as the facilities, and the assessment of the educational experience of the students, faculty members, and other stakeholders.

9. After a successful onsite visit and review, the external review panel prepares an initial unedited Review Panel Report (RPR), which they present to the stakeholders of the college/program, and later the chair of the panel will send an edited RPR to the NCAAA.
10. Subsequently, the NCAAA will send the RPR to the Dean without an accreditation decision to review for Factual Errors. The factual error report will be sent back to NCAAA, which the review panel and NCAAA will address.
11. The Dean will receive the final report of the external review for the response of the Program to the recommendations of the review panel.
12. An action plan will be submitted to NCAAA in response to the recommendations.
13. NCAAA will finally decide on accreditation based on the review panel report and action plans submitted by the college/program to the recommendations.
14. NCAAA may award full accreditation recognition, conditional accreditation, or deny accreditation. Full accreditation is for seven years, and conditional accreditation is for a limited period.

### **Post Accreditation Follow-Up & Managing Re-Accreditation Process**

Based on the self-study report (SSR) and the external review panel (RPR) report, NCAAA will make its decision. NCAAA decision may fall under any one of the following alternatives:

- a. That full accreditation should be granted for seven years.
- b. That conditional accreditation should be granted for a specified period, up to a maximum of three years, to allow the program to remedy specific conditions that have been identified.
- c. That accreditation will not be granted or withdrawn in cases of re-accreditation.

If conditional accreditation is granted, a further review will be conducted to determine whether the conditions have been resolved. If resolved, full accreditation will be given. The conditional accreditation will be withdrawn if they still need to be resolved. If accreditation is withdrawn or accreditation is not granted, the Minister of Education will be informed, and action may be taken by the Ministry under Ministry regulations, including possible discontinuation of the program.

After institution / program have earned full accreditation, they are expected to complete a new self-study within seven years and participate in an external peer review conducted by the NCAAA for re-accreditation. The NCAAA may require earlier review of institution / programs if it believes they are

needed. The NCAAA expects each institution / program to monitor its performance quality at least annually. The approach will vary according to different circumstances; however, it should consider predetermined performance indicators and pay close attention to any matters identified for special attention in quality improvement strategies.

The NCAAA also requires each program to complete an Annual Program Report. In addition, to this annual monitoring, which may be focused primarily on selected issues, there should be a more comprehensive overview of the quality of performance part way through the formal self-study and external review cycle. This should be based on the standards identified by the NCAAA and should identify any matters requiring attention. However, its purpose is for internal monitoring and planning, and reports to the NCAAA are not required.

## Self-evaluation scale and Self-study report

### Self-evaluation scale

#### Elements of Evaluation:

In order to achieve the highest degree of accuracy in the evaluation, the Center has developed specific elements that the evaluation processes depend on for all the criteria listed under each standard. The evaluation of the quality level is based on the extent to which the criterion meets its elements, and effectively closes the quality loop (planning, implementation, review, and improvement). The performance evaluation takes into consideration the nature of the criterion, and the existence of practices that demonstrate any aspect of excellence and creativity in the program performance, that is in line with what many programs of higher education have reached and what they aspire to reach.

The elements of evaluation of the criteria are composed of the following:

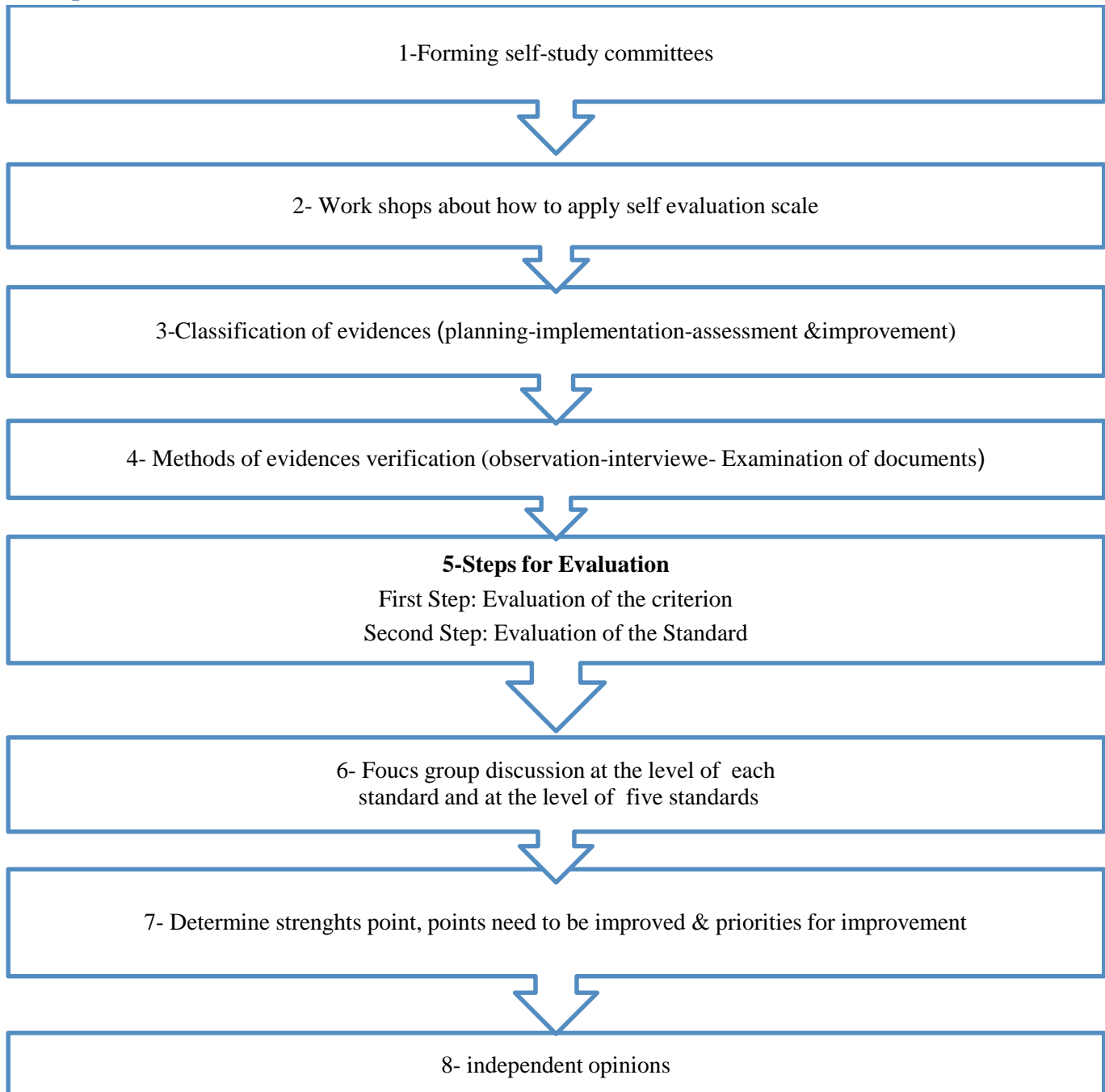
- Extent of availability of elements and components of the criterion
- Quality level of application for each element.
- Regularity of application and assessment, and availability of evidence.
- Continuous improvement and level of results in the light of indicators and benchmarks
- Excellence and creativity in practices of the elements of the criterion.

The evaluations of the program should be based on evidence and indicators of quality, not on unsubstantiated impressions not supported by evidence.

#### Essential Criteria:

Due to the importance of some of the criteria, a set of criteria has been identified, which represent essential criteria. These criteria have been marked with an asterisk (\*) and written in bold face. Such criteria must be evaluated at the level of at least 3 points out of 4, when the program applies for accreditation.

### Steps for Evaluation:



The quality of the performance is evaluated by evaluating the criterion first, and then evaluating the standard as a whole, as follows:

**First Step: Evaluation of the criterion**

Starting with determining the extent of applicability of the criterion to the program using one of the two options:

**Option 1: Not Applicable**

That is, the program is not required to apply the criterion because it is not suitable for its nature and activities. If this is the case, the criterion is not counted within the criteria included in the evaluation of the standard.

**Option 2: Applicable**

That is, the criterion is related to the nature and activities of the program, and it is important to provide it. If this is the case, the criterion is evaluated using a five-point scale (1 to 4). The quality of performance can be judged by:

Evaluation levels  Evaluation items	Not applicable	Unsatisfactory		Patients	
		Low compliance	Non-compliance	Great compliance	Full compliance
		1	2	3	4
Availability of test elements and components.		<ul style="list-style-type: none"> <li>None of the items at stake are available.</li> <li>Or a few of them are available</li> </ul>	<ul style="list-style-type: none"> <li>Most touchstone items available</li> </ul>	<ul style="list-style-type: none"> <li>All test items available</li> </ul>	<ul style="list-style-type: none"> <li>All test items available</li> </ul>
Application quality level for each item.		<ul style="list-style-type: none"> <li>Do not apply the test elements at all or apply at a very low level</li> </ul>	<ul style="list-style-type: none"> <li>Apply the elements of the test at a weak level</li> </ul>	<ul style="list-style-type: none"> <li>Test elements applied at a good level</li> </ul>	<ul style="list-style-type: none"> <li>Test elements are applied at a perfect level</li> </ul>
Regularity of application, evaluation and availability of evidence.		<ul style="list-style-type: none"> <li>Applied rarely</li> </ul>	<ul style="list-style-type: none"> <li>Applied irregularly</li> <li>Or there is no evaluation or there is but it is irregular</li> <li>or insufficient evidence</li> </ul>	<ul style="list-style-type: none"> <li>All elements are applied regularly,</li> <li>There is a regular assessment</li> <li>Sufficient evidence is available</li> </ul>	<ul style="list-style-type: none"> <li>All elements are applied regularly,</li> <li>There is a regular and effective evaluation in a way that achieves excellence.</li> <li>Sufficient, diverse, comprehensive and cumulative evidence is available.</li> </ul>
Continuous improvement and level of results in the light of indicators and benchmarking		<ul style="list-style-type: none"> <li>-----</li> </ul>	<ul style="list-style-type: none"> <li>There are some limited measures to improve</li> </ul>	<ul style="list-style-type: none"> <li>There are regular improvement procedures, good results and national benchmarking with corresponding programmers from national institutions</li> </ul>	<ul style="list-style-type: none"> <li>There are regular improvement procedures and high results compared to previous results and compared to programs from national or international academic counterpart institutions</li> </ul>
Creativity in the practices of the elements of the touchstone		<ul style="list-style-type: none"> <li>-----</li> </ul>	<ul style="list-style-type: none"> <li>-----</li> </ul>	<ul style="list-style-type: none"> <li>-----</li> </ul>	<ul style="list-style-type: none"> <li>There is creativity in the practices of the elements of the touchstone.</li> </ul>

**Self -study report**

The self-study examines the institution/ program in greater depth, re-evaluating its need, assessing how successfully it is meeting its goal and objectives, and planning for any necessary modifications. The course and program portfolios are key resources for this self-study because they should include facts about development, reasons for development, course and program evaluations, and ideas from individuals who have been responsible for teaching and learning.

## Glossary

- **Quality:** The value, worth, or standard of an institution or program in relation to generally accepted standards for an institution or program of its type.
- **Quality Assurance:** Processes of assessment, evaluation, and follow-up relating to the quality of performance, which serve two distinct purposes:
  - To ensure that desired levels of quality are maintained and improved; and
  - To assure stakeholders that quality is being maintained at levels comparable to good practice in highly regarded institutions elsewhere in the world.
- **Internal Quality Assurance:** Quality assurance processes carried out within and by or for a higher education institution.
- **Higher Education:** Education at universities or similar educational establishments, especially to a degree level.
- **Accreditation:** Formal certification by a recognized authority that an institution/program meets required standards
- **Stakeholders:** Refers to anyone who is invested in the welfare and success of an educational institution and its students, including administrators, teachers, staff members, students, parents, families, community members, local leaders, and state representatives.
- **Assessment:** A process of measuring performance about established standards or criteria
- **Audit:** An independent review to verify that reports represent a true and correct activity record and that recognized standards have been met.
- **Benchmark:** Points of comparison or performance levels used for establishing objectives and evaluating performance.
- **Credits:** Points or hours allocated by an institution to specify the work requirements, volume or amount of learning expected for a unit, subject or program of study.
- **Domains of Learning:** Broad categories of types of learning expected in a program of study.
- **Evaluation:** The process of assessing and assigning value to a facility or activity.
- **Inputs:** The resources available to and used by an institution to provide its programs.
- **Institutional Approval:** The approval of an institution based on the recognition that its resources, processes, and learning outcomes meet the required standards for an institution of its type and the level of its programs.
- **International Accreditation:** Accreditation of an institution or of its programs by an accreditation agency established in another country.
- **Key Performance Indicators:** Selected performance indicators are regarded as particularly important for assessing performance.
- **Learning Outcome:** The learning results from participating in a course or program.
- **Level:** The intellectual standard and complexity of learning expected as students' progress through a program of study
- **License:** Formal approval, generally by a government or a government agency, to

operate or carry out certain activities.

- **Mission:** A brief general statement setting out the principal policy objectives for the development of an institution.
- **Objectives:** Specific statements that apply the mission and goals to particular areas of activity and indicate intended results.
- **Outcomes:** The results of teaching, learning, and research processes of an institution.
- **Outputs:** The products of an institution's activities, generally expressed in quantitative terms.
- **Peer review:** Expert evaluators of similar institutions or professions evaluate or report on a program, institution, or part of an institution. Those expert evaluators are specialists in the field concerned with the organization and management of higher education institutions.
- **Performance Indicators:** Specific (i.e., pre-selected) forms of evidence used by an institution or other agency to provide evidence about performance quality.
- **Processes:** The administrative arrangements, policies, and organizational procedures carried out by an institution in planning, reviewing, and delivering its programs.
- **Program:** A coherent program of study followed by students in an academic field or leading to a professional qualification, the successful completion of which qualifies them for an academic award.
- **Program Accreditation:** Accreditation of a program of study certifying that it meets the standards required for delivering a program in that field at the level concerned.
- **Qualifications Framework:** A document setting out the nature, amount, levels, or standards of learning that are required for academic or technical awards.

## Risk Management in the Quality Assurance Process

Risk management is an essential component of the Quality Assurance (QA) system, ensuring that potential threats to academic, administrative, and operational performance are systematically identified, evaluated, and controlled. Through proactive risk assessment, the institution enhances decision-making, strengthens compliance with NCAAA standards, and supports continuous improvement.

The QA process incorporates risk management by:

- **Identifying risks** that may affect the achievement of institutional objectives, program delivery, stakeholder satisfaction, or accreditation readiness.
- **Assessing and prioritizing risks** based on likelihood and impact to ensure effective resource allocation.
- **Developing mitigation strategies** and action plans to eliminate or reduce risks, particularly those related to academic quality, student learning, safety, facilities, and data integrity.
- **Monitoring and reviewing risks** regularly through dashboards, internal audits, and departmental reports to ensure timely response and corrective action.
- **Integrating risk findings into planning**, allowing leadership to align operational plans, strategic decisions, and policies with risk priorities.

By embedding risk management into the QA cycle, the College ensures resilience, maintains operational continuity, and fosters a culture of accountability and evidence-based improvement.

## - NCAAA Accreditation Documents 2025

Items	
Institutional accreditation documents 2025	
DI-100	Accreditation standards for higher education institutions
DI-101	Key performance indicators for higher education institutions
DI-102	Documents required for the review visit
TI-100	Application form for institutional accreditation
TI-102	Institution self-study report
TI-107	Institutions' response to accreditation recommendations & information errors
TI-109	Improvement plan for accreditation recommendations – institutional
TI-111	Report on fulfillment of institutional accreditation requirements
TI-113	Reporting fundamental changes to accredited institutions
TI-114	Basic data model and performance indicators for institutions Approved - follow-up
TI-115	Periodic follow-up report for accredited institutions
Program accreditation documents (Bachelor's) 2025	
DP-100	Accreditation standards for higher education institutions
DP-101	Key performance indicators for higher education programs
DP-102	documents required for the review visit - Bachelor's degree
TP-100	Application form for program accreditation
TP-102	Self-study report for the academic program - Bachelor's degree
TP-107	Program response to accreditation recommendations & information errors
TP-109	Improvement plan for accreditation recommendations – programmatic
TP-111	Report on fulfillment of accreditation requirements for academic programs
TP-113	Reporting fundamental changes to approved programs
TP-114	Basic data model and performance indicators for programs Accredited - Bachelor's degree
TP-115	Periodic follow-up report for accredited programs
TP-150-L6	NQF Alignment template -Sixth level
TP-157	consistency with specialized academic standards template
TP-151	Program specification - Bachelor's degree
TP-152	Program Annual Report - Bachelor's Degree
TP-153	Course specification - Bachelor's Degree
TP-154	Course Report - Bachelor's Degree

	Items
TP-155	Field experience specification - Bachelor's degree
TP-156	Field Experience Report - Bachelor's Degree

## Appendix

Form code	Form name
QA-(F-01)	<a href="#">Course blueprint</a>
QA-(F-02)	<a href="#">Course blueprint review form</a>
QA-(F-03)	<a href="#">Course specification review form</a>
QA-(F-04)	<a href="#">Course portfolio review form</a>
QA-(F-05)	<a href="#">Course report review form</a>
QA-(F-06)	<a href="#">Course guide review form</a>
QA-(F-07)	<a href="#">Field Experience Specification review form</a>
QA-(F-08)	<a href="#">Field Experience Report review form</a>
QA-(F-09)	<a href="#">Program specification review form</a>
QA-(F-10)	<a href="#">Program report review form</a>
QA-(F-11)	Program portfolio review form
QA-(F-12)	Program annual operational plan form
QA-(F-13)	Program annual operational plan report form
QA-(F-14)	<a href="#">Program Graduate Attributes Matrix</a>
QA-(F-15)	<a href="#">Faculty portfolio review form</a>
QA-(F-16)	Employee operational plan form
QA-(F-17)	Employee operational plan report form
QA-(F-18)	<a href="#">Internal Review Visit Report – Nursing Skills Laboratory</a>
QA-(F-19)	<a href="#">نموذج مراجعة داخلية للاقسام</a>
QA-(F-20)	<a href="#">Internal Review Visit Report – Classroom</a>
QA-(F-21)	<a href="#">Student Course Equivalency Transaction Audit Form</a>
LT-P-02-(F-05)	Benchmarking Report Template.
LT-P-02(F-03)	<a href="#">Hospital Training Site Appropriateness Checklist</a>
Dashboard	<a href="#">KPIs Report and Action Plan Dashboard</a>
Dashboard	<a href="#">Course Portfolio Dashboard</a>
Dashboard	<a href="#">PLOs Assessment Cards Dashboard</a>