

OC Quality Management System

Programmatic and Institutional Policies, Processes
and Procedures (2024)



The current Handbook has been discussed and approved by the Senior Committee of Planning and Quality (SCPQ) in its Session (5) on 2024/05/15 (Topic 1), and by the OC Board of Trustees in its Session (2) on 2024/10/15 (Topic 2)



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1 Introduction

Onaizah Colleges (OC) is committed to providing high-quality education that prepares students for success in their personal and professional lives, while contributing to the social, cultural, and economic development of the Kingdom of Saudi Arabia. To achieve this, OC has developed a comprehensive Quality Management System (OC-QMS) that encompasses all aspects of its academic programs, support services, and administrative operations.

The OC-QMS Handbook serves as a comprehensive guide to the policies, processes, and procedures that constitute the OC's quality assurance framework. It is designed to provide a clear and consistent approach to quality management that aligns with the standards set by the National Center for Academic Accreditation and Evaluation (NCAAA) and international best practices in higher education.

The handbook is organized around the Plan-Do-Study/Check-Act (PDSA) cycle, a well-established model for continuous improvement that emphasizes systematic planning, implementation, evaluation, and enhancement of quality assurance practices. The PDSA cycle provides a structured framework for integrating the various components of the OC-QMS, ensuring that they work together seamlessly to support the institution's mission and strategic goals.

At the heart of the OC-QMS are a set of guiding principles that reflect the OC's core values and commitment to quality practices. These principles emphasize stakeholder involvement, evidence-based decision-making, alignment with national and international standards, and a focus on student learning outcomes and continuous improvement. They provide the foundation for the development and implementation of the institution's quality assurance policies and processes.

The handbook details the programmatic and institutional policies that govern the OC-QMS, outlining the expectations and requirements for quality assurance at all levels of the institution. These policies cover a wide range of areas, including program development and review, assessment of student learning outcomes, faculty development, research and community engagement, and resource management.

The programmatic processes outlined in the handbook provide a step-by-step guide to the implementation of quality assurance practices within OC academic programs. These processes cover the entire lifecycle of a program, from the development of its mission and goals, to the design of its curriculum and assessment plan, to the evaluation of its effectiveness and impact. The handbook emphasizes the importance of stakeholder engagement, constructive alignment, and continuous improvement in all aspects of program delivery.

The institutional processes described in the handbook focus on the overarching quality assurance mechanisms that support and integrate the programmatic processes. These include the development of institutional learning outcomes, the assessment of institutional effectiveness, the management of resources and support services, and the oversight of the OC-QMS itself. The handbook stresses the importance of data-driven decision-making, external benchmarking, and regular review and updating of policies and processes to ensure their ongoing relevance and effectiveness.

A key feature of the OC-QMS is its emphasis on closing the quality loop through a comprehensive system of evaluation and improvement processes. The handbook outlines the various mechanisms for assessing the effectiveness of academic programs and support services, including learning outcomes assessments, stakeholder surveys, performance indicators, and internal and external reviews. It provides guidance on how to use the results of these evaluations to identify areas for improvement and develop targeted action plans to address them.

The OC-QMS Handbook also includes a detailed framework for the continuous assessment and improvement of the quality management system itself. This framework involves regular review and updating of policies and processes based on the outcomes of evaluations and audits, as well as the incorporation of emerging best practices and technological advancements in quality assurance. It emphasizes the importance of stakeholder engagement, communication, and capacity building in fostering a culture of continuous improvement across the institution.

In addition to the core quality assurance processes, the handbook provides guidance on the development and implementation of key institutional plans and activities, especially the operational plans, and research and community engagement initiatives. It stresses the importance of aligning these plans and activities with the institution's mission and goals, as well as with the needs and expectations of its stakeholders.

The handbook also includes a summary of the regulatory framework for the establishment, restructuring, and approval of academic programs. This framework outlines the policies and procedures for proposing new programs, modifying existing ones, and ensuring their compliance with internal and external quality standards. It includes an authority matrix that clearly delineates the roles and responsibilities of various institutional entities in the program development and approval process.

Throughout the handbook, there is a strong emphasis on the interconnectivity and interrelationships among the various components of the OC-QMS. The programmatic and institutional processes are designed to work together in a synergistic and iterative manner, with the outputs of one process serving as inputs for others. This integrated approach ensures that the institution's quality assurance efforts are coherent, efficient, and effective in supporting the achievement of its mission and goals.

The OC-QMS Handbook is an essential resource for all stakeholders involved in the delivery and management of academic programs and support services at Onaizah Colleges. It provides a comprehensive and systematic approach to quality assurance that is grounded in the institution's core values and aligned with national and international standards of excellence. By following the policies, processes, and procedures outlined in the handbook, OC can ensure that it is providing high-quality education that meets the needs and expectations of its students, faculty, staff, and the wider community it serves. The handbook is a living document that will be regularly reviewed and updated to reflect the evolving landscape of higher education and the institution's ongoing pursuit of continuous improvement.

2 OC Quality Policy and Fundamentals

OC is committed to striving for high quality in teaching, learning experience, research, community service, governance, and administration. OC constantly reviews its academic programs, and its educational and administrative services to ensure that they are current and appropriate with the latest developments in their field, highly relevant to the job market, and in line with national standards and frameworks, government regulations and guidelines, and stakeholders' expectations and needs. OC adopts a systematic approach to quality assurance and management that highly prioritizes continuous improvement, stakeholders' involvement, and satisfaction, with a particular focus on evidence-based outcomes and measurable impact as the key performance metrics.

OC's commitment to high quality best practices is clearly reflected in its mission statement, core values, and strategic goals. As an integral part of its mission statement, OC emphasizes its strategic focus to "provide competitive university education" through a number of quality initiatives (OC's Strategic Plan 23-27 document). In addition, quality standards and implementation of quality best practices are adopted as core values at OC and tightly integrated into all its activities and operations as will be outlined in the following sections of the handbook. Furthermore, the realization of OC quality values is properly decoded through a number of strategic goals and initiatives. Each strategic theme in OC Strategic Plan has unique and specific quality goals that emphasize continuous improvement and stakeholder perceptions, e.g. goals 1-2, 1-3, 2-1, 2-2, 3-1, 3-2, 3-3, 4-1 and 4-2.

2.1 OC QMS Fundamental Guiding Principles and Quality Policies

Fundamentally, OC Quality Policy and QMS are primarily based on NCAAA standards, expectations and requirements set out in official NCAAA documents (e.g., NCAAA, 2021). More specifically, OC Quality Policy and QMS are guided by the following main principles:

1. Quality assurance and management system should be related to all of OC's functions and activities and should be linked to senior management.

This principle emphasizes the importance of integrating the Quality Management System (QMS) into all functions and activities within OC. It requires the active involvement of senior management to ensure the effectiveness of the QMS. This is evident in the OC organizational structure where relevant senior management of quality assurance (i.e., Assistant Chairperson for Planning and Quality) is directly connected to the Chairperson of BoTs, functioning under their direct supervision, and reporting directly to them. Furthermore, the Senior Committee for Planning and Quality is chaired by the Chairperson of the BoTs.

All OC-QMS policies and procedures can be considered as an actualization of this principle as they aim to create a quality-oriented culture within OC, permeating every level and aspect of OC. They ensure that all functions and activities, whether they are academic, administrative, or support services, are guided by OC-QMS and quality standards. These policies and procedures underline the expectation that all staff, faculty, and administrators, including senior management, share the responsibility for quality assurance and continuous improvement.

2. OC should provide appropriate physical, financial, and manpower support for quality assurance requirements in both male and female sections.

This principle emphasizes OC's commitment to providing the necessary physical, financial, and human resources to meet the quality assurance requirements in both the male and female sections. It underscores the importance of resource allocation in ensuring that all parts of the organization can adhere to and benefit from the current Quality Management System.

The principle is reflected in the organizational structure of OC, which includes roles specifically dedicated to quality assurance and planning. The Assistant Chairperson for Planning and Quality, the Quality Assurance Administration, and the Senior Committee for Planning and Quality, Quality Units at colleges, all play crucial roles in ensuring that the QMS is effectively implemented across the institution. These dedicated roles and committees highlight OC's commitment to investing in manpower to support quality assurance.

Additionally, specific policies such as the appointment of Program Directors and the formation of Quality Assurance Committees at the program level further reinforce this principle. These policies not only ensure that there is a clear responsibility and authority for quality assurance within each academic program, but also demonstrate OC's commitment to investing in the necessary human resources to support quality assurance activities.

Furthermore, this principle is further embodied in OC's investment in various quality assurance incentives. These incentives, such as the annual quality awards, are a clear demonstration of OC's commitment to recognizing and rewarding efforts towards quality improvement. These awards encourage a culture of excellence and continuous improvement among faculty and staff. In addition, OC does frequently allocate specific budget for accreditation costs and fees.

Additionally, OC also provides reduced workloads for faculty members who actively participate in quality assurance processes and committees. This policy not only acknowledges the extra work and time commitment required for these quality-related activities, but also ensures that faculty members can fully engage in these processes without being overburdened. This measure further emphasizes OC's commitment to allocating the necessary resources – in this case, time, and manpower – to support the effective implementation of its Quality Management System.

3. In OC, emphasis should be on support for continuing quality improvement rather than on satisfying required standards.

This principle signifies OC's commitment to a culture of continuous quality improvement, rather than simply meeting the required standards. It underlines the belief that quality in education is not a fixed goal, but an ongoing journey of enhancement and improvement.

There are several quality policies in which this principle is manifested, as follows:

1. Periodic Review and Update Policies (Policies P-02, P-04, P-06, P-09, P-12, P-14, P-15, P-18, P-20). These policies require regular reviews and updates of various aspects of the academic programs, from mission alignment to course specifications and graduate attributes. They ensure that OC is not just maintaining the status quo but is continuously striving to improve and adapt in response to internal and external changes.

2. Evaluation and Improvement Policies (Policies P-08, P-09, P-11, P-12, P-13, P-14, P-17, P-19). These policies mandate regular evaluations and reports on various aspects of the program and institution, followed by necessary improvements based on the findings. They emphasize OC's commitment to learning from experiences and using that learning to drive improvements.
3. Quality Assurance Committee and Other Committees (Policies P-10, P-11): These policies establish committees dedicated to quality assurance and improvement, emphasizing the proactive role OC takes in ensuring quality, rather than merely reacting to issues as they arise.
4. Institutional Quality Policies (Policies I-01 to I-11). These policies, which guide the overall quality assurance and strategic planning of OC, underscore the institution's commitment to continuous improvement at all levels.

In summary, this principle of emphasizing continuing quality improvement over satisfying required standards is deeply ingrained in OC's approach to quality assurance. It is reflected in the policies that guide every aspect of OC's operations, from academic programs to institutional planning, and is a fundamental part of OC's quality culture.

4. OC Stakeholders of both genders should have substantial involvement in planning and reviewing processes, with their feedback obtained, analyzed, and responded to.

This principle emphasizes the importance of engaging all stakeholders, regardless of gender, in OC's planning and reviewing processes. It underscores the belief that quality assurance is a collaborative endeavor that benefits from diverse perspectives and inputs.

Following the NCAAA guidelines, OC-QMS identifies two broad categories of stakeholders: **major** (or primary) stakeholders and **supporting** stakeholders.

- **Major stakeholders** include individuals or groups who are directly involved in the operations of OC, and whose contributions and feedback are crucial to the institution's success. Primary stakeholders are those who are primarily affected by the institution's activities and decisions. This category includes students, faculty, staff, and employers.
- **Supporting stakeholders** include individuals or groups who have an interest in the operations of OC but are not directly involved in its day-to-day activities. Their involvement and feedback, however, add value to the institution and contribute to its overall success. This category includes alumni, members of the Boards of Trustees, parents, community members, partners and sponsors, and accreditation bodies.

This fourth principle is reflected in several QMS policies, most notably:

1. Stakeholder Feedback Policies (Policies P-05, P-09): These policies mandate regular surveys, KPIs and course evaluations to obtain feedback from various stakeholders. They ensure that OC is actively seeking and incorporating stakeholder feedback into its planning and review processes.
2. Review and Improvement Policies (Policies P-08, P-09, P-10, P-12, P-13, P-17): These policies require regular reviews and updates of various aspects of the academic programs and institution, based on feedback from stakeholders. They highlight OC's commitment to using stakeholder feedback as a crucial input in its continuous improvement efforts.



3. Advisory Board and Committee Policies (Policies P-10, P-11, P-14): These policies establish various committees and advisory boards, including those with stakeholder representation. They ensure that stakeholders have a direct role in the planning and review processes.
4. Public Disclosure (Policy P-15): This policy not only ensures transparency, but also facilitates stakeholder engagement by providing necessary information for informed feedback.

In addition, several institutional quality policies reflect this principle as follows:

1. Policy I-02 states that OC should continuously disseminate quality culture among its stakeholders, which includes actively involving them and obtaining their feedback on planning and reviewing processes.
2. Policy I-03 emphasizes the need for monitoring the implementation of its QMS and regularly updating it based on quality reports, assessments, and survey reports. This implies the collection and analysis of stakeholder feedback as a part of the surveys.
3. Policy I-08 requires that OC prepares annual KPIs and survey reports, with results informing strategic and operational planning. The use of surveys implies capturing and responding to stakeholder feedback.
4. Policies I-10 and I-11 mandate comprehensive internal and external quality reviews and audits every three and five years respectively. These reviews should involve obtaining and responding to stakeholder feedback to improve OC's operations and offerings.
5. Policy I-11 encourages the establishment of external partnerships, which involves dealing with external stakeholders and considering their feedback in planning and reviewing processes.

In essence, these policies reflect the principle's emphasis on inclusive participation in planning and reviewing processes, and the importance of obtaining, analyzing, and responding to feedback from all stakeholders.

5. OC's evaluation of quality must be evidence based, outcome-focused, and independently verified.

This principle emphasizes that OC's evaluation of quality should be grounded in evidence, focused on outcomes, and independently verified to ensure impartiality and accuracy.

- **Evidence-based:** This refers to the use of factual, verifiable data in evaluating quality. Decisions should not be based on opinions or perceptions, but on solid evidence gathered through systematic data collection methods.
- **Outcome-focused:** This indicates that the evaluation should focus on the results of the processes, not just the processes themselves. It's about what the students can do by the end of a course or program, how well OC is meeting its strategic objectives, etc.
- **Independently verified:** This means that the evaluations should be confirmed by a third party to ensure impartiality and credibility. The third party could be an external auditor, an accrediting agency, or any other qualified external entity.

This principle is clearly reflected in the major OC policies, processes and procedures as follows:

1. Policies P-09, P-12, P-14, P-16 and P-19 require collection and analysis of data related to graduate attributes, program learning outcomes, course learning outcomes, stakeholder satisfaction rates and KPIs. These policies ensure that the evaluation is evidence-based and outcome-focused.

2. Policies I-03, I-08, and I-10 require regular tracking and reporting of quality indicators, survey results, and the implementation of Institutional Graduate Attributes and Institutional Learning Outcomes plans, ensuring the evaluation is evidence-based and outcome-focused.
3. Policies I-10 and I-11 mandate comprehensive internal and external quality reviews and audits every three and five years respectively. The inclusion of external audits ensures that the evaluations are independently verified.

In summary, this principle of evidence-based, outcome-focused, and independently verified evaluations is deeply ingrained in OC's quality assurance policies at both the programmatic and institutional levels.

6. OC should use various mechanisms and tools to monitor its performance and measure the progress rates at all levels and in both male and female sections.

This principle underscores the need for OC to employ diverse methods and tools for monitoring performance and progress across all levels of the institution, ensuring equality between male and female sections.

- **Various mechanisms and tools:** This means using a variety of approaches, ranging from surveys and feedback forms to data analytics tools and audit processes, to ensure a comprehensive understanding of performance.
- **Monitor performance and measure progress:** This involves regularly checking how well the institution is doing against its goals and objectives, and how much it has progressed over time.
- **At all levels:** This implies that the monitoring and measurement should involve all aspects of the institution, from individual courses and programs to the institution as a whole.
- **Male and female sections:** This highlights the commitment to equality and fairness, ensuring that both male and female sections of the institution are equally monitored, and their progress measured.

This principle is actualized by several OC quality policies including:

1. Policies P-08, P-09, P-10, P-11, P-12, P-13, and P-17 all require the use of various tools and mechanisms, like surveys, course evaluations, and reviews, to monitor and measure progress in different aspects of the programs.
2. Policies I-03, I-08, and I-10 mandate regular tracking and reporting of quality indicators, survey results, and the implementation of Institutional Graduate Attributes and Institutional Learning Outcomes plans, which involve using various tools and mechanisms to monitor performance and measure progress.
3. Policies I-10 and I-11 require comprehensive internal and external quality reviews and audits every three and five years respectively, for all academic programs and administrative units, ensuring that monitoring and measurement are conducted at all levels.

These policies do not explicitly mention gender, but the principle of equality is assumed to be fundamental to all of OC's quality assurance activities. In summary, this principle of using various mechanisms and tools to monitor performance and measure progress at all levels and in both male and female sections is reflected in OC's policies at both the programmatic and institutional levels.

7. OC should conduct benchmarking of its performance, and the performance of its academic and administrative units, using specific key performance indicators.

This principle emphasizes the importance of OC conducting benchmarking activities to compare its performance, and the performance of its academic and administrative units, against specific Key Performance Indicators (KPIs).

- **Benchmarking:** This is a process of comparing an organization's performance with industry standards or best practices to identify areas of improvement. This could be done with similar institutions in the region or globally.
- **Performance of its academic and administrative units:** This refers to how well these units are achieving their goals and objectives. This could cover aspects like student learning outcomes, research output, employee performance, financial performance, etc.
- **Specific Key Performance Indicators (KPIs):** KPIs are quantifiable measures used to evaluate the success of an organization, employee, etc., in meeting objectives for performance. All OC-approved KPIs are outlined and described in a dedicated handbook.

This principle is actualized by several OC quality policies as follows:

1. Policies P-11 and P-12 call for the collection of data on KPIs related to program learning outcomes and student satisfaction, which can be used for benchmarking.
2. Policy P-05 requires the use of benchmarking in the continual improvement of programs, implying that performance against KPIs should be benchmarked.
3. Policies I-03 and I-08 mandate the regular tracking and reporting of quality indicators and survey results, which can be used as KPIs for benchmarking.
4. Policy I-11 specifically mentions the use of external benchmarks and best practices to inform KPIs and planning processes, clearly reflecting the principle of benchmarking.

In summary, this principle of conducting benchmarking using specific KPIs is reflected in OC's policies at both the programmatic and institutional levels.

8. OC's QMS should be subject to continuous assessment and improvement.

This principle emphasizes that OC's Quality Management System (QMS) should undergo continuous assessment and improvement to ensure it remains effective and up to date.

- **OC's QMS:** This refers to the system that OC has in place to manage and control the quality of its operations, including both academic and administrative functions. OC QMS is outlined and detailed in the current handbook.
- **Continuous assessment and improvement:** This means that the QMS should be regularly evaluated to identify areas of strength and weakness, and improvements should be made on an ongoing basis to ensure that the system remains effective and efficient.

This principle is mirrored in the following quality policies:

1. Policy P-10 requires the Quality Assurance Committee to periodically review the QMS to ensure its continuous improvement.
2. Policy P-17 emphasizes the process for continual improvement of programs based on feedback and review, which would be part of the broader QMS.
3. Policy I-01 emphasizes the provision of support necessary to implement and monitor the QMS, which would be subsumed under the process of continuous assessment and improvement.
4. Policy I-03 requires the regular monitoring and updating of the QMS based on quality reports and assessments, clearly reflecting the principle of continuous assessment and improvement.
5. Policies I-10 and I-11 require comprehensive internal and external quality reviews and audits every three and five years respectively, which are essential mechanisms for assessing and improving the QMS itself.

In summary, the principle of continuous assessment and improvement of OC's QMS is reflected in both programmatic and institutional quality policies.

The Quality Policy of OC and its underlying principles define its approach to Quality Management and set out the methods by which OC adequately assures its stakeholders of the quality of academic and non-academic outcomes, in addition to all aspects of its educational provision (as will be detailed in the following sections). It also serves as the foundational basis for OC's continuous improvement processes and for the achievement of OC's mission and strategic goals. The OC Quality Policy applies equally to all OC's major academic operations (including but not limited to, design and delivery of various modes of academic programs and courses, research, and innovation) and non-academic operations (including but not limited to, design and delivery of administrative, professional, financial, technical, and support services), in addition to OC's formal public engagement and community service.

OC Quality Policy (and QMS, thereof) guide OC's departments, programs, centers, units and sites in the development of internal quality objectives and quality management mechanisms that are in full alignment with OC-QMS. OC is also committed to periodically revising, reviewing, and updating its quality policy and the functioning of its QMS to ensure their continued relevance, efficiency, and effectiveness ([see chapter ... for further details](#)).

2.2 OC QMS Policies and Related Processes

From the eight guiding principles above, OC-QMS has derived an array of comprehensive institutional and programmatic policies. These policies guide the institution in maintaining and enhancing the quality of education and services it provides. Covering all facets of OC's operations, the institutional policies focus on resource provision, regular quality tracking and reporting, internal and external audits, as well as the use of external benchmarks and best practices. The programmatic policies ensure that academic programs are designed and delivered to meet intended learning outcomes and are regularly refined based on systematic data collection and analysis. They also affirm the participation of students and other stakeholders in the quality assurance processes.

Each policy is closely intertwined with specific processes and procedures within OC's Quality Management System (OC-QMS). This coordination ensures a systematic and unified approach to quality assurance and continual improvement. In this section, all institutional and programmatic policies established by OC will be outlined. Each policy serves as a distinct guideline for specific aspects of OC's operations and has been derived from the guiding principles previously discussed. Under each policy, the corresponding and relevant processes within OC-QMS will be enumerated. These processes are integral components of each policy, serving as the practical steps for policy implementation.

2.2.1 Institutional Policies

Policy Code	Policy I-01
Policy Statement	OC should provide sufficient support, consultancy, committees, and administrative manpower to implement, monitor, and regularly update its Quality Management System (QMS).
Basis Guiding Principle	2, 3
Related Processes and/or Hierarchical Requirements in OC-QMS	Establishment of Major Institutional QMS Units: Chairman Assistant for Planning & Quality, QAA, QU and SCPQ. I-P-07 I-P-08 I-P-09 P-P-12 P-P-19

Policy Code	Policy I-02
Policy Statement	OC should disseminate and foster a quality culture among its stakeholders, primarily faculty, students, and staff.
Basis Guiding Principle	3, 4
Related Processes and/or Hierarchical Requirements in OC-QMS	P-D-07 Goals, Duties, Tasks and Terms of Reference of QAA, QU and QAC.

Policy Code	Policy I-03
Policy Statement	OC should consistently monitor the implementation of its QMS, using periodic quality reports, major results of Graduate Attributes (GAs) and Program Learning Outcomes (PLOs) assessment, Key Performance Indicators (KPIs), and survey reports to inform its updates and modifications.
Basis Guiding Principle	3, 5, 6
Related Processes and/or Hierarchical Requirements in OC-QMS	P-C-14 P-E-04 I-E-01 I-E-02 I-E-03 I-A-01 Goals, Duties, Tasks and Terms of Reference of QAA, QU and QAC.

Policy Code	Policy I-04
Policy Statement	OC should establish, monitor, and implement a five-year strategic plan, reviewing its mission and strategic goals at least every three years.
Basis Guiding Principle	1, 7
Related Processes and/or Hierarchical Requirements in OC-QMS	Establishment of Institutional Strategy Units, mainly Chairman Assistant for Planning & Quality, Strategic Planning Administration, and SCPQ. Strategic Planning Processes (outlined in OC Strategy Document)

Policy Code	Policy I-05
Policy Statement	OC should periodically revise its organizational structure and job descriptions to align with its vision, mission, goals and QMS.
Basis Guiding Principle	1, 8
Related Processes and/or Hierarchical Requirements in OC-QMS	Establishment of two dedicated committees: Senior Committee for Governance, and Executive Committee for Governance, with specific tasks for periodic review of organizational structure and job description.

Policy Code	Policy I-06
Policy Statement	OC should develop, regularly update, and implement appraisal and evaluation mechanisms for its faculty, staff, and leaders.
Basis Guiding Principle	4, 6
Related Processes and/or Hierarchical Requirements in OC-QMS	P-C-04 P-C-05 P-C-13 Rasid Bank System

Policy Code	Policy I-07
Policy Statement	OC should establish, update, and monitor mechanisms for advising and counseling services, grievances and complaints, ethics, and codes of conduct at all levels.
Basis Guiding Principle	4, 8
Related Processes and/or Hierarchical Requirements in OC-QMS	P-D-01 P-D-04 Several Mechanisms Outlined in Multiple OC Handbooks.

Policy Code	Policy I-08
Policy Statement	OC should prepare and implement annual surveys reports as well as KPIs and external benchmarks reports, using the results to inform strategic and operational planning and to follow up on recommendations and improvement.
Basis Guiding Principle	5, 6, 7
Related Processes and/or Hierarchical Requirements in OC-QMS	I-E-02 I-E-03 Several Mechanisms Outlined in the OC Guidebook on KPIs and Surveys

Policy Code	Policy I-09
Policy Statement	OC should prepare, monitor, and implement an Institutional Graduate Attributes (IGAs) and Institutional Learning Outcomes (ILOs) Assessment Plan, reporting on the implementation in IGAs and ILOs Reports. Recommendations from these reports should be followed up and reflected in OC's strategic and operational planning and should be the basis for reviewing and improving the OC-QMS itself.
Basis Guiding Principle	3, 5, 8
Related Processes and/or Hierarchical Requirements in OC-QMS	I-P-01 I-P-02 I-P-03



	I-P-04 I-P-05 I-E-01 I-A-01
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Policy Code	Policy I-10
Policy Statement	OC should conduct internal and external quality reviews and audits every three and five years respectively, for all academic programs and administrative units. The results and recommendations from these reviews should be documented, and strategic implementation plans should be developed to address the findings. These plans should be reviewed and monitored regularly by the relevant committees and leaders. Additionally, systematic follow-ups should be conducted to ensure consistent progress and the effective implementation of the outlined recommendations.
Basis Guiding Principle	5, 7, 8
Related Processes and/or Hierarchical Requirements in OC-QMS	P-C-12 I-C-01 I-C-02 I-C-03 I-C-04 I-C-05 Institutional Accreditation Processes I-Ext-01

2.2.2 Programmatic Policies

Policy Code	Policy P-01
Policy Statement	An OC academic program should have a mission statement and strategic goals, reflecting the relevant OC and college's mission statements and OC strategic goals. Goals should be reviewed, updated, and aligned with appropriate OC-approved KPIs periodically. All major decisions within the program or its relevant department must be based on the established mission statement and strategic goals.
Basis Guiding Principles	1, 4, 7
Related Processes in OC-QMS	P-P-01 P-P-02

Policy Code	Policy P-02
Policy Statement	An OC academic program should use a Program Specification (PS), Course Specifications (CSs), and Field Experience (FE) Specification, based on the relevant NCAAA templates, reviewed every two years in response to various quality assessment reports.
Basis Guiding Principles	5, 8
Related Processes in OC-QMS	P-P-09 P-P-10 P-P-11



Policy Code	Policy P-03
Policy Statement	An OC academic program should maintain, evaluate, and document its quality findings in course reports, field experience reports, and an Annual Program Report (APR), based on the relevant NCAAA templates.
Basis Guiding Principles	5, 6
Related Processes in OC-QMS	P-C-01 P-C-02 P-C-14

Policy Code	Policy P-04
Policy Statement	An OC academic program should internally conduct a comprehensive program review, at least every five years, examining all quality aspects based on NCAAA standards, identifying strengths, and areas for improvement to be addressed in the subsequent operational plans. An OC academic program should also be subject to a comprehensive evaluation review/audit from the Quality Assurance Administration and independent opinion at least every five years.
Basis Guiding Principles	5, 8
Related Processes in OC-QMS	P-C-11 P-C-12 I-C-01 I-C-02

Policy Code	Policy P-05
Policy Statement	An OC academic program should annually analyze and report on OC-approved programmatic KPIs and surveys following the guidelines for KPIs and surveys analysis, reporting standards, internal and external benchmarking, and timelines outlined in the relevant OC handbook.
Basis Guiding Principles	6, 7
Related Processes in OC-QMS	P-C-08 P-C-09

Policy Code	Policy P-06
Policy Statement	An OC academic program should identify, formulate, review, update, and map its graduate attributes (GAs), program learning outcomes (PLOs), and courses learning outcomes (CLOs) at least every five years.
Basis Guiding Principles	4, 8
Related Processes in OC-QMS	P-P-03 P-P-04 P-P-05 P-P-06



Policy Code	Policy P-07
Policy Statement	An OC academic program should develop, review, and update its GAs and PLOs Assessment Plan at least every five years.
Basis Guiding Principles	5, 8
Related Processes in OC-QMS	P-P-07

Policy Code	Policy P-08
Policy Statement	An OC academic program should annually measure, analyze, report, and verify its GAs, PLOs, and CLOs assessment through course-level and program-level direct and indirect methods in a comprehensive GAs and PLOs Assessment Report.
Basis Guiding Principles	5, 6
Related Processes in OC-QMS	P-C-06 P-E-01 P-E-02 P-C-07

Policy Code	Policy P-09
Policy Statement	An OC academic program should annually identify, introduce, evaluate, and improve all its services, facilities, and equipment, using relevant quality assessment reports, KPIs, and stakeholders' satisfaction findings.
Basis Guiding Principles	2, 6
Related Processes in OC-QMS	P-D-02 P-D-04 P-C-15 P-C-08 P-C-09 P-C-11

Policy Code	Policy P-10
Policy Statement	An OC academic program should have a designated program director (PD) and form a Quality Assurance Committee (QAC). QAC should be assigned the relevant tasks and responsibilities outlined in OC-QMS and actively contribute to the assessment and improvement of the OC-QMS itself. QAC should be chaired and coordinated by the PD and should include in its membership, where appropriate, students' representatives.
Basis Guiding Principles	1, 3, 4
Related Processes in OC-QMS	I-P-07 I-P-08



Policy Code	Policy P-11
Policy Statement	An OC academic program should form other OC-QMS essential committees and delegate to those committees the relevant duties and tasks outlined in OC-QMS. Those committees can be formed at the level of the department and must include: 1. Guidance and Advising Committee 2. Scientific Research and Ethics Committee 3. Community Service and Voluntary Work Committee 4. Learning Resources, Facilities and Equipment Committee 5. A dedicate team for every course offered by the program.
Basis Guiding Principles	1, 4
Related Processes in OC-QMS	I-P-09 P-P-12

Policy Code	Policy P-12
Policy Statement	An OC academic program should ensure sufficient learning resources are easily accessible and available to students and faculty, identified, evaluated, and updated annually.
Basis Guiding Principles	2, 6
Related Processes in OC-QMS	P-P-13 Supporting Processes: P-C-08 and P-C-09

Policy Code	Policy P-13
Policy Statement	An OC academic program should monitor and implement various OC-approved policies and procedures, including Student Academic Integrity Policy and Procedures (OC-SAIPP), Extracurricular Activities Mechanism, Procedures for Ensuring and Monitoring the Quality of Courses Taught by Other Departments (Cross-listed Courses), and Procedures for Ensuring Consistency between Male and Female Sections.
Basis Guiding Principles	1, 3, 8
Related Processes in OC-QMS	P-P-14 P-D-01 P-D-02 Guidelines in Sections 4.1.5, 4.1.6, and 4.1.15

Policy Code	Policy P-14
Policy Statement	An OC academic program should form a professional advisory board/committee that includes specialists and professionals in the relevant field, alumni, and employers. The committee should contribute to the ongoing evaluation and improvement of the program.
Basis Guiding Principles	4, 7
Related Processes in OC-QMS	P-P-19 P-C-10

Policy Code	Policy P-15
Policy Statement	An OC academic program should regularly provide reliable and publicly disclosed information to its stakeholders as well as the community about its admission requirements, offerings, courses, as well as relevant performance, progress, and achievements.
Basis Guiding Principles	4, 6
Related Processes in OC-QMS	P-P-18 Output of some processes mainly P-C-14

Policy Code	Policy P-16
Policy Statement	An OC academic program should implement OC-approved mechanisms for courses instructors and courses delivery evaluation and faculty appraisal.
Basis Guiding Principles	4, 6
Related Processes in OC-QMS	P-C-04 P-C-05 P-C-13 In addition to comprehensive appraisal through Rasid Bank

Policy Code	Policy P-17
Policy Statement	An OC academic program should address and follow up on the implementation of all priority recommendations resulting from various quality reports (especially the annual program report), and internal as well as external reviews as part of its operational plan, reporting on the full implementation in its operational plan progress report.
Basis Guiding Principles	6, 8
Related Processes in OC-QMS	P-P-16 P-P-17 P-D-05 P-E-04

Policy Code	Policy P-18
Policy Statement	An OC academic program should develop annual activities plans for faculty training, research, community service and volunteering in relation to its annual operational planning and in light of findings and recommendations from quality reports. The progress of these activities plans should be documented as part of the relevant analysis in the ARPs and/or operational plan progress reports.
Basis Guiding Principles	1, 3
Related Processes in OC-QMS	P-P-17-2 P-P-17-3 P-P-17-4 P-D-03-01 P-D-03-02 P-D-03-03

Policy Code	Policy P-19
Policy Statement	An OC academic program should adhere to the OC-approved regulations, procedures and OC authorization matrix stipulated in OC handbooks and MoE (Ministry of Education) bylaws when changes are planned to the program's curriculum, study plans, courses, or other major academic aspects of the program.
Basis Guiding Principles	1, 8
Related Processes in OC-QMS	P-P-08 Guidelines in Chapter 6 (Regulatory Framework)

2.3 OC QMS: Foundational Concepts

OC QMS is fundamentally based on PDSA/PCDA Cycle, aka the Shewhart or Deming Cycle (see e.g., Deming, 1986; Tague, 2005; Charantimath, 2011), which comprises four main stages: planning (Plan), implementation (Do), evaluation (Study/Check), and improvement (Act). OC is, hence, committed to systematic planning at all levels and establishing measurable targets; evaluating and monitoring the implementation of plans and planned activities as well as evaluating their expected outcomes; and employing the evaluation results in improvement procedures (of all aspects including education, academic research, community service, governance, and administration).

It is crucial to emphasize that OC's PDSA Cycle is closely entwined with all major functions and academic activities at all levels associated with a specific hierarchical structure. If we take the academic hierarchical structure as an example, OC QMS identifies three descending levels associated with that structure, namely institutional, program, and course levels. Each level has its own PDSA cycle that both reflects higher cycles and maps out lower cycles at lower levels. For instance, at the course level, planning is done prior to the delivery of a course and it is documented in the Course Specification (P). During the delivery of the course, several processes are established to ensure that the delivery is implemented as planned, including classroom random visits, peer review, exam matrix verification and so on (D). After the delivery of the course, its implementation is assessed and evaluated through various means (e.g. course evaluation survey, assessment of course learning outcomes (CLOs), distribution of grades etc.)(S/C) and is documented in the Course Report. Finally, results of course evaluations are analyzed by the instructor and formulated as an action plan for next semester based on specific recommendations for further improvement (A). The (quality) PDSA cycle is closed by careful implementation of the action plan prior to or during the next delivery of the course.

Each stage of the course PDSA cycle resonates vertically and horizontally with the higher PDSA cycle of the program. That is, horizontally, the P stage of the program (as documented in the Program Specification) comprises all P stages of its courses, the program's D stage comprises all D stages of its courses and so forth. Vertically, the quality PDSA stages of the program provides a systematic framework for all PDSA stages of its courses. For instance, the assessment plan of a program's learning outcomes subsumes the more detailed assessment plans of its CLOs. Simultaneously, a PLO assessment plan modulates the contextual and structural variables of its CLO assessment plans. The same interactions are established between program's PDSA cycles and the relevant institutional PDSAs. For instance, within the context of learning outcomes assessment plans, the institutional (ILOs) assessment plan horizontally subsumes and vertically modulates all PLOs assessment plans. ([More on PDSA and interactions will be discussed in Chapter 5 of this handbook](#)).

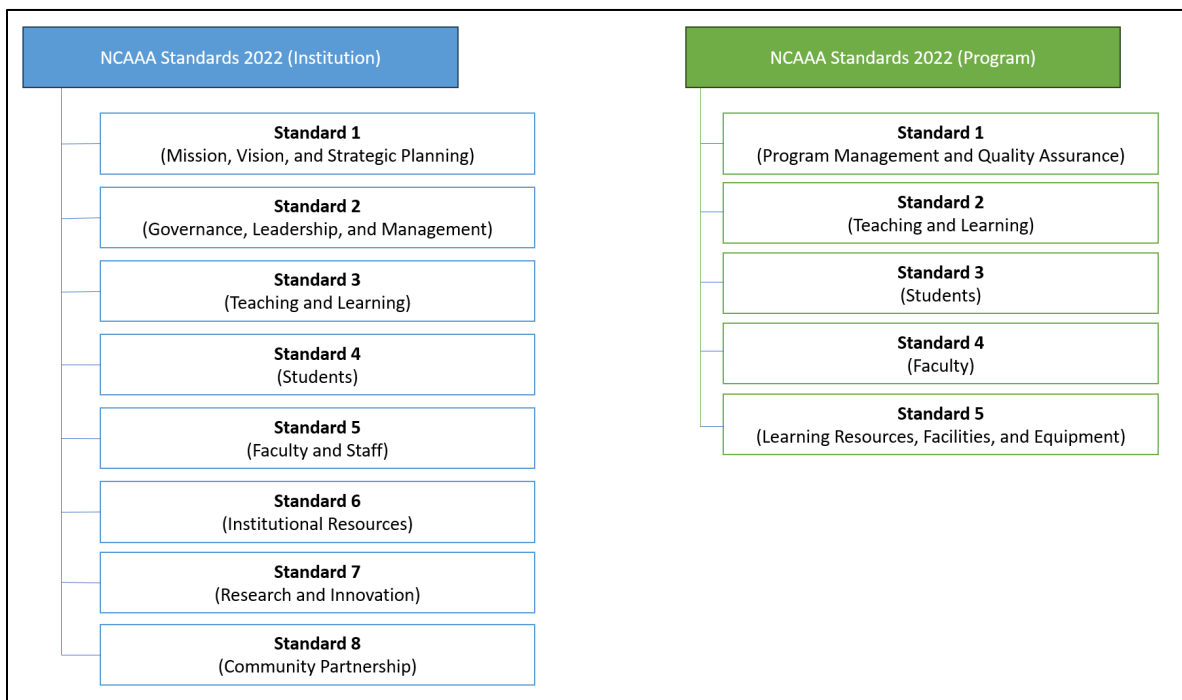


Figure 1: NCAAA Standards 2022 (Institutional and Programmatic)

In OC QMS, PDSA cycles are tightly woven with NCAAA standards and criteria listed in Figure 1 above. That is, each NCAAA standard (and substandard for that matter) is looked at from a PDSA perspective, and, thus, has its own PDSA cycles. A standard's PDSA cycles vary, in level, depth and structure, according to the perspective we take towards its planning requirements, its implementation requirements and its evaluation requirements. For example, at the institutional level, the first standard "Mission, Vision, and Strategic Planning" has a high-level PDSA cycle where criteria 1.1.1 to 1.2.2 constitute the planning stage (P) of the standard's own PDSA, 1.2.3 to 1.2.5 define its implementation stage (D), and 1.2.6 define its evaluation stage (S/C). This cycle is successfully closed (A), when outputs of 1.2.6 are connected to 1.1.1-1.2.2 during the next PDSA cycle of the standard. At a lower level, each criterion is also looked at as having a minor PDSA cycle. If we take the first criterion (1.1.1) as an example, the (P) stage of the criterion involves a minor plan to define the mission, the (D) involves the steps taken to ensure that the mission is consistent with the institution's nature, the needs of the community and the national trends; and the (S/C) stage involves an objective evaluation of such consistency. The (A) stage closes the whole cycle when results of the mission consistency evaluations are taken into consideration in the next review of the mission. Similarly, programmatic NCAAA standards are modelled on PDSA cycles, as we will see throughout this handbook. Figure 2 below illustrates the PDSA-based model of NCAAA standards and criteria.

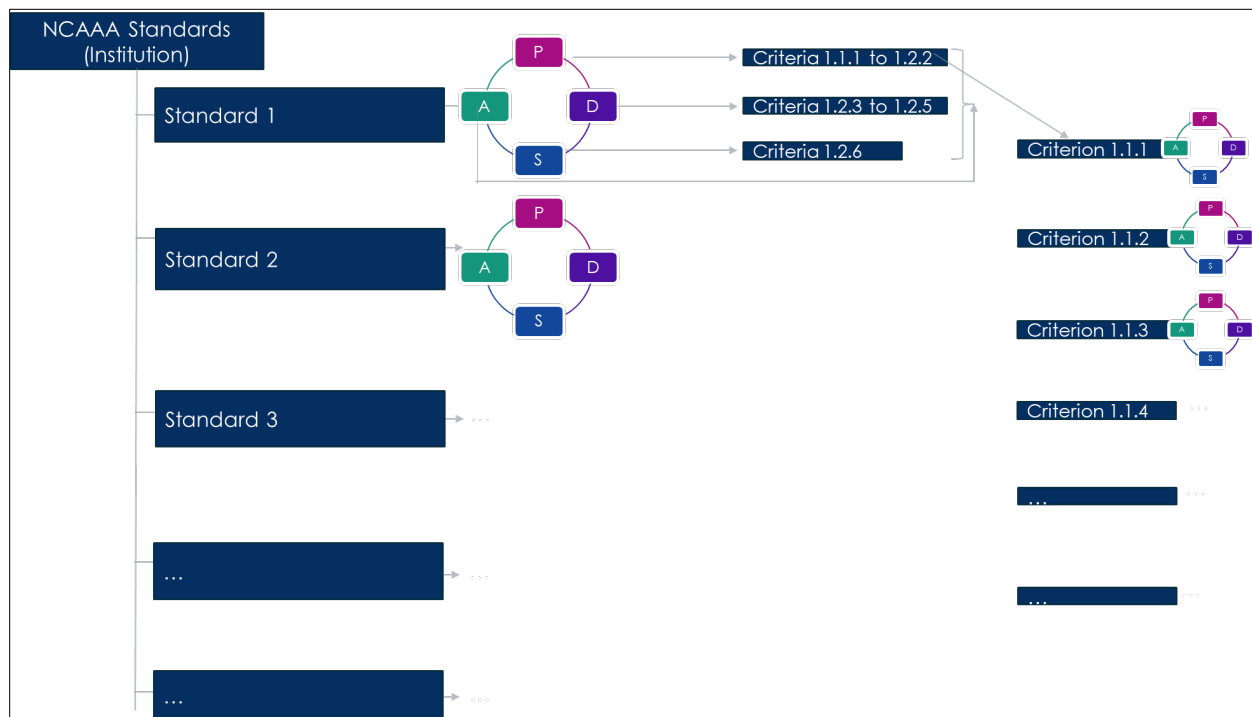


Figure 2: A PDSA-based model of NCAAA Standards

3 OC-QMS: Quality Organizational Structure and its Determinant

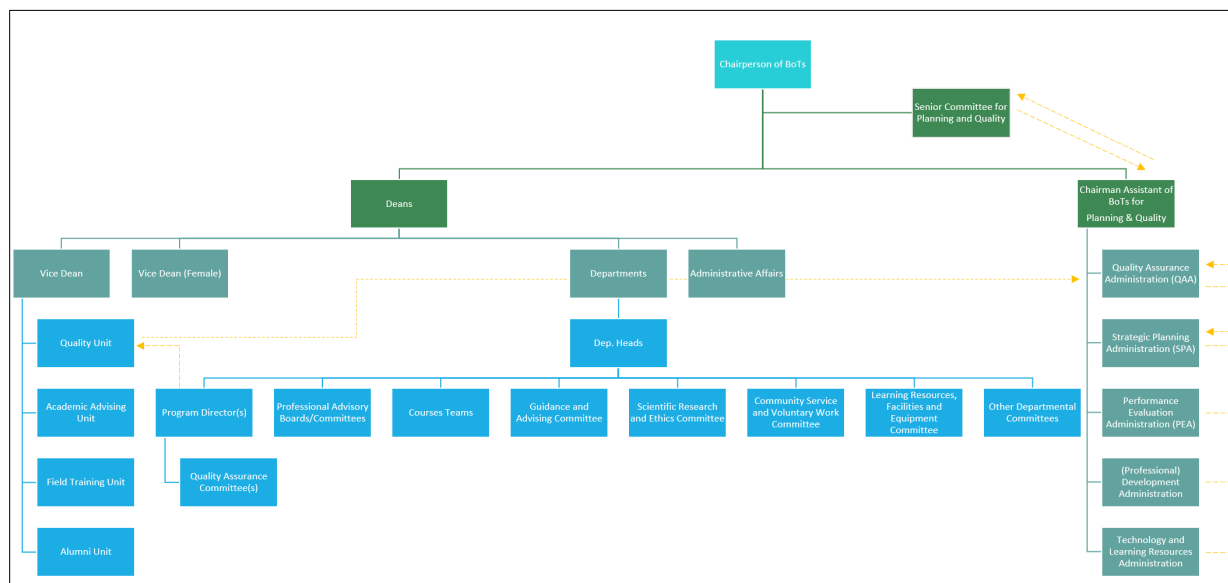


Figure 3: OC Quality Organizational Structure

Based on OC-QMS Policy I-01, the OC quality organizational structure, given in Figure 3 above, is primarily determined by several factors, most importantly OC mission and the guiding principles discussed previously (mainly principles 2 & 3). The first and second principles, in addition to the mission's emphasis on "quality education", OC "quality" core values, and OC quality strategic goals promote a prominent context for several functional quality entities, units and administrations. Below are brief descriptions of the main functional units in OC quality structure, along with references to relevant guidelines and handbooks. The department and program structural levels will be discussed in subsection 3.

3.1 Senior Committee for Planning & Quality (SCPQ)

SCPQ is the highest entity responsible for quality assurance in OC. SCPQ is chaired by the Chairman of BoTs. Members of SCPQ are nominated by the Chairman, and they specifically include the Chairman Assistant for Planning and Quality, and the Director of Quality Assurance Administration, the Director of Strategic Planning Administration, in addition to the directors of the major administrations in OC. In alignment with the main guiding principles discussed in the previous section, the key functions and responsibilities of SCPQ are to:

1. Enact (and periodically review) OC quality policies and OC QMS principles and requirements. (Principle 8)
2. Establish necessary mechanisms for promoting quality, continuous improvement, and strategic thinking at all levels. (Principles 3 & 4) (in accordance with P-D-07)
3. Establish (and periodically review) key performance indicators and relevant metrics. (Principles 6 & 7) (as per processes I-E-02 and I-E-03)



4. Monitor the overall implementation and evidence-based outcomes of quality policies, QMS processes, strategic and operational planning. (Principle 5)
5. Review and approve OC Graduate Attributes and Learning Outcomes and their assessment reports. (Principles 5) (as per processes I-P-01, I-P-02, I-P-03, I-P-04, I-P-05, I-E-01)
6. Review and approve new and/or updated (or modified) programs and curricula, in accordance with the Authorization Matrix for Program and Course Modifications (discussed in Chapter 6 below). (Principle 1)
7. Establish mechanisms through which appropriate physical, financial, and manpower support is provided for quality assurance and QMS requirements. (Principle 2)
8. Final review and approval of program's quality documents and reports including: mission and goals (as per process P-P-01, P-P-02), PLOs and Programs' Specifications (P-P-04, P-P-09), PLOs Assessment Plans (P-P-07), Annual Program Reports (P-C-14), programs' self-study report (P-C-11) and other documents and reports as per relevant processes outlined in this OC-QMS handbook.

The selection and formation process of SCPQ according to the tasks above is denoted as I-P-10.



3.2 Chairman Assistant for Planning & Quality

The main role of the Chairman Assistant for Planning & Quality is to supervise strategic planning and quality assurance processes in OC, to monitor OC QMS implementation and evaluation, and to liaise with external parties vis-à-vis strategy, quality, and development related matters. His/her responsibilities, duties and tasks are minutely detailed in [OC Job Descriptions Handbook \(23/24\)](#). Nonetheless, his/her role in, and contribution to, OC QMS will be highlighted throughout this handbook where appropriate.

3.3 Quality Assurance Administration (QAA)

Quality Assurance Administration (QAA, for short) is the key functional unit in OC quality hierarchy. QAA is directly under the line of authority of the Chairman Assistant for Planning & Quality, and it is ultimately responsible for the implementation and evaluation of OC quality policy and QMS. Overall, QAA is committed to fostering a culture of excellence and continuous improvement in the performance of OC units and OC academic programs. This commitment is aligned with the latest national and international standards. The central mission of the QAA is “to promote a culture of quality, accreditation, and continuous evaluation of the performance of OC units and OC academic programs according to the latest national and international standards and national ranking, in a way that contributes to achieving the mission and goals of OC and developing their performance and improving the quality of their outcomes, and that within an organized environment according to the latest standards of administrative quality, and activating internal and external partnerships”.

Strategically, the QAA has set three key goals. The first QAA goal is to disseminate a culture of quality, accreditation, and ranking awareness among all academic and administrative units of the colleges and among all stakeholders. This dissemination is vital for achieving OC mission and strategic goals. The second goal is to contribute to the enhancement of the academic and administrative units' performance and outcomes, achieving national and international accreditations, and attaining advanced positions in the Saudi ranking through effective consultative support in areas of quality, accreditation, and ranking, as well as improving the efficiency and quality of regular review and evaluation processes. Lastly, QAA, through its third goal, aims for continuous improvement in the management processes and efficiency, adhering to the latest global administrative standards, thereby fulfilling the aspirations and satisfaction of the beneficiaries of its services.

QAA mission and goals are translated into ten (10) major tasks:

1. Preparing the administration's operational plan and following up on its implementation in coordination with relevant parties and preparing annual achievement reports related to it.
2. Spreading the culture of quality and continuous improvement at all levels. [as per OC-QMS Process P-D-07]
3. Periodically evaluating administrative and academic performance in colleges, according to performance indicators, surveys, and results and reports of regular internal reviews. [as per I-E-02, I-E-03, I-C-01, I-C-02]
4. Providing support and advice to administrative and academic units in OC towards preparing quality assurance and academic accreditation plans and implementing them according to approved schedules and supervising the preparation of self-evaluation and quality assurance reports for all these units.
5. Enhancing participatory professional and community relations between OC and relevant external institutions in all areas of improving the quality of performance.

6. Conducting evaluative studies that help identify strengths and opportunities for improvement in college units and their activities in order to make appropriate decisions and achieve continuous improvement. [as per I-E-01, I-E-02, I-E-03, I-A-01]
7. Automating quality processes at the college level. [Developing and Operating OC-E-QMS]
8. Communicating with external parties, national and international accreditation bodies regarding quality, academic accreditation, and Saudi classification matters.
9. Following up on the implementation of improvement plans related to institutional and programmatic accreditation reports and submitting periodic reports on their completion levels.
10. Review and approval of all key programmatic OC-QMS planning, implementation and evaluation processes and their outputs, forming specific teams and/or task forces where needed (as in e.g. P-P-05, P-P-06, P-C-11, I-C-01, I-C-02 etc.) according to the guidelines stipulated in this handbook.

QAA has both executive/operational and supportive/supervisory roles as underlined in its mission, goals, tasks, and duties. From an institutional perspective, QAA executive/operational role mainly includes the implementation of OC QMS as defined in this handbook, and of the operational plans associated with OC quality strategic goals and initiatives. Furthermore, QAA has a supportive/supervisory role which includes the direct evaluation of OC QMS, OC quality plans, support of other OC units, administrations, and centers with respect to the relevant QMS processes, and dissemination of quality culture and principles. From a programmatic perspective, QAA's main executive role involves monitoring the actualization of OC QMS in academic programs and the follow-up of continuous improvement projects ensuring that quality loops associated with major and minor PDSAs are properly closed. In addition, QAA provides required support and consultancy to all academic programs. Such support is concretely manifested in ongoing evaluations of quality levels mainly through internal quality audits and frequent reviews. Table 1 below summarizes the four dimensions of QAA's responsibilities which will be delineated in the following chapters.

Table 1: Main Role-Matrix of QAA

	Institutional	Programmatic
Executive/Operational	- Implementation of OC QMS at OC Level - Implementation of Operational Plans Linked to OC QMS and OC Quality Strategic Goals.	- Monitoring Actualization of OC QMS in Academic Programs - Oversight of Follow-up of Continuous Improvement Projects and Quality Loops in Programs' PDSAs
Supportive/Supervisory	- Direct Evaluation of OC Quality Policy and QMS - Support to Other OC Units vis-à-vis Relevant OC QMS processes - Dissemination of Quality Culture and OC Quality Principles	- Support and Consultancy w.r.t. Quality Assurance Requirements and Procedures. - Frequent Evaluation of Programmatic Quality Levels Through Internal Quality Audits and Reviews

3.4 Quality Units (QUs)

At a college level, the key programmatic tasks of DAA are accomplished through Quality Units (QUs). Although Quality Units report directly to the Deans, DAA has a direct contact with QUs, represented by the dashed line in the quality organizational chart in Figure 3 above. It should be mentioned here that this unmediated contact is not meant to be an organizational conflict as QUs are still under the Deans' lines of authority, but rather to facilitate and maximize communication between DAA and QUs, and to free OC QMS from any potential bureaucratic obstacles.

Every QU has a team lead by a quality expert appointed by the relevant dean. QU's head is also an active member of the respective college council. The main responsibilities and duties of QUs and their heads mainly include monitoring the actualization of OC QMS in academic programs within the college, and oversight of programmatic continuous improvement plans and projects as outlined below:

1. Review and endorse program-level quality assurance plans and reports including PLOAPs, APRs, PLOARs, surveys reports, course reports, etc. [P-P-07, P-C-14, P-C-09, P-C-01], in addition to following up on relevant processes through OC-E-QMS.
2. Verify alignment of program QA activities with college strategic priorities and quality policies. [P-P-01, P-P-03]
3. Coordinate activities of Quality Assurance Committees (QACs) within departments in the college. [P-C-01, P-C-14]
4. Provide guidance to programs on quality assurance processes and documentation, including following up on accreditation requirements.
5. Identify and promote integration among QA processes at program and college levels.
6. Conduct pre-reviews of program self-study reports before submission for accreditation. [P-C-11]
7. Monitor, review and approve formation of program committees and course teams. [P-P-12]
8. Verify adherence of programs to college academic regulations and policies. [P-P-09, P-P-10]
9. Coordinate college participation in external reviews and audits by regulatory bodies. [P-C-12]
10. Keep college leadership informed of risks or issues concerning academic quality assurance matters.
11. Contribute to the preparation of college annual reports.
12. Propose plans to develop QA staff performance and contribute to determining QA training needs.

The above QUs roles and duties within OC QMS will be discussed in more detail throughout this handbook.

3.5 Academic Programs, Program Directors, and Quality Assurance Committees

Based on OC-QMS Institutional Policy I-01 and Programmatic Policy P-11, and in consistency with NCAAA standards, OC QMS mandates that academic programs should be represented by a program director (PD). A program's PD directly reports to the respective QU's head in coordination with the chair of the department. This is not meant to be a hierarchical conflict, but rather to free OC QMS of potential bureaucratic lags and barriers.

A PD may be selected according to the following criteria:

1. Holding a PhD in the field of the program.
2. At least 2 years of experience in teaching courses in the program's field.
3. Previous membership in QAC.
4. Sufficient experience in quality assurance and NCAAA standards.
5. Sufficient training in quality assurance, at least passing the NCAAA Quality Practitioner course.

6. Ability to effectively collaborate with faculty, students, administration.
7. Strong verbal and written communication skills.
8. Skills in delegation, conflict resolution, and team building.

A PD must be appointed through a formal designation letter issued and signed by the chairman of the relevant department. The process of PD designation and appointment is denoted I-P-07 in OC-QMS.

The main task of a PD is to oversee and lead the relevant QAC and its tasks and responsibilities outlined below.

Based on the two policies I-01 and P-10, OC QMS also mandates that every program must form a Quality Assurance Committee (QAC), headed by the program's PD. A QAC involves at least three faculty members with sufficient experience in quality management and OC QMS processes. Together, the program's PD and QAC are directly responsible for the actualization of OC QMS in their academic program, the ongoing implementation of program quality PDSAs, as well as follow-up and evaluation of internal QMS processes. The main duties and tasks of a QAC are given below:

1. Overseeing the implementation of the program's mission and goals and verifying the consistency of all program decisions with them, and periodically evaluating achievement levels according to the approved performance indicators and managing the process of reviewing and updating them when necessary, according to the procedures stipulated in this OC-QMS handbook. (In accordance with OC-QMS processes mainly P-P-01, P-P-02, P-E-04)
2. Managing the process of updating and reviewing the program's graduate attributes and learning outcomes of program (PLOs) and of courses (CLOs), in addition to the process of internal and external review, according to the time frames stipulated in OC-QMS. (In accordance with OC-QMS processes mainly P-P-03, P-P-05, P-C-11).
3. Managing the process of preparing and reviewing the program specification, courses' specifications and their related mappings and matrices, and updating them periodically according to the approved procedures and timeframes, and according to evaluation results and changes, in addition to following up on implementing all policies and procedures stipulated in those specifications. (In accordance with OC-QMS processes mainly P-P-09, P-P-10).
4. Following up and reviewing the results of CLOs assessments, exit exams, and preparing GAs and PLOs Assessment Plans (PLOAPs), and assessment reports according to the approved time frames. (In accordance with OC-QMS processes mainly P-E-02, P-C-06, P-P-07, P-C-07).
5. Following up, reviewing and approving periodic course reports, and preparing the annual program report (APR). (In accordance with OC-QMS processes mainly P-C-01, P-C-02, P-C-14).
6. Preparing essential quality reports such as the KPIs and Benchmarking report, annual survey report, peer review report etc. (In accordance with OC-QMS processes mainly P-C-05, P-C-08, P-C-09).
7. Managing the process of preparing the program's operational plan and ensuring the inclusion of all recommendations contained in periodic quality reports, recommendations of the professional advisory committee/board, as operational objectives, with verification of the consistency of activity plans (e.g. research, community, training) with operational objectives, and preparing an achievement report of the operational plan, in addition to evaluating achievement levels of program goals, according to the approved OC-QMS templates. (In accordance with OC-QMS processes mainly P-P-16, P-P-17, P-D-03, P-D-05, P-E-04).
8. Supervising the process of forming course teams and following up their work, implementation of their tasks, and minutes of periodic meetings. (In accordance with OC-QMS processes mainly P-P-12, P-D-06).
9. Periodically verifying the implementation of policies, procedures and periodic evaluations stipulated in the program specification, through following up the work of the program's main committees and

- their operational objectives such as the advising and guidance committee, scientific research committee, community service and volunteering committee, learning resources and facilities committee, exam committees etc. (In accordance with OC-QMS processes mainly P-E-04, P-D-05).
10. Contributing to quality and accreditation culture dissemination by direct coordination with the Quality Assurance Administration. (In accordance with OC-QMS processes mainly P-D-07).
 11. Forming self-evaluation and self-study teams for the program and supervising the preparation of the self-study report and providing all evidence and data related to it. (In accordance with OC-QMS processes mainly P-C-11).
 12. Managing the program account on the electronic quality system (OC-E-QMS). (Required by almost all OC-QMS processes).
 13. The committee should hold weekly meetings to review related tasks and documents and its decisions should be documented in formal minutes.
 14. The committee should totally comply with the policies, processes and procedures stipulated in this OC-QMS handbook.

The QAC key tasks above will be discussed in detail throughout the following chapters. The process of forming a QAC is denoted I-P-08 in OC-QMS.

3.6 Relational Links: Operational Coordination and Constant Communication

For OC QMS to run efficiently and maximize productivity, and in accordance with I-05, the five key institutional administrations in the quality structure do not function in isolation but interact with each other within the OC QMS boundaries. The interactive relations among the five administrations are represented by the dashed lines in Figure 3 above. These lines indicate mutual reporting as well as coordinated communication w.r.t. OC QMS. The four administrations must provide constant feedback to DAA regarding their QMS-related activities. The Performance Evaluation Administration is expected, given its main responsibilities and duties, to provide DAA with frequent institutional and programmatic reports of KPIs and surveys. The Strategic Planning Administration (SPA) should, as its main responsibility, provide DAA with performance and progress reports regarding the implementation of quality strategic goals and their relevant operational plans. The Professional Development and the Technology & Learning Resources Administrations are expected to coordinate with DAA when preparing their plans to ensure that these plans are consistent with the QMS requirements (e.g. training programs and learning resources plans are carefully aligned to the actual needs of faculty, staff, and students in the relevant programs according to the actual programs' quality evaluations and performance metrics). (For more on the responsibilities and duties of these administrations, please see the [Job Descriptions Handbook 23-24](#)). In return, DAA should coordinate with the four administrations when formulating its operational plans and activities to ensure their consistency with OC strategic goals and initiatives, performance evaluation frameworks, professional development procedures, and IT & learning resources requirements. Furthermore, DAA is expected to regularly report to SPA regarding its progress in implementing the annual quality operational plans.

3.7 Program Quality Organizational Structure: Essential OC-QMS Requirements

While OC-QMS does not impose strict limitations on the organizational structure of academic departments and programs, it does identify seven essential committees required for the proper implementation of the quality management system as stipulated by OC-QMS Programmatic Policy P-11 and in support of Institutional Policy I-01. These committees represent the minimum organizational components needed to

effectively carry out the key processes and activities mandated within OC-QMS. The seven essential committees are:

1. Quality Assurance Committee (QAC)
2. Professional Advisory Board/Committee
3. Course Teams
4. Guidance and Advising Committee
5. Scientific Research and Ethics Committee
6. Community Service and Voluntary Work Committee
7. Learning Resources, Facilities and Equipment Committee

Each of these committees has designated roles, responsibilities, and procedures outlined within the OC-QMS framework. QAC has been discussed in section 3.5 above, Professional Advisory Committee will be discussed in section 4.1.14, and course teams will be discussed in section 4.1.11 later. The minimum organizational structure in a department and its programs in Figure 3 is extracted for convenience in Figure 4 below.

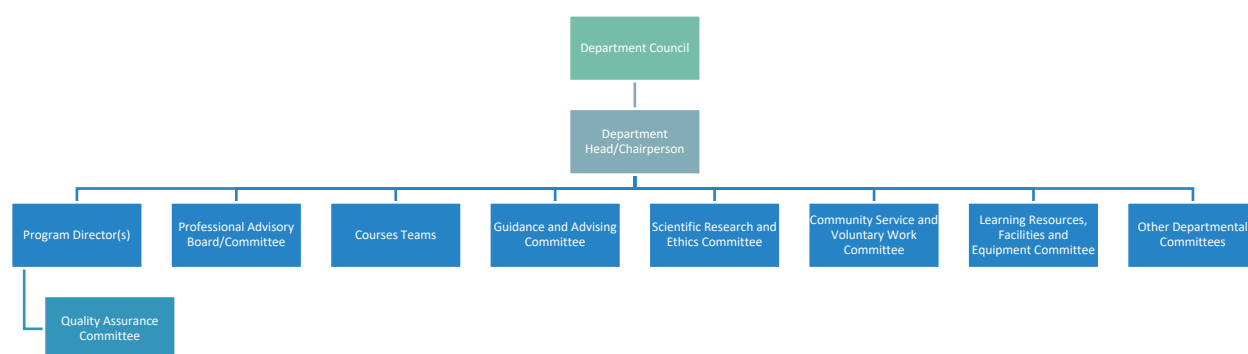


Figure 4: Quality Organizational Structure in OC Departments and Academic Programs (Minimum Requirements)

Every OC department is headed by a chairperson. As stipulated in the relevant OC Job Descriptions Handbooks, the chairperson should be a PhD holder with a minimum experience in administrative affairs of two years. The main (12) duties and responsibilities of a **department chairperson** are given below:

1. Preside over the Department Council, supervise the organization of its affairs, call for attendance at its sessions, implement its decisions, and send the minutes of its sessions to the Dean of the College.
2. Achieve higher goals and policies in colleges.
3. Implement the decisions of the College Council and the Department Council and follow-up of those decisions.
4. Supervise the preparation of the department's plans and follow up on their implementation.
5. Supervise administrative, academic and research management and development, as well as all committees within the department.
6. Supervise the level of quality.
7. Carry out the powers delegated to him by the Dean of the College.
8. Supervise the progress of all processes and plans within the department.
9. Supervise various student activities in the department.
10. Monitor the performance of exams and control the system within the department.

11. Supervise the recruitment of faculty members in the department.
12. Prepare a comprehensive annual report on the progress of study and academic, administrative and research performance in the department and submit it to the Dean of the College.

While there may be some overlap in their broader responsibilities towards upholding quality and achieving institutional goals, the department chairperson and program director perform clearly distinct roles within the OC-QMS framework.

The chairperson's duties are managerial and administrative in nature, providing high-level oversight on aspects like department operations, recruitment, curriculum development, and progress monitoring. The chairperson handles responsibilities at the department level such as presiding over the department council, supervising implementation of the strategic plan, overseeing exams and recruitment, and preparing the department's annual report.

In contrast, the program director's role is more hands-on and operational. As the leader of the Quality Assurance Committee (QAC), the director oversees the day-to-day quality assurance processes within the program, from managing reviews of program specifications to preparing assessment reports and operational plans. While the chairperson has a bird's eye view of the department, the director is fully immersed in the specific quality mechanisms and procedures of the program as delineated in OC-QMS.

In this way, the chairperson and the program director perform complementary rather than conflicting functions. The chairperson handles higher-level departmental supervision and administration. The director manages ground-level program operations and QA protocols. This division of labor allows each role to focus on their core responsibilities to together achieve OC-QMS objectives, program excellence, and institutional advancement.

The **Guidance and Advising Committee** is another essential OC-QMS committee within a department. The committee reports directly to the department chairperson and its main tasks and duties are given below:

1. Developing the mechanisms, procedures and forms of academic advising in coordination with the advising unit at the college level and according to best practices (locally and internationally).
2. Developing the mechanisms, procedures, and forms of career counseling in coordination with relevant parties in the colleges and according to best practices.
3. Developing the mechanisms, procedures and forms of psychological and social counseling in coordination with relevant units and administrations in the colleges, and according to best practices.
4. Monitoring and periodically evaluating advising operations in the program (based on periodic survey report results).
5. Following up on the activation of faculty members and students for the advising mechanisms in all its types.
6. Incorporating within the advising mechanisms procedures for identifying outstanding and gifted students and motivating them.
7. Incorporating within the advising mechanisms procedures for identifying underperforming students and procedures to support and deal with them.
8. Monitoring relevant program KPIs and surveys and implementing their specific action plans that are included in the program annual operational plans.
9. Periodic dissemination of the advising mechanisms in all their types, forms and procedures for students and advisors.

The second essential committee in an OC department is the **Scientific Research and Ethics Committee**. This committee reports directly to the chairperson and its main duties and tasks include:

1. Preparing a list of research priorities for the program and getting it approved by the department council in coordination with the research center at the colleges.
2. Developing and announcing a mechanism to ensure commitment of the research output in the program to the research priorities.
3. Preparing an independent annual plan for the annual research activities based on the programs' annual operational plans. (This plan should include activity and its type, timing, responsible person for implementation, target group, and expected impact) (See Section 4.1.10.3 below for more on these plans).
4. Preparing an annual report on the extent of faculty participation and contribution in research activities and scientific production stated in the college's research plan. This report should be documented in the annual program report (APR).
5. Developing a mechanism to ensure and monitor researchers' commitment in the program to rules of conduct, scientific integrity, and ethical practices (with specific procedures and forms according to the guide issued by the OC Research Center).
6. Periodic monitoring and calculation of KPIs and surveys related to scientific research.

The third essential OC-QMS committee in an OC department is the **Community Service and Voluntary Work Committee**. This committee reports directly to the chairperson and its main duties and tasks include:

1. Preparing a separate plan for community service activities and voluntary work activities, identifying external partners, consistent with the nature of the program and the colleges' community plans, and highlighting the role of students and faculty in those activities. This plan should be based on the programs' annual operational plan and the guidelines in section 4.1.10.3 below.
2. Periodically evaluating the community activities in which the program participates or provides.
3. Verifying that the community activities and voluntary work in which the student participates are related to their specialization.
4. Continuous communication and coordination with the Community Administration in the colleges to enhance the role of the program in institutional community plans.
5. Monitoring and periodically measuring the approved KPIs and surveys for community activities and volunteer work.
6. Encouraging and motivating faculty members and students to participate in the implementation of the community activities and volunteer work plan.

The fourth essential committee in an OC department is the **Learning Resources, Facilities and Equipment Committee**. This committee reports directly to the chairperson and its main duties and tasks include:

1. Periodic evaluation of the learning resources, facilities and equipment needed by the program, according to the relevant results of KPIs and surveys.
2. Developing a plan in coordination with the Risk Management and Development Department to train faculty, staff and students on public and professional safety methods and evacuation plans in emergencies.
3. Preparing a clear mechanism for the disposal of hazardous waste (if any) in coordination with the relevant administrations within the colleges.

4. Following a clear mechanism to provide public health and occupational safety requirements in the facilities and equipment in coordination with the relevant administrations.
5. Following the mechanism for procedures and guidelines detailed in section 4.1.4 (and Process P-P-13), in order to provide all learning resources specified in the course specifications, and resource requirements of the relevant programs, in addition to their relevant evaluations according to the guidelines in section 4.3.1.3 below.

In summary, the committee is responsible for the continuous review, acquisition, evaluation, and adjustment of learning resources to maintain their relevance, effectiveness, and alignment with program needs.

The process of forming these four committees (i.e. Guidance and Advising Committee, Scientific Research and Ethics Committee, Community Service and Voluntary Work Committee, and Learning Resources, Facilities and Equipment Committee) is collectively denoted in OC-QMS as I-P-09.

4 OC-QMS: Key Components and Procedural Framework

4.1 Planning (P)

At the institutional level, planning for quality is firmly embedded in OC strategic planning. More specifically, the current OC strategic plan (23-27) was built around five strategic themes carefully aligned with NCAAA standards as the themes reflect the major quality aspects: namely, quality of teaching and learning, quality of research, quality of community partnerships, improvement of facilities, improvement of services, improvement of academic environment, and improvement of resources including financial and learning resources. The first theme "Educational Excellence" includes several goals and initiatives to improve teaching and learning practices with a focus on quality and accreditation in education. The strategic planning process followed a structured methodology based on alignment, external and internal benchmarking, and gathering stakeholder inputs - hallmarks of the quality management approach adopted in OC-QMS. Furthermore, detailed KPIs were defined in the OC strategic plan to track progress across all strategic goals and programs. This demonstrates a focus on measuring quality outcomes, reflecting the main principles and policies outlined earlier. In addition, the plan identified several enablers. Its key enablers include automation, monitoring, evaluation and continuous improvement which are critical components of OC-QMS. For more on this, please refer to the OC strategic plan 23-27.

At the program level, QMS planning lays the foundation for a successful quality management system. This section outlines the key planning processes established in the OC-QMS to ensure academic programs implement systematic, evidence-based planning practices.

The planning cycle begins with defining the mission and strategic goals of the program through a collaborative process involving stakeholders. Goals are then aligned with quantitative metrics through the KPI mapping process.

Program graduate attributes and learning outcomes are also established through rigorous procedures that incorporate input from multiple perspectives to ensure outcomes are well-formulated and accurately reflect expectations. Curricula are then planned by mapping program outcomes to courses through a matrix assessed using statistical analyses to guarantee a balanced curriculum design. Course learning outcomes and their alignment to teaching strategies, learning activities, and assessments are also defined through structured processes to promote constructive alignment at the course level. An assessment plan guides the evaluation of learning outcomes by outlining how data from course and program-level methods will be

integrated for reporting on achievement. Standardized KPI measurement and surveys further support evaluation through centralized planning and institutionalized processes.

Recommendations from evaluation reports feed into the annual operational planning cycle, where objectives are outlined to systematically address areas for improvement.

Program and course specifications undergo periodic review and upgrading through regulated workflows to maintain updated guiding documents.

Special measures also ensure consistency and quality in courses delivered across departments or programs.

Overall, these planning procedures establish robust frameworks for systematically designing and continually improving academic programs in a manner reflective of stakeholder needs and the dynamic nature of the quality context.

4.1.1 Program Mission & Strategic Goals

The first and foremost step in an academic program's planning phase is to define its mission and goals as stipulated by Policy P-01. A program's mission statement should answer the following four questions (which are well-documented in the literature of strategic planning in higher education e.g., Collins, n.d.; Greathouse, 2001; Peeke, 1994):

- 1- Who you are? [State the name of your program]
- 2- What you do? [State the primary functions and activities of your program]
- 3- For whom you do what you do? [State key stakeholders. See principles 3 & 5 below]
- 4- Why you do what you do? [State your program's purpose, i.e. the primary reasons for its major activities and operations being performed]

In addition to addressing those questions, the mission statement (and goals, for that matter) of an OC academic program must be formulated based on the following guiding principles and practices:

1. Consistency with OC mission

The mission statement of an academic program must be entirely congruent with OC mission. **Firstly**, it must highlight the three strategic axes in OC's mission, namely quality of education, research, and community service. **Second**, it must clearly reflect the strategic priorities in OC's mission, most notably "preparing qualified graduates that fulfil the job market needs", "provide community services", and "enrich research contribution". **Third**, it must explicitly foreground the main stakeholders targeted in OC's mission statement, specifically students, graduates, employers, local community, and governmental institutions. **Fourth**, the program's mission must be derived from the immediate (internal) context in which the program is situated; that is, its academic and educational nature, the mission of the college/department to which it belongs, and its long-term potential for contributing to its field.

2. Awareness of External Context

The mission statement of an academic program should reflect a broader awareness of its external context, specifically local competition, governmental policies, regulations and expectations, as well as social climate and professional influences. The main keywords in a program's mission statement must generally indicate i) how the program should achieve its intended outcomes given the current national demand for its graduates, ii) how the program should meet the Kingdom's vision and expectations in compliance with Ministry of Education (MoE) regulations and by-laws; and iii) how the program will maintain its competitive advantage in the local and national labor markets.

3. W.I.S.E Mission

The mission statement of an academic programs in OC must be wide, inspirational, service-based and evaluable (W.I.S.E) (see e.g. Rey et al., 2017). That is, a program's mission should have a wide reflection of its essence and purpose that distinguishes it from other local and national programs, and that speaks to "the larger motivations that inform and guide" its members. Furthermore, the program's mission has to "come from within" by "discovering the individual missions" of its faculty, alumni, staff and students. It should genuinely inspire its stakeholders and deeply resonate most with their needs and interests. The mission should also be service-based. So, in addition to answering the "why we do the things we do", the mission statement should answer the "for whom we do the things we do". To this end, the mission statement is expected to highlight the major stakeholders receiving the program's services (mainly graduates and labor market). Finally, an OC program's mission must be evaluable in the sense that it translates clearly into measurable goals and objectives with short-, medium- and long-term plans and that its progress can be ultimately tracked through indicators and metrics.

4. Concise, Clear, Strategically Wise and Feasible

A program's mission statement must articulate clearly and concisely the program's ultimate goals as it defines why the program exists. It should also address the key services the program offers and the context of how those services will be offered. More importantly, the mission statement must provide a framework for its program's strategy. That is, it should clearly guide and effectively scaffold the formulation of program's strategic goals. This can be achieved by making sure that the mission statement is properly segmented in such a way that its keywords clearly define the strategic priorities of the academic program. For instance, the OC priority of "preparing qualified graduates that fulfil the job market needs" is expected to be a major part of all OC programs' mission statements, and to be neatly segmented from other parts of the mission. In doing so, the mission statement should provide a broad context for one or more strategic goals which may include "prepare professionally qualified and competent graduates to fulfil the needs of the labor market", "improve the learning experience of students", "improve academic counselling and professional guidance in the program" and so forth.

Finally, the mission statement of an OC academic program must be well balanced between ambition, aspiration, feasibility, practicality, predictability, and achievability. Common best practices regarding

mission statements allow for a reasonable degree of ambition to give a particular program its competitive edge, but without compromising its feasibility (Burukina & Yandovsky, 2015; Mateos-Gracia, 2019). One important way to ensure the feasibility of a program's mission is to assess the extent to which it is consistent with OC mission and the external context of the program. Another way is to encourage stakeholders' involvement, especially in the early stages of conceptualization and development of the mission statement and goals, as will be discussed next.

5. Closely Aligned with Stakeholders' Perceptions and National Trends

As emphasized by OC Quality Principle (#4) in [Chapter 2](#), OC stakeholders should have substantial involvement in all QMS planning, implementation, and evaluation processes. Development of a program's mission statement, definition of its goals, and verification of their relevance and quality are key areas where stakeholders' involvement is increasingly expected. As will be further discussed in the following subsections, there are multiple channels through which stakeholders can voice their opinions and express their views on the programs' mission and goals. Nevertheless, what should be underlined here is that stakeholders' perceptions of the program's mission and goals should be surveyed in terms of the following factors:

1. Clarity, comprehensibility, conciseness, and feasibility of the mission statement and goals.
2. Relevance of mission and goals to internal and external contexts.
3. Their consistency with OC strategic priorities, OC core values, national trends and policies.
4. Appropriate alignment of goals with the mission statement.
5. Appropriate alignment of mission and goals with the program purpose and activities.
6. Appropriate alignment of mission and goals with stakeholders' needs and expectations, including those of labor market and key employers.
7. W.I.S.E-ness of the mission statement.

Furthermore, the mission and goals of an OC academic program should adequately reflect the major national trends and the Kingdom's Vision (2030), in general, and its transformational programs (NTPs) as well as MoE's Strategies in particular. This reflection can be highly accomplished by taking into consideration the main strategic themes and objectives of higher education as outlined in the official documents of NTPs' and MoE's 10-year Strategy (see NTP's website, 2022; MoE's Strategy, 2020). For convenience, these national objectives are summarized below (adapted from Ahmed, 2019):

- Improvement of recruitment, training, and development of faculty,
- Improvement of the learning environment to stimulate creativity and innovation,
- Improvement of curricula and teaching methods,
- Improvement of students' values and core skills,
- Development of financing methods and financial efficiency,
- Addressing national development requirements and labor market demands,
- Increasing private sector participation in the education sector.

As outlined in [OC Strategic Plan \(23-27\)](#), these national objectives for higher education are the foundational underpinnings of OC mission and main goals. Therefore, a clear alignment between program's goals and OC strategic goals is a strong indication that the program's goals are well aligned with the seven national objectives above.

6. Closely Aligned with Labor Market Dynamics and Employability Skills

The mission and goals of an OC academic program should take into consideration the key factors that shape the functions and outcomes of Saudi labor market. In doing so, the mission and goals should generally address the dynamic nature the labor market in terms of supply and demand, social, economic, and demographic drivers, as well as the constant change of national employability skills. These dynamic factors are continuously reviewed and monitored through national platforms and networks, most notably TAQAT (National Labor Gateway) and Tamheer (NLG Website, 2022). Both are periodically updated to provide a timely indicator of the Saudi labor market trends and needs, and of the employability skills needed in the workforce. Furthermore, both are developed with a keen eye on the 21st Century Skills including critical thinking, collaboration, communication, technology literacy, information literacy, and social skills (EPD, 2019). To this end, the program's mission and goals should be properly formulated to provide an educational context for emerging and current employability skills (and 21st Century Skills, for that matter), and for translating these skills to well-defined graduate attributes and learning outcomes. More on this will be discussed in [section 4.1.2](#) below.

4.1.1.1 Program Strategic Goals

All the principles discussed above are applicable to the goals of an OC academic program. Based on Policy P-01, programmatic goals are directly tied to and derived from the program's mission. They form a coherent set that fit together to support the mission statement. Therefore, programmatic goals are strategic in nature and should not be confused with educational goals and objectives. As will be seen through the course of this handbook, OC, in alignment with NCAAA standards, adopts a student-centered, learning outcome-based model of teaching and learning. Program learning outcomes, by necessity, encapsulate the higher-level learning expectations and educational aims and objectives. Hence, the educational element in programmatic goals should be kept at minimal to avoid duplication, redundancy and potential overlap between programmatic goals and learning outcomes. For instance, goals that aim to enable students to acquire very specific skills or to develop knowledge of certain theories in the field, lend themselves to the realm of learning outcomes. This does not mean, however, that a programmatic goal should be completely stripped out of any educational content, but rather its main theme and focus should lean towards the strategic priorities established in the mission statement.

To maintain the strategic focus of programmatic goals, there are two vital steps to consider. First, a program should ensure that its goals are directly mapped to the main keywords in its mission statement. These keywords highlight the strategic priorities of the program as discussed earlier. Second, the program's goals should fall into the main OC strategic categories and themes listed below.

- Preparation of competent and qualified graduates with employability skills demanded in the labor market.
- Improvement of the academic and administrative environment within OC.
- Improvement of the teaching and learning experience in OC, including students performance and attainment of social and personal skills.
- Improvement of academic, social, psychological and professional advising, counselling and supportive services.
- Enhancement of the performance of faculty members and staff both professionally and academically.

- Improvement of development, community and consultation services provided to the local community of Qassim.
- Improvement of research (quality and production), and related services and infrastructure.
- Improvement of facilities, equipment, learning resources, supporting infrastructure, operations and services.
- Improvement of quality assurance system, procedures, processes and activities.

It should be mentioned here that the kind of 'improvement' implied in those themes is 'continuous', as explicitly envisaged by Principle 4 in Section 2 above. Programmatic goals falling into these categories will ipso facto provide a meaningful context for the program's operational planning, as they can be readily translated into SMART objectives in the program's operational plan (more on this will be given in section 4.1.10 below).

4.1.1.2 Procedure for Formulation, Assessment and Approval of Mission and Goals

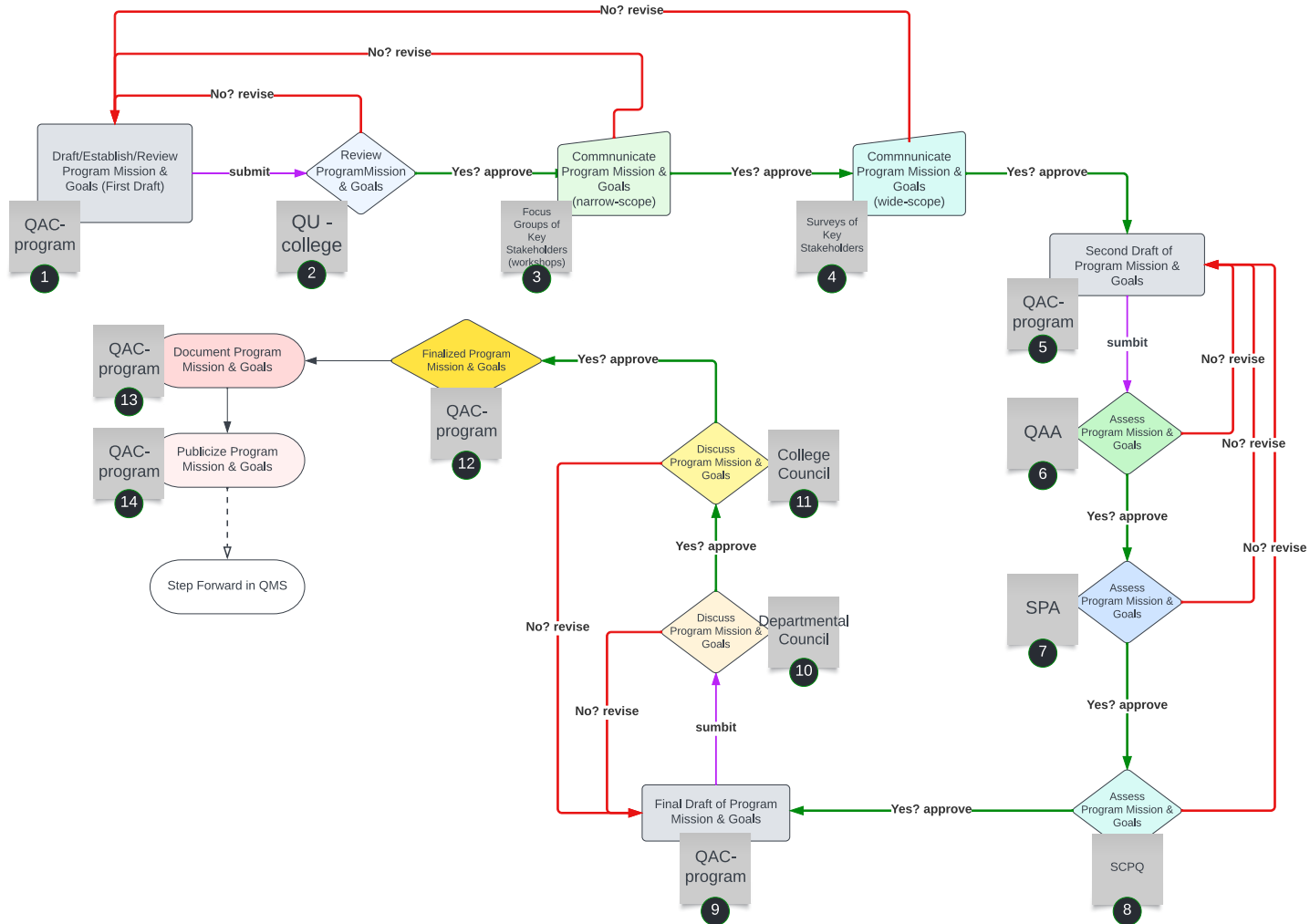


Figure 5: A flowchart demonstrating the process of program's mission & goals drafting, review and approval (Process Code: P-P-01)

Figure 5 above illustrates the procedural flow for formulation, drafting, revision, review and approval of an OC program's mission and goals. In the case of a newly established program, the process begins with drafting an appropriate mission statement and defining an initial set of strategic goals. In the case of an existing program which has just completed its full or intermediate cycle, the drafting step should involve a thorough revision based on comprehensive review and evaluation of the existing mission and goals outputted from process P-E-04 discussed in section 4.3.1.7 below. In this first step, it's the responsibility of the program's quality assurance committee (QAC) to ensure that the drafted mission statement and goals are in full alignment with the principles discussed above. Next (in step 2), the first draft of mission and goals are submitted to the quality unit (QU) in the respective college. QU should assess the extent to which the preliminary mission statement and goals satisfy the principles and requirements set out above. In case the first draft does not conform to the principles, it should be sent back to QAC for further revision. The request for revision must be in writing, must include detailed comments, and must be prepared using the [OC-QMS-P-01](#) template (discussed in section 4.1.10 later). Once the revised draft is re-submitted by QAC, it should be re-assessed and approved by QU. Next (in step 3), QAC, in coordination with QU, should arrange for workshops and meetings with representative focus groups of key stakeholders as expected by OC-QMS Guiding Principle #4 and its related institutional and programmatic policies. In those meetings, QAC should solicit qualitative feedback from stakeholders regarding the drafted mission statement and goals. The desired format of those meetings, along with their guiding questions, is outlined in the relevant template ([OC-QMS-P-02](#)). The first draft should be carefully revised in response to stakeholders' feedback, and then pushed forward to step (4). In this step, QAC should obtain feedback on the revised draft through a larger scale opinion survey that includes more representative samples of key stakeholders. A statistical analysis of this survey should provide a more quantitative understanding of stakeholders' opinions, and, again, the first draft should be revised in light of its results. For this survey, QAC should use a questionnaire based on or identical to that presented in [PO-PMGE](#).

Once the mission and goals are updated and revised based on aggregated stakeholders' feedback, they should be incorporated into the second draft (in step 5). The second draft should then be submitted to the Quality Assurance Administration (QAA) for review and approval (6). QAA will use [OC-QMS-P-01](#) as the basis for the assessment and review process, after which the draft is either returned to QAC for further revision or forwarded to the Strategic Planning Administration (SPA) in step (7). SPA will use the same [OC-QMS-P-01](#) template for the review and assessment of the second draft, with a special focus on the extent to which the mission statement and goals are consistent with OC mission, OC main strategic goals and priorities (as required under principle 1 above). SPA is then expected to either return the second draft to QAC for more revision or put it forward to the Senior Committee for Planning & Quality (SCPQ) (8). Here, the second draft should be substantiated by all relevant documents (e.g., signed [OC-QMS-P-01](#), [OC-QMS-P-02](#), alignment matrices and templates) as well as a clear recommendation for approval by SPA. SCPQ should either request a final revision of the draft or approve it as is and formally recommend it as the basis for the final draft in step (9).

The final draft of mission and goals should be discussed in a dedicated departmental meeting (10), and once approved, should be sent to the respective college council for further discussion and approval (11). Next, the approved draft should be finalized (in 12) by QAC and, then (13), documented in the program specification (NCAAA-T3) and the introductory sections of [OC-QMS-P-03](#) (the Program Operational Plan Template). ([More details on these templates will be provided in later](#)). All documents relevant to the steps above (including signed and approved templates as well as meetings and focus groups' minutes) should be attached as hyperlinks and scanned extracts where appropriate.

Finally, QAC should take further steps to publicize the finalized mission statement and goals (14) through -but not restricted to- extensive dissemination of program brochures, handbooks, posters, banners, bulletins, webpages of the program in OC website, official emails, orientation programs, memoranda for boards, councils and committees, official announcements issued by the program, and so forth. By completion of steps 1-14, the finalized mission and goals are ready to proceed to the next step in which they should be aligned with appropriate KPIs, as discussed in the following sections.

4.1.1.3 Procedures for Assuring the Quality of the Program's Mission Statement and Goals

All key steps in the flowchart above are associated with specific measures to ensure the quality of the various drafts of mission and goals. In early stages, QAC is expected to ensure that the first draft of mission and goals conform to all the principles laid down earlier. This largely depends on a careful consideration of the required principles but can be partly achieved by proper alignment of initial mission and goals with OC mission, OC strategic goals, OC Graduate Attributes and so forth. Such alignment is highly facilitated through the alignment matrices included in section 2 of [OC-QMS-P-03](#) ([provided in Appendix...](#)). QU will base its evaluation of the first draft on the criteria outlined in [OC-QMS-P-01](#) ([provided in Appendix...](#)). Those criteria encapsulate the required principles, and they are structured as an analytic rubric. This rubric consists of several assessment aspects and questions addressing the conformity of the first draft to the required principles including its degree of alignment with OC strategy, the extent to which it addresses stakeholders and labor market needs, its clarity, feasibility, relevance to internal and external contexts, consistency with national trends, W.I.S.E.-ness, and so forth. The first draft will be graded on the 1-5 scale according to the average score of the rubric. The threshold for a passing score is 4 out of 5 points. In case the first draft does not pass the threshold, it should be returned to QAC with detailed feedback and clear indications of how to improve it. The same rubric and quality procedure are repeated in steps 5 and 6 by QAA and SPA, respectively.

For obtaining stakeholders' feedback on the quality of the drafted mission and goals, QAC should use [OC-QMS-P-02](#) ([provided in Appendix...](#)) in the focus groups meeting in step 3. This template is based on a rubric similar to that in [OC-QMS-P-01](#), but with more open-ended prompts that encourage stakeholders to suggest further goals, activities or skills to be added to, removed from, modified or clarified in the first draft. In step 4, QAC should use a questionnaire based on [PO-PMGE](#) ([provided in Appendix...](#)). This survey generalizes the criteria-based rubric set out in [OC-QMS-P-02](#), through a set of closed-ended questions that can be quantified through specific KPIs. QAC should carefully analyze the results of [PO-PMGE](#) and reflect this analysis in the revised mission and goals. In the subsequent steps, it is the responsibility of QU, QAA and SPA to evaluate the revised draft in terms of the extent to which it reflects those results, and then, document their evaluation in the corresponding rubric items in [OC-QMS-P-01](#).

In steps 8,10 and 11, the quality of the drafted mission and goals is evaluated qualitatively through formal discussions by SCPQ, department and college councils, respectively. Those discussions should be based on the principles outlined above and should be supported by all the documents and approval letters/minutes as well as assessment forms and results from earlier steps.

4.1.1.4 Mapping Program Strategic Goals to KPIs and Setting KPIs Targets

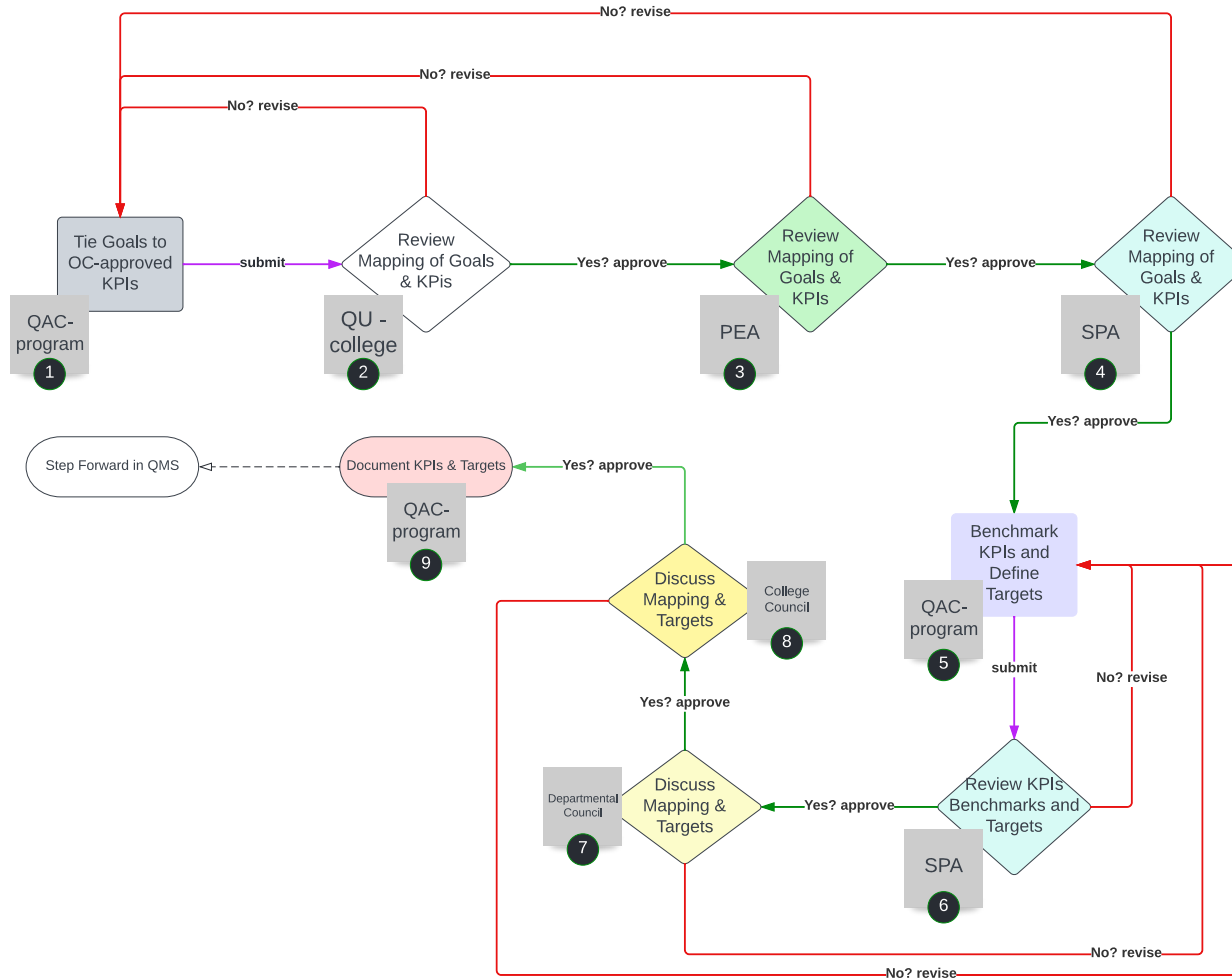


Figure 6: A flowchart demonstrating the process of mapping program strategic goals to KPIs, benchmarking & setting targets (**Process Code: P-P-02**)

Once the program mission and goals are finalized, QAC should link every program strategic goal to a set of KPIs as stipulated by policy P-01. The KPIs should be selected from OC-approved KPIs that are detailed in [OC Guidebook on Programmatic KPIs and Surveys](#). OC-approved KPIs have been carefully chosen and closely aligned with OC Strategy and NCAAA standards, and they cover various areas of OC strategic focus (including academic quality, quality of student support, facilities and services, and quality of research). Furthermore, OC-approved KPIs follow the best practices outlined in the relevant literature (e.g., Rowley & Sherman, 2014 p. 101; Dolence, Rowley & Lujan, 1997) as each KPI has the main characteristics of a meaningful KPI; namely, being quantifiable & measurable, being aligned with the most important strategic priorities of the institution, and allowing for multiple levels of analysis (i.e., institution, college, and program).

As shown in Figure 6 above, the first step in the mapping process is to link program goals to appropriate OC-approved KPIs; a process known in the literature as KPI alignment (e.g. Baxter, 2015) and some guidelines on the so-called 'ideal' KPI alignment are proposed by researchers and practitioners (e.g. Wilding, 2016). Initially, QAC should take all necessary measures to ensure that the linkage between program strategic goals and OC-approved KPIs is logical, comprehensible, and justifiable. As outlined in [OC Guidebook on Programmatic KPIs and Surveys](#), OC-approved KPIs are divided into two main categories: primary and secondary (or supportive). Primary KPIs include KPIs that are tied directly to the core strategic priorities of OC and considered as the main metrics to evaluate OC progress towards its strategic goals.

To facilitate initial KPI alignment,

Table 2 below provides a general guide where primary KPIs are appropriately linked to each OC strategic category. A program goal that falls into one of the categories in the first column is expected to be linked with the corresponding primary KPIs listed in the second column. It should be emphasized here that programs are at full liberty to further link a specific goal to secondary KPIs. For example, a goal in category (2) can be further aligned with secondary KPIs such as OC03, OC04, OC07 and/or OC08, in case there is a pressing need to closely track the performance toward this goal. However, the minimum level of KPI alignment requires linking a program goal to all relevant primary KPIs.

Table 2: Plausible Mapping of OC Strategic Themes/Categories to OC-approved Primary KPIs

OC Main Strategic Themes/Categories ¹	Appropriate Primary KPIs ²
1. Preparation/Production of competent and qualified graduates with employability skills demanded in the labor market.	KPI-P-07 KPI-P-09
2. Improvement of the academic and administrative environment.	OC06 KPI-P-13
3. Improvement of the teaching and learning experience.	KPI-P-03 KPI-P-02 KPI-P-12
4. Improvement of academic, social, psychological, and professional advising, counselling and supportive services.	KPI-P-04 KPI-P-05 OC25 OC26 OC27

¹ Discussed in Section 4.1.1.1 above.

² Detailed in OC Guidebook on Programmatic KPIs and Surveys.

5. Enhancement of the performance of faculty members and staff both professionally and academically.	OC45 OC46
6. Improvement of development, community and consultation services provided to the local community of Qassim.	OC44
7. Improvement of research quality, production, and related services and infrastructure.	KPI-P-14 KPI-P-15 KPI-P-16
8. Improvement of facilities, equipment, learning resources, supporting infrastructure, operations, and services.	KPI-P-17 OC58
9. Improvement of quality assurance system, procedures, processes, and activities.	KPI-P-01 KPI-P-10 OC-63

The first QAC attempt of KPI alignment should be submitted to the corresponding QU. QU in step (2) will focus on whether the alignment is logical and sufficiently accurate, and whether it conforms to the practices discussed in the [OC Guidebook on Programmatic KPIs and Surveys](#). QAC should carefully revise the alignment according to QU's comments. Once the revised alignment is accepted by QU, it should be forwarded to PEA (Performance Evaluation Administration). PEA in step (3) will re-assess the alignment in light of the [OC Guidebook](#) and either confirm QU's decision or return it to QAC for further revision. Next, the revised alignment should be submitted to SPA in step (4). SPA's main focus in this step is to assess the extent to which the program KPI alignment is in harmony with the institutional KPI alignment in OC Strategic Plan, and, ultimately, the extent to which program KPI measurement (later during the Evaluation S/C stage in OC-QMS PDSA) would contribute to the overall assessment of OC progress towards its strategic goals.

Once the alignment is approved by SPA, QAC is ready to set KPI targets in step (5). To this end, QAC should carefully follow the guidelines outlined in the [OC Guidebook on Programmatic KPIs and Surveys](#). Those guidelines mainly include principles and procedures for establishing initial KPI targets, conducting internal and external benchmarking, setting new targets and so forth. Next, SPA in step (6) will review the targets and benchmarks set by QAC, focusing on the extent to which they are properly aligned with OC KPIs targets and (internal and external) benchmarks, and to which they conform to the [OC Guidebook](#). Once the program targets and benchmarks are approved by SPA, they should be forwarded to the department and college councils for subsequent discussion and approval in steps (7) and (8). The councils should base their discussion on the appropriateness of the whole KPI-Goal mapping process (as well as KPI targets and benchmarks) to the current context of the program within the respective department and college, especially in relation to the main departmental/collegiate goals, aspirations, and expectations. In case the department/college suggests major revisions, the mapping should return to step (5); otherwise, it should be well documented, especially in [OC-QMS-P-03](#). Once documented in step 9, the planning step in the PDSA of KPI-Goal mapping, targeting, and benchmarking is completed.

4.1.1.5 Program Mission & Goals in Decision-Making

As explicitly required by NCAAA standards, the finalized and approved program mission and goals should be the primary basis for decision-making at all levels. More specifically, the program mission and goals should be the basis for all decisions from college/department councils (as required by policy P-01) and program committees pertaining to planning, evaluation, improvement, minor and major changes,

recruitment, approval of activities, procedures, grants, scholarships and so forth. The minutes of those councils and committees must explicitly include clear alignment and connection between a given decision and the mission element and goals it supports. For example, a decision for updating a PLO must be clearly linked to the mission and goals supporting that PLO (e.g. 'qualified graduates with employability skills'). Likewise, a council decision for approval of conference attendance must be explicitly linked to the relevant program goals (e.g. research goals). A further example is a committee/department decision for approval of a community service activity which must be based on the program goals aiming to build successful community partnerships.

Finally, in line with the eight OC-QMS principles discussed earlier and, a program mission and goals should be subject to periodic review and update.

4.1.2 Program Learning Outcomes, Graduate Attributes and Curriculum Mapping

Numerous recent studies have observed a global shift in higher education towards outcome-based education (OBE) (Castillo, 2014; Tam, 2014; Szulevicz et al., 2016; Hayati et al., 2021). Outcome-based learning contributes to making education more student-centered (Adamson et al., 2010), and to improving the quality of higher education in general (Jones, 2018). Consequently, OBE has become the central part of national qualification frameworks in many countries, including Saudi Arabia, (Kennepohl, 2016). Furthermore, a considerable number of accreditation associations, bodies and agencies adopt and follow outcome-based learning models, including NBA, ABET, NAAB, ACPE and NCAAA.

Learning outcomes describe what the student should achieve, rather than what the institution intends to teach (Allan, 1996). Outcome-based learning is a "result-oriented" approach to education in which the whole curriculum is driven by the outcomes that students are expected to achieve upon the completion of a given program/unit. Philip (2019) draws attention to the fact that outcome-based learning is much different from objective-based learning. Whereas objective-based learning is mainly concerned with "what the lectures intend to cover in the class", learning outcomes "lay down what the students will accomplish ... as a result of the learning experience" (p. 104). Furthermore, higher education is increasingly accepting learning outcomes as a 'transitional' replacement of learning objectives (Philip, 2019:105). Therefore, caution should be exercised when defining program learning outcomes, and the focus should be on the final outcomes rather than educational objectives. As mentioned earlier, the strategic priorities of the program mission are addressed through its strategic goals and operational objectives, whereas the educational priorities in the program mission are encoded in its learning outcomes. Hence, OC-QMS, in line with NCAAA requirements, allows, but does not require academic programs to define learning objectives neither at the program level nor at the course/unit level (except for an overall course objective as will be discussed later). In fact, OC-QMS **strongly recommends against defining learning objectives** as they i) can 'negatively' shift the focus away from students to instructors or learning materials, and ii) be most likely and easily confused by students and instructors with intended learning outcomes (Spady, 1988; Philip, 2019)¹.

Outcome-based learning is perfectly consistent with OC QMS fundamental principles (in particular Principle 5 outlined in section 2.1 above). Accordingly, and as required by policy P-06, all OC programs are required to define program learning outcomes (PLOs) and course Learning outcomes (CLOs) early at the planning

¹ Moon (2002) argues that "basically the term 'objective' tends to complicate the situation, because objectives may be written in terms of teaching intention or expected learning... This means that some descriptions are of the teaching in the module and some are of the learning... This general lack of agreement as to the format of objectives is a complication, and justifies the abandonment of the use of the term 'objective' in the description of modules or programmes."



stage, and immediately after finalizing its mission statement and goals. In this respect, Rehman & Malik (2020) underline several major concepts subsumed under 'outcome-based education', most notably "i) stakeholders' involvement in defining PLOs, ii) a well-developed curriculum to achieve PLOs, and iii) course mapping to program learning outcomes for contribution and development of continuous improvement process" (p. 4). Details and specific procedures related to those concepts will be discussed in the following subsections.

4.1.2.1 Defining Program Learning Outcomes

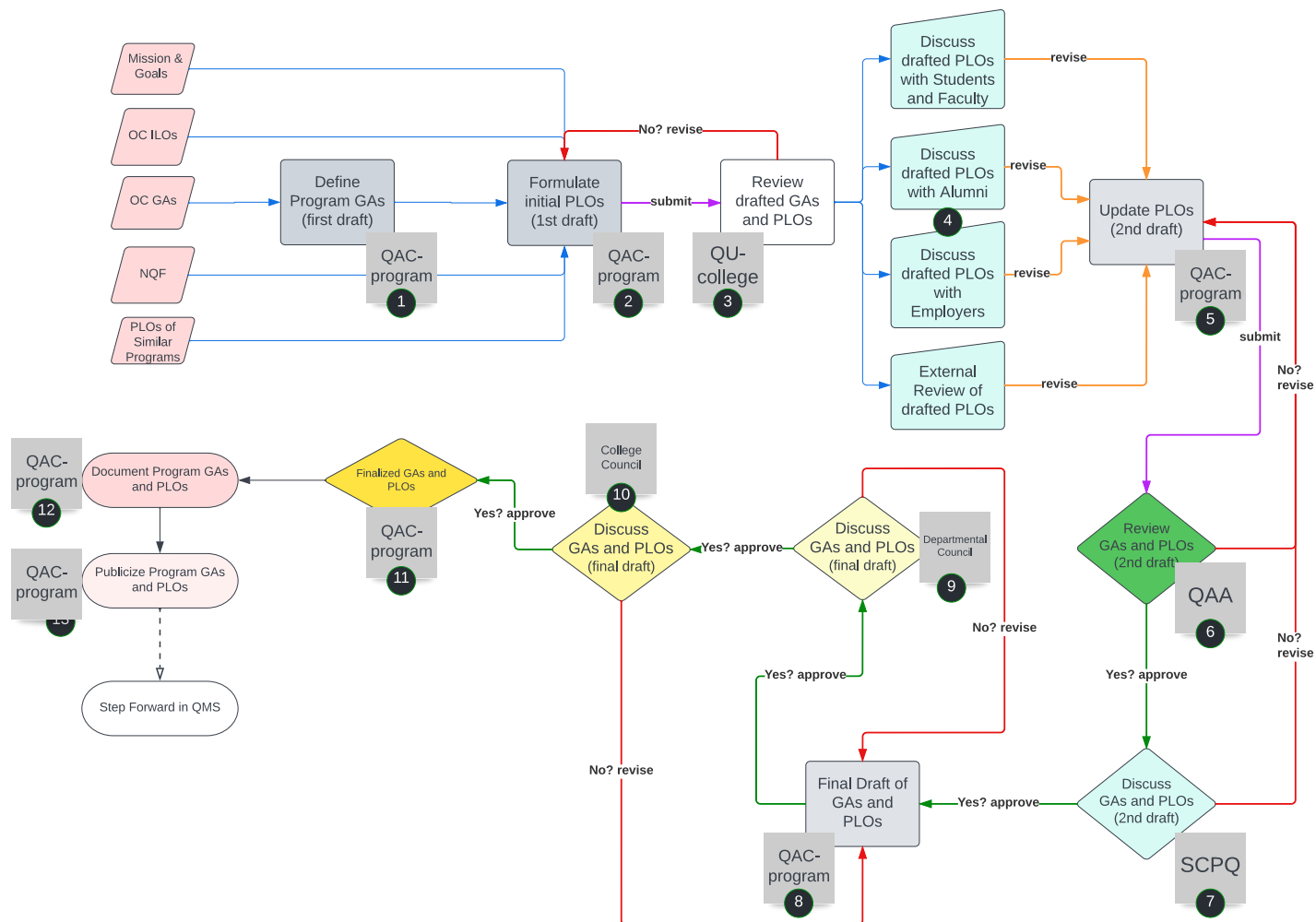


Figure 7: A flowchart demonstrating the process of GAs and PLOs Formulation, Review and Approval (**Process Code: P-P-03**)

The first step in the planning process of program graduate attributes (GAs) and program learning outcomes (PLOs) is to define an initial set of GAs. Program GAs must be derived directly from OC GAs ([introduced and detailed in OC Graduate Attributes and OC Learning Outcomes Document approved by SCPQ Session 1 on 28-02-2022; see also section 4.1.16 below](#)), which, necessarily, should embody the major employability and generic skills (i.e., in-depth knowledge in the field, effective communication, problem solving, technical and quantitative capabilities, ethical competence, learning autonomy and teamwork). In this step, QAC should carefully tailor this initial set of GAs to reflect the program's academic discipline. For instance, an engineering program is expected to formulate its graduate attributes in such a way that the scope of each generic skill is narrowed and limited to the field of engineering (e.g. in-depth knowledge in electrical engineering, working effectively in electrical engineering teams, solving electrical engineering problems etc.).

Next (2), QAC should develop an initial set of PLOs that is ultimately based on five major inputs:

1. program graduate attributes,
2. OC institutional learning outcomes (ILOs),
3. program mission and strategic goals,
4. Saudi National Qualification Framework (NQF-KSA), and
5. PLOs of similar national and international programs.

That is, every program GA should be translated into one or more PLO. For instance, a GA of "problem solving" in a cybersecurity program must be adequately addressed by one (or more) PLO(s) that involves e.g., "diagnosis of cybersecurity events", "critical analysis of cybersecurity threats and vulnerabilities through mathematical and computational models", and "proposal of creative solutions to common cybersecurity issues". Alignment between PLOs and program GAs should always be explicit and transparent through the application of appropriate matrices and similar tools (included in [OC-QMS-P-04: Template for Program GAs & PLOs Specification and Curriculum Mapping](#)).

The second input for drafting initial PLOs is institutional learning outcomes (ILOs). OC has defined and approved ten ILOs, outlined and discussed in [OC Graduate Attributes and OC Learning Outcomes Document approved by SCPQ Session 1 on 28-02-2022](#). OC ILOs are directly derived from OC GAs as well as the general learning outcomes specified in the Saudi NQF official document (Saudi NQF, 2020), and fall into the three learning domains, namely, i) knowledge & understanding, ii) skills, and iii) values, autonomy and responsibility. All OC programs are expected to base the first draft of PLOs on OC ILOs, and ensure their full alignment with the three NQF domains. QAC should support this alignment with alignment matrices included in the introductory part of [OC-QMS-P-04](#).

Furthermore, the initial set of PLOs must adequately reflect the educational aspects subsumed under the program mission and goals. For instance, if the educational aspect of a given program mission involves students' qualification and acquirement of employability skills, then the initial set of PLOs must include specific PLOs that encapsulate skills such as fundamental knowledge, solving complex problems, critical thinking, effective communication, effective participation in teams, demonstration of ethical values and so forth. Along the same lines, a program goal aiming to improve certain social and personal skills of its students should be reflected in PLOs that involve "effective teamwork", "demonstration of professional conduct", and "taking responsibility for self-learning and management". A further example is a program goal aiming to develop research skills of both faculty and students, which should be tied to PLOs involving e.g., "sufficient knowledge of research processes in the field" and "appropriate application and interpretation of research methods".

The fourth input for initial PLOs is the Saudi National Qualification Framework (NQF-KSA) guidelines and requirements (Saudi NQF, 2020). NQF-KSA provides a "comprehensive and uniform structure for building,

organizing, and categorizing qualifications into levels based on learning outcomes” (ibid., p. 8). The NQF ‘matrix of levels’ categorizes qualifications into eight levels starting from primary education at level 1 and ending with doctoral degree (or equivalent) at level 8. Each level has its own ‘descriptors’ which include general learning outcomes expected to be attained by learners at that level of a given program. When defining the initial set of PLOs, QAC should ensure that the set is consistent with NQF-KSA descriptors, mainly regarding its appropriateness for the level of the program (e.g. Level 6 for bachelor programs, Level 4-5 for diplomas), and for the ‘scope and depth’ of the level’s expected learning outcomes. For instance, “having basic knowledge and understanding of concepts and principles in a given field” is adequately consistent with level 4-5 (diploma degrees), whereas “having broad in-depth knowledge and comprehension of concepts and principles” is more consistent with level 6 (bachelor’s degree). Similarly, according to NQF-KSA, a learning outcome that involves “awareness of values and ethics associated with professional practices in a discipline” is appropriate for level 4 programs, but not for level 5 and level 6 programs where a more appropriate learning outcome would be “demonstrating ethical and professional codes of conduct expected in a field of work”. In addition to the recently issued template by ETEC (TP-150L6), QAA developed a template that should help programs to ensure consistency between PLOs and NQF-KSAOC-QMS-P-04. In the relevant sections, the template contains a matrix table that should help the academic program to align its PLOs with NQF descriptors.

The fifth input of the initial PLOs is PLOs of i) similar programs, ii) international accreditation, and iii) National Project for Learning Outcomes in Higher Education (NP-PLOs, 2013). For (i), QAC should choose two similar programs, local and international, and obtain copies of their publicized PLOs (e.g. from official websites). Next, QAC should compare the initial set of PLOs with those external PLOs using appropriate matrices (included in [OC-QMS-P-04](#)). The main objective of this comparison is to assess the extent to which the initial PLOs are consistent and aligned with ‘specialized academic standards’ related to the program’s field. QAC should also consider further comparisons of the initial PLOs with, where appropriate and applicable, PLOs proposed by international accreditation agencies (e.g. ABET, AACSB, NAAB) and by NP-PLOs. The same alignment matrices can be used for those comparisons.

Moreover, QAC should ensure that the initial PLOs are well written according to good practices outlined in the relevant literature (e.g. Kennedy et al., 2006; Popenici & Millar, 2015). These practices mainly require that PLOs must involve a ‘single’ measurable verb, be clear, avoid vague verbs and ambiguous words (such as ‘*know*’, ‘*understand*’, ‘*be familiar with*’, ‘*be exposed to*’, ‘*be acquainted with*’, ‘*be aware of*’ etc.), and must use explicit verbs appropriate for the relevant learning domain (e.g. ‘*state, identify, list, compare, describe, distinguish, suggest*’ for knowledge and understanding, ‘*solve, analyze, investigate, design, use*’ for skills, and ‘*act, demonstrate, participate*’ for the domain of values, autonomy and responsibility). In addition, A PLO should be broad enough to be deconstructed, later, into a set of course learning outcomes.

Once the initial set of PLOs is completed according to the guidelines above, it should be sent to QU for its first review (in step 3). For this review, QU will mainly depend on [specific templates for PLOs Internal/External Review \(OC-QMS-R-01 provided in Appendix .\)](#). This template includes a criteria-based rubric that evaluates the quality of initial GAs and PLOs in terms of many aspects including their specificity, the extent to which they state what the students would eventually learn, their measurability, their achievability, their consistency with labor market needs, NQF-KSA, program mission and goals, PLOs of international accreditations, and OC GAs and ILOs; and their forthcoming realization through the program’s curriculum. Furthermore, QU will ensure that the initial set is an appropriately combined output of the five inputs listed above.

Next, the revised set of PLOs should be shared and thoroughly discussed with representative samples of stakeholders (based on Principle 4 in section 2.1 above). These samples mainly include (both genders of) students, faculty, graduates/alumni and employers. All discussions and comments should be guided by [OC-](#)

[QMS-R-01](#), and then documented, recorded, and dated appropriately. Furthermore, in alignment with Principle 5 discussed in section 2.1, the initial set of PLOs must be sent to at least three external reviewers who are experts in the relevant academic field and who have sufficient background on quality assurance and its requirements. External reviewers should use [OC-QMS-R-01](#) for review and feedback. QAC should revise and update the GAs and PLOs according to feedback from stakeholders and external reviewers and prepare a second draft of PLOs in step (5).

The second draft of PLOs should then be forwarded to QAA (step 6) for further review. QAA should also use [OC-QMS-R-01](#) for its review, with special attention given to the extent to which external reviews and stakeholders' feedback regarding GAs and PLOs are taken into consideration in the second draft. In case the drafted PLOs do not meet the criteria set forth in [OC-QMS-R-01](#) or that some important issues raised by stakeholders or external reviewers are not sufficiently addressed, the second draft must be returned to QAC for further revision. Otherwise, the draft should be forwarded (step 7) to SCPQ which is expected to either approve it or return it to QAC for further revision. Once the draft is approved by SCPQ, QAC should formulate the final draft of GAs and PLOs (step 8) and send it for further discussions and final approvals to departmental and college councils (steps 9 & 10). Minutes of those councils must be recorded where discussions and decisions must be forthright and explicit.

Once the program GAs and PLOs are approved by those councils and modified according to comments and discussions thereof, the finalized version should be well documented (step 12), especially in the program specification (NCAAA-T3 which will be discussed later) and [OC-QMS-P-04](#). Finalized GAs and PLOs must then be widely publicized through the same means used to publicize the mission and goals discussed in section 4.1.1.2 (e.g., program introductory handbooks, orientation programs, program website etc.). Finally, the program GAs and PLOs are ready to move forward in OC-QMS.

4.1.2.2 PLOs Tracks, Entry and Exit Points

An important step to ensure greater consistency of PLOs with NQF-KSA is to take program major tracks and exit points (if any) into consideration while drafting PLOs (especially in steps 1 & 2 above). OC-QMS, based on NCAAA requirements, mandates that all tracks must have their own PLOs derived directly from the general PLOs of the program. Relevant common practices (e.g., Keating & DeBoor, 2018) suggest that every track should adopt the general PLOs of the program (as is), with some PLOs slightly and carefully modified to reflect the needs and expectations of a particular track. The number of 'track-specific' PLOs should be extremely limited. Based on benchmark practices, it is highly recommended that track-specific PLOs do not exceed 20% of the overall PLOs, where 80% of PLOs are generally shared by all tracks.

NQF-KSA and NCAAA requirements also expect that programs with entry/exit points must specify PLOs for the lower degrees (e.g., a bachelor's degree level with entry or exit points at diplomas). To this end, traditional practices suggest that PLOs "tend to be assigned to an ordering [hierarchy] corresponding to exit points in formal education" (Arnold et al., 2020, p. 10). In other words, PLOs must be re-grouped according to their levels. Then, low-level PLOs are assigned to low exit points (e.g., diploma), whereas high-level PLOs are assigned to the higher degree (e.g., bachelor). However, as Arnold et al. (2020) argued, this approach is somewhat problematic as it leads to redundant and duplicated PLOs. That is, all low-level PLOs would in fact be subsumed under high-level PLOs in a way or another. Another issue with this approach is that separating low-level PLOs from high-level ones can be very subjective due to the fuzzy boundaries between the two (Sigurgeirsson et al., 2018). Furthermore, this traditional approach may complicate PLO/CLO alignment as every CLO would be aligned with its linked PLOs as many iterations as there are entry/exit degrees. This would also complicate assessment as, again, a CLO would have as many measurements as there are intermediate degrees.

An alternative approach to assign appropriate PLOs to exit points is to adopt the same PLOs for all the degrees offered within the program (including entry and exit-point degrees) but with ascending levels of expected performance (i.e., I, P or M). For example, suppose a bachelor's program (with an exit point at a diploma) has the following PLO in the knowledge & understanding domain:

"Identify fundamental ... concepts, principles and theories in relation to the underlying scientific and ... concepts."

For its bachelor's requirements, the levels of performance that can be associated with this PLO are ascending from I, to P, and eventually to M upon graduation. For the advanced diploma, the levels of performance may stop at P for most PLOs, and for the associate or intermediate diploma, the levels of performance may stop at I.

This approach is preferable to the traditional practice, and, hence, adopted by OC-QMS, for three reasons. First, it is more consistent with NQF-KSA requirements and expectations. For the above example, knowledge of "the fundamental concepts and theories" are expected by NQF-KSA to be: "basic" for associate diplomas (p. 17), "of a wider range" for advanced diplomas (p. 18), and "in-depth" for bachelor's degrees (p. 19). These NQF levels are, by and large, more aligned with the three levels of performance (I, P and M, respectively). Second, this approach eliminates the need to establish separate PLOs for entry and exit points. Third, this approach is more aligned with the sequential nature of curriculum content. As will be further detailed in the following subsection, the level of performance associated with a particular course in the curriculum mapping matrix should necessarily be based on the level at which the course is offered. For instance, courses offered at the early semester levels (e.g., 1, 2 & 3) are expected to be linked with a PLO at an I-level of performance, where courses at intermediate levels (e.g., 4, 5 & 6) are expected to be linked with a P-level of performance and so forth. Therefore, levels of performance are, in practice, proportional to the year/semester levels of associated courses. Along the same lines, exit points are proportional to the year/semester levels of their required courses (e.g., intermediate diploma requires early-level courses, advanced diploma requirements include all early as well as intermediate courses and so on).

4.1.2.3 Curriculum Mapping

Based on Policy P-06, the next step in the planning process of an OC academic program is to determine where and how within the program curriculum PLOs are taught and assessed. This process is commonly known as 'curriculum mapping' (or 'charting') (Gibson & Minton, 2016; Udelhofen, 2007). In its simplest implementation, the mapping is achieved by identifying what courses address what PLOs. This is typically conducted through an alignment matrix of program courses with PLOs as prescribed by NCAAA-PS (2022, Criterion 2-2-4). The alignment matrix simply consists of a table with two axes. One axis lists PLOs, whereas the other lists courses in the program curriculum. This table is then filled in by marking where PLOs are embedded within the courses (mapping links). Good practices also suggest going a step further to indicate the degree (or weight) to which PLOs are emphasized within each course (Keating & DeBoor, 2018). NCAAA-PS identifies three degrees of (Course-PLO) emphasis (or levels of performance); namely, introduced (I), practiced (P), and mastered (M). Comparable categories have been suggested in the relevant literature (see e.g. Collins & O'Brien, 2011, p. 123).

Curriculum maps or matrices can help document what is taught, reveal gaps in the curriculum, design assessment plans, improve communication among faculty regarding PLOs, improve program coherence, encourage reflective practice, and increase the likelihood that students achieve PLOs (Glatthorn et al., 2017). Good practices emphasize that a program curriculum matrix should be balanced, coherent and logical. In a balanced curriculum matrix, all PLOs are given an equal amount of attention. All PLOs should be sufficiently addressed by the program courses. A PLO that is linked to only one or two courses is a clear



indication of imbalanced mapping resulted from either a too specific PLO or an insignificant one. A coherent matrix involves a logical sequence of all courses associated with a given PLO (Henry et al., 2014). In most cases, the level of performance (I, P or M) is expected to be commensurate with the level in which the relevant courses are offered. An introductory course (offered in level 1), for instance, is expected to be linked with a PLO at an I-level, whereas a more advanced course (offered in level 5) is expected to achieve the PLO at a P-level. Unless well justified (and for very limited cases¹), a matrix with PLO-levels of performance that are not linearly proportional to levels of courses is incoherent.

¹ General education courses (e.g., institution required and college required courses such as ENG 101, ENG 0011, IC 101, ARAB 101 etc.), due to their minimal contribution to PLOs, are expected to be linked with relevant PLOs at an introductory level even though some of these courses are taught at higher program levels (e.g., level 4 or 5).

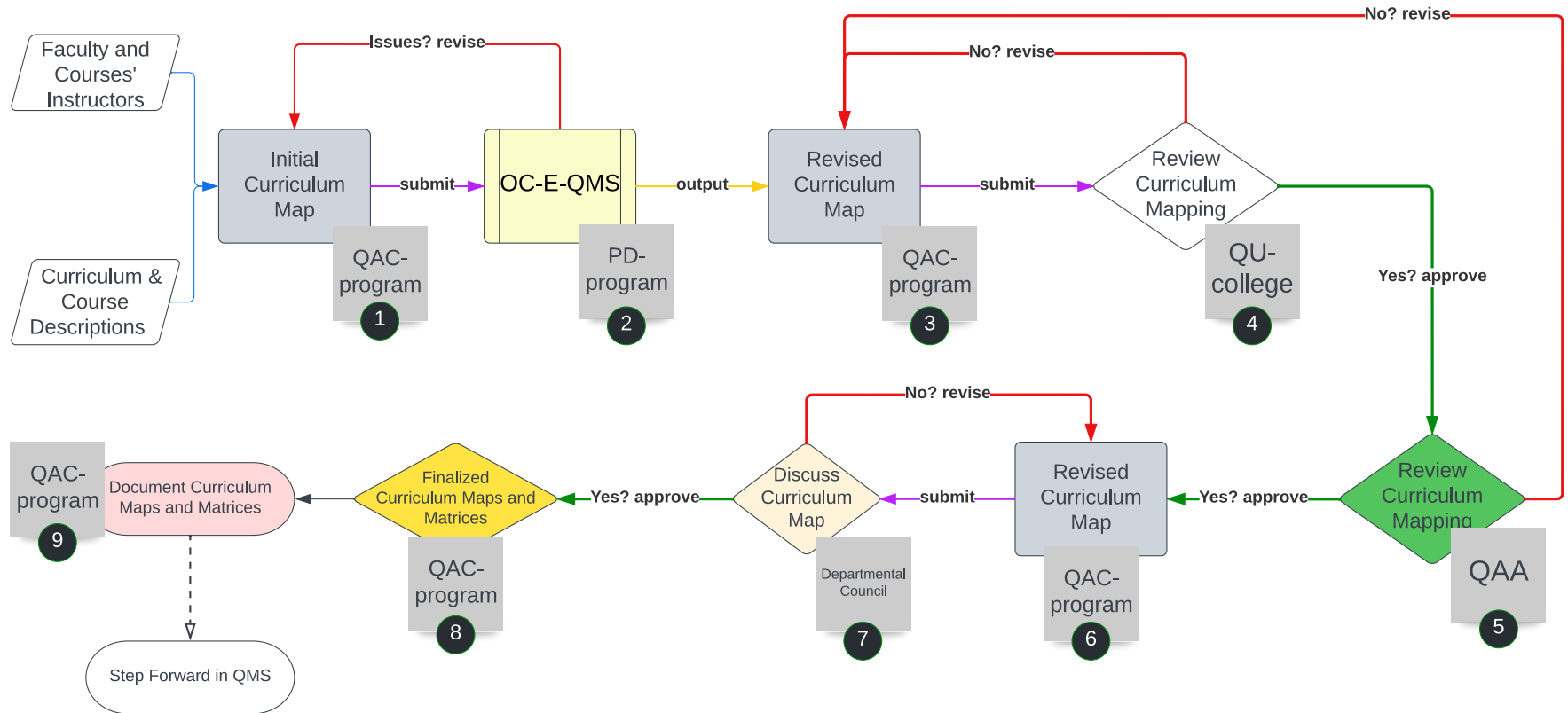
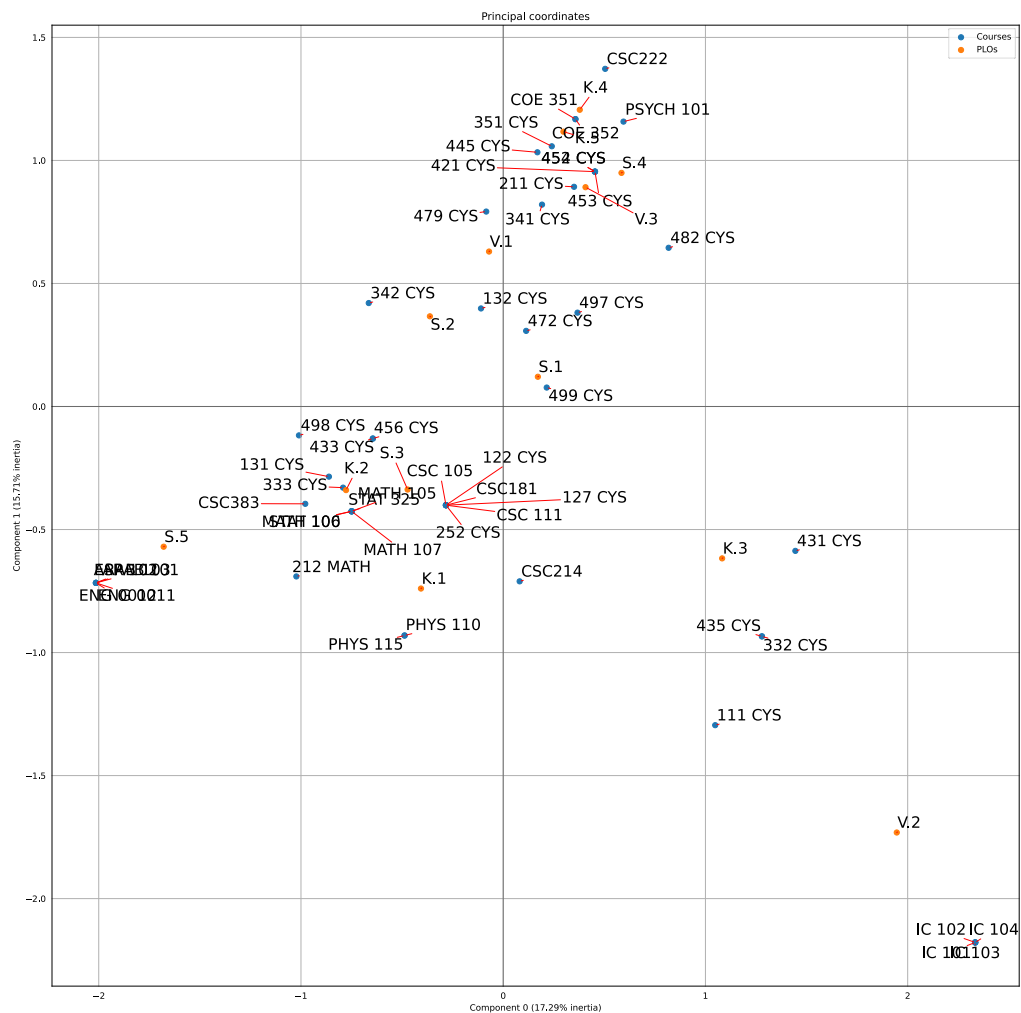


Figure 8: A flowchart demonstrating the process of mapping curriculum to PLOs, review and approval of curriculum maps and matrices (**Process Code: P-P-04**)

As demonstrated in Figure 8 above, the first procedural step in program curriculum mapping is to create an initial curriculum map using PLOs-Courses Alignment Matrix (PCA-Matrix, for short). The matrix should be initially created in close consultation with faculty and courses' instructors. Furthermore, preliminary discussions should be based on curriculum plans, courses' contents and descriptions. Once the initial map of a program has been created, the program director (PD) should submit it via the OC-QMS E-Platform (OC-E-QMS, www.ocqms.com) (step 2). Submission of curriculum maps through OC-E-QMS will serve two important purposes. First, it serves as a 'permanent' electronic record that facilitates future retrieval and documentation of the maps. Second, OC-E-QMS offers a series of comprehensive statistical analysis that should be conducted on the mapping matrix to test its balance and coherence.

OC-E-QMS automatic analysis of mapping matrices mainly includes i) identification of missing links, ii) contradictions between levels of performance and levels of courses, iii) distribution of levels of performance according to each PLO, iv) distribution of levels of performance according to levels of courses, v) distribution of levels of courses according to each PLO, vi) courses' contributions to PLOs, in addition to vii) a correspondence analysis (CA) of the PLOs-course mapping matrix. Details of these seven statistical tests, their optimal output, and their proper interpretation are given in [OC-E-QMS Handbook](#). The overall correlations between PLOs and courses are summarized graphically through CA symmetric biplots. A CA-biplot provides a detailed view of inter-correlations between PLOs and courses where PLOs are expected to form distinct clusters of associated courses. The biplot in Figure 9 below shows an example of a cluster where K.3 is highly correlated with specific courses (CYS 431, CYS 435, CYS 111 etc.) in the program's curriculum map. The overall balance of the mapping matrix is quantified by the CA 'total inertia' score. A high score of 'total inertia' (> 5) indicates too strong correlations between PLOs and courses. Such strong correlations are mainly due to (almost) one-to-one links between PLOs and courses which is a typical consequence of 'too specific' PLOs. A low score of 'total inertia' (< 3) suggests too weak correlations between PLOs and courses. Such weak correlations are mainly resulted from either too broad PLOs or too many CLOs intended for each course. The ideal range of CA total inertia is considered to be between 3 and 5, which is based on the underlying assumptions of CA per se (see e.g. Beh & Lombardo, 2018). A total inertia ≥ 3 and ≤ 5 should indicate a well-balanced matrix with moderate and consistent correlations between PLOs and program courses.



4.021048642844866

تحليل المصفوفة باستخدام التحليل العائلي الارتباطي: معدل
التوازن العام (القيمة المثلى: من 3-5)

(Correspondence Analysis of PLOs-Courses Matrix: Total Inertia TI [Ideal TI: 3-5])

Figure 9: Example Correspondence Analysis of a PLOs-Courses Mapping Matrix

The initial map should be carefully revised by QAC (in step 3) according to the OC-E-QMS statistical analysis results. Once the analysis is completed with no major anomalies or significant deviations from the ideal assumptions, it should be submitted (through OC-E-QMS) to QU for further review and approval (step 4). QU will review the mapping matrix in terms of several criteria including, most notably, the following:

1. The extent to which the provisional content of each course (based on its description) is appropriate for the PLO(s) to which it is linked in the matrix.
2. The extent to which the intended CLOs of each course may be consistent with the PLO(s) to which the course is linked.
3. Identification of missing links (e.g. courses that are not linked to any PLO and vice versa) (test i)
4. Identification of any (unjustified) contradictory links (e.g., a course at a low level is linked to a particular PLO with an M-performance level whereas another course at a higher level is linked to the same PLO with an I-performance level) (test ii).
5. The extent to which all PLOs are well covered by the three levels of performance (test iii)
6. The extent to which levels of performance are consistent with levels of courses (test iv)
7. The extent to which all PLOs are fairly covered in all curriculum levels (test v)
8. The extent to which a given course contributes to PLOs. Courses contributions must be moderate and reasonable. Except for capstone courses (e.g., internships, field training courses, graduation projects), best practices suggest that a particular course should be linked to no more than 2 or 3 PLOs as too many links would greatly complicate later attainment and assessment of PLOs (UCSC, 2013).

Once the mapping matrix satisfies the above criteria, QU should approve it and forward it to QAA (step 5). QAA should review the matrix using the same criteria discussed above and return it to QAC for further revision. QAC should prepare a revised version of the mapping matrix (step 6) and submit it to the departmental council (step 7). Minutes of the council meeting must explicitly include a thorough discussion and a final approval of the matrix. The finalized and approved mapping matrix (in step 8) should be properly documented, especially in the program specification (NCAAA-T3) and [OC-QMS-P-04](#) (step 9), should be updated and stored in OC-E-QMS, and should be the fundamental basis for defining CLOs discussed in the next subsection.

It should be emphasized that all of the above procedures and guidelines for PLOs formulation and curriculum alignment and mapping are applicable to both existing programs (entering a new cycle of planning) and newly implemented (or established) programs. The latter, however, may require further processing as discussed in Chapter 6 later. In some cases, a comprehensive review of GAs, PLOs and curriculum mapping may result in the need for changing curriculum (and study plans), adding or removing courses, leveling up/down a particular course, changing certain prerequisites, co-requisites to a course, or other course restrictions. OC QMS provides sufficient flexibility for academic programs to make all necessary changes as long as they are consistent with the authority matrix ([discussed in Chapter 6](#)).

4.1.2.4 Defining and Establishing Course Learning Outcomes (CLOs)

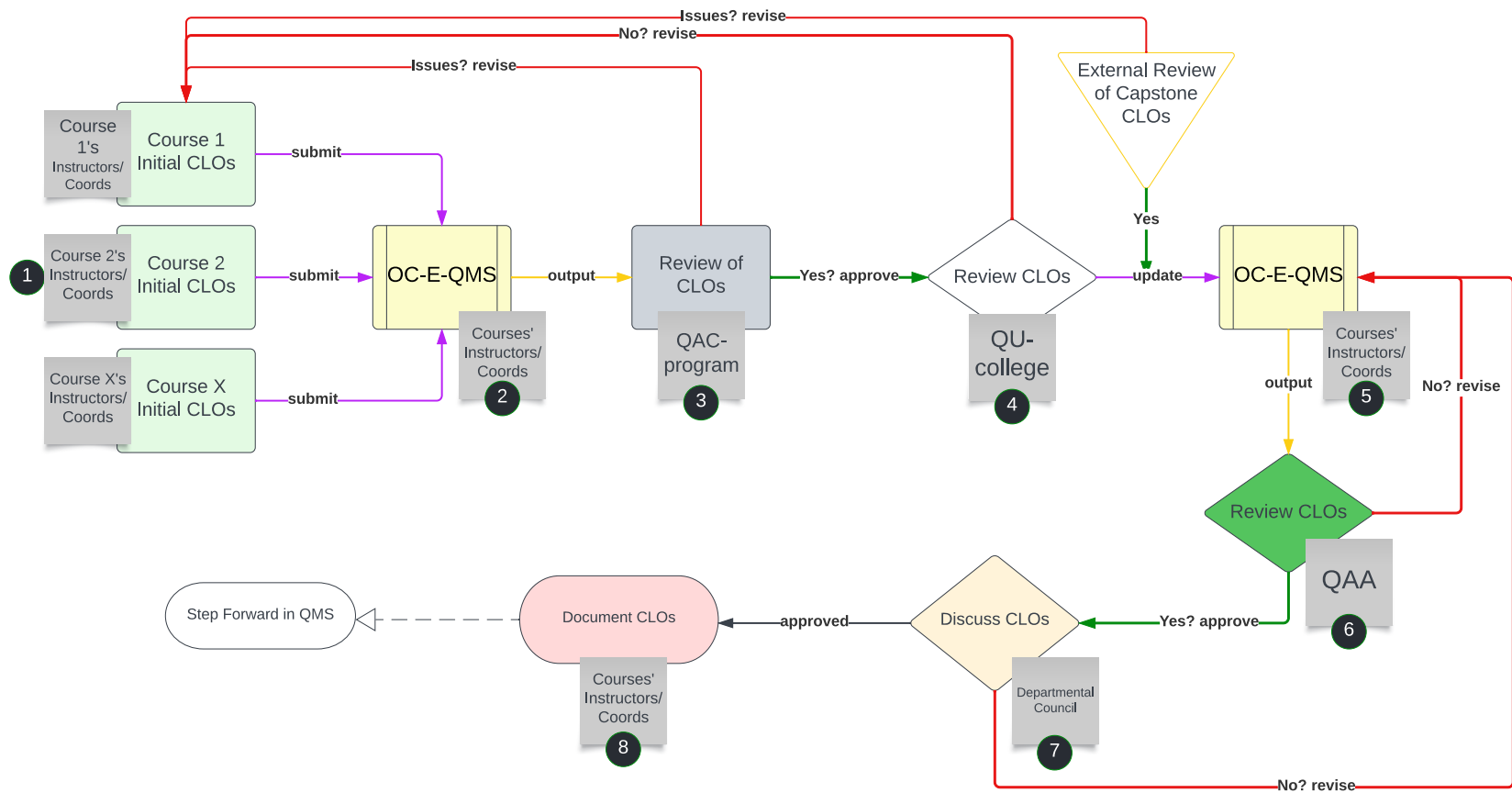


Figure 10: A flowchart demonstrating the process of defining, reviewing and approving CLOs (Process Code: P-P-05)

The next step in the planning process of learning outcomes is to identify and define course learning outcomes (CLOs) as required through Policy P-06. The primary basis for defining CLOs is the mapping matrix discussed in the previous subsection. That is, CLOs of a given course must reflect, support, be aligned with, and be directly derived from the PLO(s) linked to the course in the matrix (as detailed in Allen et al., 2020, p. 70). Defining CLOs is a shared responsibility among faculty and instructors, and it should be initiated by course instructors and coordinators. Instructor(s)/coordinator(s) of each course should meet and prepare a preliminary list of CLOs (step 1). This initial list should then be submitted through OC-E-QMS (step 2). OC-E-QMS will impose certain restrictions to ensure that submitted CLOs are properly linked to the PLOs associated with the relevant course according to the mapping matrix.

Needless to say, the initial set of CLOs should fulfil the established criteria for learning outcomes (outlined in e.g. Kennedy et al., 2006; Popenici & Millar, 2015). Most notably, initial CLOs should:

1. begin with a single, measurable, observable, and actionable verb (e.g., *define, list, explain, calculate, evaluate*), and avoid immeasurable and vague verbs (e.g., *know, understand, consider, realize, appreciate, become familiar, be exposed to, be acquainted with, be aware of*)
2. contain measurable content (typically based on the main course topics),
3. contain a clear-cut context,
4. be very specific (as opposed to PLOs)
5. reflect the main objective and contents of the course
6. be aligned with their associated PLOs
7. be consistent with the learning domains of their associated PLOs
8. reflect the level of performance expected in their associated PLOs, and
9. be guided by the frameworks offered within the National Project for Learning Outcomes in Higher Education (NP-PLOs, 2013)

The main constituents of a well-written CLO are a constantly discussed topic in the relevant literature, and many proposals have been made (Kennedy et al., 2006). A widely adopted, practicable and simple formula

¹ is outlined by Moon (2002). According to this formula, a CLO should consist of three main components: an action verb, a measurable content, and a clear-cut context, as illustrated in Figure 11 below.

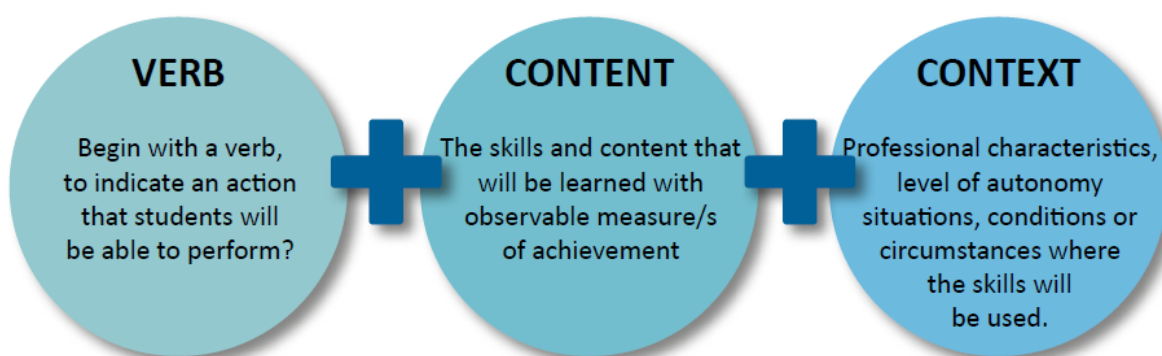


Figure 11: Formula for Writing Course Learning Outcomes (adapted from Moon, 2002).

¹ Adopted by universities, as per their QMS handbooks, such as Carleton University, Mohawk Centre of Teaching and Learning, University of Waterloo, University of New Orleans, Texas A&M University, and Edith Crown University.

Choosing the right action verb for a CLO is of critical importance, as it will be the main basis for aligning the CLO with appropriate teaching strategies, learning activities and assessment methods (Palomba et al., 2015, p.69). To this end, there are many good practices suggested in the literature (e.g. Kennedy et al., 2006; Popenici & Millar, 2015). Most importantly, the choice of a CLO's action verb should be based primarily on three factors as diagrammed in Figure 12 below.

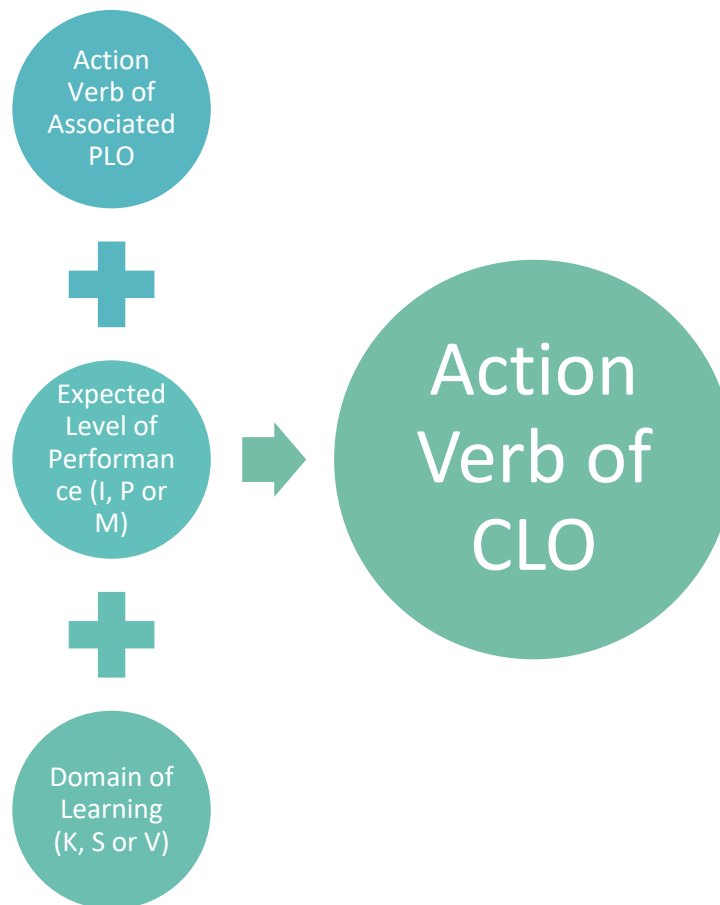


Figure 12: Factors in Choosing Action Verb of CLO

The first factor of choosing an appropriate CLO's action verb is the main verb of the PLO associated with the course. For example, if the main verb of a PLO is 'design', the expected leading verbs of its associated CLOs may include 'design, build, create, compose, generate and manipulate'. The second factor of choosing a CLO's action verb is the expected level of performance associated with the course in the mapping matrix. That is, the level of the action verb should be commensurate with the level of performance. For example, if the main verb of a PLO is 'identify', then one would opt for 'recognize' or 'identify' in a CLO of a course linked to the PLO with an introduced level of performance, for 'explain' or 'discuss' in a CLO with a practiced level, and for 'interpret' in a CLO with a mastered level. The third factor of choosing a CLO action verb is the domain of learning in which the relevant PLO is defined (be it knowledge & understanding, skills or values). It should be noted that taking the first two factors into consideration while choosing the right verb

for a given CLO would ensure, to a great extent, that the verb correlates with the domain of learning. The main point here is that verbs such as 'recognize, identify, explain, list, etc.' are common verbs in the K-domain, verbs such as 'design, solve, analyze, diagnose, create, manipulate, etc.' are common in the S-domain, whereas verbs such as 'demonstrate, act, participate' are highly correlated with the V-domain. (Appendix ... includes a list of OC-approved verbs for each domain).

Another important point to consider is the number of CLOs for each course. In general, common practices suggest that the number of CLOs of a given course should be between 5 and 10 (e.g. McCourt, 2007), but the optimal and practical range is considered 4 to 6 (Wang et al., 2012a) or even 3 to 5 (Taylor, 2012). Course instructors should keep in mind that too many CLOs can be an indicator that the drafted list of CLOs might not be realistic, and manageable for students, which would ultimately complicate later assessment and evaluation (McCourt, 2007). However, the ideal number of CLOs depends mainly on i) the total number of PLOs linked to the course, and ii) the level of performance associated with each PLO. A PLO linked to the course with an I-level should be deconstructed by one or two CLO at most, whereas a PLO linked with an M-level can be reflected by three or more CLOs. Furthermore, the number of CLOs of a given course should be commensurate with the number of PLOs linked to that course. That is, each PLO linked to a course should be addressed by one or more CLOs. Hence, some courses (especially capstones) are allowed, and expected, to have the maximum number of CLOs.

To illustrate these points, consider the cybersecurity course CYS111 (Introduction to Cybersecurity and Digital Crimes). According to the curriculum map of the program, CYS111 is linked to three PLOs (K.1, K.3, and V.2), as shown in Table 3 below. At the course level, K.1 is reflected by three CLOs, and K.2 is reflected by two, as both PLOs are linked with a P-level of performance. V.2, on the other hand, is translated into one CLO, since it is linked to CYS111 with an I-level of performance. It can also be noted that PLO K.1 verb (*identify*) is decoded by CLOs verbs '*identify, outline, describe*', and K.2 verb (*recognize*) is decoded by CLOs verbs '*recognize, summarize*', which are suitable action verbs for the knowledge & understanding domain. For CLO V.1, the same PLO verb (*demonstrate*) is used as action verb. Furthermore, it should be noted that CYS111 does not include any CLOs in the skills domain since the course is not linked, in the program mapping matrix, to any PLOs in that domain. The final point to note in this example is the way the CLOs' contents are formulated to be more specific than the corresponding PLOs. This degree of specificity is achieved by embedding the course main topics and contents (and contexts) into CLOs in the appropriate parts (underlined in the example CLOs).

Table 3: CYS111 Example CLOs

Linked PLO	Linked Level of Performance	CYS111 CLOs
K.1: Identify fundamental cybersecurity concepts, principles and theories in relation to the underlying computer, physical and mathematical sciences.	P	K.1: Identify typical threats to modern digital systems, mainly including (Content: <u>Main Topics of CYS111</u>) + Context K.2: outline techniques of defense against typical threats, computer science techniques that include (Content: <u>Main Topics of CYS111</u>) + Context K.3: describe the fundamentals of modern cryptography from a mathematical perspective, fundamentals including (Content: <u>Main Topics of CYS111</u>) + Context
K.3: Recognize ethical values, cyber laws, safety provisions and precautions, principles of professional conduct in the field of cybersecurity.	P	K.4: recognize ethical values related to the profession of cybersecurity especially (Content: <u>topics of ethics in CYS111</u>) + Context K.5: summarize cybercrime laws and regulations (Context: especially of Saudi Arabia).
V.2: Demonstrate ethical values, safety provisions and precautions, principles of professional conduct in cybersecurity workplace.	I	V.1: Demonstrate principles of professional conduct mainly related to privacy issues and (Content: <u>topics and principles of ethics covered in CYS111</u>) + Context

Once the initial set of CLOs has been prepared in accordance with the guidelines outlined above, and updated in OC-E-QMS, it should be thoroughly reviewed by QAC (step 3). QAC should focus on the extent to which the initial CLOs of each course conform to the above guidelines and good practices, and should either accept or return them, through OC-E-QMS, for further revision. Once accepted by QAC, the set of CLOs should be reviewed again by QU (step 4). QU's review should be more focused on the relationship between CLOs of a given course and the PLOs to which the course is mapped, and on the alignment of CLOs with the learning domains. Moreover, CLOs of capstone courses should be externally reviewed as will be discussed in the following subsection. Once approved, all CLOs should be revised and updated by courses' instructors and coordinators on OC-E-QMS (step 5). Next, QAA should perform a final review of CLOs (step 6). To this end, QAA will form a multidisciplinary task force which is assigned to closely review all CLOs in terms of CLOs best practices, according to a specific rubric ([template OC-QMS-C-01](#)). PDs, instructors, and course coordinators should work side by side with this task force and revise CLOs in a synchronous and coordinated way. Once all CLOs are reviewed by QAA's teams, they should be sent to relevant departments for further approval (step 7). Department councils must thoroughly discuss the final sets of CLOs (step 8), and officially approve them. Finally, the approved CLOs must be documented by instructors/coordinators, especially in the relevant course specifications documents ([NCAAA-T104, which will be discussed in section 4.1.1.3](#)).

4.1.2.5 Mapping and Alignment of CLOs with Teaching and Assessment Strategies

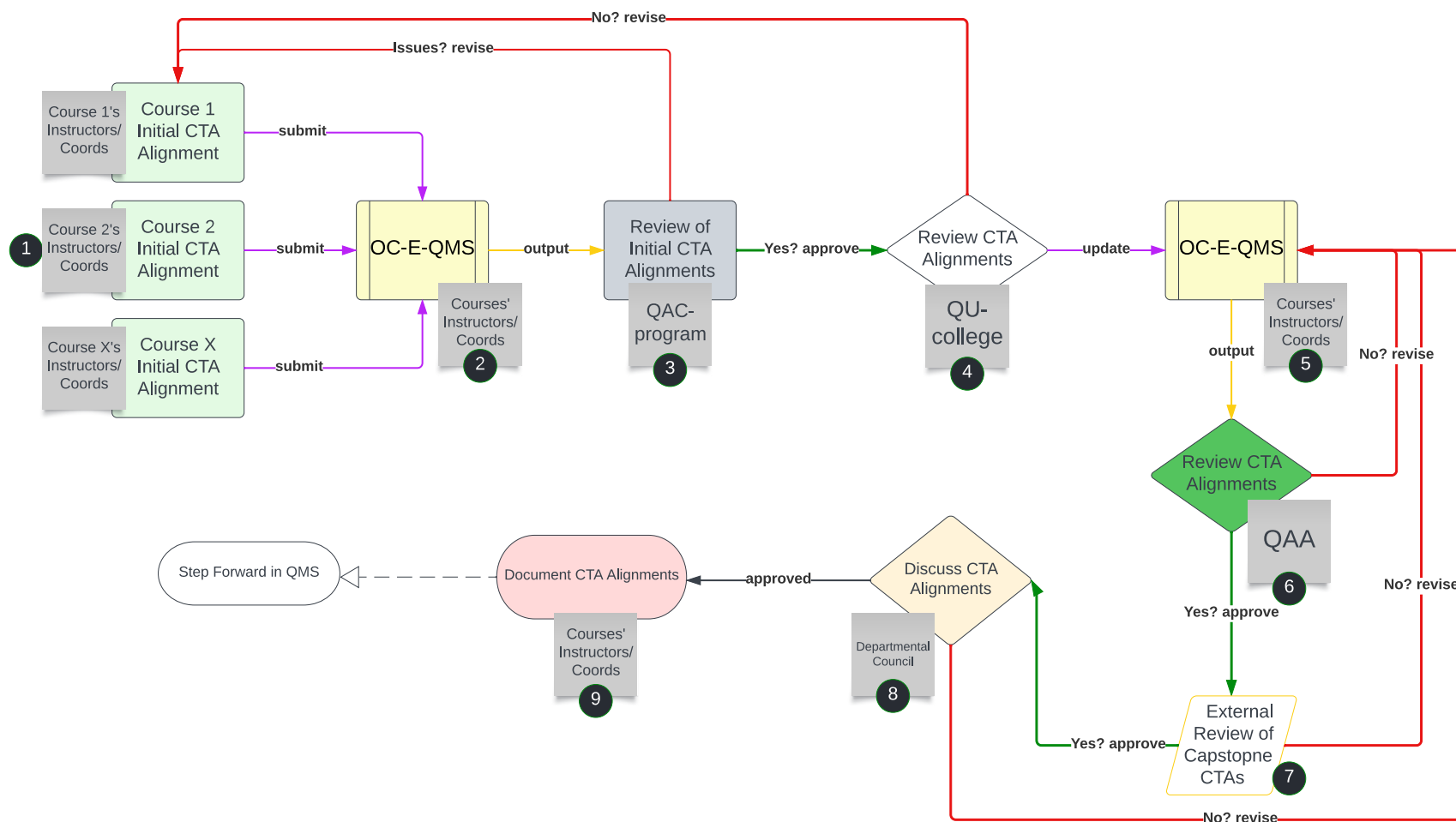


Figure 13: A flowchart demonstrating the process of defining, reviewing and approving CTA Alignments (Process Code: P-P-06)

Biggs & Tang (2011) convincingly argue that “when there is alignment between what we want, how we teach and how we assess, teaching is likely to be much more effective than when it is not (aligned)” (p. 26). Accordingly, OC QMS mandates that all approved CLOs are aligned with appropriate teaching and learning strategies/activities and assessment methods (as per Policy P-06). This alignment is commonly known in the literature as “**constructive alignment**” (Biggs, 1996; Kandlbinder, 2014), and will be referred to, for short, as CTA alignment. The first step in CTA alignment starts with courses’ instructors/coordinators identifying initial links between CLOs, teaching strategies and assessment methods. For initial alignments, instructors should carefully follow good practices outlined in the relevant literature, most notably Biggs & Tang (2011, chapters 8-10; Kennedy et al., 2006, p. 19).

The literature addresses three main factors in CTA alignment: i) the learning domain to which a CLO belongs, ii) the main verb and content of the CLO, and iii) the level of performance associated with the CLO. That is, the choice of teaching strategies/learning activities and assessment methods must be appropriate for the learning domain of the aligned CLO. Table 4 provides a general guide on the recommended strategies and assessment for CLOs in each NQF-KSA learning domain. It should be noticed that Table 4 is intended to be highly economical to eliminate two common poor practices, namely linking CLOs to too many teaching strategies or learning activities (Huang et al., 2019) or too many assessment methods (Bird et al., 2015). Furthermore, given the fuzzy nature and the blurring boundaries of the learning domains, some teaching strategies/learning activities and assessment methods are repeated in (and can be aligned with) more than one domain. For instance, knowledge-based learning outcomes can be effectively achieved through discussion, group work and similar active learning activities (e.g. quescussion and debates). Some skill-based CLOs (e.g. solving particular problems or critical analysis of certain issues) and value-based CLOs (e.g. effective participation in projects and discussion groups) can also be achieved through active learning and group work.

Table 4: Recommended General CTA Alignment at Course Level (adapted and modified from multiple sources including Kennedy et al., 2006; Jaiswal, 2019)¹

NQF-KSA Learning Domain	Recommended Teaching Strategies/Learning Activities	Recommended Assessment Methods
Knowledge & Understanding	1. Lectures 2. Tutorials 3. (Online) Video 4. Discussions (and similar active learning activities) 5. Online Discussions (e.g., Discussion Forums) 6. Independent Study or Research 7. Group Work and Cooperative Learning Activities (including online group activities) 8. Group Research	1. Quiz (including online) 2. Homework 3. Written Exam (both MCQ and Essay Questions) 4. Essay (both Individual and Group) 5. Research Summary 6. Student Portfolio (knowledge tasks)

¹ These teaching strategies, learning activities and assessment methods are extensively discussed in a focus group formed from educators and practitioners with expertise in teaching and assessment strategies. The group had a long meeting on 17 November 2022 and meeting minutes had been recorded by QAA ([can be accessed by ctrl-clicking here](#)). The group later prepared a guidebook on OC teaching strategies, learning activities and assessment methods. This guidebook was later approved by SCPQ (Topic #4) Session No. (1) on 20/9/2023 ([approval minutes can be accessed by ctrl-clicking here](#)).

e.g. list identify describe classify summarize explain contrast infer		
Skills e.g. solve model communicate employ compare analyze evaluate build create design	1. Interactive Lecture Demonstration 2. Demonstration Video. 3. Discussions (and similar active learning activities) 4. Group Work and Cooperative Learning Activities (including online group activities) 5. Extracurricular Activities 6. Lab Work and Experiential Learning Activities 7. Fieldwork 8. Seminar 9. Peer group presentations 10. Project or research work 11. Case Study.	1. Written Exam 2. Oral Exam or Interview 3. Practical Assessment (according to a specific rubric, in both labs and classrooms) 4. Fieldwork Assessment (e.g., by field experience supervisors) 5. Presentation (both individual and group, according to a specific rubric) 6. Project/research assessment. 7. Short Reports (both individual and group, according to a specific rubric) 8. Case Study (both individual and group) 9. Course Evaluation Survey (item 14) 10. Observation (according to a specific rubric) 11. Student Portfolio (skills tasks)
Values, Autonomy and Responsibility	1. Discussions (debates and similar active learning activities) 2. Independent Study. 3. Group Work and Cooperative Learning Activities (including online group activities)	1. Observation (according to a specific rubric by faculty, peer students and/or committee) 2. Oral Exam or Interview

e.g. participate collaborate adhere to comply with act demonstrate	4. Lab Work 5. Fieldwork 6. Group Project or Research 7. Extracurricular Activities	3. Case Study (both individual and group) 4. Fieldwork Observation 5. Student Portfolio (independent or team tasks)
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* Note: These teaching strategies, learning activities and assessment methods (including proposed rubrics) are outlined in the Practical Guide to OC-Approved Teaching and Assessment Strategies which has been approved by SCPQ in Session 1 on 20-09-2023.

For a particular CLO, the choice of optimal teaching strategy/learning activity and assessment method also depends partly on the action verb of the CLO. To facilitate such choice, the order of the strategies and methods in Table 4 represents a Bloom's continuum¹ of increasing complexity from lower order to higher order skills (closely analogous to the one proposed by Kennedy et al., 2006, p. 22). This continuum is indicated by a black arrow pointing downwards and towards the higher order example verbs.

That is, in the Knowledge & Understanding domain, the strategies progress from transmitting basic information through lectures and tutorials to more complex activities like discussions, group work, and independent research. This progression mirrors the stages in Bloom's taxonomy, where learners move from remembering and understanding information to applying and analyzing it.

The strategies for the Skills domain also follow a similar pattern. They begin with direct instruction through interactive lecture demonstrations and demonstration videos, fostering cognitive skills. As students acquire foundational knowledge, they are gradually exposed to more complex tasks like lab work, fieldwork, and project or research work, which promote practical skills and map onto the higher levels of Bloom's taxonomy (applying, analyzing, evaluating, and creating).

Finally, in the Values, Autonomy, and Responsibility domain, the strategies move from discussions and debates, which encourage reflection and critical thinking, to independent studies and group projects, fostering autonomy and responsibility. These strategies align with the topmost levels of Bloom's taxonomy, where students are expected to evaluate, create, and make judgement calls, embodying the principles of autonomy and responsibility.

Therefore, the order of teaching strategies and activities in each domain is arranged to guide students from simpler to more complex tasks, reflecting the increasing complexity inherent in Bloom's taxonomy.

For instance, a CLO in the knowledge-&-understanding domain with an action verb of a lower order (e.g., *list, identify, describe*) can be effectively achieved through lectures and tutorials, and directly assessed

¹ In addition to a revised Bloom continuum for ethics and similar domains (see Porter & Schick, 2003).

through quizzes and exams. A CLO with a higher order verb (*e.g., summarize, classify, explain*) may be perfectly aligned with discussion as a teaching strategy and essay questions as an assessment tool. CLOs with advanced action verbs (*e.g., contrast, infer*) may be better aligned with group activities and assessed through research-based summaries, essays, and assignments.

As far as the skills domain is concerned, lower order CLOs (*e.g., solve, model, communicate*) may be well aligned with interactive lectures, group activities and discussions and assessed with written exams, whereas 'effective communication' skills may be better achieved through extracurricular activities (along with discussions and group activities) and assessed with oral exams, observation (of group discussions) and/or student presentations. Skills that involve '*analysis*' and '*evaluation*' can be achieved through lab work, fieldwork and seminars and assessed through practical assessment and/or field experience assessment. Higher-order CLOs (*e.g., build, create, design*) may be well aligned with fieldwork, lab experiments, and individual or group projects and well assessed by short reports, fieldwork assessment, project assessment and so forth. Similarly, low-order CLOs in the values domain (*e.g., participation and collaboration*) are better achieved through discussions, debates and group activities, and assessed through observation and peer assessment. By contrast, higher-order CLOs (*e.g., compliance, acting, demonstration of values and ethics*) are better caught (than taught) through fieldwork and extracurricular activities and assessed through observation, peer assessment and/or case studies.

It should be emphasized that, at the course level, most of the assessment is direct (e.g. exams, observation rubrics, papers, reports, case studies). Common practices suggest that direct assessment should contribute to, at least, 80% of assessment for CLOs (Lokesh & Jeevitha, 2020). This is based on an 'opportunistic' point of view, so to speak, that most direct contact between the program and students is through courses, and hence, most course assessment is expected to be direct. As will be further discussed in section 4.1.2.5 below, indirect assessment that involves, for example, employer surveys, alumni surveys, '% of graduates' employed and so on, lend themselves to assessment of PLOs at the program level as they provide a more comprehensive view of learning outcomes achievement. (For more on direct and indirect assessment of learning outcomes, see e.g., Sinha, 2020).

The content and context of a CLO also help determine the right choice of teaching strategies and assessment methods. For instance, summarizing certain facts (in the knowledge domain) lends itself more to independent learning as a teaching strategy and written summaries as assessment. Effective oral communication in a particular context is best aligned with student presentations and oral exams. Effective participation in teams and teamwork for a particular purpose is best aligned with group activities and assessed through direct observation or peer assessment. Designing an experiment is well aligned with lab work and assessed through lab work assessments.

The level of performance (I, P or M) expected by students in a given course mainly influences the number of teaching and assessment strategies linked to a CLO. As a rule of thumb, a typical CLO should be linked to one teaching strategy or learning activity and two assessment methods (one formative and one summative) at most (Cornish & Taole, 2021). Linking a CLO to more than one teaching strategy or assessment method is not recommended for two reasons. First, it would complicate the overall PLOs assessment plan which is, for the most part, based on individual CTA alignments as will be discussed in section 4.1.2.6 below. Second, it would obfuscate or obscure the associated CLO assessment results in such a way that it would be difficult to pinpoint what teaching strategy or assessment method is more effective, what strategy has an actual impact on the CLO, or what strategy contributes most to its achievement.

Nonetheless, CLOs that are associated with high levels of performance (especially M) can be justifiably linked to two or more teaching strategies and/or assessment methods. For these CLOs, it is often needed to ensure achievement through multiple strategies and to track achievement through multiple different

assessment methods. Therefore, OC-E-QMS, as will be discussed shortly, will automatically limit the number of teaching strategies and assessment methods that can be linked to a given CLO, depending on its associated level of performance. That is, a CLO of an I- and P- levels will be allowed to be linked with one teaching strategy/learning activity and one assessment method at most. A CLO with an M-level, on the other hand, will be allowed to be linked with two strategies and assessment methods.

Finally, the choice of linked teaching strategies, learning activities and assessment methods should reflect **OC educational philosophy** of teaching and learning discussed in section 4.1.2.8 below. That is, the focus should be primarily on strategies and assessment that promote student-centered learning, practical-based learning, value-driven learning, diversity of teaching and learning methods, authentic assessment and so forth. More on OC educational philosophy is given in section 4.1.2.8 below. Furthermore, assessment should be balanced between formative and summative. Simply put, formative assessment measures course learning outcomes at specific checkpoints (e.g., continuous quizzes), indicating learning progression along the course of instruction, whereas summative assessment (e.g., final exam) is used to evaluate the CLOs at the conclusion of the course (Kurian & Lamport, 2015, p. 85).

In fact, there is no clear-cut line between the two assessment strategies; as Black (1998) argues, the two strategies “are two ends of the same spectrum and there is no sharp difference.” (p. 34). Moreover, there is no agreement regarding how many formative or summative assessment tools should be used in a particular course. Some practices (Bird et al., 2015) suggest that a course should not have more than two summative assessments (e.g., mid-term exam and final exam). Nevertheless, instructors should base their choice between formative and summative on two factors: the level of performance associated with the CLO and the actual purpose of the assessment (Atkin et al., 2002). That is, CLOs that are linked with an M-level can justifiably rely more on formative assessment to provide both students and instructors with regular feedback prior to any summative assessment. On the other hand, CLOs with a basic I-level link can focus primarily on summative assessment since results of summative assessment in the relevant course can be used as a ‘formative’ check for a higher-level course (Wolsey et al., 2020). As far as the purpose of assessment is concerned, formative assessment should be used as a guiding tool for instructors (to track progress towards achievement of CLOs) whereas summative assessment must be used as a guiding tool for the program (to evaluate whether CLOs are achieved). OC-E-QMS imposes that any CLO should be linked with one formative and one summative assessment methods. A CLO assessment **target level** (aka **criterion for success**) should be associated only with summative assessment. At the program level, PLOs assessment plans is expected to rely mainly on summative assessment as will be further discussed in section 4.1.2.6 below.

As diagrammed in Figure 13 above, the process of defining, reviewing and approving CTA alignments begins with each course instructor and coordinator developing initial CTAs in step (1). Initial CTAs should be submitted through OC-E-QMS in step (2). OC-E-QMS will impose specific restrictions to ensure that initial CTAs are well developed and chosen. These restrictions are based on the action verb of a given CLO and its learning domain. All action verbs are grouped in OC-E-QMS according to their learning domains. Each verb is programmatically restricted to specific teaching strategies/learning activities and assessment methods, in a way similar to the TALOE Webtool (Gil-Jaurena et al., 2020) as further explained in [OC-E-QMS \(Electronic Platform\) Handbook](#). Once initial CTAs are completed and submitted through OC-E-QMS, they should be reviewed by QAC in step (3). The focus of this review should be totally based on the guidelines discussed above with a special attention given to the extent to which the chosen teaching strategies, learning activities and assessment methods are appropriate to the CLO, especially its domain, and carefully aligned with OC philosophy of learning and teaching. All feedback from this review is managed and exchanged through OC-E-QMS. A further review should be conducted by QU in step (4). Since at the



college level, there would be a large number of CTAs, OC-E-QMS will pinpoint exactly¹ those that need carefully review by QU. Course instructors and coordinators are expected to update initial CTAs through OC-E-QMS according to aggregated feedback in step (5). Next, a final review should be conducted by QAA in step (6) according to a specific rubric (OC-QMS-C-01). Again, QAA's review should focus on CTAs singled out by OC-E-QMS.

Next (step 7), CLOs and CTAs of capstone courses must be reviewed by external and independent reviewers as required by OC-QMS Guiding Principle #4. External reviewers should be both experts in the field of the program and practitioners of academic quality. External reviewers should use a specific template (OC-QMS-02: Template for External Review of Capstone Courses' Learning Outcomes and Mapping of their CLOs, Teaching Strategies/Learning Activities and Assessment Methods provided in Appendix ...). This template includes (14) items through which CLOs and CTAs are evaluated in terms of whether Course Learning Outcomes (CLOs) are specific, measurable, achievable, and consistent with the course's objectives, level, program mission, and graduate attributes. It also emphasizes the alignment of CLOs with program learning outcomes, KSA-NQF 2020 requirements, academic and professional standards, as well as appropriate teaching strategies, learning activities, and assessment methods. The template also assess the use of diverse, student-centered, and practical-oriented teaching strategies, learning activities, and assessment methods that encourage critical thinking, problem-solving, and the application of knowledge in various contexts.

Once CTAs are updated according to this review, all CTAs should be sent to relevant departments for further approval (step 7). Department councils must thoroughly discuss the final CTAs, and officially approve them. Finally, the approved CTAs must be documented by instructors/coordinators (step 8), especially in the relevant course specification documents (NCAAA-T104, which will be discussed in section 4.1.3.3).

4.1.2.6 Program Learning Outcomes Assessment Plan (PLOAP)

OC-QMS Policy P-07 above mandates that "an OC academic program should develop, review, and update its GAs and PLOs Assessment Plan at least every five years".

¹ To identify what CTAs need further review, OC-E-QMS uses a mechanism based on **ratios of feedback to response/update** as discussed in OC-E-QMS Handbook.

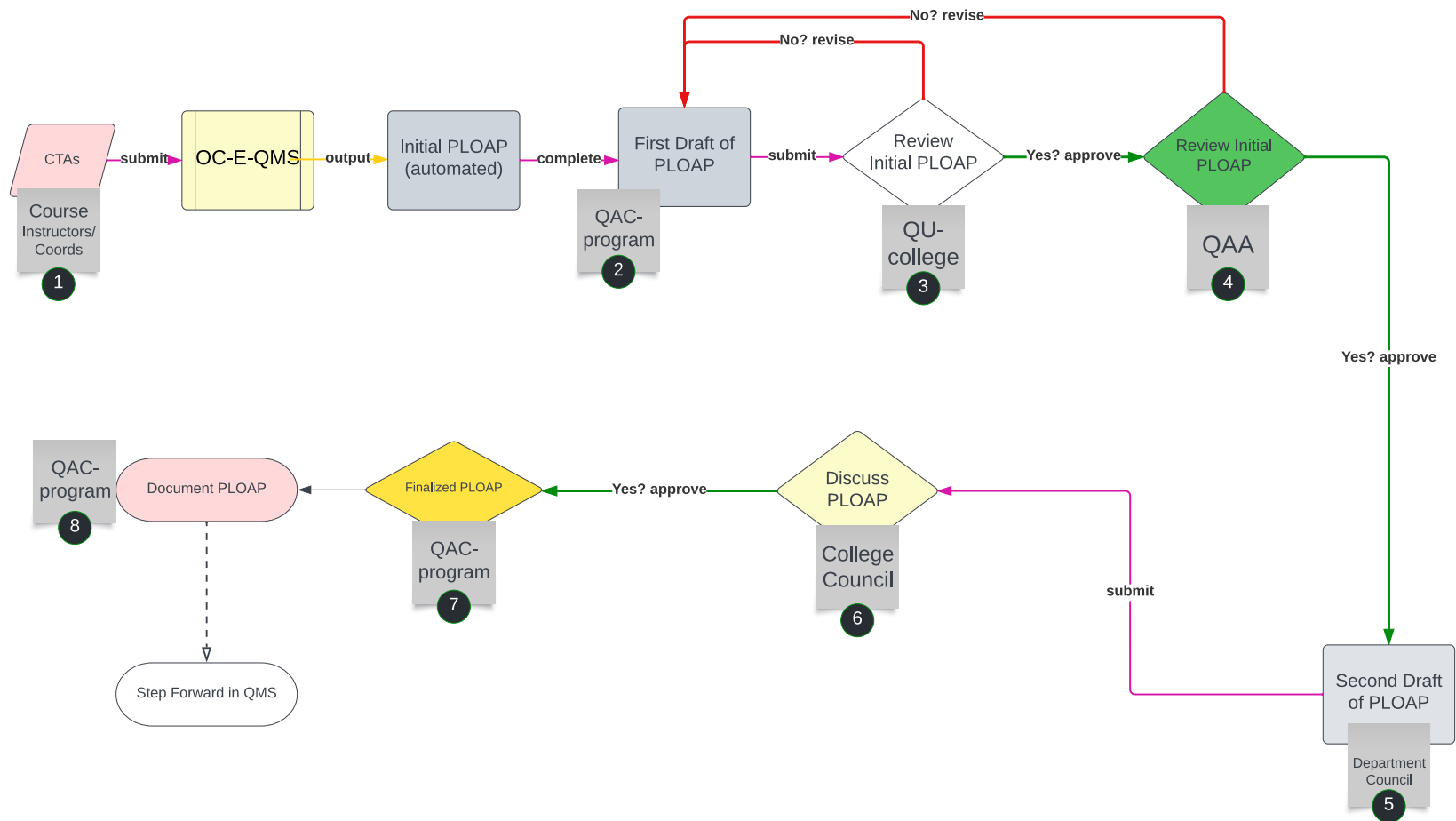


Figure 14: A flowchart demonstrating the process of developing, reviewing, and approving a PLO Assessment Plan (**Process Code: P-P-07**)

The process of developing a PLO assessment plan (or PLOAP, for short) begins with courses' instructors/coordinators submitting or updating approved CTAs through OC-E-QMS (step 1 in Figure 14 above). Once all CTAs of a specific program are submitted, OC-E-QMS will automatically build an initial PLOAP based on those CTAs. The initial plan generated by OC-E-QMS will consist of the major PLOAP components proposed in the relevant literature (e.g., Palomba & Banta, 2015; Hernon & Dugan, 2002). These mainly include the 1) PLO code and statement, along with its associated 2) teaching strategies/learning activities, 3) assessment methods, 4) assessment target, 5) source of assessment, 6) responsibility of assessment, 7) responsibility of analysis & evaluation, and 8) assessment time frame. Initially, OC-E-QMS will obtain all PLOs of a specific program from the stored Curriculum Mapping (PLOs-Courses Matrix). Then, OC-E-QMS will extract CLOs information, PLO-CLO mappings, and CTAs. Next, the main teaching strategies/learning activities and assessment methods of a given PLO will be aggregated from CTAs associated with the CLOs connected to that PLO. For example, as illustrated in Figure 15 below, since PLO.1 is linked to CLOs Course#1.CLO.1 and Course#2.CLO.1, all teaching strategies (TAs)/learning activities (LAs) associated with these CLOs will be embedded in the initial PLOAP as the main TAs/LAs of PLO.1. Similarly, all assessment methods associated with these CLOs will be embedded into the initial PLOAP as the main assessment methods of PLO.1.

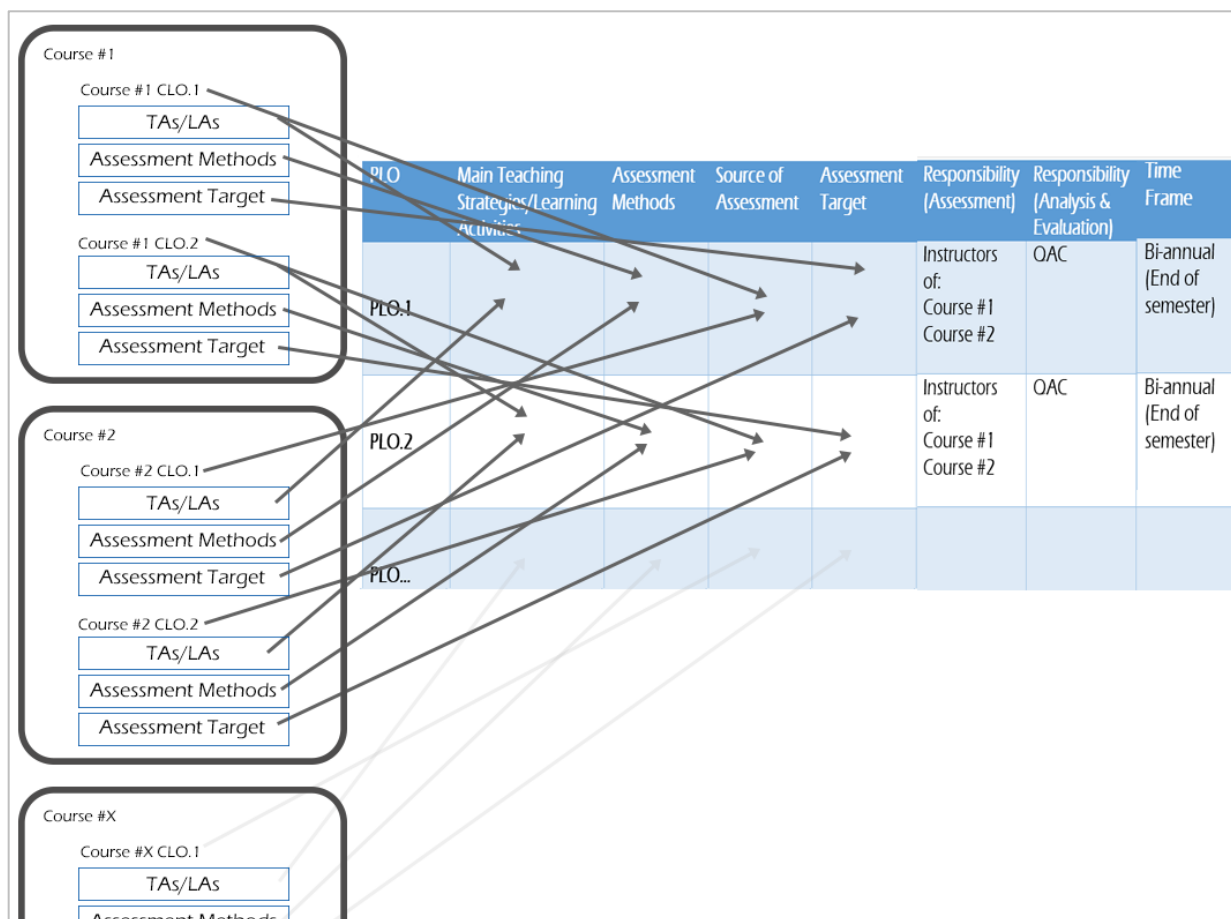


Figure 15: OC-E-QMS will extract all necessary CTAs information to build an initial PLOAP



Once the initial PLOAP has been generated, QAC should review it, and accordingly prepare the first draft (step 2) according to [OC-QMS-P-07 \(OC-approved PLOAP template\)](#). The first draft must include all other program-level direct and indirect assessment methods, mainly the program exit exam for final-year students, employers and alumni surveys, and student portfolios if applicable. (The program exit exam must be described and specified beforehand according to OC-QMS-P-05, and to the guidelines provided in section 4.1.8 below. Surveys must also be prepared beforehand according to the guidelines provided in section 4.1.9 below). Assessment methods in the first draft of PLOAP must be consolidated by linking PLOs to program-level direct and indirect assessment specifics. Those specifics may include exact questions in the exit exam of which responses can be averaged to provide a direct program-level assessment of the PLO), and/or employers and alumni surveys items (e.g. #14 in PO_EMPO, #22 in PO_GRAD) of which responses can be averaged as an indirect assessment of the PLO. In addition, clear descriptions of those assessment methods must be written (manually) by QAC in the relevant sections of the PLOAP, along with KPIs that can be used as an overall estimate for PLOs attainment and how they will be interpreted, later, in the PLOs Assessment Report.

After program-level assessment methods have been added, the first draft of PLOAP should be submitted, through OC-E-QMS, to QU for further review (step 3). QU's review should focus mainly on whether the automated sections of the plan are consistent with the PLOs-Courses Matrix and the predefined CTAs, and whether additional program-level assessment methods are appropriately chosen, correctly aligned with the PLOs, and sufficiently described in the plan. In case the first draft needs to be amended, it will be returned to QAC, otherwise it will be sent forward, through OC-E-QMS, to QAA. QAA's review (in step 4) will focus on the same areas listed earlier, with a special attention given to the manually added program-level assessment methods in terms of their validity and consistency with the program exit exam specifications, the relevant surveys and KPIs. Also, QAA will look over other components of the drafted plan especially responsibilities and time frames, ensuring that they are consistent with guidelines and responsibilities outlined in OC-QMS and other handbooks. QAA should either return the first draft of PLOAP to QAC for further revision or send it forward to SCPQ. SCPQ's review (in step 5) will be focused on the PLOAP components (mainly assessment methods and time frames) that would likely have a significant impact on the prospective assessment plan of the institutional learning outcomes (ILOs) and graduate attributes. Upon SCPQ's approval, a second draft of the amended PLOAP should be prepared and sent forward to the department council. The second draft must be thoroughly discussed and officially approved by the department council (step 7). The draft should then be sent to the college council (step 8) for further discussion and approval. Minutes of the two councils must be recorded where thorough discussion of the PLOAP components and its approval decisions must be forthright and explicit. Finally, the approved PLOAP must be finalized by QAC (step 9) and a hard copy obtained from OC-E-QMS must be made and kept in the program's records.

OC-E-QMS automatically sets two timeframes in the generated PLOAPs: i) a time frame for assessment (bi-annual) and ii) a time frame for analysis and evaluation (annual). That is, a program is expected to assess all PLOs according to the methods outlined in its PLOAP at the end of the first semester. Another assessment should be carried out at the end of the second semester. Results of the two assessments must be analyzed and aggregated in the annual PLOs assessment report (discussed in section 4.2.18 below). The rationale behind the bi-annual assessment of PLOs is to ensure that all PLOs are assessed for every possible batch of program graduates since graduation takes place every semester. However, the program does not have to carry out a thorough annual analysis of PLOs and prepare a full PLO assessment report until the end of the second semester. As of this time, the PLO assessment report should coincide with other main reports (e.g., APRs, KPIs and survey reports).

It should be emphasized here that PLOAPs of all OC academic programs will be used as the main basis for the automatic generation of OC institutional learning outcomes and graduate attributes assessment plan

(ILOAP). As detailed in section 4.1.6 below, ILOAP will be primarily based on two inputs: PLOAPs and predefined PLO-ILO alignment matrices.

4.1.2.7 Procedures for Assuring the Quality of PLOs, CLOs, Curriculum Mapping and Assessment Plan

All key steps in the above flowchart (Figure 14) are associated with specific measures to ensure the quality of drafted PLOs, CLOs, Curriculum Mappings and PLOAPs. At early stages, QAC and QU are expected to ensure that all inputs of GAs and PLOs formulation are valid and conform to the good practices and criteria outlined in the previous sections. Those inputs mainly include proper alignment of PLOs with i) program mission & goals, ii) OC ILOs, iii) OC GAs, iv) NQF-KSA (2020), and v) PLOs of similar, well-established national and international programs. Such alignment can be effectively achieved through the matrices outlined in [OC-QMS-P-04](#). Initial drafts of PLOs will be further evaluated by external experts using specific rubrics outlined in [OC-QMS-R-01](#). Those rubrics are fully consistent with the guidelines in the sections above. Furthermore, feedback on drafted PLOs from representative samples of main stakeholders (i.e., students, faculty, alumni/alumnae and employers) will be examined and addressed by QAC. Moreover, QU and QAA will use a similar rubric of OC-QMS-R-01 to further evaluate the final draft of PLOs, with special attention given to whether key issues raised by stakeholders are sufficiently addressed and considered in the final drafts. A thorough discussion of final PLOs will be conducted and recorded by SCPQ as well as department and college councils.

OC-E-QMS provides several tools to improve the quality of curriculum mapping and PCA-Matrices. These tools involve conducting a series of statistical analyses that include mainly Correspondence Analysis of the mapping matrix, distributions of PLOs in relation to levels of performance and courses' contributions, and detection of contradictions between levels of performance and levels of courses. These analyses should objectively ensure, to a great extent, that i) curriculum maps and matrices are well balanced, coherent and logical, and ii) PLOs have acceptable levels of specificity/generality. The quality of initial curriculum mappings of OC programs will be evaluated by QU and QAA according to the eight criteria outlined in [section 4.1.2.3](#) above. Final drafts of curriculum mappings will be thoroughly discussed and approved by relevant department councils.

Initial CLOs and CTAs will be submitted by faculty, course instructors and coordinators through the OC-E-QMS system. The system will automatically impose certain restrictions (e.g., choice of verbs or choice of teaching strategy or assessment method according to the CLO domain or linked PLOs). Those restrictions are meant to ensure that initial CLOs and CTAs are properly linked to the PLOs as determined by the curriculum mapping matrix. QAC will review submitted initial CLOs and CTAs according to the guidelines established in [sections 4.1.2.4 and 4.1.2.5](#) above and will ensure that all drafted CLOs and CTAs follow the standard format of the triad formula. To this end, QAC's review of initial CLOs and CTAs is especially valuable since its members are specialists within the same field of the program. QU's review will ensure that all CLOs and CTAs of a given course are well aligned with the PLOs to which the course is mapped, and with the three learning domains of NQF-KSA. A comprehensive review of all CLOs and CTAs will be carried out by a review team formed by QAA. This team will review the CLOs in terms of best practices and according to a specific rubric ([outlined in OC-QMS-C-01](#)). Furthermore, CLOs and CTAs of capstone courses are reviewed by external, independent reviewers using a specific template ([OC-QMS-C-02](#)). After QAA's and external reviews, all CLOs, CTAs and relevant review forms as well as completed rubrics must be thoroughly discussed, qualitatively evaluated and officially approved by department councils.

Initial PLOAPs will be built automatically by OC-E-QMS to minimize human error and potential overlooking of the main PLOAP components outlined in section 4.1.2.6 above. QAC will complete the automatically

generated PLOAP by adding program-level direct and indirect assessment methods. QU and QAA will qualitatively evaluate, and review completed PLOAPs with a special focus given to the quality of program-level assessment sources, particularly the exit exam (according to [OC-QMS-P-05](#)) and program main surveys. QAA will also ensure that responsibilities and time frames are well specified and described in the final draft of a PLOAP. The quality of the final draft will also be formally assessed, evaluated, discussed, and approved by SCPQ as well as department and college councils.

4.1.2.8 OC Learning and Teaching (Educational) Philosophy

OC philosophy of teaching and learning is mainly **student-centered**. That is, all teaching methods and learning activities must put students as central to the learning experience. Both instructors and students should be involved in the education process, and both should be jointly involved in critical and reflective thinking. Both should talk and listen, should make joint decisions, and should strive to meet each other's needs. This can be effectively reflected in teaching strategies and learning activities such as discussions, debates, group, and cooperative learning activities, as well as individual and group research. In those strategies, students are expected to take a more active and independent role in their learning where instructor's role is essentially to provide guidance, suggestions, and feedback.

OC also promotes **practical-oriented learning**. That is, the focus of OC courses should be "shifted away from learning for the sake of the exam to one of learning in order to use knowledge" which, in return, should encourage and train students "to become more confident in problem solving, improving their communication skills, encouraging them to find information on their own, increasing their awareness of the importance of integration concept and enabling them to integrate difference principles and skills." (Wang et al., 2012b, p. 106). To this end, "the learning experience, the assignments and activities, must be meaningful to the learner where they are currently as well as meaningful in their career or profession in the future... [they] must [also] enable the learner to apply new learning in relevant, real-world situations" (Bookfield, 2017, p. 83). That is, learning experiences should meet the perceptions and expectations of students in their own learning, they should help them identify and develop solutions to common problems in their own field, and they should be aligned with the needs and expectations of the workplace (professions) and society. This practical-oriented type of learning can be directly supported by teaching strategies, learning activities and assessment methods that involve lab work, fieldwork, extracurricular activities, individual or group projects and practical assessment.

OC philosophy of teaching and learning also promotes **value-driven** and **value-based learning** that aims to transform students into responsible citizens with positive attitude. That is, teaching and learning experiences should develop students' interpersonal skills, most notably autonomy, independence, self-direction, as well as working collaboratively and effectively in teams and respecting other views. Teaching and assessment strategies must acknowledge that students are goal-oriented and relevancy-oriented. They need to be regularly appreciated for their progress and provided with constant feedback on their performance. They need to be given sufficient opportunities to reflect on their learning and to experience empathy and support in a non-judgmental, facilitative environment. Those value-based experiences should also be integrated and connected to a shared sense of responsibility among students as cooperating parts of a larger whole, accentuating their roles towards the development of the field and the community. Teaching strategies, learning activities and assessment methods such as independent and individual research and assignments, group activities, extracurricular activities can be effectively used to support such students' value-based experiences.

OC also encourages **diversity** in teaching, learning and assessment practices with a particular leaning towards **authentic assessment**. That is, an OC program should not rely on one strategy (e.g., lecture)

or one method of assessment (e.g., written exam or laboratory report) to teach and assess its PLOs. Reliance on a small number of teaching strategies “will be unfair to students, who may learn best with other approaches” and “since learners have different learning styles” (Evans & Rose, 1997, p. 18; Gobingca & Makura, 2016, p. 735). Diversifying assessment methods are found to offer several benefits, most notably “more accurate assessment of learning outcomes, improved student engagement, improved learning experience, and positive student feedback” (O’Neill & Padden, 2022, p. 404). For assessment, OC programs are encouraged to implement **authentic assessment** within the learning process, when appropriate. Authentic assessment refers to activities that are “conducted through real-world tasks requiring students to demonstrate their knowledge and skill in meaningful contexts” (Swaffield, 2011, p. 434), where real-world tasks should be “either replicas of or analogous to the kinds of problems faced by ... professionals in the field.” (Wiggins, 1993, p. 229). According to Wiggins (1998), an assessment is authentic if:

1. It’s realistic.
2. It requires judgement and innovation.
3. It asks the students to “do” the subject.
4. It replicates or simulates the contexts in which adults are tested in the workplace, in civic life, and in personal life.
5. It assesses the student’s ability to efficiently and effectively use a repertoire of knowledge and skill to negotiate a complex task.
6. It allows appropriate opportunities to rehearse, practice, consult resources, and get feedback on and refine performances and products.

Authentic assessment is perfectly aligned with OC philosophy of teaching and learning: it is more student centered when compared to other types of assessment, it is practical and more relevant to real-world situations. Assessment methods including research reports, oral exams, practical assessments, fieldwork assessment, projects, lab experiments and reports, and case studies can be implemented ‘authentically’ as either formative or summative assessment.

The four tenets of OC philosophy resonate strongly with OC graduate attributes and institutional learning outcomes (ILOs) ([introduced and thoroughly described in OC Graduate Attributes and OC Learning Outcomes document](#)). That is, OC GAs and ILOs concerned with ‘learning autonomy’ resonate well with ‘student-centered’ learning, GAs of ‘ethical competence’ and ‘teamwork’ with ‘value-driven’ and ‘value-based’ learning, GAs of ‘technical and quantitative capabilities’ and ‘problem solving’ with ‘practical-oriented’ learning and so forth. Furthermore, OC-approved teaching strategies, learning activities and assessment methods discussed in section 4.1.2.5 above are closely aligned with all four components of OC teaching & learning philosophy as illustrated in Table 5 below. An OC academic program should derive its own philosophy of teaching & learning from OC philosophy. All teaching, learning and assessment strategies in an OC program should be generally based on the four components discussed in this section.

Table 5: Coherence between OC philosophy of teaching & learning and OC GAs, ILOs, Teaching Strategies, Learning Activities and Assessment Methods

Components of OC Teaching & Learning Philosophy	OC GA Code	OC ILO Code	OC-approved Teaching Strategies/Learning Activities	OC-approved Assessment Methods and Authentic Assessments
student-centered	1.1 3.1	1.1.2 3.1.2	- Interactive Lectures - Discussions / Quesussions - Independent Study - Individual Research - Cooperative Learning Activities	- Essay - Research summary - Presentation Assessment - Self-evaluation (e.g., in course surveys)
practical-oriented learning	2.2 2.3	2.2.1 2.2.2 2.3.1 2.3.2	- Demonstration - Extracurricular Activities - Lab work - Experiential Learning Activities - Project work - Research - Field work	- Research summary/ report - Fieldwork Assessment - Lab Report - Project Assessment
value-driven/value-based	2.1 3.1	2.1.1 3.1.1 3.1.3	- Debates - Group work / activities - Field work - Extracurricular Activities	- Oral Exam - Interview - Fieldwork Assessment - Observation
authentic assessment	2.2	2.2.1 2.2.2 2.3.1 2.3.2	- Extracurricular Activities - Field work - Lab work - Project work	- Case study - Research Summary Assessment - Fieldwork Assessment - Lab Experiments /Reports - Project Assessment - Practical Assessment

OC Learning and Teaching (Educational) Philosophy has been thoroughly discussed and approved by SCPQ in Session No. 1 (Fourth Topic) on 20/9/2023 (you can access the approval minutes by ctrl-clicking here)

4.1.2.9 Periodic Review of CTAs, CLOs and PLOs

Based on Policy P-06, OC-QMS expects that CTAs, CLOs and PLOs of an OC program will be reviewed on a regular basis in order to maintain the relevance and effectiveness of the program. Such review is divided into two types: minor and major. **Minor reviews** of CTAs, CLOs and PLOs are more frequent as they should be conducted at least annually after CLOs and PLOs assessment is performed. Minor changes include slight modifications to teaching strategies and assessments mapped to a given CLO, as well as changes to CLOs/PLOs assessment targets. Minor reviews should be mainly based on the following internal factors:

1. Results of CLOs assessment (see section 4.2.4). If a given CLO does not meet its target benchmark, a minor review is warranted.
2. Results of PLOs assessment (see section 4.2.18). If a given PLO does not meet its target benchmark, a minor review is warranted.
3. Recommendations in course reports (see section 4.2.6). If a recommendation requires a change in a CLO/CTA, a minor review is warranted.
4. Recommendations in annual program report (APR) (see section 4.2.8). If a recommendation requires a change in a PLO, a minor review of its mapped CLOs/CTAs and targets benchmarks is warranted.

However, it should be emphasized here that immediate changes to CLOs, CTAs or PLOs must not be the first improvement action. The stability of course learning outcomes (CLOs) and program learning outcomes (PLOs) plays a crucial role in maintaining the overall coherence and consistency of an academic program (Miller, 2013, p. 38). While it is essential to keep these learning outcomes relevant and up to date, it is equally important to ensure that they are not altered too frequently. Frequent changes to CLOs and PLOs can “disrupt the curriculum and undermine student learning” and can lead to confusion among students, faculty, and external stakeholders, as well as difficulties in evaluating the effectiveness of the program and its courses over time (Gonzalez, 2014, p. 114).

When a minor review is required, the first improvement action should be directed to “increasing awareness” and “more training”. For instance, if a CLO assessment does not meet its target benchmark, the first action step should be increasing instructors and students’ awareness of the CLO content as well as its mapped teaching strategies and learning activities. Instructors may also need further training on the teaching strategies and their proper implementation prior to any change to a particular CTA. In some cases, modifications related to course learning resources and student support mechanisms can be more relevant than changes to CLOs or CTAs. Whatever the decision is, it should be well planned and documented in the next program operational plan (Operational Plans are discussed in section 4.1.10 below). Figure 16 (left) summarizes the flow and decision process related to minor reviews.

Major reviews of PLOs, CLOs and CTAs are far less frequent and should be conducted every three or four years, or especially by the end of the program graduation cycle. Major reviews may warrant partial or complete changes to:

1. PLOs (addition, removal, reformulation)
2. CLOs (addition, removal, reformulation)
3. Curriculum Mapping (PLOs-Courses Matrix)
4. Mission and Goals
5. Curriculum (Study Plan including changes to credit hours, prerequisites etc.)
6. Mechanisms and procedures of student support services (e.g. academic advising) and learning resources.
7. CTAs (CLOs/Teaching Strategies/Learning Activities/Assessment Methods Alignment Matrices)
8. Program and Course Specifications (which will be discussed in section 4.1.3 below)

Major reviews must be based on the following internal and external factors (as well as conclusions and recommendations thereof):

1. At least two PLOs assessment reports ([see section 4.2.18](#)).
2. At least two annual program reports ([see section 4.2.8](#)) and course reports of two years ([see section 4.2.6](#)).
3. At least two field training/experience reports ([see section 4.2.7](#)).
4. At least two KPIs reports ([see section 4.2.17](#)).
5. Professional Advisory Board/Committee's suggestions and recommendations ([see section 4.1.14](#)).
6. Emerging trends and needs of the labor market.
7. Evolving requirements and technologies in the program field.
8. Emerging national and international trends related to the program field.

When a major review is warranted, changes to PLOs and CLOs must be gradual, evidence-based and entirely justified. If changes require modifications to course specification, program specification, program mission/goals, curriculum or curriculum mapping etc., they must follow the procedures outlined in the relevant sections of this manual. (discuss procedure and flow)

Minor and major changes must be well planned and required actions should be explicitly outlined in the program operational plans ([see section 4.1.10](#)). Figure 16(right) below summarizes the flow and decision process of both reviews.

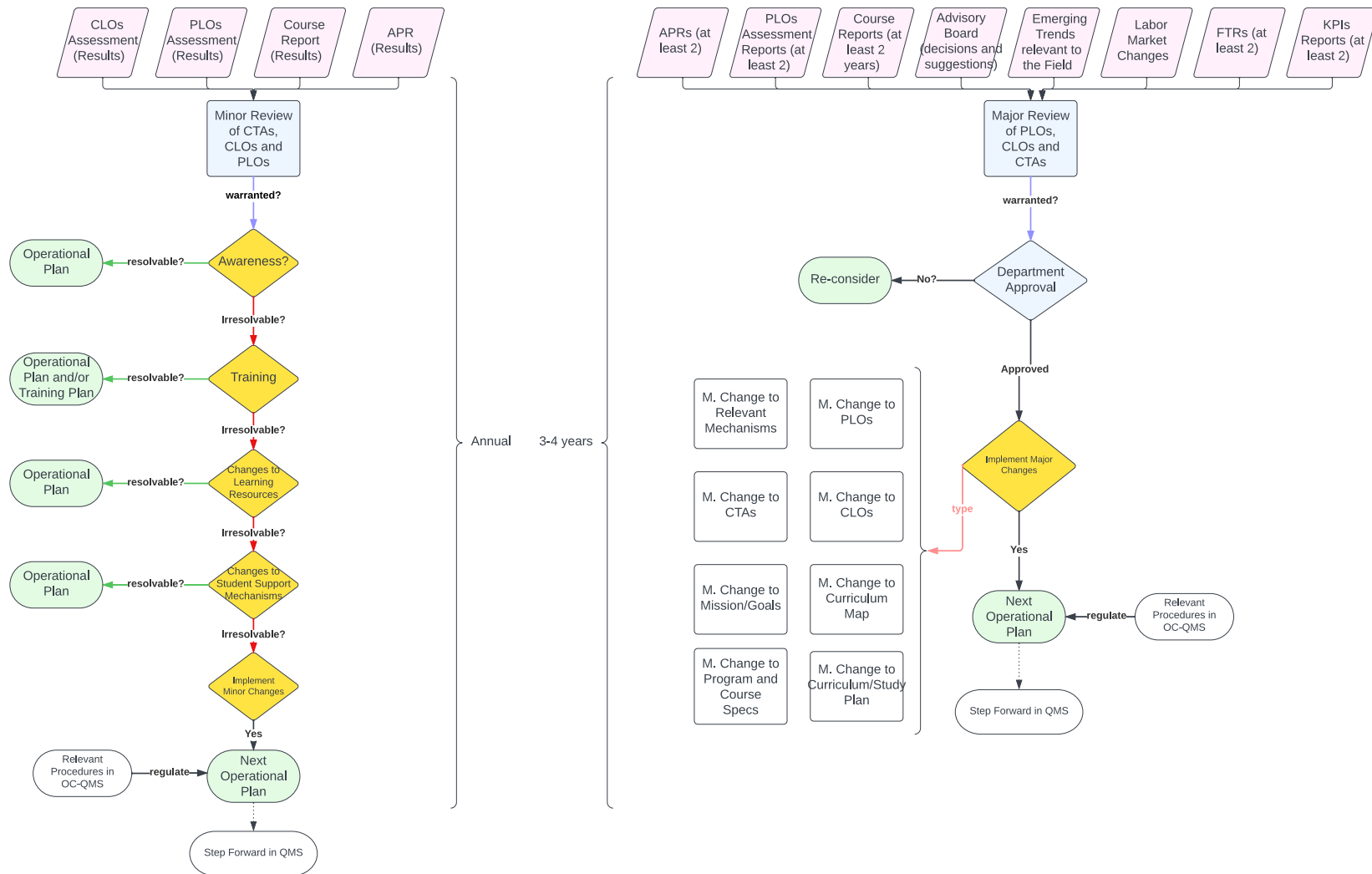


Figure 16: Flowchart of Minor and Major Reviews of CTAs, CLOs and PLOs Process (Process Code: P-P-08)

4.1.3 Program and Course Specifications

4.1.3.1 Program Specification (T-103)

The program specification (henceforth, PS) is considered as the main educational strategy of an OC academic program. OC-QMS Policy P-02 mandates that all academic programs should have a well-defined, comprehensive, and regularly reviewed PS. In OC-QMS, this policy is broken down into three main components:

1. Program Definition:

In its PS, the program should have a clear and comprehensive definition that outlines the overall purpose, mission, strategic goals, intended learning outcomes, curriculum structure, teaching strategies, assessment methods, admission requirements, faculty, facilities, and learning resources and requirements as well as major support services and mechanisms including counselling services, quality assurance and evaluation procedures. It is also mandated that OC PSs should be designed and formatted according to the latest NCAAA PS Template (T-103).

2. Constant Update:

OC-QMS expects that all PSs should be regularly updated to ensure it remains relevant, effective, and responsive to changes in the academic field, job market, societal needs, and accreditation requirements. The update process should be done at least once per the program review cycle (more on review cycles is given in Chapter 5). Changes and updates to a given PS must be systematically prompted by one of the following prompters or triggers:

2.1 Changes in Industry or Field: If there are significant changes or advancements in the relevant field or industry, the program specification may need to be updated to reflect these changes. This ensures that the program remains relevant and prepares students for the current state of the field.

2.2 Feedback from Stakeholders: Feedback from various stakeholders, including students, faculty, alumni, employers, and industry professionals, may indicate areas where the PS could be improved or updated.

2.3 Changes in Accreditation Standards: If the standards set by NCAAA change, the program specification would need to be updated to ensure continued compliance with these standards.

2.4 New Institutional Goals or Strategies: If the institution revises its goals, mission, or strategic plan, the program's mission and goals must be updated (according to Process P-P-01 above) and, hence, the PS may need to be updated to align with these new directions.

2.5 Outcome of Program Review: Regular program reviews (see review cycles in Chapter 5) may reveal areas where the program specification could be improved or updated. As will be further detailed later, OC-QMS mandates that changes to a PS should be informed by and based on at least the following review reports:

- a. Courses Reports (for two preceding years)
- b. Annual Program Reports (for two preceding years)
- c. Operational Plan Progress and Performance Reports (for two preceding years)
- d. Quality Reports (e.g., KPIs Reports, Survey Reports, PLOs Assessment Reports etc.) for at least two preceding years.

2.6 Changes in Legislation or Regulation: Changes in relevant bylaws or regulations could necessitate updates to the program specification.

2.7 Technological Advances: Advances in technology, particularly educational technology, could prompt updates to the program specification, particularly in terms of delivery methods and assessment strategies.

2.8 Changes in Student Needs or Demographics: If there are significant changes in the needs, expectations, or demographics of the student body, the program specification may need to be updated to better reflect those needs and expectations.

2.9 Changes to Curriculum: If there are substantial modifications to the curriculum or study plans– such as the introduction of new courses, removal of existing ones, or changes to course content and learning outcomes – the program specification may need to be updated. These changes could stem from evolving academic research, pedagogical advances, faculty expertise, or feedback from students or alumni. It's crucial that the program specification accurately reflects the curriculum to provide a clear and current roadmap for the program.

3. Communication:

The program specification should be transparent, accessible, and effectively communicated to all relevant parties. This includes faculty, who implement the specification; students, who need to understand what they are to learn and achieve; and external stakeholders, who rely on the program to produce qualified graduates. Major sections of the PS must be publicized in the program's webpage as well as in relevant program handbooks and leaflets.

Since OC is a private institute, the Ministry of Education bylaws mandates that all programs should **initially** have their curriculum plans, PSs, and courses specifications from an established, external program in a public university. However, OC programs are expected to update those PSs and courses specifications regularly based on prompter under (2) above, and, therefore, the remaining of this section will focus on such updates as process. The review and update process of program specifications must be preceded by appropriate reviews and updates to mission, goals, GAs, PLOs etc. according to the relevant processes discussed in the previous sections. The review and update process of PS is illustrated in the following flowchart in Figure 17 below.

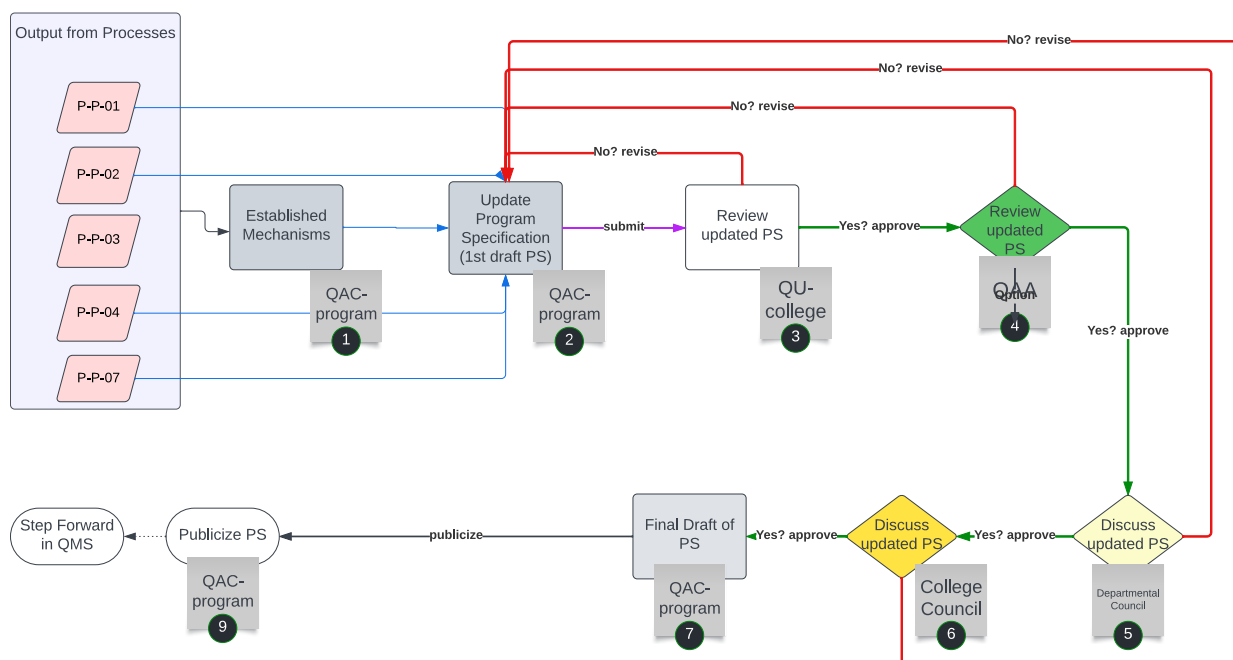


Figure 17: A flowchart demonstrating the process of Program Specification review, update, and approval (Process Code: P-P-09)

The main input of the process is the aggregated major outputs of quality planning processes P-P-01 (Program Mission & Goals), P-P-02 (Goals-KPIs Alignment), P-P-03 (GAs and PLOs), P-P-04 (Curriculum Mapping), and P-P-07 (PLOAP), which are discussed in the previous sections. In addition, major further inputs to the PS update and review process are the curriculum (approved study plan) as well as the relevant, institutionally and programmatically established mechanisms which mainly includes the following:

1. Establishing and Restructuring Academic Programs (as outlined and detailed in the OC Guide for Establishing, Restructuring and Approving Academic Programs)
2. OC Learning and Teaching (Educational) Philosophy (outlined and discussed in section 4.1.2.8 above)
3. Mechanisms and procedures for selection, identification and review of extracurricular activities (as outlined in section 4.1.13 below).
4. Student Admission and Registration Requirements
5. Guidelines for Orientation programs (as outlined in section 4.2.19 below)
6. Mechanisms and procedures for Advising and Counselling (as outlined in relevant OC Advising and Counselling Handbooks)
7. Mechanisms for other services (as outlined in OC Academic Support Services Handbook)
8. Mechanisms for Special Support (low achievers, gifted and talented students as outlined in relevant programs' handbooks)
9. Mechanisms and procedures related to learning resources, facilities, and equipment (as outlined in section 0 below)
10. Procedures to ensure a healthy and safe learning environment (as outlined in relevant OC handbooks especially OC Risk Management Handbook)
11. Procedures to Monitor Quality of Courses Taught by other Departments (as outlined in section 4.1.7 below)
12. Procedures to Ensure the Consistency between Male and Female Sections (if applicable as outlined in section 4.1.6 below)
13. Program Evaluation Matrix (as outlined in section 4.1.3.2 below)
14. Mechanisms related to approved KPIs (as outlined in OC Guidebook on Programmatic KPIs and Surveys).

Once all outputs from the various quality planning processes and established mechanisms mentioned above are compiled, they form an integral part of the Program Specification. It's essential to incorporate these comprehensive inputs into the first draft of an updated PS (in step 2) to ensure a holistic representation of the program. This inclusion guarantees a well-rounded understanding for all stakeholders and aids in the program's ongoing development and improvement. The first draft should be sent to QU (step 3) and then QAA (step 4), for review and evaluation of the drafted PS. Both QU and QAA must follow the following criteria for evaluating the drafted PS:

1. **Completion:**

The PS should be thoroughly examined to ensure that all required sections are complete. This includes, but is not limited to, the program's mission, strategic goals, intended learning outcomes, curriculum structure, teaching strategies, assessment methods, admission requirements, faculty, facilities, learning resources, and support services. Incomplete sections suggest that the PS may not adequately guide the program or inform stakeholders.

2. **Accuracy:**

Accuracy in the PS is critical. Confirm that the information provided in the PS, such as admission requirements, curriculum structure, and faculty credentials, is accurate and current. Any inaccuracies could mislead stakeholders and negatively impact the program's implementation and effectiveness.

3. **Consistency:**

Check for consistency across the PS. This includes consistency between different sections of the PS (e.g., the teaching strategies align with the intended learning outcomes), consistency between the PS and other program documents (e.g., course syllabi align with the curriculum structure in the PS), and consistency between the PS and the institution's mission and strategic goals.

4. **Relevance:**

Assess whether the content of the program is relevant to current industry and societal needs. This can be done by comparing the PS with current job market trends, industry standards, and expectations. The program should prepare students for real-world applications in their field of study.

5. **Clarity:**

The PS should be clear and understandable to all stakeholders. Check for unambiguous language, logical organization, and effective communication of key points. It should be easy for students, faculty, and external stakeholders to comprehend the program's goals, structure, and

6. **Alignment with NCAAA Accreditation Standards and OC-QMS:**

Check that the PS reflects policies, standards and requirements set out by both NCAAA and OC-QMS. Any inconsistencies or gaps between the PS and these benchmarks should be identified and addressed.

7. **Forward-thinking:**

A high-quality PS should not only meet current standards but should also anticipate future trends and changes in the field. Review the PS for evidence of forward-thinking, such as incorporating emerging technologies or methodologies in teaching and learning, addressing future societal needs, addressing future resources, or preparing students for anticipated changes in the job market.

If the drafted PS fails to meet any of the seven criteria above, it should be returned to QAC. Accompanying this return should be detailed comments that clearly articulate the areas where the PS did not meet the necessary criteria. Once the draft has been appropriately revised and rectified by QAC, it can then be sent to the department council and, next, to the college council for further discussion and final approval (steps 5 & 6). The minutes of both councils should explicitly document those discussions and final approval.

The discussions in both the department and college councils should be centered around the relevance, rigor, and alignment of the PS with the program's goals and objectives, as well as the needs of the students and field. These discussions should also consider whether the PS reflects the approved pedagogical trends and methodologies. Any identified gaps or areas of improvement should be addressed in these meetings, and appropriate revisions should be made.

In addition to these considerations, both councils should pay careful attention to any comments or feedback provided by the Quality Unit (QU) and Quality Assurance Administration (QAA) during their reviews. It is crucial that these insights are considered when crafting the final draft of the PS, ensuring that the document not only meets internal standards but also aligns with external quality benchmarks.

It's also important to ensure that the PS aligns with the overall strategic goals of OC. The council should also discuss how the PS will be communicated and implemented, and how its effectiveness will be measured and evaluated over time.

Once the PS has passed through these levels of review and approval, a final draft should be prepared by QAC (step 7). The PS becomes the guiding document that shapes the academic program. Faculty should then be familiarized with the new updated PS to ensure consistent implementation. Students and other

relevant stakeholders (e.g., professional advisory board/committee) must also be informed of the new or updated PS (step 9). This can be achieved through multiple communication channels such as the program's website, newsletters, or during orientation sessions. The approved PS should also be stored in a centralized, accessible location where all stakeholders can easily find and refer to it. It should be emphasized again that the PS is not a static document; it is a dynamic, evolving guide that should be regularly reviewed and updated to ensure that it continues to meet the needs of all stakeholders and aligns with the institution's strategic direction.

4.1.3.2 Program Evaluation Matrix (PEM)

An essential part of the Program Specification is the Program Evaluation Matrix (PEM). A PEM serves as a comprehensive tool for assessing the major aspects of an academic program. It outlines the key areas of evaluation, the sources of information, the methods used for evaluation, and the timing of these assessments. The matrix encompasses a wide range of aspects, such as the effectiveness and quality of teaching and assessment, field experience/training, learning resources, facilities and equipment, leadership and academic environment, graduates' competence and skills, quality of services and procedures, and the overall quality of the program. It leverages diverse sources like faculty, students, alumni, Professional Advisory Board/Committee, chairperson, Quality Assurance Committee, administrative staff, and external reviewers to ensure a holistic understanding of the program. The aim of this matrix is to ensure the highest standard of education is provided, and continuous improvements are made where necessary.

There are eight key evaluation components or aspects of a PEM. Each component in the matrix is intimately connected with OC-QMS. Utilizing a wide array of sources and evaluation methods, this matrix serves as a pivotal tool in implementing, monitoring, and improving the quality processes outlined in this handbook. It ensures a holistic, robust, and systematic approach to maintaining high educational standards and fostering continuous improvements in OC academic programs. The eight components of a PEM are detailed below:

- 1. Effectiveness and Quality of Teaching and Assessment:** This component measures the effectiveness of teaching and the quality of assessments used in the program. The evaluation is done through various means, including peer reviews by faculty, student surveys, feedback from alumni, meetings with the Professional Advisory Board/Committee, chairperson visits and meetings with students, and the Quality Assurance Committee (QAC) reviews. These evaluations are done either at the end of the semester or the academic year. This component is guided and regulated by OC-QMS processes related to surveys, peer reviews, QACs and Professional Advisory Boards.
- 2. Effectiveness and Quality of Field Experience/Training:** Evaluates the quality and effectiveness of field experiences or training provided in the program. This is assessed through surveys filled out by students and supervisors involved in the field experience/training, meetings with the Professional Advisory Board/Committee, and chairperson visits and meetings with students. These evaluations are conducted at either the end of the semester or the academic year. This component is guided and regulated by OC-QMS processes related to field experience, surveys, Professional Advisory Board, and chairperson evaluation.
- 3. Quality of Learning Resources:** This looks at the quality of learning resources available to students and faculty. This is assessed through surveys filled out by students and faculty, and an analysis by the Learning Resources, Facilities, and Equipment (LFE) Committee. The evaluation is done at the end of the academic year. This component is guided and regulated by OC-QMS processes related to surveys and LFE Committees.
- 4. Quality of Facilities and Equipment:** This area assesses the quality of the facilities and equipment available to students and faculty. It is evaluated through surveys filled out by

- students, faculty, and administrative staff, and an analysis by the Learning Resources, Facilities, and Equipment Committee. The evaluation is done at the end of the academic year. This component is guided and regulated by OC-QMS processes related to surveys and LFE Committees.
5. **Leadership and Academic Environment:** This component evaluates the leadership and the academic environment of the institution. It is assessed through surveys filled out by students, faculty, and administrative staff. The evaluation is done at the end of the academic year. This component is guided and regulated mainly by OC-QMS processes related to periodic surveys.
 6. **Graduates' Competence and Skills and PLOs (Program Learning Outcomes) Achievement:** This area assesses the competence and skills of graduates and whether they have achieved the program learning outcomes. It is evaluated through meetings with the Professional Advisory Board/Committee, surveys filled out by employers and alumni/alumnae, and a final analysis by the QAC. This component is guided and regulated by OC-QMS processes related to surveys, Professional Advisory Boards, as well as PLOs and CLOs Assessment.
 7. **Quality of Services and Procedures (including various kinds of guidance and counseling):** This evaluates the quality of services and procedures, including guidance and counseling. It is assessed through surveys filled out by students and faculty, and an analysis by the Counseling and Guidance Committee. The evaluation is done at the end of the academic year. This component is guided and regulated by OC-QMS processes related to surveys and Counselling and Guidance Committees.
 8. **Overall Quality of the Program:** This is a comprehensive assessment of the overall quality of the program. It is evaluated by the QAC, Quality Unit (College), other essential program committees, Professional Advisory Board/Committee, Students Advisory Council (at the College), Internal Reviewer (Quality Assurance Administration), and External Reviewer. These evaluations are done at various intervals throughout the year, with some being biennial and others being triennial or quadrennial according to OC-QMS. This component is regulated by several OC-QMS processes outlined in this handbook.

This comprehensive evaluation matrix uses a wide range of sources and methods to ensure the quality and effectiveness of the educational program. It covers many aspects of the educational experience, from the quality of teaching and assessment to the competence and skills of graduates. It also includes various forms of feedback, from surveys and meetings to peer reviews and quality reports, making it a thorough and robust evaluation protocol.

4.1.3.3 Course Specification (T-104)

OC-QMS Policy P-02 also mandates that all academic programs should have well-defined, comprehensive and regularly reviewed courses' specifications (or CSs, for short). This policy can be broken down into three main components (similar to those discussed in section 4.1.3.1 above), namely Course Definition, Constant Update and Communication as discussed below:

1. **Course Definition:** This component of the policy emphasizes the importance of having clear and comprehensive course specifications for each course in an academic program. Course specifications (CSs) should delineate the course's title, code, credit hours, type, level, prerequisites, co-requisites, and general description. They should also provide information about the teaching method, contact hours, course learning outcomes, teaching strategies, assessment methods, course content, student assessment activities, learning resources, facilities, and quality assessment procedures. Well-defined CSs ensure a shared understanding

- of the course's purpose, structure, and expectations among all stakeholders, including faculty, students, and administrators.
2. **Constant Update:** This component underscores the need for regular review and update of the CSs. The academic landscape is dynamic, and course content, teaching strategies, assessment methods, and learning outcomes may need to be updated to reflect advancements in the discipline, changes in industry requirements, or improvements in pedagogical practices. Regularly reviewing and updating the CSs ensures that the courses stay relevant, effective, and aligned with the program's objectives and the institution's mission. The review and update of a given course specification must be based on one of the following factors or prompts:
 - 2.1. **Feedback from Students and CLOs Assessments:** Students are the primary consumers of the course content and can provide valuable insights into the relevancy and effectiveness of the material, teaching strategies, and assessment methods. CLOs assessment results should mainly inform any changes to course mapped teaching strategies and assessment methods.
 - 2.2. **Feedback from Instructors, Course Team, and Peers:** Instructors and course team can provide insights based on their experience teaching the course, including suggestions for improving the content, teaching strategies, or assessments. Peer reviews can also suggest valuable changes to the course content and delivery.
 - 2.3. **Changes in Curriculum or Study Plans:** Major revisions to a program's curriculum or study plans may necessitate updates to individual course specifications to ensure alignment and consistency across the program.
 - 2.4. **Changes in Industry Requirements:** If the course is designed to prepare students for specific industries or professions, updates may be necessary to keep pace with changes in industry standards or requirements.
 - 2.5. **Advancements in Discipline:** Updates in the course specification may be required to reflect recent advancements or discoveries in the subject area.
 - 2.6. **Feedback from Alumni or Employers:** Feedback from graduates who are now in the workforce, or their employers, can provide valuable insights into the skills and knowledge that are most needed in the job market. Furthermore, the Professional Advisory Board/Committee can directly contribute to the improvement of course content and CLOs.
 - 2.7. **Changes in Institutional or Program Goals:** If the goals of OC or the academic program change, the course may need to be updated to align with these new goals.
 - 2.8. **Technological Developments:** Advances in technology can offer new ways of teaching and learning, and the course may need to be updated to incorporate these new tools or methods.
 - 2.9. **Regulatory or Accreditation Changes:** Changes in regulations or accreditation standards may necessitate updates in the course specifications to ensure compliance.
 - 2.10. **Periodic Review Cycle:** Even if none of the above triggers occur, it's crucial to review course specifications regularly during the program review cycle (discussed in Chapter 5), to ensure they are still relevant and effective.
 3. **Communication:** This component of the policy stresses the significance of effective communication of the CSs. Once the CSs are defined and updated, they should be communicated to all relevant parties. This includes not only the faculty who are teaching the course and the students who are taking it, but also administrators, academic advisors, and other stakeholders who may need to understand the course's specifics. Effective communication ensures that everyone involved has the necessary information to fulfill their roles and responsibilities and contributes to the smooth functioning of the academic program.



The review and update process of a CS must be preceded by appropriate reviews to Curriculum Mapping (Mapping PLOs to Courses), CLOs (definition and formulation), and CTAs (mappings of CLOs to appropriate teaching strategies, learning activities and assessment methods) according to the relevant processes discussed in the previous sections. The review and update process of a CS is illustrated in the following flowchart in Figure 18 below:

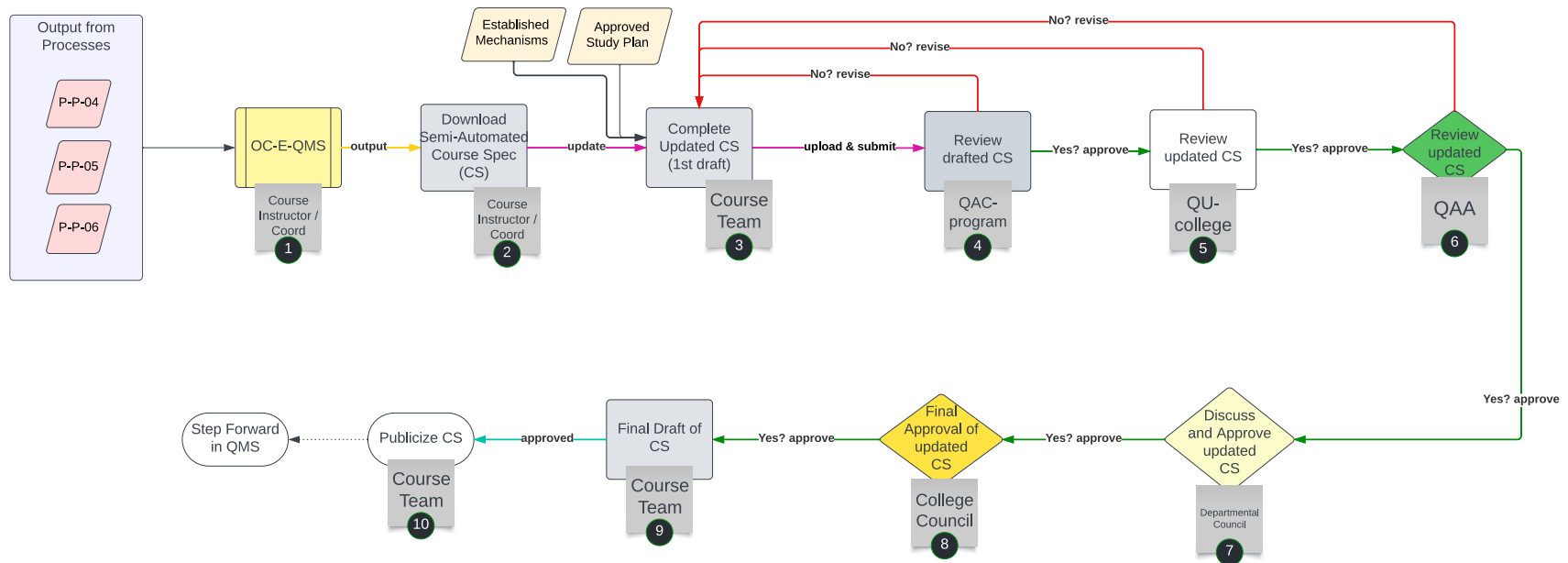


Figure 18: A flowchart demonstrating the process of Course Specification review, update, and approval (Process Code: P-P-10)



The main input of the process is the aggregated major outputs of quality planning processes P-P-04 (Curriculum Mapping), P-P-05 (CLOs Definition, Review, Approval), and P-P-06 (CTAs Review and Approval), which are discussed in the previous sections. The process begins with feeding OC-E-QMS with outputs of those processes (step 1). OC-E-QMS will further process these outputs and validate them according to the stored PLOs-Courses Matrix and other data as discussed in the relevant section. The course coordinator should next download a semi-automated course specification in which the basic information of the course, the CLOs/teaching Strategies/assessment methods table, and the assessment of course quality table are prefilled automatically (step 2). The course team (discussed in section 4.1.11 below) should complete the manual sections of the CS based on the approved study plan and established mechanisms (step 3). The updated draft should be re-submitted through OC-E-QMS. Once re-submitted, QU, and then QAA, will review the drafted CS on OC-E-QMS (steps 4 and 5). QU and QAA's review should be based on criteria similar to those discussed in section 4.1.3.1 above. Most importantly, the review criteria for the CS should focus on:

1. **Completion:** Ensuring that all sections of the CS are complete is crucial. This includes the course title, code, credit hours, prerequisites, course description and main objective, intended learning outcomes (CLOs), teaching and learning methods, assessment methods, and references. A complete CS provides a comprehensive picture of the course and its requirements, aiding both teachers and students in understanding the course's full scope.
2. **Accuracy:** Accuracy in the CS is paramount. All information, such as course description, ILOs, teaching methods, assessments, and references, should be correct and current. Inaccurate information could lead to misunderstandings and misalignment between expectations and delivery, which could negatively impact the course's effectiveness.
3. **Consistency:** The CS should be consistent with other course and program documents. This ensures that all course-related documents align and provide coherent information. For example, course outcomes listed in the CS should match those in syllabi and other course materials. Inconsistencies could potentially confuse students and faculty.
4. **Relevance and Currency:** This criterion requires the course content to align with current industry, academic, and societal needs. The CS should reflect up-to-date knowledge, skills, and competencies that students need to acquire. This helps ensure that the course remains valuable and applicable to students' future academic or professional pursuits.
5. **Clarity:** The CS should be easily understandable to all stakeholders, including students, faculty, administrators, and external evaluators. This means using clear, unambiguous language; logically organizing content; and effectively communicating key points. A clear CS facilitates proper course planning, delivery, and assessment.
6. **Alignment with Accreditation Standards and OC-QMS:** The CS should reflect the policies, standards, and requirements set out by the accrediting body and OC-QMS. Any gaps or inconsistencies between the CS and these requirements should be identified and addressed.

If a course specification fails to meet any of the aforementioned criteria, it should be returned to the course team for revision through OC-E-QMS. Accompanying this return should be detailed feedback that clearly articulates the areas where the course specification did not meet the necessary requirements.

Once the course specification has been appropriately revised and rectified by the course team, it can then be sent to the department council and, next, to the college council for further discussion and approval (steps 7 & 8). The minutes of both councils should explicitly document those discussions and final approval. The discussions in both the department and college councils should focus on the quality, relevance, and alignment of the revised Course Specification with the program's goals and PLOs, as well as the needs of the students and the field. These discussions should also consider whether the Course Specification reflects the approved pedagogical trends and methodologies, and whether it is in line with the latest industry

standards and societal needs. Any identified gaps or areas of improvement should be addressed in these meetings, and appropriate revisions should be made by the course team.

Additionally, both councils must ensure that all feedback and comments from the Quality Unit (QU) and Quality Assurance Administration (QAA) reviews have been taken into account in the final version of the Course Specification. Once approved by the two councils, a final draft of the course specification should be prepared by the course team (step 9). This final version becomes the guiding document for course implementation, and all relevant stakeholders (mainly faculty and students) should be informed of any changes (step 10). This can be achieved through multiple communication channels such as the program's webpage, introductory handbooks, and during class announcements.

OC-QMS also mandates that a copy of the finalized Course Specification be distributed to all enrolled students at the start of the semester. Specifically, students must receive this important document within the first week of the term. This ensures that students have a clear understanding of the course learning outcomes, structure, assessment methods, and other vital information from the outset, allowing them to better plan and prepare for their learning journey throughout the semester.

Further enhancing accessibility and transparency, each finalized Course Specification includes **a QR code**. When scanned, this QR code leads to a dedicated webpage that documents all review comments and records the entire revision process the Course Specification has undergone. This provides an open record of the course's development and adjustments over time, fostering a culture of continuous improvement and accountability. It also allows students, faculty, and other stakeholders to gain a deeper understanding of the course's evolution and the rationale behind its current structure and content.

Finally, it should be emphasized that a Course Specification is not a static document; it is a dynamic guide that should be regularly reviewed and updated to ensure that it continues to meet the needs of all stakeholders and aligns with the institution's strategic direction and the ever-evolving academic and industry landscape.

4.1.3.4 Assessment of Course Quality Matrix (Course Evaluation Matrix CEM)

Integral to the Course Specification is the Course Evaluation Matrix (CEM). Acting as a comprehensive instrument, the CEM assesses key aspects of an academic course. It delineates principal areas of evaluation, sources of information, evaluation methods, and the timing of these assessments. The matrix covers a broad span of elements, such as the effectiveness of teaching, the quality of student assessments, the achievement of Course Learning Outcomes (CLOs), the commitment to learning and teaching strategies, and the continuity of action plans. By utilizing diverse sources like peer reviewers, faculty, students, and the Quality Assurance Committee, the CEM ensures a well-rounded understanding of the course.

The aim of this matrix is to guarantee the delivery of high-quality education and to facilitate continuous improvements as necessary. There are seven key evaluation components or aspects of a CEM. Each component is closely connected with the OC-QMS. By utilizing a rich array of sources and evaluation methods, this matrix serves as a pivotal tool in implementing, monitoring, and enhancing the quality processes outlined in OC-QMS. The seven components of a CEM are detailed below:

1. **Effectiveness of teaching:** This is evaluated by a peer reviewer, who directly observes the teaching in the classroom according to an approved rubric. This could include factors like the instructor's command of the subject, their ability to engage students, clarity of explanation, and use of teaching aids. This component is guided and regulated by OC-QMS processes related to peer reviews which will be discussed in detail in later sections.

2. **Effectiveness of student assessment:** The faculty or instructor assesses this directly through an analysis of Course Learning Outcomes (CLOs) assessment results and grade distributions. This helps gauge whether the assessments are accurately measuring students' understanding and achievement of the learning outcomes. This component is guided and regulated by OC-QMS processes related to CLOs assessment and analysis which will be discussed in detail in later sections.
3. **Quality of learning resources:** Students assess this indirectly through a course evaluation survey. This can help understand students' perceptions of the quality and availability of learning resources like textbooks, online resources, lab facilities, etc. This component is guided and regulated by OC-QMS processes related to course evaluation survey which will be discussed in detail in later sections.
4. **The extent to which CLOs have been achieved:** Both faculty and students assess this. Faculty use a direct method, which involves assessing and analyzing results according to CLO targets. Students provide an indirect assessment through a course evaluation survey. This dual evaluation provides a comprehensive view of how well the learning outcomes are being achieved.
5. **Commitment to learning and teaching strategies and assessment methods included in the program and course specifications:** Peer reviewers and the department chair (through e.g., student focus groups) assess this. Peer reviewers directly observe classroom activities according to an approved rubric (delineated in template OC-QMS-D-01), while the chair conducts an indirect assessment through survey questions to a student focus group (following template OC-QMS-D-03). This helps ensure the teaching and assessments align with the strategies outlined in the program and course specifications. Both templates will be discussed in relevant sections later.
6. **Action Plan Continuity (Closing the Loop):** The Quality Assurance Committee (QAC) directly reviews course reports periodically and provides comments to the course instructors, coordinators, and course teams. This ensures that any identified issues are addressed, and improvements are made in a systematic and timely manner.
7. **Instructor's Support to Students:** Students assess the level of support they receive from the instructors through a course evaluation survey. This feedback can provide valuable insights into the instructor's availability, responsiveness, and helpfulness.

This detailed course evaluation matrix utilizes diverse sources and methods to guarantee the quality and effectiveness of the individual course. It scrutinizes various aspects of the educational journey, from the effectiveness of teaching and student assessments to the achievement of Course Learning Outcomes. It incorporates multiple forms of feedback, from peer classroom observations and analysis of assessment results to course evaluation surveys and quality reports. This comprehensive approach ensures a thorough and robust evaluation process, contributing to the continuous improvement of the course and ultimately enhancing the overall educational experience for students.

4.1.3.5 Field Experience Specification (TP-155)

The process of reviewing, updating, and approving Field Experience Specification (FES) is identical to the process associated with updating and reviewing courses specifications discussed above. The relevant OC-QMS policy P-02 and the three components (Course Identification, Constant Update and Communication) are also applicable to FESs. However, the FES update & review process includes an additional, yet important, step as illustrated in Figure 19 below:

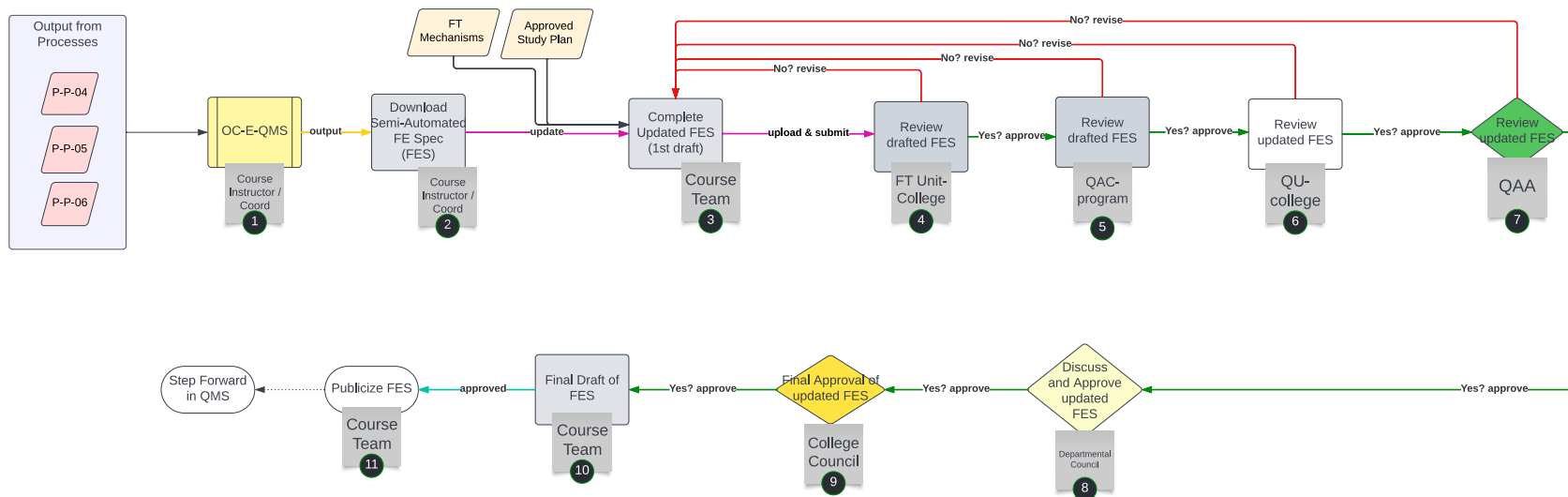


Figure 19: A flowchart demonstrating the process of Field Experience Specification review, update, and approval (Process Code: P-P-11)

An FES will go through the same steps as a regular CS, but with two important differences. First, a major input to the FES update & review process is the established field experience mechanisms at the college level. These mechanisms are outlined in two separate handbooks: one for the college of Engineering and IT and the other for the college of Humanities and Administrative Studies. Mechanisms in those handbooks must be carefully reflected in the updated FES. Therefore, once an FES is updated by the course team (in step 3), it should be sent to the Field Training Unit at the relevant college. The main focus of the FT Unit's review is the extent to which the FES conforms to the FE established mechanisms. Once approved by the unit, the FES should go through the same steps, i.e. submitted through OC-E-QMS to QU and QAA, discussed and approved by the department council and finally approved by the college council. The review and discussions will be based on the same evaluative factors detailed in section 4.1.3.3 above.

The second difference between the two processes (P-P-10 and P-P-11) is the course evaluation matrix. That is, while an FES should include an evaluation matrix identical to the one discussed in section 4.1.3.4 above, the main survey for the majority of items (e.g., "effectiveness of training and assessment", "quality of learning resources", "quality of training organization", and "training supervisor eligibility") is the PO_FTR_STU (Students Evaluation of FE Survey) and PO_FTR_SUP (Supervisors Evaluation of FE Survey). These two surveys will be discussed thoroughly in the following sections.

In line with OC-QMS guidelines, all students enrolled in a field experience course should receive a finalized copy of the FE Specification within the first week of the semester. To promote transparency and continuous improvement, each FE Specification also includes a QR code that, when scanned, directs to a webpage documenting the entire review and revision history of the specification. This feature allows students, faculty, and other stakeholders to comprehend the evolution of the course and the reasoning behind its current structure and content. It's important to note that an FE Specification, like a Course Specification (CS), is not a static document, but a dynamic guide that should be consistently reviewed and updated to ensure alignment with the OC goals and the changing academic and industry landscape. Changes to an FES must be based on the same (10) prompters outlined in section 4.1.3.3 above.

4.1.4 Planning, Acquisition and Evaluation of Learning Resources

Based on Policy P-12, OC-QMS mandates that within each OC academic department, a "Learning Resources, Facilities and Equipment Committee" (LRFE Committee) should be established. The LRFE Committee plays a critical role in supporting the internal Quality Management System (QMS) of an academic program. Its responsibilities are multi-faceted, and they mainly include the following:

- 1. Evaluation:** The committee conducts regular assessments of the program's learning resources, facilities, and equipment. These evaluations are guided by feedback collected through program surveys and KPIs.
- 2. Safety Training:** In collaboration with the Risk Management and Development Department, the committee devises a plan for training faculty and students on public and professional safety practices, as well as emergency evacuation procedures.
- 3. Hazardous Waste Disposal:** If applicable, the committee outlines a comprehensive mechanism for the safe disposal of hazardous waste, working in coordination with relevant departments within the colleges.
- 4. Health and Safety Requirements:** The committee is responsible for creating a clear mechanism to ensure that all facilities and equipment meet public health and occupational safety requirements. This task is accomplished in conjunction with corresponding departments.
- 5. Provision of Learning Resources:** The committee develops a detailed procedure to ensure the availability of all learning resources specified in the course specifications and any additional resources required during course delivery.



Among the responsibilities of the LRFE committee, the most paramount is following a clear and effective process to ensure the accessibility, availability, and adequacy of learning resources. The procedures involved in this process are listed in the "OC Standard Operating Procedures (SOPs) – Chapter Five". For relevance and convenience, the whole process is illustrated in Figure 20 and described below.

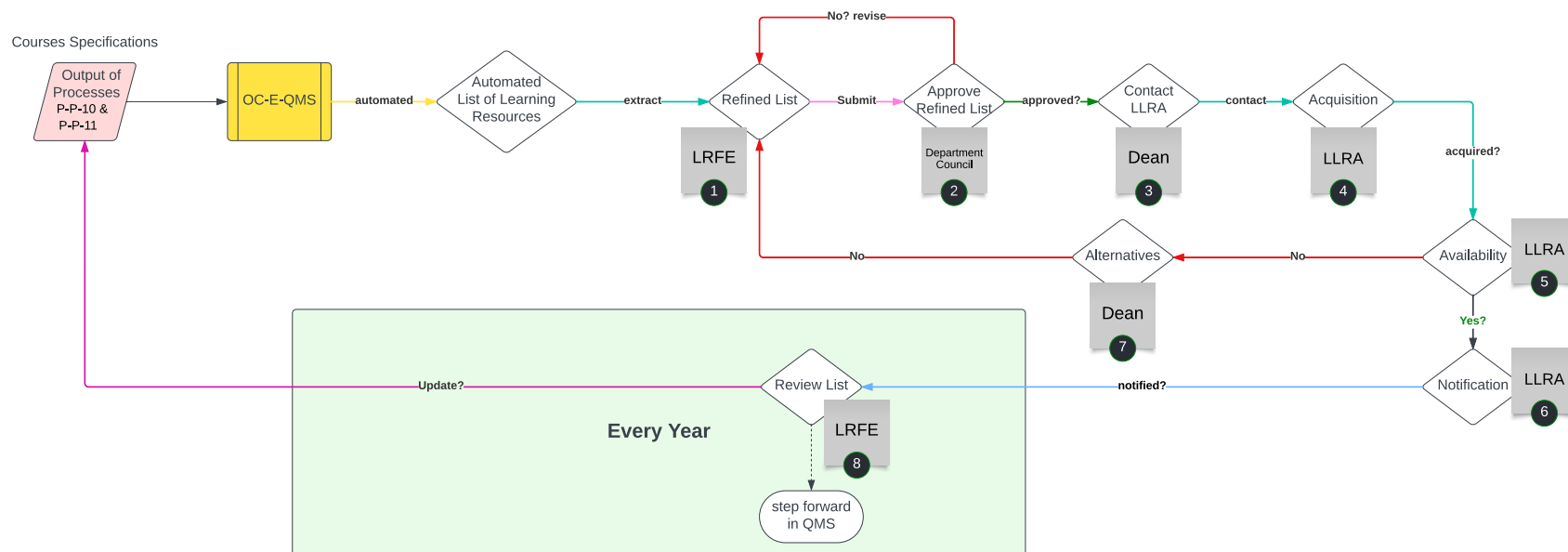


Figure 20: A flowchart demonstrating the process of Learning Resources Acquisition, Management and Evaluation (Process Code: P-P-13)

The main inputs to process P-P-13 "Learning Resources Acquisition, Management and Evaluation Process" are the courses and FE specifications from processes P-P-10 and P-P-11. OC-E-QMS will extract the learning resources (essential, supportive, and electronic books and references) listed in the most recent courses specifications of a given program and automatically compile a full list of them. Following this extraction, a dated list of these resources is prepared by LRFE (step 1). It's crucial that this list is then carefully reviewed and cleaned to ensure accuracy. Any duplicates must be identified and removed to maintain a concise and efficient inventory of learning resources.

The list must be presented to the department council for discussion and approval. In case not approved, the list should be returned to LRFE for further revision. Once approved, the list should be sent to the dean of the respective college in an official letter from the chairperson of the respective department. The dean should contact the Library and Learning Resources Administration (LLRA) with the list of resources specific to the academic program (step 3). LLRA identifies the currently unavailable print and electronic resources in the library, determines their cost, and contacts the Chairman Assistant for Planning and Quality regarding provision of those resources, who in turn contacts the Chairman of BoTs to approve the purchase and procurement. After written approval from the Chairman, LLRA secures the resources through available channels (step 4). In case all learning resources are secured and made available in or through the library, LLRA should notify the dean (step 5 & 6).

If some learning resources cannot be secured, the library should suggest alternative titles for the listed resources to the dean. The dean should send the alternative list to the chairperson (step 7). LRFE should revise the list by adding alternatives and the list must be presented again to the department council for discussion, approval, or disapproval. Then the relevant course specifications should be updated based on the department council approval and course coordinator/team recommendation.

The responsibilities of LRFE extend beyond the initial acquisition and management of learning resources. A crucial aspect of the committee's role is the ongoing review and evaluation of these resources. Periodic assessments are indispensable to ensure that the learning resources continue to meet the evolving needs of the academic program and remain up to date with advancements in the field. Therefore, LRFE should conduct the following at the end of every academic year (step 8):

1. Reviewing course evaluation results related to developing or updating learning resources, references, and textbooks in the relevant course reports.
2. Reviewing learning resources quality evaluation results in the program's annual surveys and KPIs reports, specifically:
 - Results of item analysis (#33) in PO_PRO_01 survey
 - Results of item analysis (#13) in PO_SU_01 survey
 - Results of item analysis (#28, #29, #30) in PO_SU_02 survey
 - KPIs related to learning resources in the program's annual KPIs report, more specifically indicators: OC-50, OC-51, KPI-P-17, OC-54, OC-71, in addition to the recommendations related to these indicators in the report.

More on surveys and KPIs reports will be discussed in the relevant sections below.

In case the committee's annual review suggests updating the program's list of learning resources, it should follow the procedural steps outlined above. The committee's commitment to continuous improvement ensures that the learning resources remain relevant and effective in supporting both teaching

and learning processes. This consistent cycle of review, acquisition, evaluation, and adjustment is fundamental to maintaining the quality and efficacy of the learning resources within OC academic programs.

4.1.5 Procedures for Ensuring and Monitoring the Quality of Courses Taught by Other Departments (Cross-listed Courses)

One of the key features of the current OC-QMS is the integration of specific quality assurance mechanisms across all its major processes. These mechanisms and measures address and control the quality of courses taught by other departments or programs (or cross-listed courses). These are not standalone procedures, but integral components within OC-QMS processes, covering the major processes of the Plan-Do-Check-Act (PDCA) cycle as summarized below (and detailed in the various sections of this handbook):

1. Involvement of all programs in which the course is delivered (or listed) in reviewing course learning outcomes (CLOs):

OC-QMS includes procedures for developing/updating course learning outcomes in OC-E-QMS (process P-P-05 above). These entail a series of reviews, most importantly reviews by the program director (as well as assistant director and quality assurance committee members; QAC for short) of CLOs in OC-E-QMS, particularly those linked to one of the program learning outcomes (PLOs). The system allows the director of each program in which the course is delivered to comment on the CLOs linked to its PLOs, accept or reject them, and explain the rationale, for all courses including those offered across departments or colleges.

The course specification includes a QR code and hyper-link showing the detailed report of the review process as well as its timeframes associated with each program director, along with the outcomes and course coordinator's responses.

2. Involvement of all programs in which the course is delivered in reviewing and approving the course specification matrix:

Similarly, the OC-QMS process P-P-06 requires engagement of all program directors (and QACs) in reviewing course matrices (CTAs) for joint, externally offered, or cross-listed courses via OC-E-QMS. The course specification includes a QR code and link showing the detailed report of the review process, as well as its timeframes associated with each program director, along with the outcomes and course coordinator's responses to relevant program directors' comments.

3. Involvement of all programs in which the course is delivered in reviewing and approving the course specification:

Furthermore, all program directors (and QACs) participate in reviewing the specifications for courses offered in their programs by other departments or programs (per process P-P-010 in OC-QMS). The electronic system gives each program director the authority to accept or reject with justification the specification for any course linked to their academic program be it delivered by the program itself or another program/department within OC. Course specs can only be approved by both program directors and college quality unit (QU). Upon approval by these two parties, the course coordinator/instructor cannot modify them without going through the programs' directors of program in which the course is delivered and their relevant department councils. Each course specification includes a QR code and link showing the review details and reports for each program director.

4. Involvement of all programs in which the course is delivered in reviewing and approving CLOs assessment results:

Additionally, all directors (and QACs for that matter) of programs sharing the course must participate in reviewing and approving CLOs assessment results and their relevant evidence, especially results and targets for the CLOs linked with the program in its curriculum mapping matrix (process P-E-02 in OC-QMS). The electronic system gives each program director the authority to accept or reject with justification the assessment results and/or its evidence for a particular course. Final approval of assessment results and their evidence cannot be granted until all directors of the programs linked to the course provide their individual approval and feedback. All course reports include a QR code and link showing the detailed report of the review process, timing, and outcomes associated with each program director.

5. Involvement of all programs in which the course is delivered in reviewing and approving the course report:

Similarly, to the (semester) course report, OC-QMS through process P-E-03 requires engagement of all program directors (and QACs) in reviewing and accepting course reports for externally offered courses through the electronic system. Directors of the program in which the course is offered can also view all related reports including student evaluation survey report, peer review report, chairperson evaluation of course instructor(s), and course recommendations within the course report. They are also expected to provide feedback within OC-E-QMS. All course reports include a QR code and link showing the detailed documented processes, timeframes, and reviews of related reports by each program director, and documentation of their acceptance or rejection of the course reports.

6. Inclusion of course learning outcomes (CLOs) assessment results in PLOs Assessment reports of all programs in which the course is delivered:

Additionally, CLOs assessment results and targets of all courses taught either by the program itself or another program/department are automatically included by OC-E-QMS in PLOs Assessment Reports (or PLOARs for short, according to template OC-QMS-C-07 and process P-E-01 in OC-QMS). Analysis of PLOs assessment results in the report relies on CLOs assessments of all courses based on their links to program outcomes (in the mapping matrix resulted from process P-P-04). Recommendations in the program outcomes report are binding for all courses offered by the program or externally delivered and must be adopted based on the relevant college council decision (related to discussing and approving PLOARs).

7. Review and approval by the college quality unit (QU) and quality assurance administration (QAA):

For all the above processes, reviews by QU and QAA represent the final stage of endorsement, approval, or rejection of those processes' outcomes. OC-QMS does not allow acceptance of any process outcome such CLOs, CTAs, specifications or reports without the approval of all relevant program directors through OC-E-QMS. All ad-hoc or periodic taskforces and review teams formed by QAA to review of outcomes of the above processes cannot approve any specifications or reports or provide the final rubric evaluation for some processes like P-P-06 without full approval of those specifications or reports by all program directors in which the course is delivered. QUs must coordinate (or liaise where needed) between those programs in case of differing perspectives on the outcomes of any of the above processes.

8. Involvement in forming the course team:

As outlined in process P-P-12 of OC-QMS, the course team is formed during the program planning stages. The team is usually headed by the course coordinator, who is typically affiliated with the program responsible for the course delivery. However, OC-QMS provide adequate flexibility for the team to include instructors across all sections, where some of those instructors may be from other programs where the course is offered, thereby representing those programs on course teams to varying extents. In any case, the course team cannot make final decisions on any changes to the course (CLOs, CTAs matrices, specifications, reports) without approval from the director of each program in which the course is delivered, as explained for each process above.

9. Participation of all programs in the periodic review of CLOs, CTAs matrices, and course specifications:

Additionally, all programs participate in the periodic review process for course learning outcomes, CTAs matrices, and specifications (process P-P-08 in OC-E-QMS). The director of each program can recommend through quality committees and department councils any changes, whether major or minor, relating to courses offered by other programs or departments, and according to the procedure outlined in the OC-QMS handbook. Again, QUs must coordinate as needed between programs in case of differing perspectives on enacting such changes.

Finally, it should be emphasized that the above mechanisms, which are crucial for maintaining the quality of courses taught by other departments or cross-listed courses, are an essential part of all OC program specifications. The responsibility for their effective implementation lies with the Quality Assurance Committees (QACs) as per Policy P-13, Quality Units (QUs), and Quality Assurance Administration (QAA).

4.1.6 Procedure for Ensuring Consistency between Male and Female Sections

In response to the guiding principles (discussed in section 2.1 above under #2, #4, and #6), and Policy P-13 in particular, the current OC-QMS has established various quality assurance measures to ensure parity between male and female sections across all academic programs. These procedures encompass a wide range of measures, such as ensuring equal implementation of the mission statement and goals, maintaining an inclusive department council and committees, and following consistent study plans, curriculum, and course specifications across both sections. In addition, gender balance is assessed and evaluated in annual KPIs and surveys reports, as well as in PLOs Assessment Reports and Annual Program Reports. Consistency is also maintained in the planning for course learning outcomes, teaching strategies, and assessment methods as course teams involve both male and female instructors. Furthermore, consistency and equity between the two sections is ensured by providing equal training opportunities, services, and support to all faculty, staff, and students of both genders. OC-QMS also emphasizes quality parity in services, facilities, and equipment across both sections and any discrepancies are considered a priority for improvement in our reports and operational plans. These measures are further elucidated as follows:

1. Equal implementation of the mission statement and goals

OC-QMS established certain mechanisms through which the academic program ensures that the mission statement and goals are implemented equally in both male and female sections. An equal implementation is ensured through several measures mainly including an annual operational plan inclusive of both sections where assignment of responsibilities is equally distributed among male and female faculty and committees, and ii) its progress reports identifying any potential gaps in performance between the two sections.

2. Inclusive department council and gender-balanced committee membership

In compliance with the national bylaws and regulations, the department council is comprised all female and male faculty members. Furthermore, internal regulations of OC stipulate that all committees should have proportional representation of both female and male sections. In addition to department chairpersons, the Administration of Councils and Committees is responsible for monitoring the proper and consistent implementation of this practice.

3. Study Plans, Curriculum and Course Specifications

The program implements the same study plans, curriculum, course specifications, learning outcomes, teaching strategies, learning activities, and assessment methods in both male and female sections. This ensures that regardless of gender, all students have access to the same educational content, receive the same learning experience, are evaluated using the same criteria, and follow the same academic trajectory, eliminates any potential bias in curricular content and provides equal learning opportunities for all female and male students.

4. Assessment and evaluation reports reflecting both sections

In compliance with OC-QMS as detailed in the relevant sections, all assessment and evaluation reports must be based on an in-depth analysis of the program's performance across both sections by incorporating comparative data from both female and male stakeholders. These reports mainly include KPIs reports, annual surveys reports, operational plan progress reports, annual program reports (APRs), and PLOs assessment reports (PLOARs). Results outlined and documented in these reports should help the program to identify and address any gender-specific trends or disparities in performance.

5. Equal opportunities and support, gender-neutral procedures and mechanisms

In compliance with OC regulations, the program provides equitable services, support, and opportunities for both male and female stakeholders. Both male and female faculty have the same training and professional development opportunities, and both have access to all available facilities, labs, equipment, services etc. Furthermore, the program implements impartial, unbiased and gender-neutral mechanisms and procedures for faculty appraisal and evaluation, for recruitment, for research, for community service activities, for grievance, complaints and disciplinary, for activation of values of proper conduct, scientific integrity, and intellectual property rights, and so on. All procedures implemented in the program to assess, guide and support the program's students are unbiased and gender-neutral, including procedures for academic, psychological, social, professional advising, for grievance, complaints and disciplinary, for extra-curricular activities, for field training, for voluntary participation and community service, for ethical conduct and academic integrity, for admission, registration, transfer of credits, graduation requirements and so forth.

6. Gaps and Improvements

OC-QMS explicitly stipulates (especially in the action planning and closing the quality loop chapters) that any gaps between the two sections must be considered a priority for improvement in all reports (e.g. KPIs, surveys, PLOARs, ARPs) and should be addressed immediately in its annual operational plans. This should ensure that any disparities in performance, resources, services, or outcomes between the two sections are promptly identified and addressed, fostering continuous improvement with equity at the center.

Finally, it is critical to note that these quality assurance measures are not optional add-ons but must be included in all OC program specifications whenever applicable. The responsibility for ensuring their proper implementation lies with the Quality Assurance Committees (QACs), Quality Units (QUs), and Quality Assurance Administration (QAA).

4.1.7 Procedures for Assuring the Quality of Program and Course Specifications

The process to assure the quality of program specifications and course specifications involves several key steps, each associated with specific quality measures. At the initial stages, the Quality Assurance Committee (QAC) and Quality Unit (QU) are expected to ensure that all inputs of Program Specifications (PS) and Course Specifications (CS) conform to the good practices and criteria outlined in the relevant sections. These inputs mainly include a well-defined program definition, the update/review mechanism and prompts, and communication strategies.

The initial drafts of PS are further evaluated by units and parties external to the program using specific rubrics. These rubrics are fully in line with the guidelines provided in the relevant sections. Furthermore, feedback on the drafted PS from representative samples of main stakeholders, i.e., students, faculty, alumni, employers, and industry professionals, are examined and addressed by QAC. The QU and Quality Assurance Administration (QAA) also use a similar rubric to further evaluate the final draft of PS, paying special attention to whether key issues raised by stakeholders are sufficiently addressed in the final drafts.

The Quality Assurance Committees (QACs), Quality Units (QUs), and Quality Assurance Administration (QAA) play a crucial role in reviewing the CSs. They ensure that the course specifications meet the required quality standards and are in line with the program's goals and the institution's mission. They also ensure that the process of updating the CSs is based on relevant factors such as feedback from students, instructors, industry changes, institutional or program goals, technological developments, regulatory or accreditation changes, and periodic review cycles. All reviews of CSs should be accessible through QRs and hyperlinks embedded in the courses' specifications.

Approving Field Experience Specifications (FES) involves a similar process to that of CS, with the addition of established field experience mechanisms at the college level. The FES must be reviewed and updated by the appropriate committees and departments and must be approved by the relevant councils.

Consistency between male and female sections is another critical aspect of quality assurance in academic programs. Multiple parties within OC will monitor equal implementation of the mission statement and goals, inclusive department council and gender-balanced committee membership, consistent study plans, curriculum, course specifications, assessment and evaluation reports reflecting both sections, equal opportunities and support, gender-neutral procedures and mechanisms, and addressing any gaps between the two sections.

The Learning Resources, Facilities and Equipment Committee (LRFE Committee) plays a critical role in supporting the internal quality of an academic program. Its main tasks mainly involve appropriate communication needed for the acquisition of learning resources. LRFE is also responsible for conducting regular assessments and evaluations of the program's learning resources, facilities, and equipment. These evaluations are guided by feedback collected through program surveys and KPIs.

In conclusion, the consistent evaluation, refinement, and dissemination of these specifications are essential for the ongoing success of academic programs. By regularly updating and communicating changes to these specifications, academic programs can continually align with the strategic goals of OC while meeting the evolving needs of all stakeholders. This dynamic process of quality assurance helps ensure the program's relevance, effectiveness, and continued alignment with current academic, industry, and societal standards.

4.1.8 Program Exit Exam Specification

Program exit exam is a pivotal component of the OC-QMS framework. Most importantly, it plays an important role in the PLO assessment plan (PLOAP) as per Policy P-08. It serves as a direct assessment method at the program level to evaluate student achievement of the Program Learning Outcomes (PLOs), and it complements the course-level assessments as well as indirect methods such as surveys. When drafting the PLOAP, the Quality Assurance Committee (QAC) must include comprehensive details about the exit exam. This includes adding the specific exit exam questions or items that will assess each PLO. Student performance on the exit exam questions and items aligned to a particular PLO will then be quantified and analyzed. This provides direct evidence regarding the level of student achievement for each PLO.

The exit exam thus serves as a critical program-level direct measure of student learning in relation to the PLOs. It complements the course-level assessments extracted from Course Teaching Activities. Together they provide a complete picture of PLO attainment from course level to program level.

Furthermore, the quality of the exit exam itself is thoroughly reviewed by the Quality Unit (QU) and Quality Assurance Administration (QAA) as part of the PLOAP review process (discussed in section 4.1.2.6 above). This ensures the exit exam is a valid, reliable instrument for PLO assessment.

In OC-QMS, exit exams must be carefully designed and aligned to specifically assess the PLOs, as per the guidelines provided in the OC-QMS-P-05 template. The template contains various sections to ensure proper alignment and design. A key aspect is that it expects the exit exam to consist of two primary parts - theoretical and practical, and it includes two main mapping sections as follows:

Section (2) to map the theoretical exam questions to appropriate PLOs in the Knowledge & Understanding domain and some relevant PLOs in the skills domain. Questions are categorized by type (multiple choice, short answer etc.) and source (course exams, professional exams etc.).

Section (3) to map any practical/applied parts of the exam to relevant PLOs in the skills and values domains. Questions in this section are categorized by type (oral exams, presentations, lab experiment, interviews, observation etc.) and source (course exams, professional exams etc.).

The process of Exit Exam preparation, review and approval is a short, five-step process as outlined in Figure 21 below:

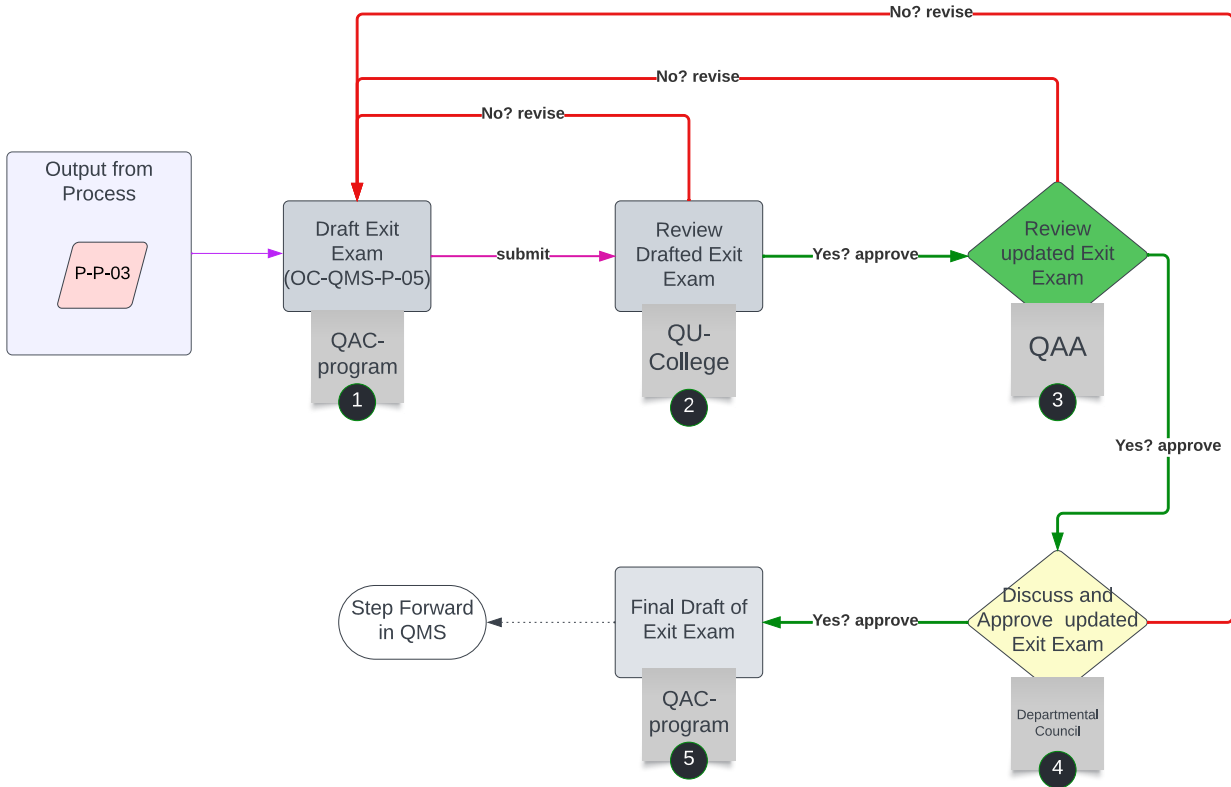


Figure 21: A flowchart demonstrating the process of Exit Exam Specification Preparation, Review and Approval (Process Code: P-P-15)

The main input to P-P-15 is the output from P-P-03 (GAs and PLOs Formulation and Approval). That is, once GAs and PLOs are formulated and approved, QAC should immediately specify how they should be directly assessed at the program level through exit exams. Through step (1), QAC should describe the program exit exam following OC-QMS-P-05 by carefully detailing the theoretical part and the practical/applied part questions and mapping each assessment in the exit exam to an appropriate PLO. All assessment forms (e.g., exit exam sheets and rubrics) must be attached to the introductory section of OC-QMS-P-05. It is crucial for QAC to map each question or practical aspect of the exam to the approved PLOs and identify the source of the question or aspect. The main source that QAC should rely on here is the relevant professional exams (depending on the nature of the program e.g. EFE for electrical engineering, or SOCPA for accounting, or any other external exams such as those provided by IndiaBIX).

Once the exit exam is drafted according to OC-QMS-P-05, it should be submitted to QU (step 2) and, next, to QAA (step 3). Both QU and QAA should carefully review OC-QMS-P-05 focusing mainly on the following:

1. Alignment of exam questions/items to the Program Learning Outcomes (PLOs)
2. Clear description of the assessment methods, especially for practical components.
3. Appropriate question types (multiple choice, short answer, essay) based on the cognitive level of the PLO.
4. Balance of questions assessing lower and higher order cognitive skills.
5. Mapping to external standards such as professional body requirements, if applicable

6. Attention to inclusivity, clarity, transparency and fairness in the exam design and administration given the attached proposed exam sheets and rubrics.
7. Logical sequencing and duration of exam components
8. Quality of exam rubrics/marking schemes for practical parts

If QU or QAA finds that the completed OC-QMS-P-05 exit exam specification does not fully meet one or more of the eight review criteria above, it should be returned QAC. QAC must then revise the OC-QMS-P-05 template to properly address the identified issues and resubmit the updated version to QU and QAA for a follow-up review. This iterative process of review and revision will continue until QU and QAA can verify that the exit exam specification satisfies all the quality standards and requirements outlined in the criteria. Adherence to the review criteria helps enhance the quality and validity of the exit exam as an instrument for PLO assessment.

Once the completed OC-QMS-P-05 exit exam specification template has been thoroughly reviewed and approved by both the Quality Unit (QU) and the Quality Assurance Administration (QAA), it signifies that the template meets all the quality criteria and is now ready for presentation to the corresponding department council (step 4). The department council should then conduct a final comprehensive review and discussion of the exit exam specification to grant formal approval. The council's oversight and sanctioning will officially confirm that the exit exam, as specified in OC-QMS-P-05, is aligned to PLOs and will adequately assess students' achievement at the conclusion of the program according to the approved PLOAP. The department council's approval marks the final step required for formal adoption of the exit exam within the program.

After the department council has thoroughly discussed and officially approved the OC-QMS-P-05 exit exam specification, QAC, through step (5), should then prepare a finalized draft that incorporates any annotations, modifications or remarks highlighted by the council. This final version, sanctioned by the council and compliant with their directives, can then be formally adopted and moved forward within the overall OC-QMS workflow.

4.1.9 KPIs and Surveys Planning

As emphasized in section 4.1.1.4 above, and in accordance with Policy P-05, OC-QMS mandates that all academic programs should adopt OC programmatic KPIs outlined in [OC Guidebook on Programmatic KPIs and Surveys](#). The OC-approved KPIs for academic programs will serve multifaceted roles as will be seen in the following sections. These KPIs will be instrumental in assessing the extent to which the mission and goals of the programs are being realized, as evident in the progress reports of operational plans. Furthermore, they will be utilized to gauge the degree of compliance with NCAAA standards and criteria, as reflected in the self-study reports. Furthermore, these KPIs will function as standalone metrics, spotlighting areas that necessitate priority in improvement efforts.

The planning process for programmatic KPIs is mainly institutionalized and centralized. That is, the responsibility for calculation and measurement of the majority of KPIs is assigned to QAA. Only a limited number of KPIs (highlighted in blue in [OC Guidebook on Programmatic KPIs and Surveys](#)) for which the responsibility of measurement is assigned to the academic program, specifically the relevant committees (e.g. KPI-P-01 calculation is assigned to QAC, OC-65 to the Community Service and Voluntary Work Committee, KPI-P-14 to the Scientific Research and Ethics Committee and so on, as stated in the relevant formation letters). The timeframes related to KPIs measurement as stipulated in the Guidebook are annual; that is, all KPIs must be calculated and analyzed by the end of every academic year.

For KPIs being calculated for the first time, the established baselines in the KPI Guidebook should be used as targets. If external benchmarks exist, those external benchmarks must be used as the targets instead of the Guidebook baselines. For KPIs that have been calculated previously, the internal benchmark (the actual value from the prior period) must be used as the basis for selecting the target according to the equation established in the Guidebook. It is important that programs document all KPIs and their targets in the program specification as part of process P-P-09 above.

Since KPIs serve multiple roles as mentioned above, they are associated with multiple mapping processes. The first mapping is concerned with alignment between KPIs and OC Strategic Goals, and the second mapping is concerned with alignment between KPIs and NCAAA Standards. Both mappings are centralized and already established in the KPIs Guidebook. The third mapping is related to alignment between KPIs and a program's strategic goals. This mapping is the responsibility of academic programs, and it is part of process P-P-02 above.

Programmatic surveys are totally centralized and institutionalized. As detailed in [OC Guidebook on Programmatic KPIs and Surveys](#), OC established (10) programmatic surveys categorized in terms of the targeted stakeholders. According to a specific timeframe established in the Guidebook (Table 2), the Performance Evaluation Administration (PEA) will prepare electronic forms for each survey and distribute the survey links to the relevant stakeholders. PEA will then analyze the results of each survey, using a specific automated process, and prepare a detailed report to be sent to the Quality Assurance Administration. QAA will then upload the detailed reports to the electronic platform OC-E-QMS, where through an automated process, the platform will prepare a detailed statistical report for each survey. Program directors can then access these detailed statistical reports for their respective programs through OC-E-QMS and use them to complete the annual surveys report for that particular academic year as will be discussed in [section 4.2.16 later](#).

Through this centralized yet collaborative approach, OC-QMS ensures programs have access to meaningful performance data to guide enhancement efforts aligned with OC quality goals, policies, and processes.

4.1.10 Program Annual Operational Plan (and Committees Roles)

Programs' annual operational plans are an integral part of OC-QMS, as required by Policies P-17 and P-18. In fact, these plans, and their progress reports (discussed in later in [section 4.3.1.7](#)), are the primary mechanisms for programs to implement the results and recommendations from all programmatic (dispersed) quality reports, thus closing the feedback and quality loops. In other words, the operational plan serves as a comprehensive repository, capturing all recommendations arising from various quality reports. **It acts as a centralized "bucket," consolidating and integrating these scattered recommendations into a single cohesive plan.** It effectively replaces the need for scattered plans dedicated to each individual report, allowing for a consolidated and cohesive approach towards implementing the proposed improvements.

To this end, OC-QMS developed two templates to comprehensively standardize and streamline the process of operational planning and progress reporting, namely OC-QMS-P-03 (Program Annual Operational Plan Template) and OC-QMS-C-03 (which will be discussed later in [section 4.3.1.7](#)).

The OC-QMS-P-03 template is a comprehensive guide for developing the annual operational plan of an academic program, ensuring alignment with the program's mission, strategic goals, and key performance indicators. It provides a structured framework for stakeholders to review and approve the plan, promoting effective implementation and monitoring of objectives. Brief descriptions of the main elements of OC-QMS-P-03 are given below:

1. **Program Mission and Goals Alignment:** This section outlines the program's mission statement and strategic goals. It also involves the alignment between the program's mission and goals with the mission statements of the relevant college and OC.
2. **Alignment of Program Goals with Strategic Goals and Key Performance Indicators (KPIs):** This section demonstrates the alignment of the program's strategic goals with the strategic goals of the institution. It also specifies the key performance indicators and targets associated with each program goal.
3. **Operational Plan:** This section includes the operational objectives, implementation steps, required resources, and responsibilities for achieving the operational objectives. It also specifies the source of the operational objectives and their alignment with the program's strategic goals.
4. **Review of Mission and Goals by Stakeholders and Approval Minutes:** This section presents the review and approval process of the program's mission and goals by various stakeholders, such as the quality assurance administration QAA, strategic planning administration SPA, focus groups of major stakeholders, and professional advisory committees. It includes links to minutes and evidence of the review and approval process.
5. **Approval of Operational Plan:** This section highlights the approval of the operational plan by the department council, college council, and other relevant committees. It provides session numbers, dates, and hyper-links to the minutes of the approval sessions.

4.1.10.1 Formulation and selection of operational objectives and the DTI Process

Formulation and selection of operational objectives in the operational plan (as guided by OC-QMS-P-03) is a key step in the process. OC-QMS mandates that operational objectives (aka "operational projects") must primarily draw from two main sources.

1. Final recommendations outlined in all program quality reports (e.g., KPIs report, surveys report, comprehensive peer review report, annual program report, PLOs assessment report PLOAR, Professional Advisory Committee/Board recommendations, Self-Evaluation recommendations, etc., as will be further detailed in the forthcoming sections). This will ensure a continuous improvement approach and appropriate closing of the quality loop.
2. Recommended Actions in previous operational plan progress reports.

To ensure that these two sources are fully considered during formulation and selection of operational objectives, OC-QMS-P-03 requires that a program should clearly state the source of every operational objective in the plan. Figure 22 illustrates Process P-P-16, the OC-QMS process for the identification and selection of operational objectives for an OC academic program.

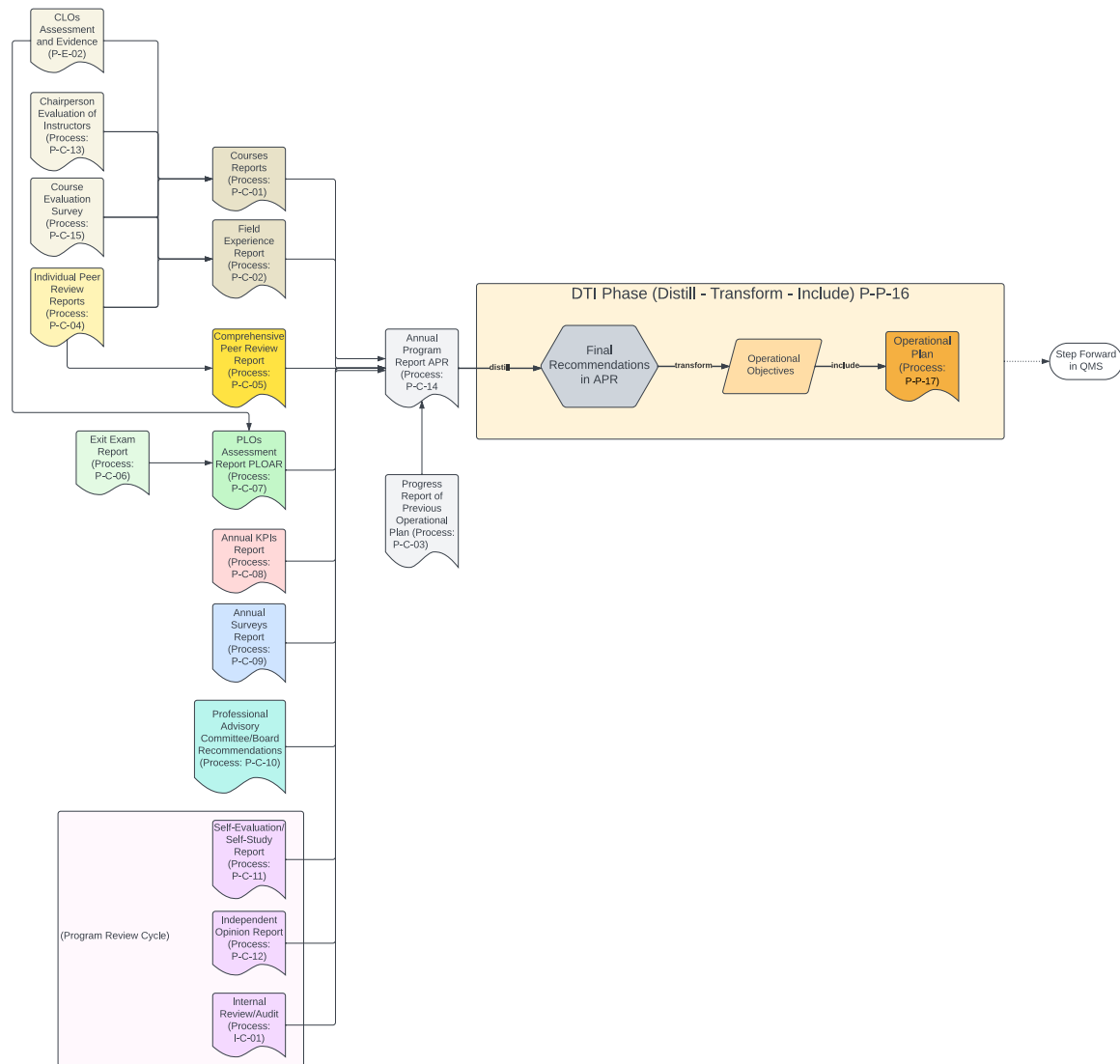


Figure 22: Selection and Identification of Program Operational Objectives: DTI Phase and Process (Process Code: P-P-16)

The two major inputs for P-P-16 are the outputs from Annual Program Report (or **APR**, for short) (Process P-C-14). In other words, all final recommendations from an APR should be forwarded to the DTI phase. The figure above also illustrates the relational dependencies among programmatic quality reports. That is, at the utmost level, P-C-14 depends on the outputs of many processes including P-C-03, P-C-01, P-C-02, P-C-05 etc.), since an Annual Program Report depends on the recommended actions in the Progress Report of Pervious Operational Plan as well as the results of Course Reports, Field Experience Report, and Comprehensive Peer Reviews Report etc., respectively. At lower levels, other relational dependencies can be observed. For instance, P-C-01 depends on the outputs of P-E-02, P-C-13, P-C-15, P-C-04 since a course report will base its main evaluations on CLOs Assessment, Chairperson Evaluation of Instructors, Course Evaluation Survey, and Individual Peer Review Report, respectively. Another example is P-C-07 which is dependent on P-C-06 and P-E-02 since a PLOs Assessment Report (or PLOAR, for short) is dependent on Exit Exam Report and CLOs Assessment and Evidence, respectively.

Once all outputs from all these processes have accumulated in the Annual Program Report (P-C-14) and Progress Report of Pervious Operational Plan (P-C-03), they should then be leveraged as the comprehensive input for the DTI phase (P-P-16). The OC-QMS concept of “**distill – transform -include” (DTI phase)** in the process of operational planning is a very useful approach. It provides a clear framework for handling recommendations from quality reports and incorporating them into the operational plan. The following breaks down each step in the DTI phase:

Distill: This step involves extracting the key essence or core elements from the recommendations. By distilling the recommendations, you are focusing on the most important and relevant aspects that need to be addressed.

Transform: Once the recommendations are distilled, they should be transformed into operational objectives. This step involves converting the distilled recommendations into specific, measurable, attainable, relevant, and time-bound (SMART) objectives. This ensures that the recommendations are translated into actionable steps.

Include: The final step is to include the transformed operational objectives in the next operational plan. By doing so, you are ensuring that the recommendations are incorporated into the strategic direction and actions outlined in the operational plan. This promotes accountability and aligns efforts towards achieving the desired outcomes.

Overall, the "distill - transform - include" (DTI phase) concept provides a structured approach to effectively utilize recommendations from quality reports in the operational planning process. It helps ensure that the recommendations are not overlooked but instead are actively integrated into the operational objectives and subsequent plans.

To identify “the most important and relevant recommendations that need to be addressed” in the operational plan, OC-QMS identifies the following criteria to identify priorities of improvement (or final recommendations):

1. When an area for improvement is repeated in two consecutive years of the same report, it should be considered a priority recommendation. For instance, when the same recommendation appears in the KPIs reports for two consecutive years, it should be included in the APR as a priority recommendation.
2. If an area of improvement is intrinsically connected to the mission and goals of the program, it should be prioritized in the APR. For instance, an area of improvement related to the preparation of qualified graduates, or research should be given more priority over recommendations that are related to, for example, facilities.

3. If the area of improvement is directly related to the program learning outcomes or the teaching and learning process, it should be considered a priority. For instance, a recommendation related to the attainment of specific PLOs should be given more priority over a recommendation related to research or community service.
4. If the area of improvement is directly related to an essential criterion in the NCAAA Standards, it should be prioritized in the APR. (Essential criteria are identified by an asterisk in the NCAAA Standards Document 2022). For instance, an area for improvement related to “monitoring the commitment of the teaching staff to the learning and teaching strategies and assessment methods included in the program and course specifications” should be given priority over an area for improvement related to “training the teaching staff on learning and teaching strategies and assessment methods identified in the program and course specifications”. This is because the former is related to Criteria No. 2-3-1, which is an essential criterion in the NCAAA Document, whereas the latter is related to Criteria No. 2-3-2 which is not.

These four criteria are, by and large, identical to those outlined in the in the [OC Guidebook on Programmatic KPIs and Surveys \(section 3-6\)](#).

4.1.10.2 Preparation and Approval of Operational Plan

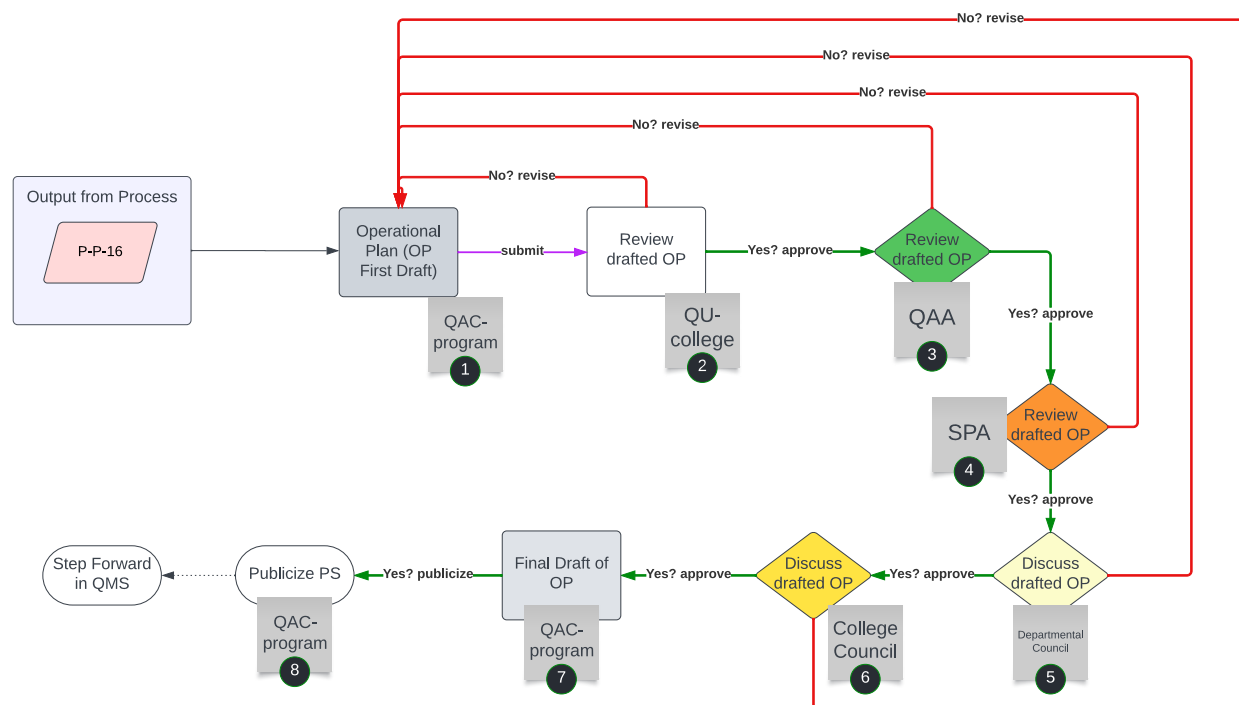


Figure 23: A flowchart demonstrating the process of Program Operational Plan preparation, review, and approval (Process Code: P-P-17)

Figure 23 above illustrates the process of preparation, review and approval of a program's annual operational plan (Process P-P-17). Once QAC has prepared its first draft of annual operational plan according to the guidelines discussed above and using the approved OC-QMS-P-03 template (step 1), the operational plan OC-QMS-P-03 should be sent to QU, and then to QAA, for further review (steps 2 & 3 respectively). QU and QAA must focus in their reviews on the following aspects of OC-QMS-P-03:

1. Are the program mission and goals (approved through P-P-01) stated clearly at the beginning of OC-QMS-P-03?
2. Are the program goals mapped correctly to the relevant mission components in section 1-2 of OC-QMS-P-03?
3. Is the mission aligned correctly with OC and the relevant college missions (as approved in P-P-01) in section 2-1?
4. Are the goals aligned correctly with OC strategic goals in section 3-1?
5. Are the goals aligned properly with appropriate KPIs (as approved through P-P-02) in section 3-2?
6. Are the KPIs targets identified properly and taken from the relevant previous KPIs report?
7. Are the operational objectives linked properly to the strategic goals in the operational plan table in section (4)?
8. Is the source of each operational objective (that is, the APR recommendations on which the operational objectives are based) identified correctly?
9. Are the operational steps/procedures associated with each operational objective identified correctly?
10. Is the operational timeframe for each operational objective clearly defined and realistic?
11. Is the implementation responsibility for each operational objective clearly assigned to specific personnel?
12. Is the implementation responsibility assigned appropriately; that is, the implementation requirements for the operational objective are consistent and compatible with the tasks or terms of reference of the assignee?
13. Do all essential committees in the program, namely:
 1. Quality Assurance Committee QAC ([see terms of reference in section 3.3 above](#)),
 2. Guidance and Advising Committee ([see terms of reference in section 3.7 above](#)),
 3. Scientific Research and Ethics Committee ([see terms of reference in section 3.7 above](#)),
 4. Community Service and Voluntary Work Committee ([see terms of reference in section 3.7 above](#)),
 5. Learning Resources, Facilities and Equipment Committee ([see terms of reference in section 3.7 above](#)),
 6. Courses Teams ([see section 4.1.11 below](#)),

Do all those committees share operational responsibilities and contribute to the implementation of the relevant operational objectives?

14. Are the resources needed for each operational objective identified where applicable?
15. Is the required evidence for each operational objective that will be used later in the Operational Plan Progress Report (P-C-03) identified correctly and sufficient to demonstrate progress?
16. Are the perennial operational objectives (discussed in the following section) included in the operational plan in section (4) of OC-QMS-P-03?

If any of the criteria outlined above are not met in the initial draft of the annual operational plan OC-QMS-P-03, the plan should be returned to the Quality Assurance Committee (QAC) for more revision and modification. Once revised, the plan should be sent to the Strategic Planning Administration (SPA) for

further review (step 4). SPA will base its review on the previous (15) criteria, but with a focus on the contribution of the operational objectives to the overall mission and strategic goals of OC. Once approved, the plan is ready to be discussed and approved by the department and college councils in steps 5 & 6. After approval, a final draft of the plan should be prepared by QAC (step 7). The final draft should take into consideration all suggestions approved by the two councils. After the final draft of the annual operational plan OC-QMS-P-03 is completed, the next step is to publish and circulate it among all relevant program stakeholders (step 8). This involves sharing the approved plan with faculty, staff, students, the advisory board, accreditation agencies, and other applicable groups.

4.1.10.3 Constant, Perennial Operational Objectives

In OC-QMS, there are certain operational objectives that are deemed '**perennial**', meaning they recur on an annual basis and are a core part of the operational plan. These objectives are essential for maintaining the program's continuity and standard of quality. The four (4) perennial operational objectives within OC-QMS are:

1. **Course Report Monitoring and Implementation:** This objective, under the purview of the Quality Assurance Committee (QAC), involves the ongoing tracking and enactment of recommendations stemming from course reports. This ensures consistent course improvement and the addressing of any identified issues. Within this operational objective, all prominent courses recommendations should be included.
2. **Community Engagement and Volunteer Plan:** The Community Service and Voluntary Work Committee is tasked with creating a yearly plan for community activities and voluntary work. This ensures consistent engagement with the community and fosters a culture of service among students and staff. Within this operational objective, all recommendations related to community engagement and volunteering should be included. This sub-process is denoted as P-P-17-2.
3. **Annual Research Activity Planning:** Managed by the Scientific Research and Ethics Committee, this objective involves crafting a yearly plan for research activities. This ensures the program continues to contribute to knowledge advancement while upholding ethical standards. It should be noted here that all recommendations related to research activities should be included under this operational objective. This sub-process is denoted as P-P-17-3.
4. **Faculty Training Plan Development:** This objective, also managed by the QAC, involves the creation of a faculty training plan based on the training recommendations found in the annual program report. This ensures faculty members receive necessary training to continually enhance their skills and competencies. Within this operational objective, all recommendations related to faculty training should be included. To this end, a program should use the approved template **OC-QMS-P-08** to prepare its annual faculty training plan within the sub-process P-P-17-4.

These perennial operational objectives serve three vital purposes:

1. **Assurance of Regular Planning for Program Goals and Missions:** These objectives ensure that all related program goals and mission components are systematically planned on an annual basis. This helps maintain the alignment and relevancy of the program's activities through its annual operational plan.
2. **Simplification and Focus of the Operational Plan:** By separating the plans involved in these four perennial objectives from the remainder of the operational plan, the latter becomes more manageable and easier to follow. This prevents the operational plan from becoming

overloaded with objectives concerning community and research activities as well as training programs, allowing for a more focused approach to achieving strategic goals.

3. **Ensuring Full Involvement of Essential Committees:** These objectives also ensure that all essential committees within the program are fully involved in the annual planning process. By assigning each committee a specific perennial objective, the program ensures that each committee plays a significant role in shaping the program's direction and activities for the upcoming year.

4.1.11 Formation of Course Teams

Based on Policy P-11, OC-QMS mandates that every course must be managed by a dedicated team. The course team should be led by a senior faculty member who has sufficient experience in teaching the course (denoted as the course coordinator), and it includes all faculty members who are teaching the course in all sections. The course coordinator will be responsible for the management of the course page on OC-E-QMS. The course team should be formed by the chairperson of the relevant department, reformed every academic year, and the formation letter should explicitly include the following main tasks and responsibilities:

1. **Conducting Regular Meetings:** The team meets at least twice during the academic semester to discuss and follow up on the implementation of the tasks stipulated in the formation letter. These meetings are documented in minutes signed by all team members.
2. **Commitment to the Course Specification:** The team familiarizes itself with and commits to the updated and approved course specification, including all teaching strategies, learning activities, measurement and evaluation methods, and their timeframes.
3. **Standardizing Measurement and Evaluation Tools:** The team unifies and standardizes measurement and evaluation tools in the course, including rubrics used in observation, evaluation of presentations, projects, research, and other student works.
4. **Standardizing Teaching and Learning Methods:** The team unifies the implementation of teaching strategies and learning activities at the course level.
5. **Submitting Learning Outcomes Measurement:** Through the course coordinator, the team submits the results of learning outcomes measurement and their evidence on the OC Electronic Quality Management System (OC-E-QMS) according to the deadlines set by the Quality Assurance Administration.
6. **Preparing Course Report:** The team prepares the course report by the end of the academic semester according to the guidelines stipulated in OC-QMS and the instructions of the Quality Assurance Administration.
7. **Verifying Student's Work:** The team commits to implementing their role in the Students' Academic Integrity mechanism (SAIPP) that is discussed in the following section. The team submits appropriate evidence of its implementation at the end of the semester.
8. **Implementing Recommendations from Previous Course Report:** The team commits to implementing all recommendations stipulated in the last course report.
9. **Submitting Evidence of Recommendations Implementation:** The team submits the required evidence at the end of the semester indicating the implementation of the previous course recommendations.
10. **Professional Development:** Team members commit to attending all workshops and training courses, especially those related to teaching strategies, measurement and assessment methods, and especially those related to the recommendations in the last course report.

The process of course team formation (denoted as P-P-12 in OC-QMS) serves a crucial role in ensuring the quality and integrity of the courses offered at Onaizah Colleges, as outlined below:

Uniformity and Consistency: With a dedicated team managing a course, there will be uniformity in the teaching methods, assessment tools, and learning activities across all sections. This ensures that all students, regardless of their section or gender, receive the same quality of education. It also makes grading fairer and more consistent across sections.

Experience and Expertise: The course team is led by a senior faculty member who has sufficient experience teaching the course. This ensures that the course is guided by someone with a deep understanding of the subject matter, and the experience to know what teaching methods and assessment techniques work best.

Regular Review and Improvement: The course team meets at least twice per semester to review the course's progress and make necessary improvements. This regular review process ensures the course is continually updated and improved upon, based on real-time feedback from both teachers and students.

Compliance with Quality Standards: The formation of course teams ensures that all courses follow the OC-QMS quality standards, as the team will participate in updating and maintaining the course specification, and implementing approved teaching strategies, learning activities, measurement, and evaluation methods.

Accountability and Responsibility: Each member of the team has clearly defined responsibilities, making them accountable for the successful management of the course. This division of responsibilities ensures that all aspects of the course are properly managed.

Professional Development: The requirement for team members to attend workshops and training courses ensures continuous professional development. This not only helps improve the quality of teaching, but also ensures that the team stays updated on the latest teaching strategies and assessment methods.

Implementation of Recommendations: The team is responsible for implementing all recommendations stipulated in the last course report. This ensures that any identified issues or areas for improvement are addressed in a timely manner.

In conclusion, the formation of course teams is a vital aspect of the OC-QMS approach to ensuring high-quality education. It ensures consistency, leverages experience, enables continuous improvement, guarantees compliance with quality standards, promotes accountability and responsibility, supports professional development, and ensures timely implementation of recommendations.

4.1.12 Student Academic Integrity Policy and Procedures (SAIPP)

OC has developed the Student Academic Integrity Policy and Procedures (OC-SAIPP), which is accessible at ([CLICK HERE](#)). OC SAIPP provides a framework that has been adapted and approved by each college's council to suit their specific programs and needs. The overall objectives are consistent across colleges - to promote academic honesty and ensure the authenticity of student work. However, the policy articulates flexibility for each college to modify details and procedures accordingly.

The policy prohibits behaviors like plagiarism, cheating, and fabrication across all colleges. The consequences and disciplinary processes have been customized by each college based on the established bylaws and regulations. All colleges are required to disseminate the policy, monitor academic integrity, and investigate violations, but the specific methods may vary.

To prevent violations, the policy requires disseminating information about academic integrity (especially SAIPP), using diversified assessments, creating original assignments, and training faculty. To detect violations, the policy mandates that **course teams** (discussed in section 4.1.11 above) monitor student work through plagiarism detection software (Turnitin), verify group work contributions, and proctor exams.

Faculty and students are obliged to report suspected violations, which will be investigated. Students can appeal decisions through a written appeal process. The Quality Assurance Committee is tasked with overseeing implementation, monitoring adherence, gathering feedback, and reviewing the policy regularly.

Overall, the policy aims to deter dishonest academic practices through prevention, detection, reporting, and consequences, while upholding values of excellence, honesty, and fairness. It provides comprehensive procedures and accountability measures to maintain academic integrity. All OC programs should adhere to, implement, and monitor SAIPP as per Policy P-13.

4.1.13 Extracurricular Activities Mechanism: Procedures for Planning and Evaluation

Extracurricular activities are an integral component of a high-quality academic program. When thoughtfully designed and implemented, such activities provide students with enriching experiences outside of the classroom that reinforce and supplement formal learning. By participating in extracurricular activities, students can further develop program learning outcomes related to skills, values, and personal growth.

To maximize their educational impact, extracurricular activities must be closely aligned with program goals and outcomes. A systematic approach to planning and evaluating these activities is essential to ensure they meaningfully contribute to student learning and development. The procedures outlined below provide this much-needed structure.

Through collaborative input from key stakeholders, extracurricular offerings can be tailored to address evolving student needs and interests. Mapping activities to intended learning outcomes enables purposeful planning that connects them back to broader program objectives. Ongoing evaluation utilizing participant feedback and achievement data allows for continuous refinement and quality improvement of extracurricular programming.

By implementing structured planning and assessment processes, extracurricular activities are transformed from isolated events into purposefully designed experiences that enrich classroom learning. These procedures enable programs to strategically leverage extracurricular involvement as a tool for developing well-rounded graduates. Systematic planning and evaluation of these beyond-the-classroom experiences is fundamental for embedding quality into all aspects of the student experience. To actualize the full potential of extracurricular activities, the subsequent procedures outline a systematic approach for planning and evaluating these enriching experiences in a way that enhances overall program quality.

Table 6: Process and Procedures for Selection, Planning and Evaluation of Extracurricular Activities in OC Academic Programs (Process P-P-14)

#	Subprocess	Procedures
1	Input from Stakeholders The process should begin with soliciting input from key stakeholders, namely faculty, students, and the Professional Advisory Board.	1.1. Conduct meetings with faculty in order to gather their perspectives on what extracurricular activities would be most beneficial. 1.2. Organize focus group discussions with students to identify their interests and needs. 1.3. Schedule a meeting with the Professional Advisory Board to gain insights from industry professionals about what activities could help students build relevant skills.
2	Selection Criteria The next phase of the process involves selecting the activities that will be implemented. The selection should be based on certain criteria, particularly relevance to Program Learning Outcomes (PLOs).	2.1. Develop a set of criteria for selection, such as potential for skill development, alignment with PLOs, student interest, and practical feasibility. 2.2. Apply these criteria to the ideas gathered from stakeholders to select the most suitable activities.
3	Mapping to PLOs Once the activities have been selected, they should be mapped to the PLOs. This means identifying which PLOs each activity will help students achieve.	3.1. Create a matrix that lists each PLO along one axis and each activity along the other. 3.2. For each activity, mark which PLOs it is expected to help achieve. 3.3. Identify whether the activity is expected to be implemented by specific courses (they must be listed) or at the program level. 3.4. Use Template P-P-14-A to streamline the above procedures.
4	Monitoring Implementation The task of monitoring the implementation of the selected extracurricular activities falls under the purview of the Quality Assurance Committee (QAC). This step is integral to guaranteeing that the activities are being executed as per the established plans and are on track to achieving their intended goals.	4.1. QAC should actively oversee the unfolding of each activity by maintaining regular contact with the responsible parties, especially course teams and chairperson, possibly through scheduled check-ins or feedback sessions. 4.2. QAC should be alert to any issues or challenges that emerge during implementation. The chairperson should be ready to intervene promptly and provide necessary resources or adjustments to ensure smooth execution of the activities. 4.3. Post implementation, QAC should compile and review the outcomes of the monitoring process. This assessment will serve as a valuable input for the subsequent evaluation process.
5	Evaluation Process After the activities have taken place, the Quality Assurance Committee should evaluate their effectiveness.	5.1. Use surveys or feedback forms to collect participant feedback on the activities. 5.2. Assess the level of achievement of the mapped PLOs from the PLOAR report. 5.3. Conduct this evaluation at the end of each academic year.

6	Review & Update The final phase of the process involves reviewing the evaluation results and using them to update the extracurricular activities for the next academic year. This should be done by QAC.	6.1. Analyze the evaluation results to identify what worked well and what could be improved. 6.2. Based on this analysis, make adjustments to the selection criteria, activities, and mapping process as necessary. 6.3. Continue to involve stakeholders in this review and update process to ensure that the extracurricular activities remain relevant and effective. 6.4. Use Template P-P-14-B to streamline the evaluation subprocess.
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(NB: the P-P-14 two templates P-P-14-A and P-P-14-B are provided in appendix ...).

As summarized in Figure 24 below, this 6-step process (P-P-14) involves getting stakeholder input, selecting activities based on criteria, mapping activities to program learning outcomes, monitoring implementation, evaluating effectiveness, and reviewing/updating activities annually. It should be noted here that the implementation responsibility of P-P-14 falls under the purview of the Quality Assurance Committee (QAC) as per Policy P-13.

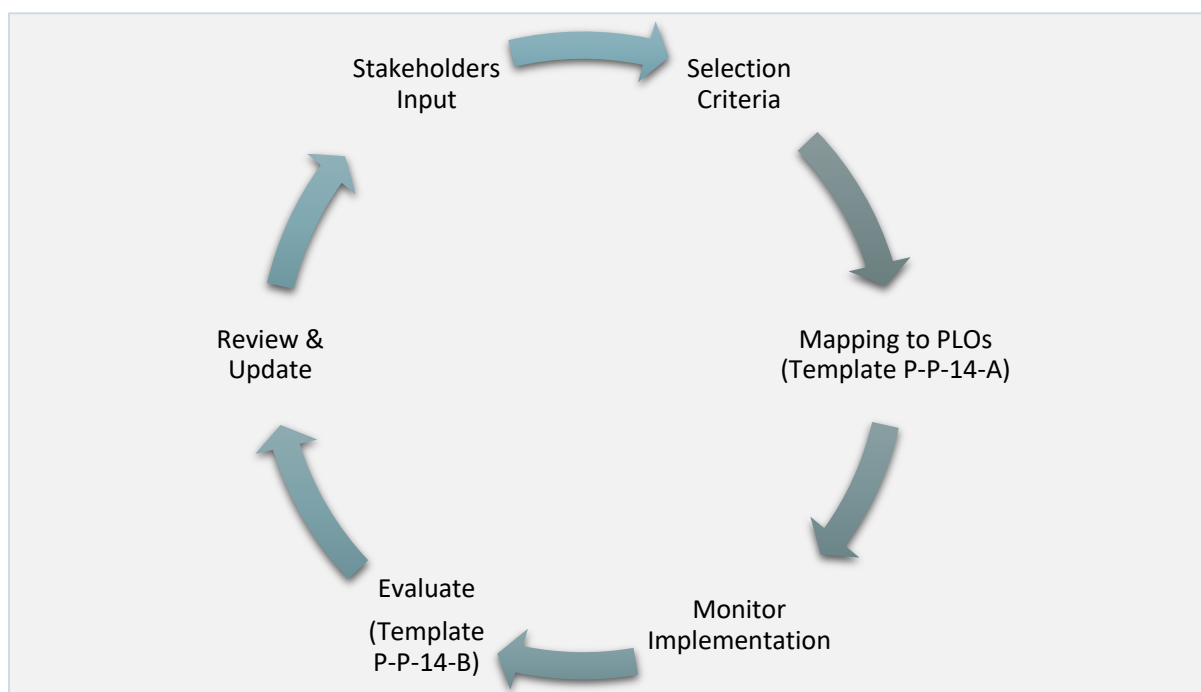


Figure 24: Selection, Planning and Evaluation of Extracurricular Activities in OC Academic Programs (P-P-14)

4.1.14 Professional Advisory Committee (PAC) Formation

Based on OC-QMS Policy P-14, every program should form a professional advisory committee (PAC). PAC should be formed at the level of the department; that is, all programs under the same department could have one PAC. PAC should be headed by the head of the department, and it should include:

1. Programs' Directors,
2. At least two experts (e.g., senior faculty) in the field from external institutions,
3. At least two employers' representatives,
4. At least two alumni of all programs, and
5. Programs that have both male and female students should include in PAC male and female alumni, and preferably male and female representatives of employers and external experts.

PAC should be held at least once every semester (either in-person or online). The main terms of reference of a program's PAC include the following:

1. Contributing to the periodic review of the program's mission, goals, and their achievement levels.
2. Providing advice on the appropriateness of the program learning outcomes to the program's specialization.
3. Providing developmental suggestions regarding the courses, study plans, extracurricular activities, and improvement initiatives according to the latest professional standards, labor market expectations, and periodic evaluation results.
4. Discussing the key findings of the program's periodic core reports (including the program's annual report, learning outcomes assessment report, and KPIs reports) as well as the main improvement opportunities included thereof.
5. Discussing the key findings of the field experience reports and their evaluation results, their improvement opportunities, and suggesting initiatives to improve their overall quality.
6. Expressing opinion on the program's main research and community engagement initiatives and activities.
7. Periodically discussing the progress in implementing the committee's recommendations.

PAC should keep minutes of each meeting to document the discussions, recommendations, and action items. Annual Program Reports (APRs) should have a section summarizing PAC meetings over the year, including date, attendees, key discussion items, recommendations. Program directors should compile all PAC recommendations over the academic year into the APR to ensure the valuable external feedback is formally captured. In this way, PAC recommendations via meeting minutes and the Annual Program Report are fully documented and integrated into the program review and improvement process. The formation process of PAC is denoted as P-P-19.

4.1.15 Program Introductory and Essential Handbooks

Based on Policy P-15 which mandates that OC academic programs should regularly provide reliable and publicly disclosed information to the community about the program, every OC program must prepare, update, and maintain its introductory and essential handbooks. At the program level, there are two essential introductory handbooks: the **program introductory handbook** and the **program student handbook**. The introductory handbook for an OC academic program is a comprehensive guide designed to assist students in understanding the key aspects of the program. The handbook begins with the program's mission and goals, which outline the fundamental principles and goals that guide the program's design and

implementation. The organizational structure of the program and a brief description of its committees are then discussed, providing a clear overview of the program's administration and functional committees.

Following the initial introductory sections, the handbook delves into the program specifics. It outlines the requirements for admission, the degree awarded upon completion, and the credit hours needed. The attributes of the program's graduates are detailed, providing prospective students with a clear understanding of the skills and knowledge they are expected to acquire during their studies. The handbook also provides in-depth information about the program's learning outcomes aligned with the learning domains of NQF-KSA 2020, the degree that students will obtain, graduation requirements, and potential jobs available to graduates. Additionally, the handbook offers comprehensive information about the study regulations, program requirements, study plan (curriculum), and tracks (if applicable), including a description of the coding system in the program's curriculum plan.

The final sections of the handbook are dedicated to providing information about the resources available to students. It includes a description of the courses offered, including elective courses, alongside an overview of the facilities and equipment available to faculty members and students. Furthermore, it details the academic advising and support services provided to students. The handbook concludes with links and QR codes related to other relevant handbooks, ensuring students have easy access to all necessary material.

The program's student handbook draws extensively from the institutional student handbook, but with a more focused lens on the specifics and requirements of the relevant academic program. The program student handbook is a comprehensive resource that encapsulates all the necessary information students need to navigate their academic journey. It begins with detailed sections about the college and the department, including the college's visions, missions, and goals. In addition, the handbook introduces the program's mission and goals to provide students with a clear understanding of the program's purpose and aspirations.

The core of the handbook covers all the academic aspects of the relevant program. It explains the academic and study system, outlining everything from admission and registration, transfer conditions, course equivalency policies, to study schedules and course registration. It also outlines the academic actions and assessment methods that students can expect. The handbook provides a description of the study plan along with the graduation requirements, helping students understand what they need to do to successfully complete the program. It also elucidates the learning outcomes and graduate attributes, giving students a clear picture of what they will gain from the program both in terms of knowledge, skills, and values.

The final sections of the handbook should be dedicated to supporting and enriching the student experience beyond academics. It offers an overview of career opportunities available to graduates and details the learning resources available to students. It also features information on advising and extracurricular activities, electronic services available to students, and guidelines on student conduct regulations. In addition, the handbook provides information on student rights and responsibilities, how to handle grievances and complaints, available student support and privileges, and an overview of the field training opportunities. The handbook concludes with sections on relations with alumni and employment, communication channels, related electronic resources, and a map of the college facilities. This comprehensive handbook serves as a one-stop guide for students to navigate their journey through the program.

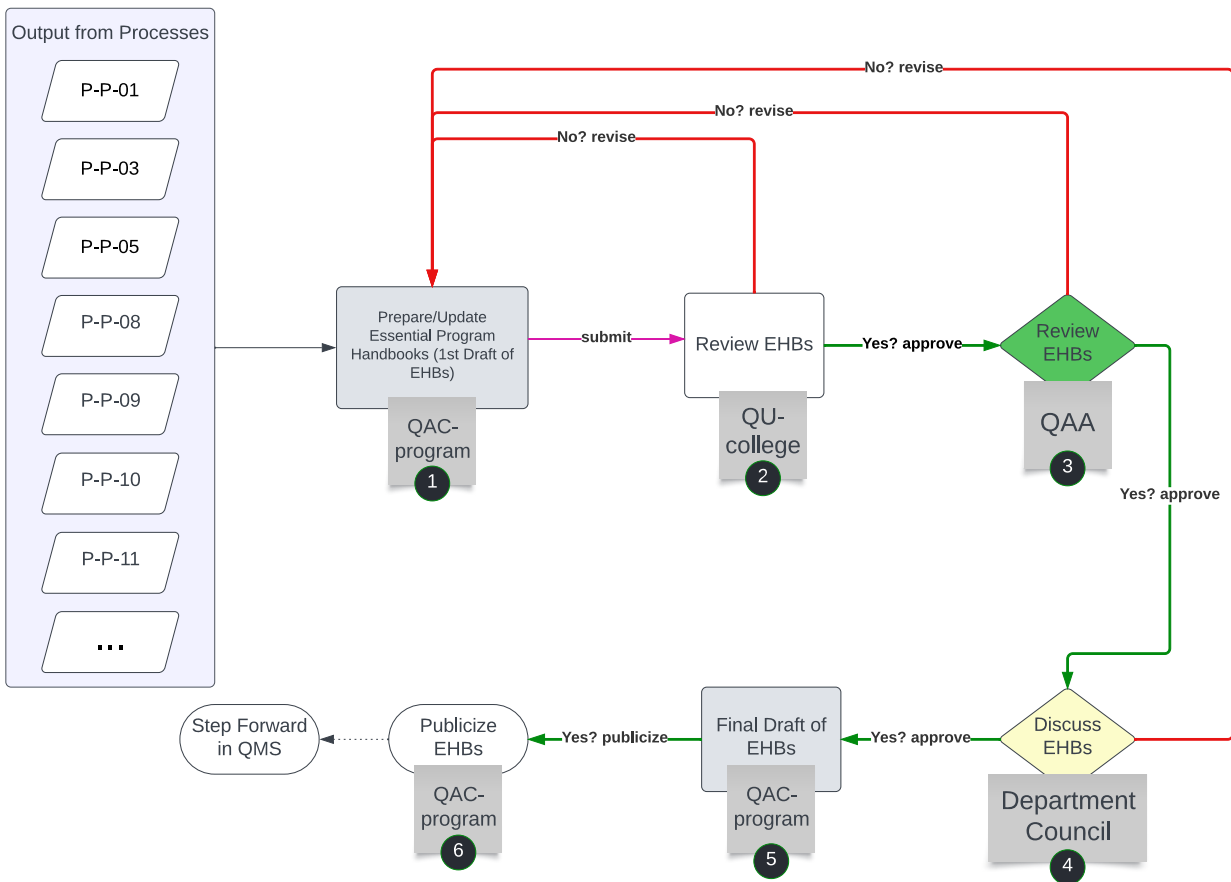


Figure 25: Essential Program Handbooks preparation, update and approve process (Process Code: P-P-18)

The process for preparing, updating, maintaining, and approving the essential program handbooks (P-P-18) is relatively simple as illustrated in Figure 25 above. The process begins with an initial draft of the program handbooks prepared by QAC (step 1). The essential handbooks, or EHBs for short, should be prepared and/or updated based on the results yielded from particular processes such as P-P-01 (Mission and Goals Formulation), P-P-03 (GAs and PLOs Formulation), P-P-05 (CLOs Definition and Review) and so forth as listed in the flowchart above. Changes according to these processes should also trigger an update to EHBs. In step (2), the first draft of EHBs should be submitted to QU and next to QAA. Both should carefully review EHBs in terms of 1) the expected content of each handbook as discussed above, and 2) the extent to which the outputs of the related processes are carefully reflected in the handbooks. The EHBs should be returned to QAC with sufficient comments and feedback, otherwise they should be sent to the department council for discussion and final approval. Once approved, QAC should prepare the final draft of the handbooks and publicize through appropriate channels to the main stakeholders including faculty and students. Process P-P-18 is a continuous program as the handbooks should always be up to date, reflecting the latest changes in the relevant program.

Furthermore, college-level and institutional handbooks should also be taken into account when preparing the essential handbooks of an academic program. Furthermore, it is the responsibility of program management (mainly QAC) to widely publicize and increase awareness of those college-level and

institutional handbooks among its students, faculty, and other relevant stakeholders. These college-level and institutional handbooks mainly include the following:

- OC Quality Management System: Programmatic and Institutional Policies, Processes and Procedures (The Current Handbook)
- OC QMS Handbook (Abridged Version for Academic Programs)
- College Field Training Handbook
- OC Student Handbook
- OC Guide to Establishing, Restructuring and Approving Academic Programs
- OC Faculty Handbook
- OC Professional Code of Ethics
- OC Scientific Research Guidebook
- OC Risk Management Handbook
- OC Student Academic Support Services Handbook
- OC Student Disciplinary Bylaws Handbook
- OC Student Extracurricular Guidebook
- Exams and Studies Regulations

The institutional handbooks above are available at OC official website ([Click Here](#))

4.1.16 Institutional Learning Outcomes and Graduate Attributes Assessment Plan (ILOAP)

4.1.16.1 OC Institutional Graduate Attributes (IGAs), Institutional Learning Outcomes (ILOs) and their Mappings

In accordance with the Guiding Principle #5 and Policy I-09, OC initiated a project in early 2022 to develop its institutional graduate attributes and learning outcomes that align with the needs of stakeholders and prepare students for future careers and citizenship. The project involved many steps as outlined in the OC IGAs and ILOs Study Document which has been approved by SCPQ. In summary, the project involved the following steps:

1. Analyzing the current state of graduate attributes at OC based on NCAAA standards, which revealed the need for this project.
2. Identifying key sources related to graduate attributes, including 7 main sources: Saudi Vision 2030, OC's Strategic Plan 2020-2025, benchmarking with 21 local and international universities, 21st century skills frameworks, NCAAA recommendations, Ministry of Education guidelines, and labor market reports.
3. Conducting an extensive study of graduate attributes from these sources, identifying 23 shared attributes (see Table 1 in the SCPQ-approved document of OC IGAs and ILOs).
4. Identifying internal and external stakeholders (see Figure 1 in the SCPQ-approved document of OC IGAs and ILOs).
5. Considering the characteristics of the local community when selecting the sample (e.g. gender, study/work locations, academic levels, tracks/programs, academic ranks, administrative assignments).
6. Thoroughly studying and analyzing the graduate attributes from the main sources to arrive at 5 agreed-upon institutional graduate attributes:
 - Specialized knowledge
 - Personal and interpersonal skills
 - Analytical and problem-solving skills

- Practical and technical skills
 - Ethical and social values
7. Formulating 10 institutional learning outcomes aligned with the 5 graduate attributes.
 8. Mapping the 10 ILOs with the 5 IGAs (through a process denoted as I-P-03 in OC-QMS).

In summary, OC utilized a systematic process (denoted I-P-01 in OC-QMS) involving benchmarking, stakeholder analysis, and studying local and international best practices to develop graduate attributes that meet the needs of diverse stakeholders and align with national priorities like Vision 2030. The graduate attributes reflect key skills like communication, critical thinking, social responsibility, professional ethics, and lifelong learning that are critical for graduates' future success. The process resulted in consensus on 5 key attributes and 10 supporting learning outcomes, listed in Table 7 below:

Table 7: OC IGAs and ILOs (adapted from the OC IGAs and ILOs Document that has been approved by SCPQ in Session 1 on 28-02-2022)

Domain	OC IGAs	OC ILOs
Knowledge & Understanding	1.1: In-depth Knowledge in Field	1.1.1: Possessing broad and in-depth integrated knowledge and comprehension of the underlying theories, principles, and concepts in one or more disciplines or field of work.
		1.1.2: Having knowledge and comprehension of research and inquiry methodologies in the field.
Skills	2.1: Effective Communication in Field	2.1.1: Communicating effectively to demonstrate theoretical knowledge comprehension and specialized transfer of knowledge and skills in the field.
	2.2: Problem-Solving in Field	2.2.1: Applying integrated theories, principles, and concepts in various contexts related to a discipline, profession, or field of work, and employing critical thinking in solving common problems in the field.
		2.2.2: Conducting inquiries, investigations, and research for issues and problems in the field.
Values, Autonomy and Responsibility	2.3: Technical and Quantitative Capabilities in Field	2.3.1: Appropriately using and adapting techniques, tools, instruments, technology, and/or materials in various contexts of work requirements within the field.
		2.3.2: Using mathematical operations and/or quantitative methods to process data and information in various contexts related to a discipline or field of work.
		3.1.1: Effectively collaborating and participating in teams and groups.
		3.1.2: Having autonomous ability to self-learn, self-evaluate, and take responsibility.
	3.1: Ethical Competence, Learning Autonomy and Teamwork in Field	3.1.3: Demonstrating awareness of ethical values and exhibiting integrity and professional conduct.



OC ensured alignment between the 10 institutional learning outcomes (ILOs) and the program learning outcomes (PLOs) across all academic programs. This alignment of each program's PLOs with the institutional ILOs is documented in OC-QMS-P-04 (discussed in section 4.1.2 above), and denoted as I-P-02 in OC-QMS. By mapping PLOs to ILOs, OC ensures that learning in academic programs contributes to achieving the overall graduate attributes. These mappings also contribute to the preparation of the OC IGAs and ILOs Assessment Plan (as discussed next).

4.1.16.2 IGAs and ILOs Assessment Plan (ILOAP)

Policy I-09 states that "OC should prepare, monitor, and implement an Institutional Graduate Attributes (IGAs) and Institutional Learning Outcomes (ILOs) Assessment Plan". Accordingly, OC-QMS mandates that OC should prepare ILOAP and update it at least every 3-5 years.

The OC learning outcomes assessment planning process (I-P-04) utilizes a bottom-up approach to map course learning outcomes (CLOs) to program learning outcomes (PLOs) and finally to institutional learning outcomes (ILOs). This mapping provides a clear linkage between classroom teaching activities and overall institutional goals. At the course level, learning activities and assessments are aligned to CLOs. Courses are then mapped to relevant PLOs they fulfill based on an automated PLO-Course matrix. PLO assessment aggregates evidence of PLO achievement across courses. PLOs are then aligned with ILOs that the program contributes towards.

This bottom-up mapping from CLOs to PLOs to ILOs enables analyzing student performance data at the course level to identify potential gaps in ILO achievement across programs. For example, low student results on CLOs linked to a particular ILO can highlight an area of weakness to address. The OC-E-QMS platform automates the mappings between CLOs, PLOs and ILOs. It also automatically aggregates student assessment data from the course level upwards using these mappings. This provides the data needed for ILO assessment in an efficient and reliable manner. (This automated bottom-up mapping is illustrated in Figure 26 below.)

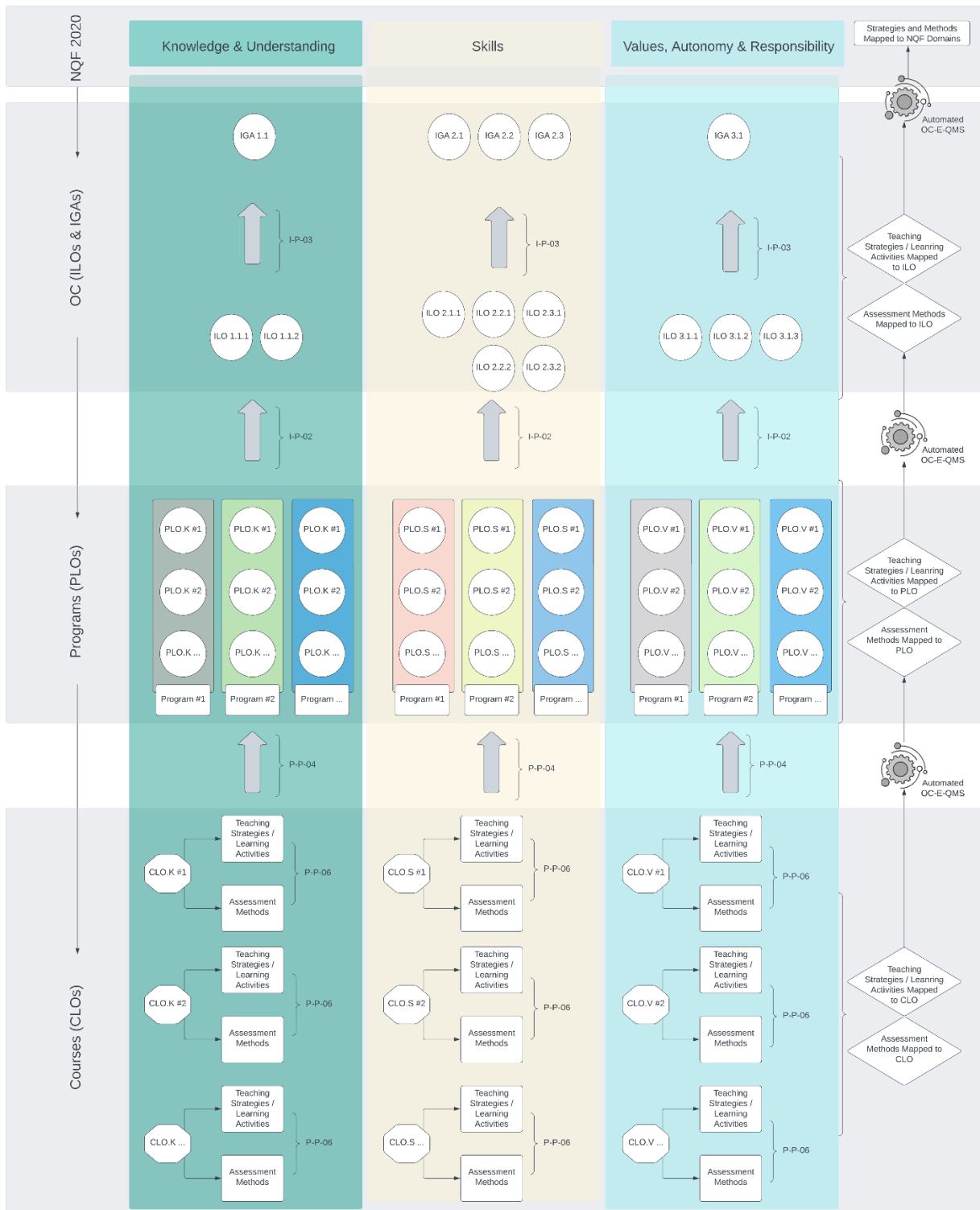


Figure 26: OC ILOAP (Process Code: I-P-04)

The plan involves annual, automated reporting on ILO attainment for both male and female students across all academic programs. The OC-E-QMS platform integrates with the learning management system to gather continuous evidence of student CLO achievement. It calculates aggregate PLO and ILO attainment rates automatically using the outcome mapping data. Analysis of ILO attainment rates by gender and program identifies gaps in achievement of specific outcomes. Recommendations are then made to address deficiencies through curricular and pedagogical improvements. Process automation ensures evaluations are conducted efficiently, reliably and in a timely manner to support data-driven decision making and continual improvement.

Target attainment levels should be initially set at 60% for all ILOs considering OC's context as a new institution with emerging assessment practices. Relevant literature suggests a 60% baseline provides a reasonable starting point that can be raised incrementally over time as assessment processes mature (see e.g. Cathy, 2013 ; Assidiq et al., 2022). OC is committed to improving IGA and ILO attainment over time. Targets will be reviewed and increased annually as evidence-based improvements to enhance ILO achievement are implemented across programs. IGAs and ILOs targets setting and re-setting (denoted as P-I-05 in OC-QMS) will be mainly based on the results of OC IGAs and ILOs assessment documented in the OC IGAs and ILOs Assessment Report (ILOAR) Process I-E-01 which will be discussed in section 4.3.2 below.

OC ILOAP is based on the OC-QMS template OC-QMS-I-01 ([provided in Appendix ...](#)). The plan consists of three major sections:

1. The Synoptic Plan: This provides an overview of key information for each ILO:

- ILO code and domain
- Mapped Program Learning Outcomes showing alignment of programs to ILOs
- Mapped Teaching Strategies/Learning Activities with frequencies of use
- Mapped Assessment Methods with frequencies of use
- Mapped Program-Level Assessment Methods
- Responsibilities and timeframes

It should be mentioned here that including frequencies of teaching and assessment methods allows for:

- Identifying trends and patterns
- Targeted improvements to enhance ILO attainment
- Evidence-based resource allocation
- Justifying changes to course structure/assessment
- Enabling gradual, incremental changes to curriculum

2. The Detailed Plan: This provides in-depth mapping information for each ILO:

- Primary teaching methods and learning activities mapped from CLOs
- Formative and summative assessment methods mapped from CLOs
- Target performance levels
- Additional program-level assessments
- Assessment responsibilities and timeframes

3. IGAs Assessment Plan:

- Methods, sources, targets, and responsibilities for assessing IGAs
- Systematic approach to ensure consistent IGA evaluation across programs

In summary, the multi-section ILOAP provides comprehensive mapping of ILOs to teaching strategies, assessments, programs, and responsibilities. This enables evidence-based, incremental enhancements to curricula and instruction to improve student ILO attainment. Automated data aggregation and analysis will

allow efficient, reliable ILO assessment to empower graduates and ensure clarity of competency expectations.

4.2 Implementation, Monitor and Check (D/C)

The implementation, monitor and check phases (or "doing and checking" phase) is a pivotal stage in the OC QMS cycle which is based on the concept of PDCA as discussed earlier. This phase involves carrying out the planned processes and activities outlined during the planning stage and discussed in the previous section.

The doing and checking are embedded in one phase since the checking is an immediate consequence of the doing phase. This is clarified through the following examples:

- CLOs Assessment: The "doing" is faculty conducting assessments of course learning outcomes through exams, assignments, rubrics, etc. The "checking" happens through item analysis of exam questions, statistical analysis of rubric results, and the instructor's review and comments on performance trends.
- Course Report: The "doing" consists of the course coordinator and team preparing and automating the course report. The "checking" is the QAC reviewing the report, providing comments, and making recommendations for improvement.
- Program Surveys: The "doing" is administering surveys to students, faculty, etc. to collect perceptions. The "checking" is statistical analysis of the survey responses and incorporating the findings into the survey report.
- PLOs Assessment: The "doing" is gathering direct and indirect evidence to assess program learning outcomes. The "checking" is the QAC reviewing alignment of results with targets and making recommendations.

In essence, the checking in these examples is an immediate analysis or evaluation of the outputs of the doing phase, rather than a separate follow-up step later on. The interconnectedness allows quicker feedback and adjustments.

The effective implementation of OC-QMS requires ongoing monitoring at multiple levels to ensure adherence to policies, procedures, and quality standards. OC has established robust monitoring mechanisms that operate continuously at the course, program, and institutional levels.

At the most granular level, monitoring begins with the Quality Assurance Committees (QACs) appointed for each academic program. The QACs are tasked with monitoring the proper implementation of OC-QMS processes and requirements during the delivery of courses. This includes oversight of activities like peer reviews, verification of learning outcomes assessment, adherence to academic integrity policies, and timely completion of course reports, among others. QACs are required to maintain thorough documentation such as minutes of review meetings to substantiate their monitoring efforts.

Moving up to the college level, Quality Units (QUs) stationed at each college play a pivotal role in monitoring overall compliance with OC-QMS policies and procedures during the implementation of academic programs. QUs oversee processes including program learning outcomes assessment, program surveys, preparation of annual reports, operational planning, and more. They work closely with QACs and provide a higher-level perspective on how well OC-QMS processes are being executed across programs.

At the institutional level, the Quality Assurance Administration (QAA) is tasked with multiple monitoring initiatives that take a big-picture view of OC-QMS adoption. This includes the establishment of a taskforce that regularly meets with QACs and reviews their reports. QAA also undertakes comprehensive internal



audits that thoroughly examine program-level compliance. Monitoring reports prepared by QAA are presented to the Senior Committee for Planning and Quality (SCPQ) for review.

Technology also augments monitoring efforts through OC-E-QMS, an online platform that centralizes quality data and digitizes workflows. Automated notifications, dashboards, and review mechanisms help identify implementation gaps. The multifaceted monitoring processes instill accountability at all levels and enable OC to continuously improve the effectiveness of the OC-QMS. Regular review of monitoring mechanisms also ensures they remain fit-for-purpose as the institution evolves.

4.2.1 Peer Reviews and Classroom Visits

The peer review process is a critical component for promoting continuous improvement in academia (Bell & Mladenovic, 2008). It serves as an important mechanism for maintaining high educational standards and encouraging ongoing professional development among faculty members (Loughran, 2007). The practice of peer review involves experienced instructors assessing a colleague's teaching effectiveness by observing their lessons, reviewing course materials, and gathering student feedback (Nyquist & Wulff, 1996).

The goal of peer review is to provide constructive feedback that can help educators strengthen their teaching practices and better serve students (Loughran, 2007). Reviews are not meant to be punitive but rather supportive, empowering instructors to identify areas of excellence as well as opportunities for growth (Bell & Mladenovic, 2008). Participating in regular peer review has several important benefits, as it fosters a culture of constant self-reflection and learning among university instructors (Bell & Mladenovic, 2008).

Peer review also plays a key role in both institutional and programmatic quality assurance by allowing for periodic evaluation of instruction methods (Chalmers, 2011). Detailed review reports provide leadership with insights into faculty development needs and the effectiveness of existing curricula (Chalmers, 2011). Feedback centered around typical review criteria like topic definition, organization, pedagogy, presentation, student engagement and assessment of learning offers a well-rounded perspective on classroom execution and management (Nyquist & Wulff, 1996).

At many universities, peer review is often guided by a structured evaluation template (Chalmers, 2011; Nyquist & Wulff, 1996). Common templates examine multiple dimensions of teaching performance such as lesson preparation, clear communication skills, up-to-date content knowledge, varied teaching strategies, thoughtful assessment design, and strong interpersonal skills (Nyquist & Wulff, 1996). The use of standardized evaluation criteria allows for instructors to receive consistent and meaningful feedback targeted to improving their teaching practice, optimizing student learning outcomes, and maintaining instructional excellence across programs (Chalmers, 2011). To this end, and in alignment with Guiding Principle #4 and Policy P-16, OC-QMS mandates that the peer review process discussed in this section should be conducted **annually** based on a specifically developed and OC-approved template (OC-QMS-D-01 Course Peer Review- **provided in Appendix...**).

The template contains 20 evaluation criteria across 5 categories:

Organization (4 criteria) - Evaluates preparation, time management, outlines/objectives, linking topics.

Effective Communication and Technology Use (4 criteria) - Evaluates voice clarity, technology use, eye contact, content accuracy.

Learning Resources and Knowledge Abilities (4 criteria) - Evaluates concept/term explanations, question handling, textbook/resource referencing, adherence to course specification.

Learning, Teaching and Assessment Strategies (5 criteria) - Evaluates adherence to teaching and assessment methods described in the course specification, active/student-centered learning, practical skills/high-level thinking, diversity of methods, philosophy alignment.

Self-Skills and Values (3 criteria) - Evaluates respect/friendliness, mistake correction, feedback provision, student involvement in decisions.

Each criterion is scored on a 3-point scale (Agree to Disagree). The template also includes spaces to list lowest scored criteria, strengths, and recommendations for improvement.

It should be noted here that the implementation of peer review according to template OC-QMS-D-01 is largely automated through OC-E-QMS. The process of peer review (P-C-04) is summarized in Figure 27 below.

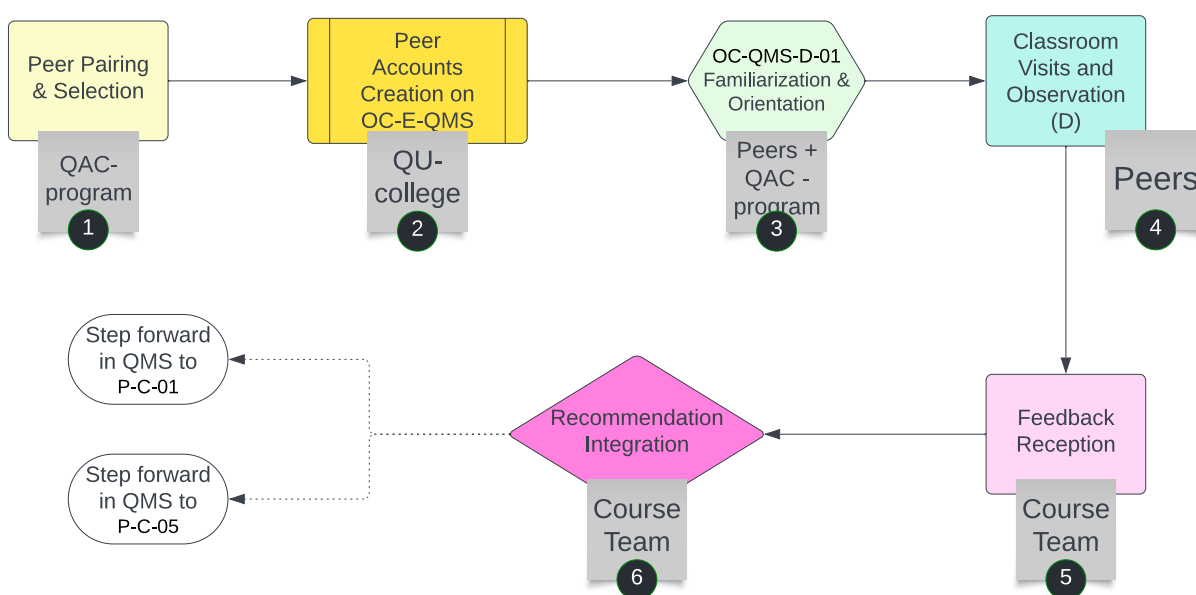


Figure 27: Peer Review Process Flow (Process Code: P-C-04)

In the first step, faculty members are carefully chosen and paired for the review process. The selection should be careful, considering factors like subject matter expertise, teaching experience, and the ability to provide constructive feedback. To avoid potential conflict of interest, instructors of the same course team should be selected as peers for an instructor of the same team. The goal is to create pairs that can most effectively evaluate and improve the quality of the course delivery and content. The selection and pairing process should be supervised by QAC. Once the peers are selected and paired for every course offered by the program, accounts for each peer are created in the OC-E-QMS system by QU in step (2). OC-E-QMS will be used throughout the peer review process to record evaluations, share feedback, and track progress. Proper setup and access to this system is crucial for ensuring a smooth and efficient review process. In step (3), the reviewers familiarize themselves with the OC-QMS-D-01 evaluation template which is also accessible through the peer's account page at OC-E-QMS. Peers should also be oriented by QAC on the criteria, standards, and expectations outlined in the template. This step ensures that all reviewers have a



clear understanding of what they should be observing and evaluating, promoting consistency across different reviews.

Next (in step 4), the reviewers conduct classroom visits and evaluate the course using the OC-QMS-D-01 evaluation template. Appropriate arrangements and coordination should be facilitated and organized between the peer reviewers and reviewees. During the classroom visit, the peer reviewers observe various aspects of course delivery based on the criteria outlined in the template. The evaluations are recorded in the OC-QMS-D-01 form at OC-E-QMS. This step constitutes the “doing” sub-phase of the peer review process.

After the classroom evaluations are completed by peers, the course team reviews the results through the OC-E-QMS system (step 5). They examine the feedback and evaluations, gaining an understanding of the course's strengths and weaknesses as observed by their peers. This step is crucial for self-reflection and understanding areas for improvement. Then, in step (6), the course team should integrate the peer review recommendations into their forthcoming course report. They not only include the recommendations but also detail how they plan to address them. This stage demonstrates a commitment to continuous improvement and a willingness to make necessary changes based on peer feedback.

In the context of the course report (process P-C-01 discussed in section 4.2.6 below), the recommendations from the peer review provide major input. The peer review recommendations not only feed into the individual course report but also into a comprehensive program peer report. This report is prepared by the QAC within the program, and it discusses the overall results from all the peer reviews conducted in the program, providing a holistic view of the program's current academic standard. Again, the recommendations from peer reviews play a significant role in this report as will be discussed in the following section.

4.2.2 Academic Program Comprehensive Peer Review Report

In alignment with Guiding Principle #4, the Comprehensive Program Peer Review Report, as defined by the OC-QMS-D-02 template, is a vital tool in OC programmatic QMS. Its primary purpose is to provide a holistic view of the program's performance based on peer reviews. The report **annually** aggregates and analyzes data from individual course peer reviews, allowing the program management to identify common themes, strengths, and areas of improvement across multiple courses. This collective understanding is pivotal for re-planning and decision-making at the program level. The report aims to aid in spotting trends and patterns that may not be noticeable when looking at individual course reviews in isolation. It brings to light systemic issues that need attention, enabling targeted interventions to improve the overall quality of the program. Moreover, the report encapsulates high-priority recommendations, which are derived from the consolidated feedback from all courses. These recommendations are major inputs to the annual program report (through process P-C-14 discussed in section 4.2.8 below). The comprehensive program peer review report is not just an evaluation tool; it is in fact an important instrument for continuous improvement.

The report is totally based on template OC-QMS-D-02. The template aims to provide an overview of the peer review findings across an entire academic program. It's important to note that the majority of this report is generated automatically, through OC-E-QMS, by extracting data from individual course peer review reports. The program management only needs to finalize the high-priority recommendations at the end of the comprehensive report.

The report consists of several sections as follows:

Detailed Peer Review Report: This part of the report provides a detailed breakdown of peer review results for each course within the program. Information includes the course code, course title, the name of the peer reviewer, the name of the faculty member being reviewed (Reviewee's Name), the average evaluation score, and the top recommendations for each course.

Peer Review Results at the Program Level: This section presents a graphical representation of the average scores of all peer review rubrics across all courses in the program.

Rubric Items that Require Attention: This section lists the rubric items that have been consistently rated low across multiple courses, indicating areas that require attention across the program.

Rubric Domains that Require Attention: Similar to the previous section, this part lists the rubric domains that have low average scores across the program, indicating broader areas that need improvement.

High Priority Recommendations: This is the only section that needs to be completed by the QAC. It includes the top three recommendations, derived from the consolidated recommendations from each course. These are high-priority actions that should be taken to improve the program.

Approval Data: The final section includes the reference number and date of the department and college council meetings where the report was approved.

Since the process of preparing and approving the comprehensive peer review report (Process P-C-05) is largely automated as mentioned above, this automation has made the process efficient by reducing the number of steps and minimizing manual intervention, as illustrated in Figure 28 below.

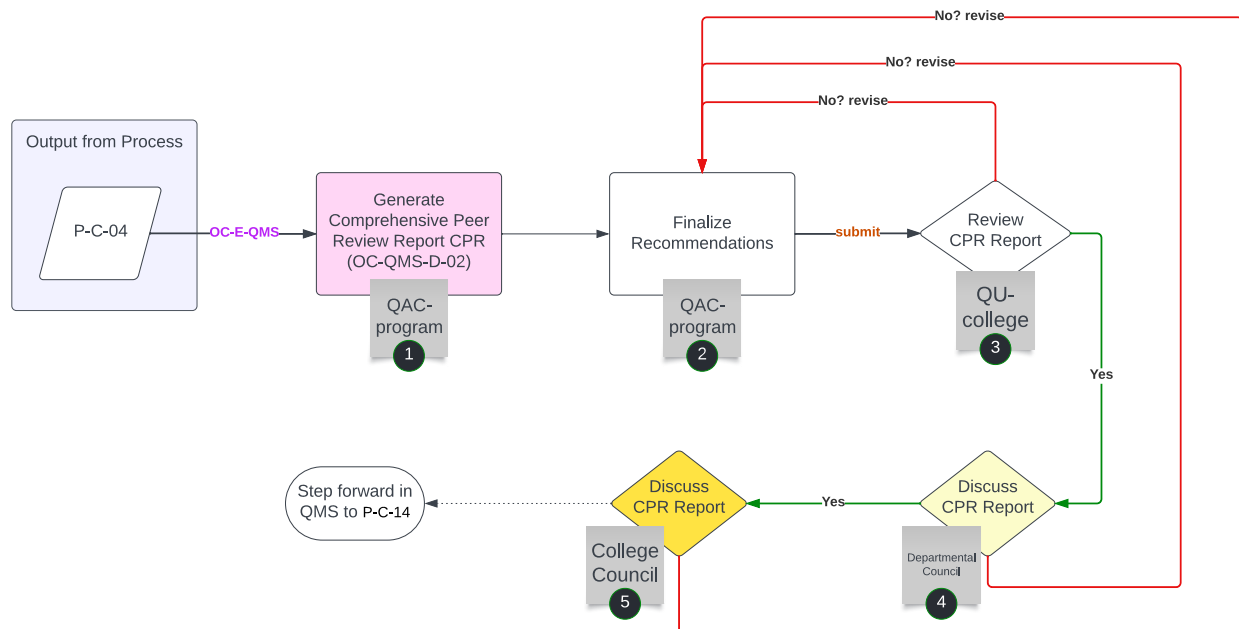


Figure 28: Comprehensive Peer Review Report Process Flow (Process Code: P-C-05)



The main input of the comprehensive peer review report process is the individual peer review reports for all courses (output of process P-C-04). The first step in the process involves automatically generating the report using the OC-E-QMS system. This platform extracts data from individual peer review reports for each course within the program. It compiles basic information about the program, provides a detailed breakdown of peer review scores for each course, and identifies rubric items and domains that require attention across the program. This automated process ensures accuracy and consistency in data collection. QAC then reviews the automatically generated report (step 2). Their primary task is to finalize the high-priority recommendations for the program. These recommendations are derived from the consolidated feedback from all courses. The QAC's expertise is crucial in determining the most impactful recommendations that should be taken to enhance the program's quality.

In step (3), the Quality Unit (QU) at the college level reviews the report with a focus on the validity and formulation of the recommendations. The QU ensures the recommendations are realistic, actionable, and aligned with the program and college's missions and strategic goals. This step is a crucial checkpoint that ensures the report's recommendations are practical and beneficial for the program's development. The report is then presented to the relevant Department Council (step 4). The council members discuss the findings and recommendations in the report. Their approval signifies their agreement with the report's content and their commitment to implementing the recommendations. This step is crucial for ensuring the report's findings are understood and accepted by the department's key stakeholders. The final step in the process is the approval of the report by the relevant College Council (step 5). Similar to the Department Council, the College Council reviews and discusses the report. Their approval is the final endorsement needed for the recommendations to be implemented.

After approval, the comprehensive program peer review report and its recommendations become a major input in the annual program report (through process P-C-14). This ensures that the findings from the peer review process are incorporated into the program's ongoing planning and continuous improvement efforts.

4.2.3 Department Head Evaluation of Courses' Instructors

Based on OC-QMS Policy P-16, which mandates that "an OC academic program should implement OC-approved mechanisms for courses instructors and courses delivery evaluation and faculty appraisal", OC developed the department head evaluation of course instructors. The Department Head Evaluation of Course Instructors, as defined in template form OC-QMS-D-03, is a cornerstone instrument in OC-QMS, carefully crafted to uphold the pedagogical standards of our academic programs.

The evaluation form (OC-QMS-D-03) is an essential tool to assess the effectiveness of course delivery and the teaching prowess of our faculty. It has been designed to encapsulate pivotal aspects that directly influence the caliber of education provided. The form encompasses a spectrum of evaluative criteria, including the execution of teaching strategies, adoption of assessment methods, comprehensive coverage of course content, utilization of approved learning resources, realization of course learning outcomes (CLOs), adherence to course timelines, and the provision of student support and guidance, as detailed below:

Basic Evaluation Info

This section collects fundamental information about the instructor being evaluated. It includes instructor's name, id, assigned courses, section (male, female or mixed), and evaluation date.

Evaluation Rubric

This is the core of the evaluation form and consists of a detailed rubric with seven criteria:

Teaching Strategies: Evaluates the instructor's implementation of teaching strategies as approved in the Course Specification, emphasizing interactive and student-centered approaches.

Assessment Methods: Assesses the variety and appropriateness of assessment methods used by the instructor, as stipulated in the Course Specifications.

Course Topics: Examines whether the instructor covers all topics approved in the Course Specifications with adequate depth.

Learning Resources: Looks at how the instructor uses the approved learning resources to enhance the educational experience.

CLO Attainment: Measures the extent to which students have achieved the Course Learning Outcomes through the instructor's teaching.

Course Timelines: Assesses the instructor's compliance with the timelines outlined in the Course Specifications for assessments, feedback, and other material delivery.

Student Support: Evaluates the level of support the instructor provides to students outside of class hours, including responsiveness to queries and availability for guidance.

Top Strengths and Recommendations

Based on the scores and observations from the rubric, this section is for the department head to note the instructor's significant strengths and areas for improvement.

Top Strengths: Highlights what the instructor excels at, providing recognition for their effective practices.

Top Recommendations: Offers constructive criticism and specific suggestions for how the instructor can improve their teaching methods and course management.

Approval and Signatures

This section is for accountability and acknowledgement of the evaluation process. It contains the department head's name, his/her signature as well as the instructor's signature, confirming that they have reviewed the evaluation and are aware of the feedback provided.

Each of these criteria is assessed on a granular five-point scale, enabling department heads to pinpoint areas of excellence and avenues for enhancement. This scale not only facilitates a quantitative analysis of instructors' performance but also fosters a qualitative approach by encouraging detailed feedback. A score of '3' represents the fulfillment of basic expectations, while scores below and above this threshold indicate the necessity for improvement and the extent of exceeding expectations, respectively.

The overarching aim of this evaluation is to ensure that the quality of instruction is not merely maintained but continuously elevated. By identifying the strengths and weaknesses of our instructors through this form as well as courses surveys and peer reviews, an academic program and other relevant units can offer targeted professional development opportunities and constructive feedback. This not only enriches the individual's teaching experience but also enhances the overall learning experience for OC students.

The process of department head evaluation of courses instructors (P-C-13) should be conducted **annually**, and it is a three-step process as illustrated in Figure 29 below.

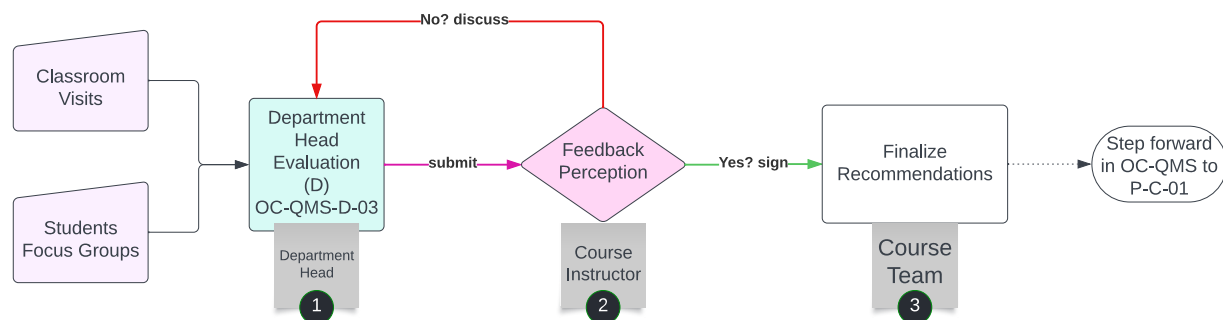


Figure 29: Flowchart of department head evaluation of courses instructors (Process Code: P-C-13)

P-C-13 begins with the department head's assessment (the 'doing' subphase of the process), which relies on two key inputs. Firstly, the department head may conduct a classroom visit to directly observe the instructor's teaching style, engagement with students, and overall management of the class. This firsthand observation is crucial for an authentic evaluation of the instructor's effectiveness in delivering the course content. Secondly, the department head may choose to engage with a focus group composed of a selection of students from the course. The insights gleaned from this focus group provide a different perspective on the instructor's performance, revealing aspects of the teaching experience that may not be immediately apparent during a classroom visit.

Upon completion of the classroom visit and focus group, the department head utilizes the OC-QMS-D-03 form to record their observations and conclusions. Once the evaluation form is filled out, the next step (2) involves presenting it to the instructor in question. The instructor is expected to engage with the content of the evaluation thoroughly, carefully considering the feedback and recommendations provided by the department head. If there are any points of contention or areas where the instructor believes improvements can be made, they are encouraged to discuss these with the department head. This dialogue is vital to ensure that both parties reach a mutual understanding and agree on the most beneficial course of action. After reviewing and discussing the evaluation, the instructor signs the form to acknowledge its receipt. This signature signifies that the instructor has been informed of the department head's assessment and is aware of the feedback provided.

Following the acknowledgment of the evaluation, the instructor brings the document to their course team (step 3). This team, which is responsible for overseeing the course's design and delivery, will review the department head's recommendations together with the instructor. The discussion that ensues is designed to be constructive, aiming to determine the best ways to implement the suggested improvements. The outcomes of this team discussion, including agreed-upon action items and strategies for enhancement, are then documented in the course report (according to Process P-C-01). This report ultimately serves as a crucial tool for future course planning and ongoing quality improvement measures, ensuring that the academic program remains dynamic and responsive to the needs of students and educators alike.

4.2.3.1 Comprehensive Faculty and Staff Appraisal through Rasid Bank

At the institutional level and based on OC-QMS policies I-06 and P-16, Rasid Bank represents a pivotal component of the institutional appraisal system at OC, serving both faculty and staff. It is a self-evaluation platform, designed to foster a culture of self-reflection and continuous professional development.

Rasid is an integrated, online self-evaluation system that enables faculty members to conduct comprehensive self-assessments across various performance criteria. This system facilitates a structured approach to appraisal by requiring faculty to provide evidence for their achievements and contributions in multiple areas of their professional responsibilities.

Within the OC-QMS framework, the Rasid Bank appraisal system stands as a distinct entity when compared to the peer evaluation and department head evaluation processes discussed earlier. While peer evaluations and department head evaluations focus predominantly on the intricacies of teaching and learning practices—such as lesson delivery, engagement techniques, and adherence to course specifications—the Rasid system encompasses a broader spectrum. Rasid encourages faculty members to engage in a comprehensive self-reflection across a wider range of professional activities that extend beyond their courses and the classrooms. This includes their roles in academic and administrative development, innovation and creativity in their field, contributions to generating revenues, and broader participation in the academic community.

Unlike the more focused and possibly immediate feedback stemming from peer and head evaluations, which zoom into the effectiveness of course delivery and instructional strategies, Rasid appraisal takes a holistic approach to faculty performance. It considers the cumulative impact of a faculty member's work on the institutional mission and strategic goals. This self-evaluation process is deeply rooted in self-regulation and accountability, requiring faculty to substantiate their performance with tangible evidence. While peer and head evaluations serve as necessary checkpoints for maintaining and improving the quality of education, Rasid offers a self-steered platform for faculty to present a comprehensive portfolio of their professional achievements, aligning personal growth with the institution's overarching goals.

The faculty appraisal within Rasid is detailed and multidimensional, focusing on the following main categories:

Academic and Administrative Development

- Involvement in committees or task forces.
- Contributions to the administration of departments or programs.
- Participation in academic advising and mentorship.
- Participation in professional development programs.

Creativity and Innovation

- Development of new teaching materials or methods.
- Innovation in research or practical applications.
- Patents.

Developing and Supporting Revenues

- Initiatives that have led to the generation of new funding sources.
- Cost-saving measures implemented.
- Providing externally-faced courses for a fee.

Teaching and Learning

- Quality and effectiveness in delivering course content.
- Student feedback and success rates.
- Adherence to OC-QMS policies, processes, and requirements.

Teaching Quality

- Adherence to best practices in pedagogy.
- Continuous improvement in teaching methods.

Entrepreneurship

- Engagement with industry partners.
- Development of entrepreneurial ventures related to academic expertise.

Participation in Extra-Curricular Activities

- Involvement in student clubs, societies, or community service projects.
- Organization of or participation in events that enhance the institutional community.

Awards

- Recognition received for teaching, research, or service.
- National and international awards.

Leadership

- Leadership roles within the institution or in professional organizations.

Scientific Research

- Publications in peer-reviewed journals.
- Grants received for research activities.
- Participation in conferences.
- Participation in peer review of research.

Self-Censorship and Social Responsibility

- Engagement in activities that reflect self-regulation and ethical conduct.
- Contributions to societal development and welfare.

For each criterion under these categories, faculty members must upload sufficient evidence to support their self-evaluation. This evidence can include documents such as publications, student evaluations, awards certificates, project reports, and records of service activities.

Once a faculty member completes their self-evaluation and submits their evidence via Rasid, their direct supervisor—aligned with OC's hierarchical structure—reviews the submission. The supervisor will approve or disapprove the self-evaluation results based on the relevance and sufficiency of the uploaded evidence. This process ensures accountability and encourages faculty to maintain a high standard of evidence for their accomplishments.

Rasid plays a crucial role in institutional appraisal by promoting:

Transparency: The requirement of evidence and the approval process make the appraisal transparent and justifiable.

Self-Improvement: Faculty members are encouraged to continuously seek professional growth and document their progress.

Accountability: The direct manager's role in approving evaluations ensures that faculty members are accountable for their self-assessments.

Alignment with Institutional Goals: By appraising against criteria that reflect institutional priorities, faculty efforts are directed towards achieving the strategic objectives of OC.

The utilization of Rasid Bank for faculty appraisal aligns with contemporary approaches to performance management in academia. It underscores the value of self-assessment, underpinned by tangible evidence, and managerial oversight, ensuring that faculty engagement and achievements are recognized and that they align with the strategic goals of the institution. For more on Rasid, its related mechanisms, and timeframes, please visit the following link: <https://rased-bank.com¹>.

4.2.4 CLOs Assessment and Evidence

Based on Policy P-08, once the semester has ended and all assessments have taken place, the course team begins analyzing the results. All assessment tools should have been implemented as agreed upon in the approved CTAs and applied uniformly to all students in all sections of the course, regardless of gender.

The first step is to enter the actual assessment results of CLOs and evidence into OC-E-QMS (as described in OC-E-QMS handbook). This evidence includes items like completed observation rubrics, exam questions and answers, project reports, and other work assessed. OC-E-QMS is used to manage the entire CLOs assessment process to ensure consistency and proper documentation.

Next, the course team compares the actual results for each CLO to the target level set in the approved CTAs as well as the PLOs Assessment Plan (PLOAP). For any CLO where the actual value did not meet the target, the team conducts an analysis to identify the reasons. Similarly, if a CLO significantly exceeds its target, the team should comment on the possible practices that may have contributed to the high level of achievement. This comparative analysis is critical in understanding the dynamics of student learning and

⁸ It should be mentioned here that OC has been commended by the Institutional Accreditation Review team for “the way it activates its values across the institution through the Rasid Bank, and its recognition of stakeholder achievements in line with these”. (Institutional Review Report, p. 49).

¹ It should be mentioned here that OC has been commended by the Institutional Accreditation Review team for “the way it activates its values across the institution through the Rasid Bank, and its recognition of stakeholder achievements in line with these”. (Institutional Review Report, p. 49).

the effectiveness of course delivery. This analysis is recorded in the comments section for that CLO in OC-E-QMS.

Once the comparison and analysis are complete, OC-E-QMS automatically calculates a new target value for each CLO using the following formula:

$$\text{New Target} = \text{Actual Value} + (\text{Actual Value} * 0.025)$$

By continually raising the bar slightly based on actual performance, this process aims to drive continuous improvement over time.

Finally, the CLOs assessment results, evidence, analysis, and new targets are submitted for review by the relevant committees and councils according to Process P-E-02 illustrated in Figure 30 below.

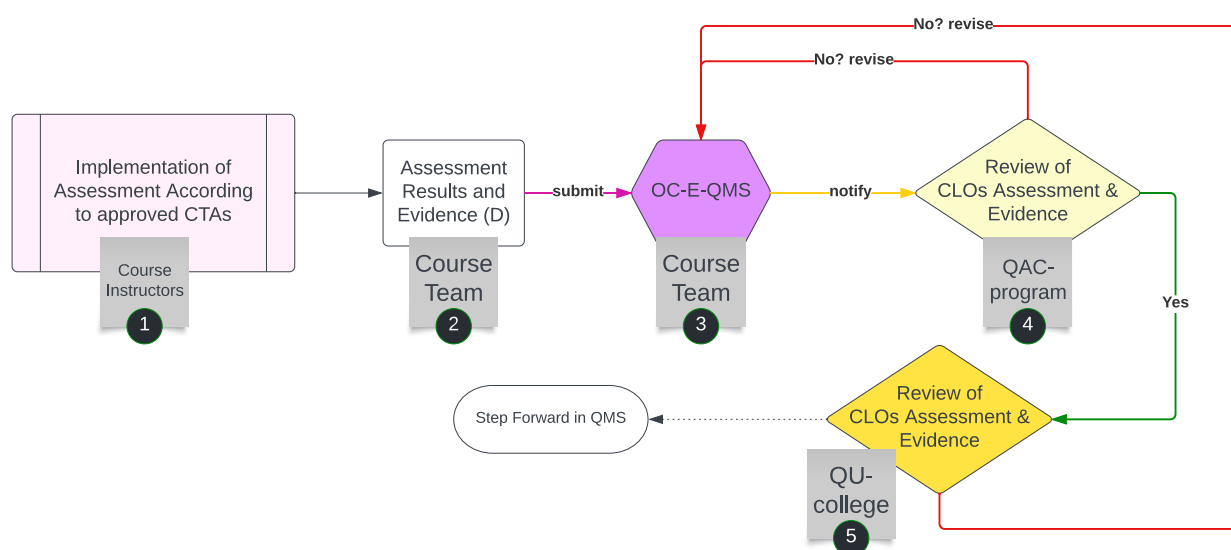


Figure 30: Flowchart of CLOs Assessment and Evidence (Process Code: P-E-02)

The process of the CLOs Assessment and Evidence is a five-step process, and its flow begins with the actual implementation of assessment tools by course instructors throughout the semester. The assessment should be based on random sampling depending on the size of the students' population in a course. At least 20% of the students should be sampled from all course's sections for a given CLO assessment. In courses where the total number of students is less than 10, the whole population of students should be considered in assessment of the given CLO.

These assessments are carefully carried out according to the approved CTAs and should be uniformly administered to all students to ensure fairness and consistency across all sections (Step 1). This is the "doing" subphase of the process. After the semester ends, the course team gathers all necessary evidence that reflects the assessment results (Step 2). This evidence includes, but is not limited to, completed observation rubrics, exam questions with their corresponding answers, project reports, and other forms of assessed student work, as discussed earlier.

Upon the collection of this evidence, the course team proceeds to upload the actual assessment results for the Course Learning Outcomes (CLOs) into the OC-E-QMS system (Step 3). Alongside the results, the

required samples of evidence and any relevant comments about the assessment process are also entered into the system. This system serves as a platform for managing the entire CLOs assessment process, ensuring that consistency and proper documentation are maintained across the board.

Following the upload, the Quality Assurance Committees (QACs) of the relevant programs conduct a thorough review of the assessment results and the validity of the evidence provided (Step 4). The QACs' review is particularly focused on the validity of the sample, and on verifying the accuracy of the assessment in light of the evidence submitted. The process moves forward to the Quality Unit (QU) at the relevant college (in Step 5), where a further review of the CLOs assessment and the validity of the evidence is carried out.

Next, the output of this process can be moved forward in OC-QMS, as the assessment results will constitute an integral part of several process, most notably the course evaluation in the relevant course report (P-C-01) and the PLOs Assessment Report (P-E-01 and P-C-07) which will be discussed later.

4.2.5 Course Evaluation Survey (CES)

In alignment with Guiding Principle #4, the course evaluation survey designed by Onaizah Colleges is a comprehensive tool that assesses a broad spectrum of course attributes. The survey seeks to understand if the course's objectives and outcomes were clear to students from the outset and how well-prepared the course instructor was. The instructor's knowledge of the course content and their willingness to provide assistance and cooperation are also evaluated.

Additionally, the relevance and usefulness of the course content, the availability of learning resources, and the effective use of modern technology in the course delivery are assessed. The survey also investigates whether students received their assignment and exam scores in a timely manner, the fairness of marking, and the consistency of the course requirements with its objectives and outcomes.

It also gauges the perceived future benefits of the course and whether it helped students to develop critical thinking and problem-solving skills, rather than just focusing on memorizing information.

The process of conducting and analyzing the course evaluation survey (P-C-15) is a well-structured, multi-step process as illustrated in Figure 31 below.

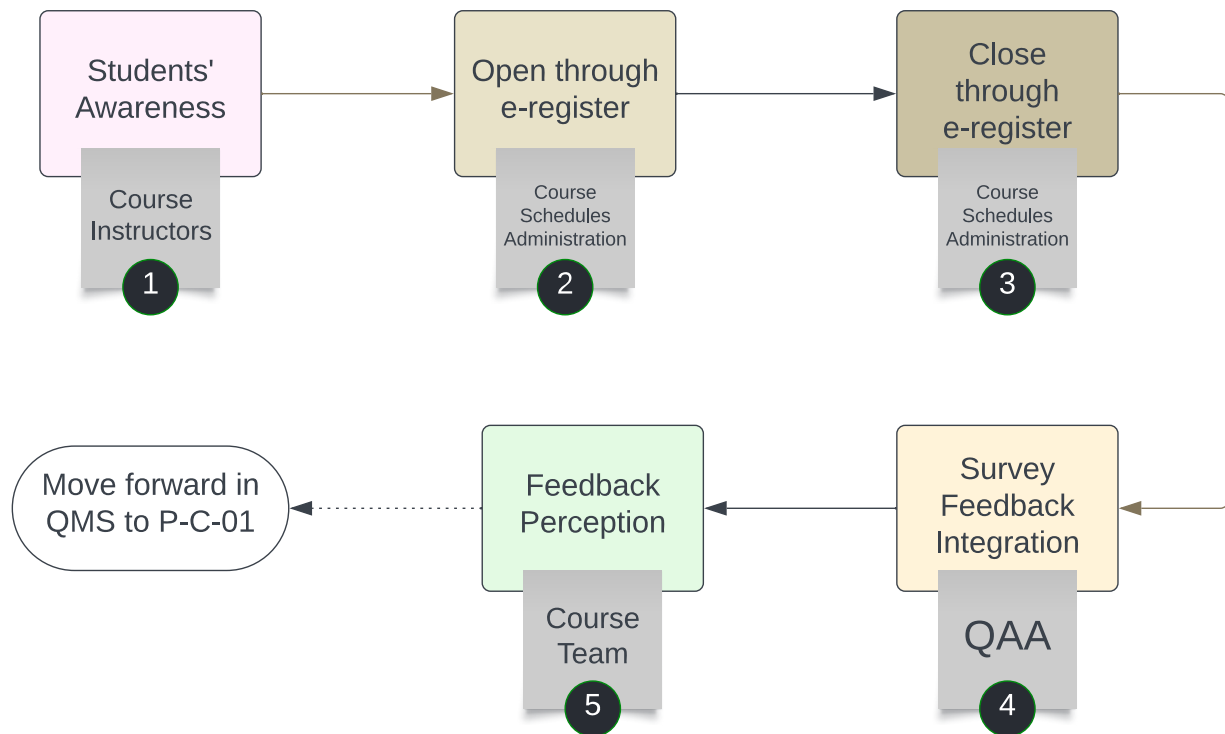


Figure 31: Flowchart of Course Evaluation Survey (Process Code: P-C-15)

P-C-15 begins with course instructors raising students' awareness about the survey during a class session, explaining the purpose and importance of their feedback (step 1). Following this (step 2), and two weeks before the final exams, the survey is opened by the Course Schedules Administration through the e-register portal to give students sufficient time to reflect and provide meaningful responses.

The survey is then closed before the commencement of the next semester to allow for the collection and analysis of the data (step 3). Step 2 and 3 can be considered as the “doing” subphases of P-C-15. Once closed, the results and a summary analysis of the survey are transferred by Quality Assurance Administration and made available on the OC-E-QMS platform (step 4). Course teams can access this information via their accounts, enabling them to review the feedback (step 5). This step is of paramount importance, as it allows the course teams to assess each survey element’s score, especially those that have received low scores. A low score on any element (especially < 2.8/5) can indicate potential areas for improvement.

The Course Evaluation Survey results are not only a reflection of the course’s effectiveness but also serve as an essential input to the Course Report process (P-C-01 which is discussed in the following subsection). They provide the raw data that feeds into the report, contributing to a comprehensive understanding of the course’s strengths and areas for improvement. This integration of feedback into the Course Report process underscores the importance of the course evaluation survey in the continuous improvement of courses and programs.



4.2.6 Course Report

In alignment with Policy P-03, the Course Report and the Field Experience Report stand as a critical instrument within OC-QMS, embodying the commitment to maintaining, evaluating, and documenting the quality of academic programs. This policy mandates that each course, field experience, and the broader academic program encapsulate its quality findings in detailed reports, drawing from the frameworks provided by the relevant NCAAA templates. By methodically compiling Course Reports, OC and its academic programs uphold their dedication to transparency and continuous enhancement of educational delivery. These reports not only ensure adherence to rigorous academic standards but also contribute to the Annual Program Report (APR), reflecting a comprehensive review of the program's quality over the academic year.

OC-QMS mandates that course reports should be based on the latest NCAAA template (T-107 2022). The template provides a comprehensive framework for documenting essential details about a course, including its title, code, department, program, college, and institution, as well as the academic year, semester, and course instructors. It also captures logistical aspects such as location, number of sections, and student enrollment and completion statistics, which are essential for understanding the course's scope and context.

At the heart of the report is a focus on student results, with a detailed grade distribution that offers insight into student performance and allows for the calculation of the course average. Instructors are encouraged to provide commentary on the grades to explain any anomalies or special circumstances that may have influenced the outcomes.

The assessment of Course Learning Outcomes (CLOs) is thoroughly recorded, linking them to Program Learning Outcomes (PLOs), detailing the methods of assessment, and recording the results, which is followed by a section for reflective commentary, highlighting any recommendations for future course iterations.

The report also includes a section for documenting any topics that were not covered as planned, along with an explanation of the reasons, the impact on learning outcomes, and any measures taken to mitigate this impact.

Finally, a Course Improvement Plan is outlined, where recommendations for enhancing the course are made, with specified actions and the support needed to implement them. This section is critical for continuous improvement and is meant to be included in wider departmental and program-level discussions and reports such as annual program reports and annual operational plans.

Overall, the template ensures a well-rounded evaluation of a course's implementation and its educational effectiveness, serving as a key document in OC-QMS to facilitate ongoing improvement and excellence in educational programs.

The process of course report preparation, review, and approval (P-C-01) is a six-step process as illustrated in Figure 32 below.

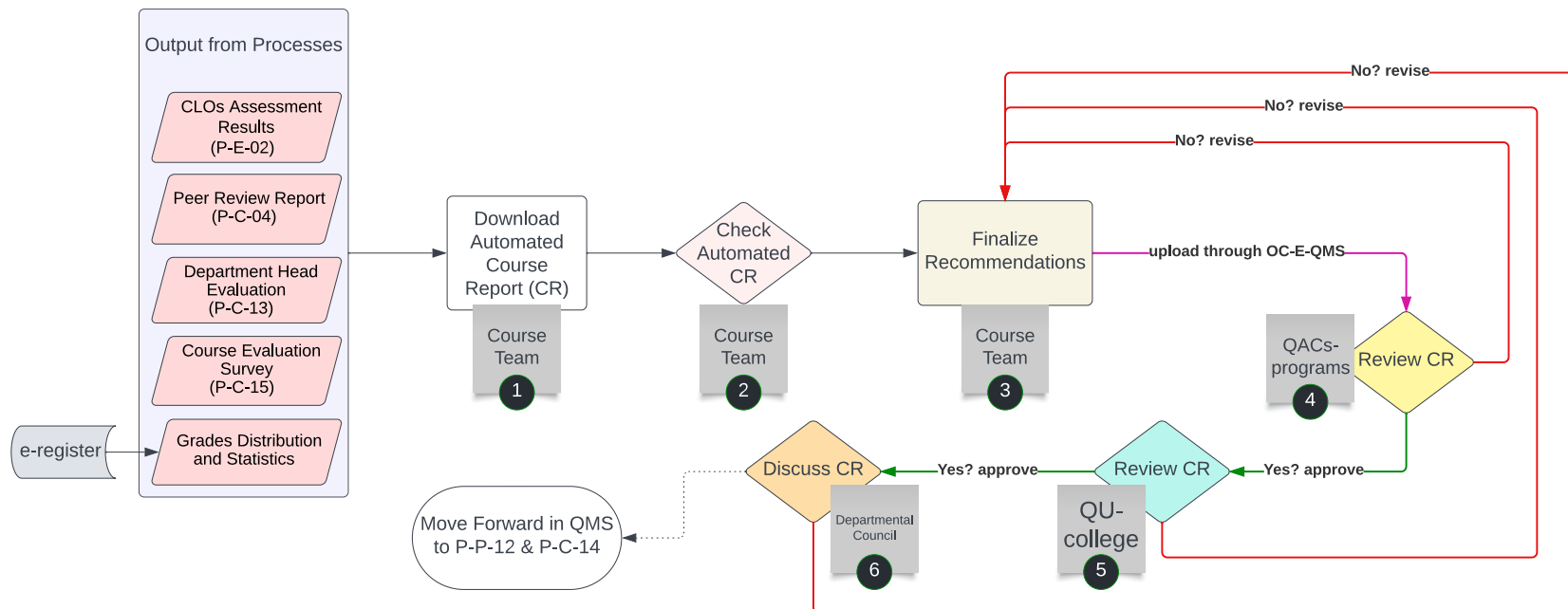


Figure 32: Process Flow of Course Report Preparation, Review and Approval (Process Code: P-C-01)

P-C-01 begins with the course team downloading the automated version of the CR. This automated version includes pre-filled information such as the Course Info, Numbers of Students, Grade Distribution, and the CLOs Assessment Table, which are generated based on the existing data in the system. In step (2), the Course Team carefully reviews this automated report. They go through the pre-filled information to identify and correct any errors or inaccuracies that may be present. This step is crucial because it ensures that the foundational data in the report, upon which further analysis and recommendations will be built, is accurate.

Once the automated report has been verified and corrected, if necessary, the Course Team provides their expert commentary on the results contained in the report (Step 3). It's in this step that the key inputs - the CLOs Assessment Results, Peer Review Report, Department Head Evaluation of Course Instructors, Course Evaluation Survey, and Grade Distributions/Statistics from the e-register - are taken into consideration. The team interprets the results in the context of these inputs and formulates key recommendations for course improvement.

Upon the completion of their commentary and recommendations, the Course Team then uploads the finalized CR to OC-E-QMS. This digitized system allows for easy access and review of the report (in step 4) by the Quality Assurance Committees (QACs) in all the programs where the course is taught based on the guidelines provided in section 4.1.5 above. Each QAC reviews the uploaded report, focusing on the relevance and accuracy of the comments and recommendations made by the Course Team. QACs decision (of acceptance or refusal) and comments should be entered through OC-E-QMS so it can be viewed by the course team. This step ensures that the insights and recommendations are appropriate, well-grounded, and relevant to the given program.

After the QACs have completed their review, the Quality Unit (QU) at the relevant college conducts another review (Step 5). The QU's review is largely focused on the comprehensiveness of the recommendations. They check to see if the recommendations cover all the key areas of improvement that were identified in the CLOs Assessment, Peer Review, Head Evaluation, and Course Evaluation Survey. If any area of improvement identified in these reports is not covered by the course recommendations, the CR is returned to the Course Team for revision, ensuring that no area for potential improvement is overlooked.

The CR then moves on to the relevant department council(s) for discussion and approval. These councils scrutinize the recommendations from the perspective of feasibility and relevance to the general improvement of the curriculum. This step ensures that the recommendations are not only insightful but also actionable and beneficial to the broader curriculum.

The approved CR is ready to move forward in OC-QMS. It becomes a key input to the Annual Program Report (P-C-14) and the formation of the course team for the next year (P-P-12). This ensures that the insights and recommendations from the final CR are carried forward, influencing the formation of the course team in the following year, and facilitating continuous improvement in the course. As mentioned in section 4.1.11 above, the formation letter of a course team must explicitly state the recommendations in the last course report.

To further enhance the documentation and accessibility of this comprehensive process, a Quick Response (QR) code will be automatically embedded at the end of each Course Report (CR). This QR code when scanned will redirect to a hyperlink that provides access to important documents and information that form the core of the course report. These include the CLOs Assessment Results and Assessment Evidence, the Peer Review Rubric, the Chairperson (Department Head) Evaluation, the Course Evaluation Survey Analysis and Results, and the Course Recommendations and Improvement Plan.



In addition to these, the hyperlink will also lead to the Decisions and Comments on the Course Report and its content. This will provide reviewers and stakeholders with a clear understanding of the deliberations and decisions that have been made regarding the course and its report. This feature ensures transparency and facilitates a deeper understanding of the context of the recommendations and decisions made.

Lastly, the QR code will also provide access to detailed operations related to the review of CLOs Assessment and Evidence, and Course Report. This feature will greatly enhance the understanding of the report and the process, enabling stakeholders to better appreciate the rigor and thoroughness of the process, thus promoting a culture of continuous quality improvement.

4.2.7 Field Experience Report

In accordance with Policy P-03, the Field Experience Report is also a pivotal component of the OC-QMS. This policy requires detailed reports encapsulating quality findings for each course, field experience, and the broader academic program. These reports are vital in fulfilling the commitment to transparency and continuous improvement of educational delivery. Specifically, they contribute to the Annual Program Report (APR), offering a comprehensive view of the program's quality throughout the academic year.

OC-QMS also mandates that Field Experience Reports must follow the latest NCAAA template (TP-156 2022). The template is identical to the course report template (T-107 2022) discussed in the previous section. As illustrated in ... below, the preparation, review, and approval process of the Field Experience Report (P-C-02) mirrors the six-step process outlined for the Course Report, with two notable exceptions:

1. **Peer Review Input:** Instead of in-class observations, the process leverages the insights gained from the two Field Experience surveys to gauge the quality of the field experience from the perspectives of both students and supervisors. The two FE surveys, namely PO_FTR_STU and PO_FTR_SUP, are two essential surveys within the program's surveys report (section 4.2.16) and discussed in detail in The [OC Guidebook on Programmatic KPIs and Surveys](#).
2. **Field Experience Guidelines and Institutional Handbooks:** The monitoring, implementation and evaluation of the Field Experience course are governed by the guidelines set forth in the OC Field Training Handbooks—one for the College of Humanities and another for the College of Engineering. These handbooks delineate several mechanisms, including the selection of field experience locations, supervisory staff, flowcharts of responsibilities, supervision and follow-up protocols, and safety and risk management strategies.

experience reports, and the synthesis of the overall APR—the process ensures that all major aspects of program quality are scrutinized and accounted for.

The APR template covers a range of sections, each designed to capture different elements of program quality. Program Statistics offer a snapshot of program capacity and growth, reflecting on the numbers of enrolled and graduating students. The Program Assessment sections delve deeper, examining the extent to which PLOs are met, evaluating individual courses, and considering the quality of the program through student feedback—all of which are crucial to continuous improvement, a core tenet of Policy I-03.

Additionally, the APR documents the program's research and community engagement activities, aligning with Policy P-03's directive for programs to demonstrate their broader impact and relevance. The KPIs are a testament to the program's commitment to ongoing quality monitoring, providing quantifiable measures that speak to the success and challenges of the QMS, as required by Policy I-03.

The Challenges and Difficulties section, along with the Program Development Plan, responds to Policy P-03's requirement for documented evidence of continuous quality enhancement. It is here that the program identifies areas for action, ensuring that improvement is not just conceptual but also planned and executed with clear responsibilities assigned, and with explicit links to the annual operational plan.

The final approval section of the APR ensures that all the quality measures and improvements are not only proposed but are also acknowledged and endorsed by the program's governing bodies, thus closing the feedback loop essential for a robust QMS, as envisioned by both policies.

The APR is a manifestation of OC's commitment to quality, as outlined in Policies I-03 and P-03. It is a comprehensive instrument that not only evaluates the current state of academic programs but also sets the stage for future advancements, ensuring that quality remains at the forefront of the institution's mission.

The process of APR preparation, review, and approval (P-C-14) is an integral part of the formulation and selection of annual operational objectives, especially the DTI phase of the annual operational plan (P-P-16) as discussed in section 4.1.10.1 above. That is, the major recommendations of the APR constitute the main source of program annual operational objectives in its operational plan.

As illustrated in Figure 34 below, P-C-14 is a seven-step process with multiple inputs from several OC-QMS processes, ensuring that each aspect of the program's performance is captured accurately and evaluated comprehensively for continuous improvement.

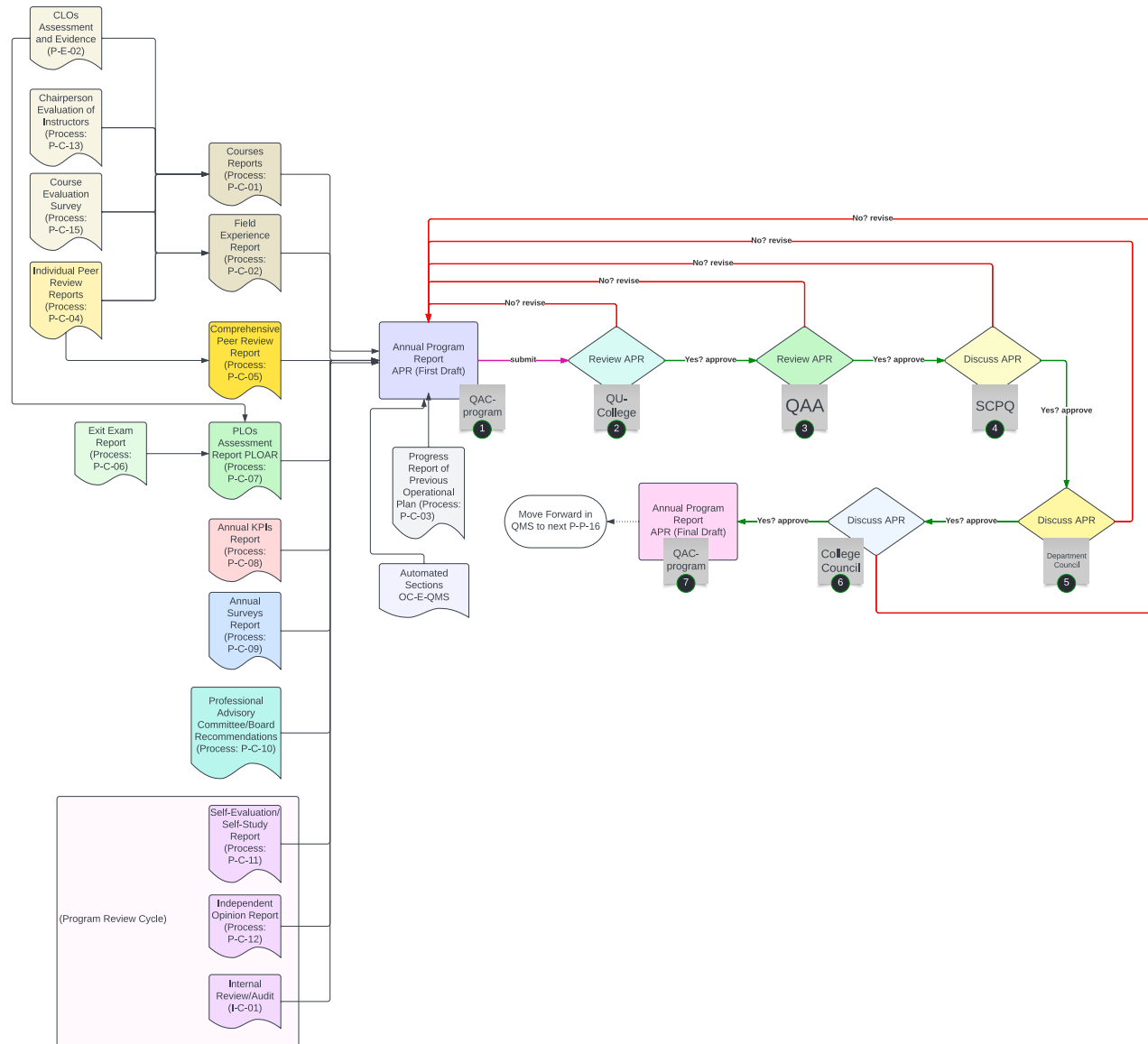


Figure 34: A flowchart demonstrating the process of APR preparation, review, and approval (Process Code: P-C-14)

The initial phase of the process involves gathering detailed inputs from a variety of reports and assessments that collectively provide a multifaceted picture of the program's health and effectiveness. The Field Experience Report, stemming from Process P-C-02, offers valuable insights into how students apply their learning in real-world settings, which is crucial for the APR's sections on Program Assessment and Development Plan. The nuanced feedback from Courses Reports (Process P-C-01) contributes to the APR's Evaluation of Courses section, where the performance of individual courses is scrutinized. The Comprehensive Peer Review Report (Process P-C-05) provides nuanced a quality evaluation of the program's ability to deliver its courses as outlined in the courses' specifications, enriching the Other Evaluation section with an unbiased perspective on program quality.

Moreover, the PLOs Assessment Report (Process P-C-07) is foundational for crafting the Program Learning Outcomes Assessment section of the APR, as it indicates how effectively the program is achieving its educational targets. The Annual KPIs Report (Process P-C-08) supplies data-driven measures for the Program Key Performance Indicators section, enabling the assessment of program success against predefined benchmarks.

The Annual Surveys Report (Process P-C-09) captures student feedback, which is instrumental for the Students Evaluation of Program Quality section, ensuring that the student voice is central to the program's evaluation. That is, both PO_SU_01 and PO_SU_02 surveys will be the basis for section (3) in the APR. Results from other surveys (namely PO_PRO_01, PO_PRO_02,, PO_FTR_STU, PO_FTR_SUP, PO_EMPO, PO_GRAD, PO_STAFF, PO_SPN_STU will be the basis for section (6) of Other Evaluation.

Additionally, the Self-Evaluation/Self-Study Report (Process P-C-11), if available during the reporting year, informs several sections of the APR, including Program Assessment and Challenges, and helps identify strengths and areas needing attention. The Independent Opinion Report (Process P-C-12) and the Internal Review/Audit (I-C-01), if available during the reporting year, adds depth to the Other Evaluation section with an impartial assessment of the program's quality. Recommendations from the Professional Advisory Committee/Board (Process P-C-10) are crucial for the Program Development Plan, ensuring that industry and educational standards inform the program's strategic direction. Lastly, the Progress Report of the Previous Operational Plan (Process P-C-03) enables the APR to track and report on the follow-through of past improvement plans.

Next, another main input to the APR leverages the OC-E-QMS for efficient data integration. Automated parts of the APR, such as PLOs Assessment results, Courses Evaluations and Recommendations, and KPIs, are downloaded, ensuring that the APR is populated with up-to-date and accurate data, and ensuring that no results or statistics are overlooked during the preparation of the first draft of the APR.

In step (1), the first draft of the APR is prepared by QAC, integrating all the aforementioned inputs. This draft is a convergence of past experiences, current assessments, and future recommendations, reflecting a holistic view of the program's performance over time.

In step (2), the draft APR is submitted to the Quality Unit (QU) of the relevant college. The QU's review is critical; it verifies the relevance, feasibility, and coherence of the APR's comments, improvement areas, and recommendations, ensuring they are well-founded and linked directly to the diverse inputs provided.

Step (3) involves a parallel review by the Quality Assurance Administration (QAA), which emphasizes the same critical aspects as the QU review, ensuring consistency and alignment with institutional quality requirements and expectations.

The APR then progresses to step (4), where it is taken up for discussion and approval within the SCPQ. SCPQ's endorsement signifies that the APR has passed through rigorous examination and is ready to serve

as a guiding document for the program's continuous improvement and strategic development, and to inform the program's forthcoming operational plan.

Upon SCPQ approval, the department council discusses the APR in step (5). This step is vital for securing department-level consensus and for making any necessary adjustments based on the collective expertise of the department's faculty.

Finally, step (6) takes the APR to the College Council, where it undergoes final discussion and approval. The Council's discussion involves the extent to which the APR and its content align with the college's strategic goals and quality standards.

Throughout this process, the APR is transformed from a collection of individual reports and data points into a comprehensive document that not only reflects the program's current state but also charts a path for future growth and excellence. Once the final draft of the APR is completed by QAC (in step 7), the APR recommendations are ready to enter the DTI phase of the next annual operational plan (P-P-16). Furthermore, major program achievements and results of the APR should be made available at the program's webpage on OC website.

4.2.9 Implementation and Monitoring of Student Academic Integrity Policy and Procedures (OC-SAIPP)

The Student Academic Integrity Policy and Procedures (SAIPP) form the cornerstone of OC commitment to uphold academic standards and integrity as discussed in section 4.1.12 above. To ensure SAIPP as Process is actively maintained and enforced as required by Policy P-13, OC-QMS established a series of actionable steps that serve as the foundation for monitoring and implementing the policy effectively. This section provides a streamlined overview of these steps, outlining the roles, responsibilities, actions, and documentation required to support the institutional values OC:

1. Policy Orientation and Commitment

- **Responsible Party:** QAC (Implementation)/QU (Monitoring)
- **Action:** Combine the dissemination, orientation, and acknowledgment of the SAIPP into a cohesive process. This would involve presenting the policy to all incoming students, including it in orientation packages, embedding it into the syllabus for each course, and securing a signed acknowledgment from each student during the registration process.
- **Outcome:** Students and faculty are fully informed and committed to the standards of academic integrity.
- **Documentation:** Orientation session records signed acknowledgment forms, syllabus copies with policy inclusion.

2. Assessment Design and Standardization

- **Responsible Party:** Course Team (Implementation)/QAC (Monitoring)
- **Action:** Merge the creation of diverse and original assignments with the establishment of standardized assessment criteria. Faculty will be responsible for crafting varied and unique assessment tools and ensuring they align with standardized guidelines approved by the QAC.
- **Outcome:** Varied and fair assessment practices that discourage academic dishonesty.
- **Documentation:** Assessment strategies, example assessments, grading rubrics, and QAC approvals.

3. Faculty Development and Student Support

- **Responsible Party:** Development Administration (Implementation) / QAC (Monitoring)

- **Action:** Combine faculty training on authentic assessments and academic integrity workshops for students. QAC would oversee the organization of training and workshops, monitor participation, and collect feedback for continuous improvement.
 - **Outcome:** A well-informed faculty capable of implementing authentic assessments and a student body educated on academic integrity principles.
 - **Documentation:** Training and workshop schedules, attendance records, feedback surveys.
4. **Verification and Monitoring**
- **Responsible Party:** Course Team (Implementation) / QAC (Monitoring)
 - **Action:** Aggregate the monitoring of student submissions, verification of project authenticity, and assurance of exam integrity. Instructors will use plagiarism detection software, AI content detection tools, and proctoring services to ensure the authenticity of student work. This is the “doing” subphase of the whole process.
 - **Outcome:** Consistent enforcement of academic integrity through the verification of student work.
 - **Documentation:** Plagiarism and AI content detection reports, proctoring logs, and records of individual contributions to group projects.
5. **Violation Management**
- **Responsible Party:** Instructors/Department Head/Disciplinary Committees (Implementation) / QAC (Monitoring)
 - **Action:** Combine the reporting, preliminary review, and formal investigation of violations into one streamlined process. This would involve the confidential reporting of potential violations, a preliminary assessment by the chairperson, and a potential formal investigation by the disciplinary committees.
 - **Outcome:** Systematic approach to handling and adjudicating academic integrity violations.
 - **Documentation:** Standardized violation report forms, initial review findings, formal investigation reports.
6. **Policy Review and Continuous Improvement**
- **Responsible Party:** QAC (Implementation) / QU (Monitoring)
 - **Action:** Perform an annual review of the SAIPP, incorporating stakeholder feedback and ensuring the policy stays up-to-date with educational trends and technology.
 - **Outcome:** An evolving policy that continues to effectively uphold academic integrity.
 - **Documentation:** Annual review reports, revision history, stakeholder feedback records.

These major steps of OC-SAIPP implementation and monitoring process (P-D-01) are summarized in Figure 35 below.

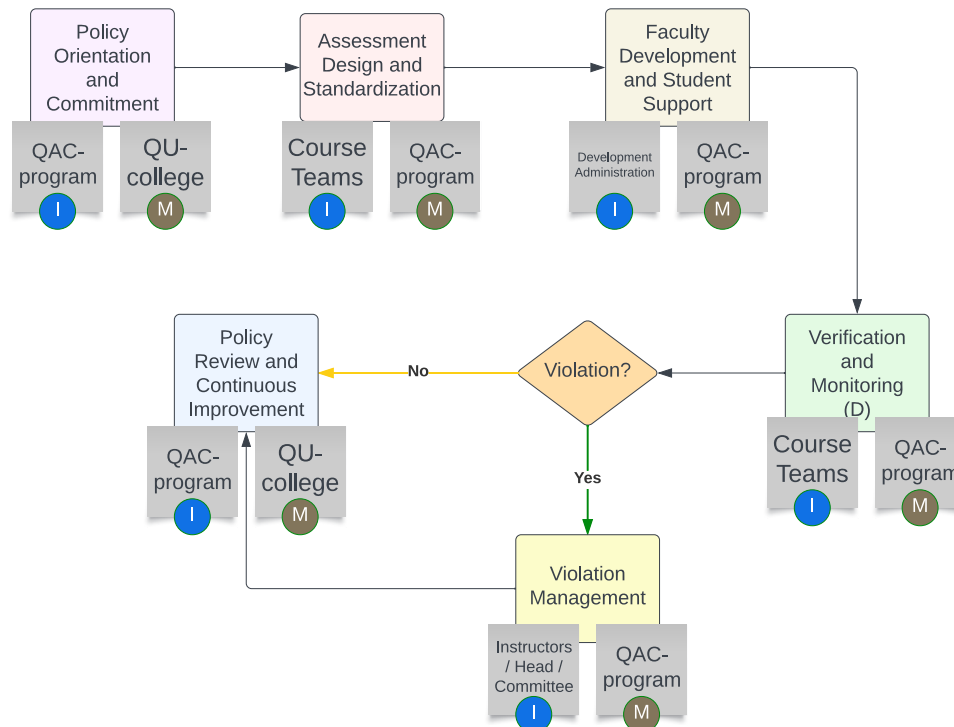


Figure 35: Flowchart of OC-SAIPP implementation and monitoring process (Process Code: P-D-01)

4.2.10 Implementation and Monitoring of Extracurricular Mechanisms

To ensure the seamless integration of the extracurricular activities into the academic framework, and based on Policy P-13, a structured implementation and monitoring strategy is essential. This strategy complements the process P-P-14, which is outlined in section 4.1.13 of the academic program documentation. The Quality Assurance Committee (QAC) is charged with the execution and continuous oversight of these activities, employing Templates P-P-14-A and P-P-14-B. These templates aid in the mapping and planning of activities to program learning outcomes (PLOs), as well as in their subsequent evaluation to ensure they meet educational goals and PLOs.

The process of implementation and monitoring of the extracurricular mechanism detailed in section 4.1.13 can be considered both the “doing” and “checking” phases of P-P-14. This process consists of eight major steps as follows:

Step 1: Soliciting Input from Stakeholders

1. **Responsibility:** QAC (Implementation) / QU (Monitoring)
2. **Action Items:**
 - Engage with faculty, students, and the Professional Advisory Board to gather recommendations for extracurricular activities.
 - Organize sessions such as open forums, surveys, or focus groups to collect diverse input.
 - Document stakeholder suggestions for use in the selection process.

Step 2: Establishing Selection Criteria

1. **Responsibility:** QAC (Implementation) / QU (Monitoring)
2. **Action Items:**



- Develop criteria to evaluate the proposed activities, focusing on alignment with PLOs, skill development potential, student interest, and feasibility.
- Use these criteria to assess the suggestions received from stakeholders, narrowing down the options to those that best match the program's objectives.

Step 3: Planning with Template P-P-14-A

1. **Responsibility:** QAC (Implementation) / QU (Monitoring)
2. **Action Items:**
 - Complete Template P-P-14-A, detailing the selected extracurricular activities, their descriptions, proponents, mapped PLOs, level, responsible parties, and implementation timelines.
 - Ensure each activity aligns with the PLOs and addresses the identified needs and interests from the stakeholder input.

Step 4: Resource Coordination and Scheduling

1. **Responsibility:** Department Chairperson (Implementation) / QAC (Monitoring)
2. **Action Items:**
 - Based on the planning done in Template P-P-14-A, secure resources and schedule the activities, ensuring they fit within the academic calendar.

Step 5: Communication and Promotion

1. **Responsibility:** Activity Leaders or assigned faculty (Implementation) / QAC (Monitoring)
2. **Action Items:**
 - Develop promotional content and engage students to publicize the activities.

Step 6: Implementation Oversight

1. **Responsibility:** Activity Leaders or assigned faculty (Implementation) / QAC (Monitoring)
2. **Action Items:**
 - Execute the activities according to the plan laid out in Template P-P-14-A, track participation, and gather initial feedback.

Step 7: Monitoring and Support

1. **Responsibility:** QAC (Implementation) / QU (Monitoring)
2. **Action Items:**
 - Conduct regular check-ins using the implementation details in Template P-P-14-A as a reference. Attend activities and resolve issues proactively.

Step 8: Documentation and Interim Reporting

1. **Responsibility:** Activity Leaders or assigned faculty (Implementation) / QAC (Monitoring)
2. **Action Items:**
 - Keep thorough records of activities and produce reports to track progress against the plan outlined in Template P-P-14-A.

Step 9: Evaluation with Template P-P-14-B

1. **Responsibility:** QAC (Implementation) / QU (Monitoring)
2. **Action Items:**
 - After activity completion, fill out Template P-P-14-B, documenting the PLO assessment results, effectiveness, and suggestions for improvement.
 - Decide on recommended actions for each activity, whether to continue, modify, or discontinue it in the next academic cycle.

Step 10: Review and Update

1. **Responsibility:** QAC (Implementation) / QU (Monitoring)
2. **Action Items:**
 - Analyze the completed Template P-P-14-B to review the success and areas for improvement of each activity.
 - Update the planning for the next cycle of activities based on these evaluations, involving stakeholders in the process.

Monitoring Timeline:

- **Pre-Activity:** Solicit stakeholder input and establish selection criteria, then plan activities using Template P-P-14-A before the academic year begins.
- **During Activity:** Monitor the execution of activities according to the details laid out in Template P-P-14-A.
- **Post-Activity:** Evaluate the activities using Template P-P-14-B to assess their impact and make informed decisions for future planning.

The flowchart in Figure 36 below is similar to Figure 24 above, but it summarizes the implementation process (P-D-02) along with assigned responsibilities, and it highlights the ten implementation and monitoring steps discussed above.

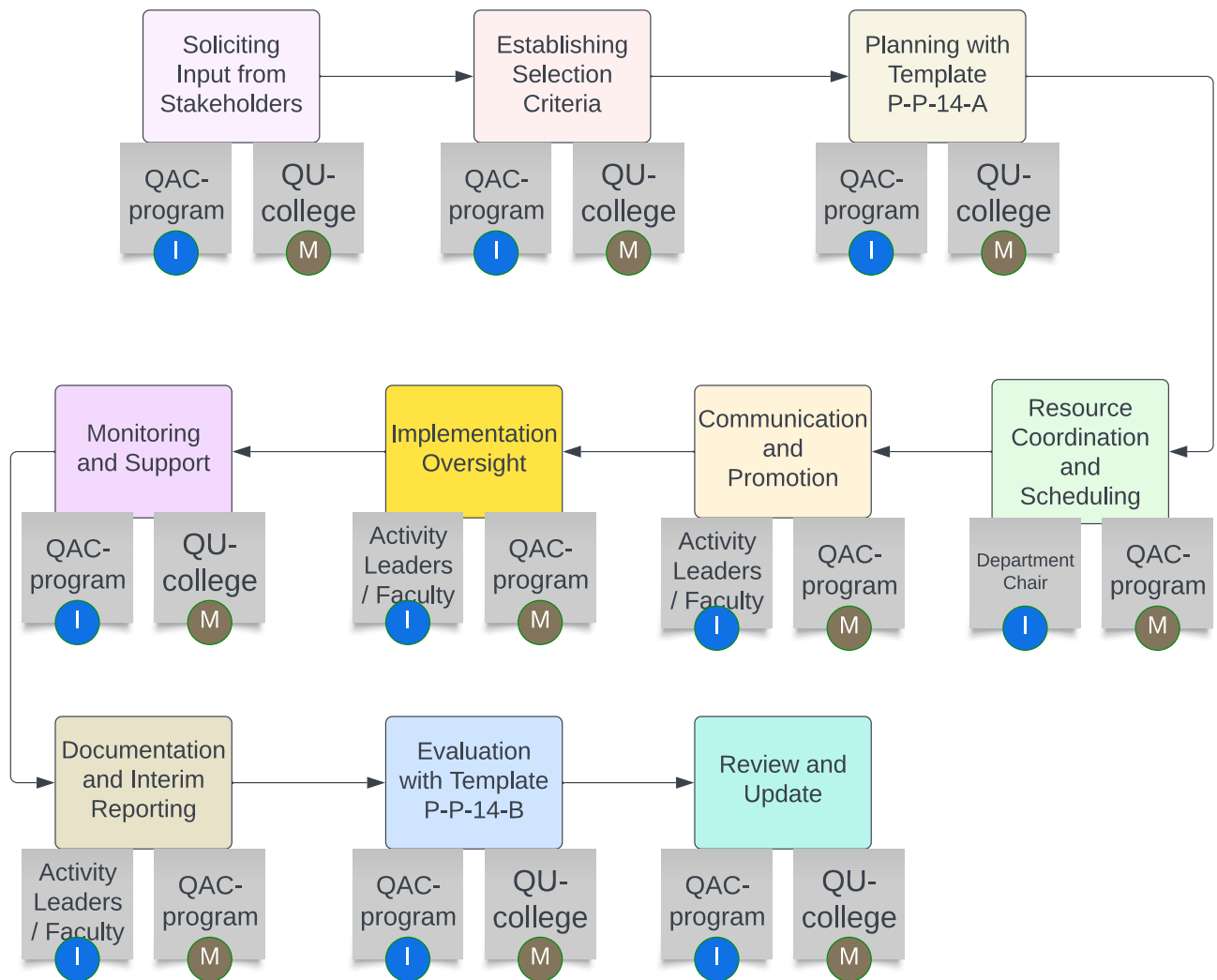


Figure 36: Flowchart of Extracurricular Mechanism implementation and monitoring process (Process Code: P-D-02)

4.2.11 Academic Advising as Process

The academic advising system at the college is structured as a well-defined process consisting of sequential steps for effective planning, implementation, and continuous improvement. There are ten essential stages that cover the advising process (P-D-04) from initial preparation through execution, monitoring, and evaluation. At each step, specific responsibilities are assigned to the relevant stakeholders such as the Academic Advising Unit (at college), Guidance & Advising Committee (at department, discussed in section 3.7 above), Academic Unit Director, Coordinators, and Advisors. Key actions are identified along with mechanisms for monitoring the activities to ensure they are carried out appropriately.

The ten-step process outlined here provides a guiding framework for conducting comprehensive academic, social and psychological advising at the college. It establishes the essential components and activities that should be incorporated into the advising system. However, the specific tasks and procedural details for executing each step are elaborated separately in the College Academic Advising Handbook. The handbook provides advisors with clearly defined policies, mechanisms, forms, and instructions for carrying out their roles and responsibilities. This includes procedures for conducting advising meetings, following up with struggling students, identifying and supporting outstanding students, documentation, reporting, and more. The process steps give advisors an overview of the stages involved, while the handbook equips them with the tools and knowledge needed to effectively implement academic and wellbeing advising activities. Together, the high-level process view and the detailed operational guide provide a robust structure for delivering personalized advising that meets student needs and facilitates their success. The framework allows the system to be consistently applied across the institution while the handbook enables customization of advising practices within different colleges.

Step 1: Planning and Distribution

- **Responsibility:** Academic Advising Committee, Academic Advising Unit.
- **Action:** The committee assists in organizing receptions for new students and collaborates in the distribution of students among faculty members.
- **Monitoring:** Review the distribution process for effectiveness and adjust as necessary, by Academic Advising Unit.

Step 2: Establishing Academic Advisor Roles

- **Responsibility:** Academic Advising Committee, Academic Advisors.
- **Action:** The committee oversees the preparation of student files and the provision of general guidance, ensuring all advisors understand their roles.
- **Monitoring:** Evaluating advisor's performance and providing additional training or guidance as needed.

Step 3: Regular Advising and Monitoring

- **Responsibility:** Academic Advising Committee, Academic Advising Unit.
- **Action:** The committee ensures regular meetings between advisors and students are scheduled and followed through. This is the main "doing" subphase of the whole process.
- **Monitoring:** Academic Advising Unit will conduct periodic audits of advising records to ensure compliance with the advising schedule.

Step 4: Intervention with Underachieving and Outstanding Students

- **Responsibility:** Academic Advising Committee, Academic Advisors, Coordinators, Academic Advising Unit Director.



- **Action:** The committee and advisors review cases of underachieving and outstanding students and guide the development of supportive or enrichment programs. This is another main “doing” subphase in the process.
- **Monitoring:** Tracking the progress of these students and the effectiveness of interventions by Academic Advising Committee.

Step 5: Reporting and Feedback

- **Responsibility:** Academic Advising Committee, Academic Advising Director, and Coordinators.
- **Action:** The committee coordinator helps in preparing and reviewing reports, discussing development opportunities, and addressing obstacles.
- **Monitoring:** Analyzing report data and relevant KPIs, to identify trends and areas for improvement, by the Academic Advising Committee. Results should be reported to the Academic Advising Unit.

Step 6: Continuous Development

- **Responsibility:** Academic Advising Committee, Academic Advising Unit.
- **Action:** Both the Committee and the Unit recommends and help organize seminars, lectures, and workshops for students.
- **Monitoring:** Assessing the impact of these developmental activities on student success, by Academic Advising Unit.

Step 7: Quality Assurance and Policy Review

- **Responsibility:** Academic Advising Unit.
- **Action:** The Unit develops and maintains advising standards and policies, ensuring they align with institutional goals.
- **Monitoring:** Regularly reviewing policy adherence and making updates based on evolving best practices. The Unit should report to the Vice Dean regarding those updates.

Step 8: Liaison and Coordination

- **Responsibility:** Academic Advising Committee.
- **Action:** The committee coordinates with Academic Advising Unit and various college centers to ensure a holistic approach to student support.
- **Monitoring:** Ensuring effective communication and collaboration between academic and support services, by Academic Advising Unit.

Step 9: Evaluation and Recognition

- **Responsibility:** Academic Advising Committee.
- **Action:** The committee participates in the evaluation of advisors and contributes to the recognition and reward system.
- **Monitoring:** Reviewing the outcomes of the evaluations to ensure they are driving the desired advising quality, by Academic Advising Unit.

Step 10: Feedback Loop and Continuous Improvement

- **Responsibility:** Academic Advising Committee.
- **Action:** Collect feedback from students and faculty and suggest changes to the advising process based on this feedback.
- **Monitoring:** Assessing the effectiveness of changes and continuously looking for improvement opportunities, by Academic Advising Unit.

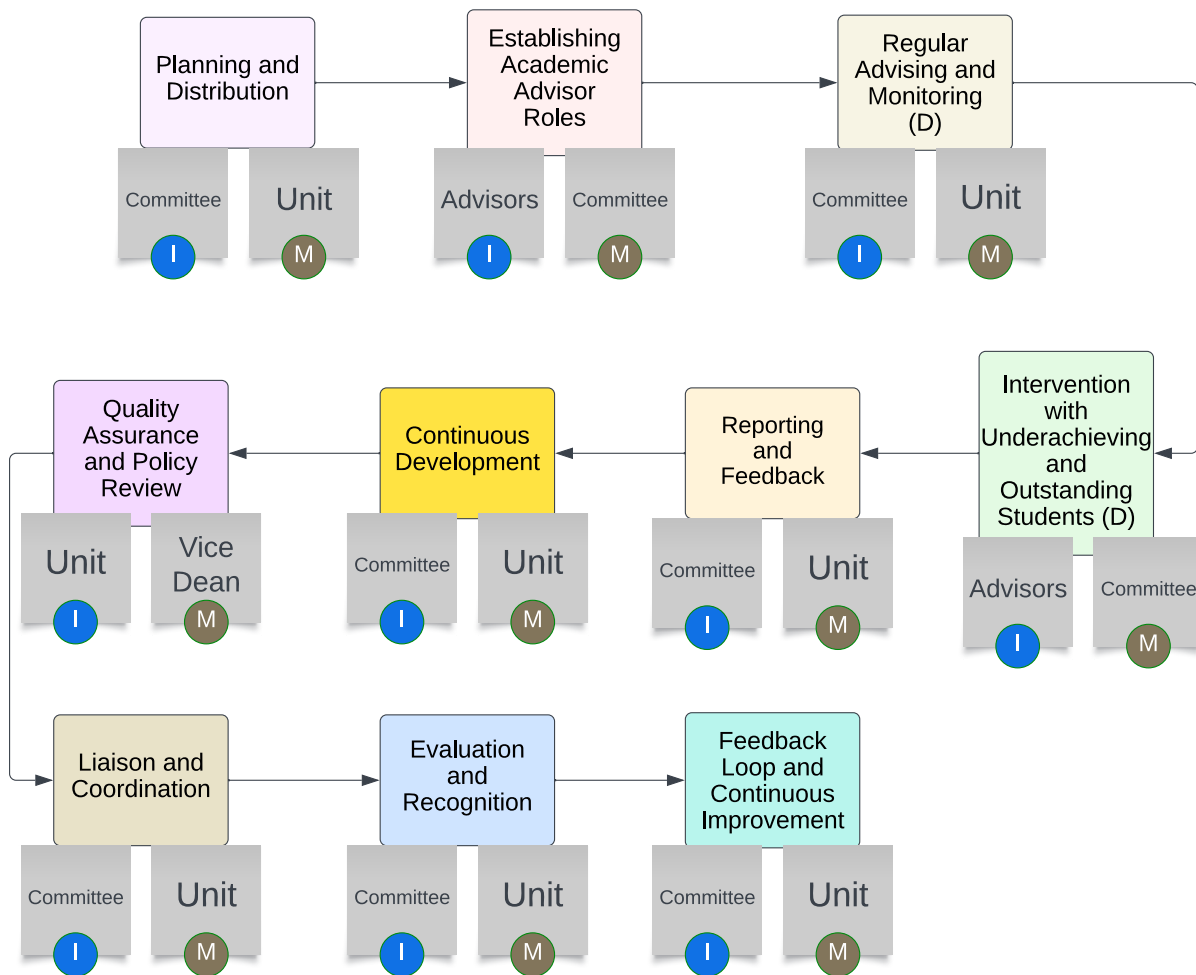


Figure 37: Flowchart of Academic Advising implementation and monitoring process (Process Code: P-D-04)

4.2.12 Monitoring the Implementation of Activities Plans

The three annual activity plans for community engagement and volunteering, research activities, and faculty training are critical components that stem from the Program Annual Operational Plan (as detailed and discussed in section 4.1.10 above). These plans are designed to implement the strategies and recommendations identified through various programmatic quality reports and align with the program's strategic goals. Based on Policy P-18, the implementation and monitoring of activities plans are crucial for ensuring that the program meets its strategic goals and maintains high standards of quality. This section provides a comprehensive process for implementing and monitoring the three activities plans within the framework of OC-QMS.

Although the processes to implement and monitor the three plans are basically identical, each plan involves specific implementation steps as detailed below. The general process for implementing and monitoring the three plans is coded P-D-03, where each plan has its own subprocess.

4.2.12.1 Annual Community Engagement and Volunteer Plan Preparation, Implementation and Monitoring (P-D-03-01)

The Annual Community Engagement and Volunteer Plan is a direct response to the strategic goals of community interaction and contribution, as described in section 4.1.10.3, regarding perennial operational objectives.

Implementation Steps

Responsibility: Community Service and Voluntary Work Committee (CSVW)

1. **Plan Development:** Following the guidelines from section 4.1.10.3, the plan is drafted with an emphasis on integrating new recommendations and feedback from past activities, especially the last APR.
2. **Stakeholder Review:** The draft is circulated for input from various stakeholders, especially faculty and students.
3. **Final Approval:** The refined plan is submitted for final approval as per the Approval of Operational Plan process.
4. **Resource Allocation:** Necessary resources, if any, are allocated.
5. **Activity Launch:** Activities are launched according to the operational timeline.
6. **Documentation:** All activities are documented, maintaining consistency with the operational objectives' documentation requirements (discussed in section 4.1.10 above).

Monitoring Steps

1. **Regular Check-Ins:** Monthly check-ins are conducted, as recommended for monitoring perennial operational objectives, by CSVW.
2. **Performance Metrics:** KPIs for community engagement are calculated and monitored by CSVW, reflecting the alignment with program strategic goals.
3. **Quarterly Reports:** Progress is reported quarterly by CSVW, adhering to the requirements of the operational plan monitoring. QAC should review the reports, ensuring their accuracy and completeness.
4. **Adjustments:** Adjustments are made as necessary by CSVW, ensuring continuous improvement as per the OC-QMS framework.
5. **Annual Review:** An annual review is conducted, following the process for annual assessments outlined in section 4.1.10.1. The review should be conducted by QAC.

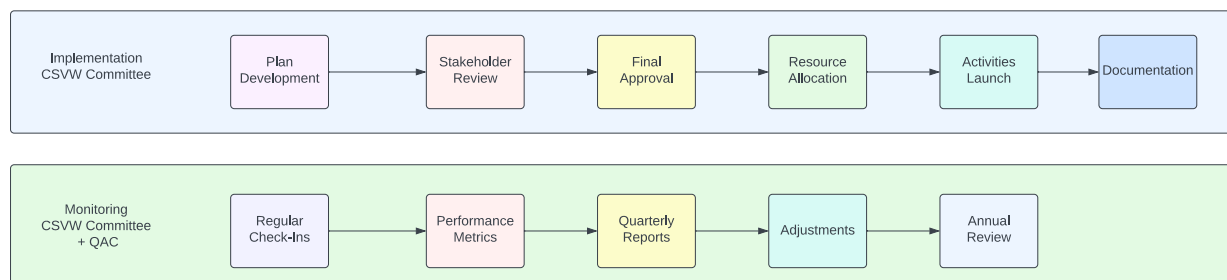


Figure 38: Flowchart of Annual Community Engagement and Volunteer Plan Preparation, Implementation and Monitoring (Process Code: P-D-03-01)

4.2.12.2 Annual Research Activity Plan Preparation, Implementation and Monitoring (P-D-03-02)

This plan is designed to ensure the program's research activities contribute to knowledge advancement and align with the institutional mission and research goals as emphasized in section 4.1.10.3.

Implementation Steps

Responsibility: Scientific Research and Ethics Committee (SRE)

1. **Plan Formulation:** The plan is drafted in alignment with the operational objectives sourcing (section 4.1.10.1), and with the research goals of the program. The plan should take into consideration all recommendations related to research production, research quality, and research activities, especially those in the last APR.
2. **Stakeholder Review:** Input is solicited from internal stakeholders, especially faculty, following review processes by QAC.
3. **Approval Process:** The plan is approved following the same process as the community engagement plan above.
4. **Funding and Resources:** Resources are allocated as per the guidelines in section 4.1.10.
5. **Project Kickoff:** Research activities are initiated, aligning with the operational plan's objectives.
6. **Record Keeping:** Documentation is maintained as required by the operational objectives tracking.

Monitoring Steps

1. **Progress Tracking:** Progress is monitored by SRE against the plan's objectives, as per the operational plan's monitoring guidelines.
2. **KPI Analysis:** Research KPIs are calculated and analyzed by SRE, ensuring alignment with program goals.
3. **Biannual Assessments:** Assessments are conducted biannually by SRE, as suggested for perennial operational objectives.
4. **Plan Revisions:** Revisions are made as required, adhering to the continuous improvement approach.
5. **Annual Synthesis:** An annual synthesis is prepared by SRE, following the operational plan monitoring process. QAC should review the final report prepared by SRE.

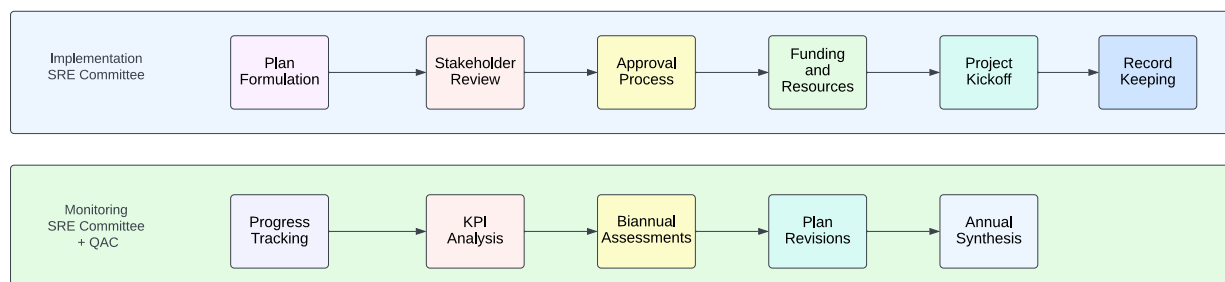


Figure 39: Flowchart of Annual Research Activity Plan Preparation, Implementation and Monitoring (Process Code: P-D-03-02)

4.2.12.3 Faculty Training Plan Preparation, Implementation and Monitoring (P-D-03-03)

The Faculty Training Plan supports the strategic goal of faculty development, as referenced in the perennial operational objectives (section 4.1.10.3).

Implementation Steps

Responsibility: QAC

1. **Training Needs Analysis:** Needs are assessed, drawing from the recommendations in the program's quality reports, mainly the last PLOAR and APR.
2. **Training Plan Development:** The plan is developed using the **OC-QMS-P-08** template, ensuring alignment with recommendations (section 4.1.10.1). The plan should be prepared in coordination with the Development Administration.
3. **Feedback Loop:** Feedback is integrated as per the review processes (section 4).
4. **Finalization and Approval:** The plan is finalized and approved, following the guidelines discussed in section 4.1.10.
5. **Resource Allocation:** Resources are allocated, if needed, as outlined in **OC-QMS-P-08**.
6. **Conduct Training:** Training is carried out, with documentation as per the requirements. QAC should keep samples of attendance certificates as well as pre-test, post-test, and training program survey results.

Monitoring Steps

1. **Attendance and Engagement:** Attendance and engagement are monitored by QAC, in line with the process for tracking implementation steps.
2. **Evaluation of Training:** Training effectiveness is evaluated, as recommended by the operational plan's monitoring guidelines and according to the established processes in the Development Administration. QAC should obtain surveys results regularly from the Administration.
3. **KPI Monitoring:** KPIs related to faculty development are tracked, ensuring they align with the program's goals.
4. **Mid-Year Review:** A mid-year review is conducted, adhering to the continuous improvement approach of OC-QMS.
5. **Annual Assessment:** The overall impact of the training plan is assessed annually and documented using OC-QMS-C-08 (template for Faculty Training Plan Progress Report).

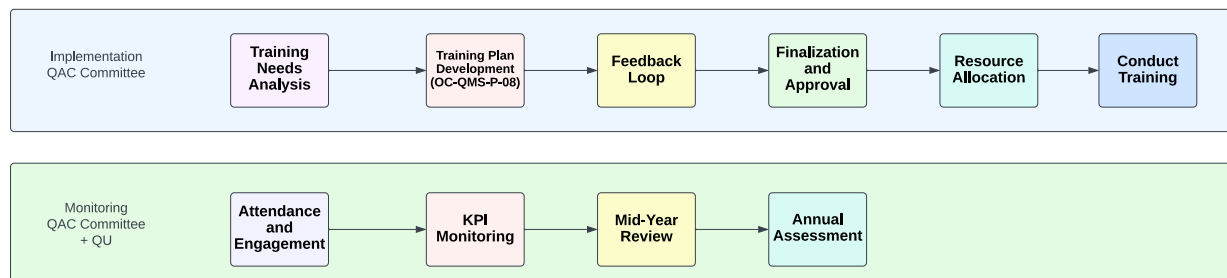


Figure 40: Flowchart of Faculty Training Plan Preparation, Implementation and Monitoring (Process Code: P-D-03-03)

By closely following these processes, the program ensures that each plan is not only well-integrated into the larger framework of the operational plan but also regularly monitored and adjusted to meet the dynamic needs of the program and its stakeholders. This systematic approach to implementation and monitoring underscores OC programs' commitment to continuous improvement and quality assurance that is at the heart of the OC-QMS.

4.2.13 Monitoring the Implementation of the Annual Operational Plan

Effective monitoring of the program's annual operational plan (discussed in section 4.1.10) is critical to ensure that each operational objective is being implemented as intended and is on track to meet its targets, as required by Policy P-17. This section outlines a streamlined process for monitoring the implementation of the operational plan, focusing on the responsibilities of those tasked with each operational objective.

Step 1: Assign Monitoring Responsibilities

For each operational objective outlined in the OC-QMS-P-03, assign a specific individual or team responsible for its implementation. This assignment includes the responsibility for monitoring progress and reporting on the status of the objective. QAC is responsible for the overall monitoring of the implementation and progress of the operational plan. QAA will form a dedicated team for monitoring the implementation of OC programs' operational plans. QAC should periodically coordinate with this team.

Step 2: Establish Monitoring Schedule

Set a regular schedule for monitoring activities, which could be monthly or quarterly, depending on the nature and timeline of the operational objective. The schedule should be communicated to all parties involved in the implementation process. This schedule should be prepared with coordination between QAC and QAA's monitoring team.

Step 3: Define Monitoring Metrics

Determine the specific metrics and key performance indicators (KPIs) that will be used to measure the progress of each operational objective. These should be aligned with the targets set out in the operational plan.

Step 4: Collect Monitoring Data

The responsible individuals or teams collect data on their respective operational objectives according to the defined metrics. This data collection should be systematic and consistent with the established monitoring schedule.

Step 5: Analyze and Report Progress

Analyze the collected data to assess the progress of each operational objective. Prepare brief progress reports that detail the status, challenges encountered, and any deviations from the plan. These reports should be submitted to the Quality Assurance Committee (QAC) by the responsible parties of each operational objective and eventually to the Strategic Planning Administration (SPA) for further review.

Step 6: Review and Feedback

QAC review the progress short reports, providing feedback and guidance to the responsible parties. This step ensures that any issues are addressed promptly and that the operational plan remains aligned with the program's strategic goals before preparing the final progress report later.

Step 7: Document and Adjust

Document the outcomes of the monitoring process and make any necessary adjustments to the implementation strategies of the operational objectives. These adjustments should be based on the analysis of the monitoring data and feedback received during the review process. The documentation should be based on the evidence outlined in the OC-QMS-P-03 for each operational objective. If adjustment is necessary, QAC and the party responsible for the adjusted operational objective should re-collect the relevant data (in step 4) and re-analyze the progress after implementation.

Step 8: Communicate Outcomes

Communicate the findings of the monitoring process to all stakeholders involved in the operational plan. This ensures transparency and allows for collective input on potential improvements to the implementation process.

Step 9: Move forward in QMS to P-E-04

After completing the monitoring process, proceed to P-E-04. In this step, all progress is thoroughly analyzed, KPIs aligned with the program's strategic goals are calculated and analyzed, and areas for improvement are identified. The details of process P-E-04 will be elaborated on in section 4.3.

This monitoring process (P-D-5) is designed to ensure that those responsible for each operational objective are actively engaged in the assessment of their progress and are held accountable for achieving the desired outcomes. By following these steps, the program can maintain a clear view of the implementation status of its operational plan and make informed decisions to foster continuous improvement. The monitoring process is summarized in Figure 41 below.

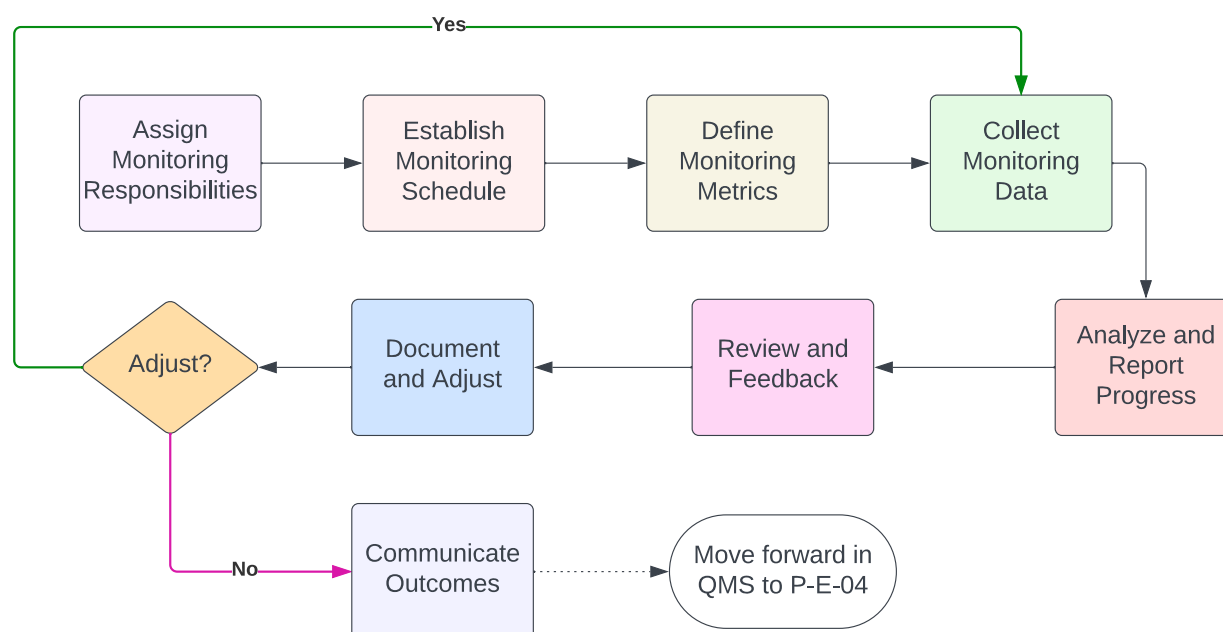


Figure 41: Flowchart of Monitoring the Implementation of the Annual Operational Plan Process (Process Code: P-D-5)

In addition to the above monitoring steps, and at the institutional level, QAA will annually form a task force of at least (8) members. The task force will monitor the implementation of all programs' operational plans according to specific templates as well as timeframes that include periodic reporting, and pre-scheduled meetings with QACs.



4.2.14 Monitoring Courses Teams

In alignment with Policy P-11, the Quality Assurance Committee (QAC) in an OC academic program is tasked with a systematic process for monitoring course teams. This process (coded P-D-06) ensures that the teams fulfill their outlined responsibilities effectively in accordance with section 4.1.11 above. The steps for the QAC's monitoring process are as follows:

Step 1: QAC Appointment and Role Definition

The QAC is designated as the primary body responsible for the oversight of course teams. Its role is clearly defined to include the evaluation of adherence to OC-QMS standards and the verification of the successful execution of course teams' responsibilities.

Step 2: Establishment of a Monitoring Schedule

The QAC establishes a schedule to consistently review the performance of each course team. These reviews are strategically timed to coincide with the course teams' meetings, occurring at least once per academic semester.

Step 3: Review of Meeting Documentation

The QAC examines the minutes from the course teams' meetings to confirm that they are conducted as required and that the content of the discussions is appropriately documented and in line with OC-QMS requirements. The reviews should be conducted through OC-E-QMS. Courses teams will upload meeting minutes according to the yearly established timeframes by QAA. QAC will conduct its review through OC-E-QMS. Then, QU at the relevant college will have the final decision regarding the uploaded minutes.

QAC reviews the minutes uploaded by course teams to the OC OC-E-QMS. The review must verify that meetings are conducted according to OC-QMS mandates and that the documented discussions accurately reflect the agenda and are consistent with OC-QMS requirements. The course teams are required to upload their meeting minutes to the OC-E-QMS within the timeframes established annually by the Quality Assurance Administration (QAA). QAC conducts its review directly through the OC-E-QMS platform, ensuring a streamlined and centralized evaluation process.

While there is no upper limit to the number of meetings the course teams may hold, OC-QMS stipulates a minimum of three essential meetings, each with corresponding minutes to be uploaded:

1. **Minutes for Unified Assessment Tools Discussion:** These minutes should document the course team's discussion and consensus on the standardized assessment tools to be used across all sections of the course.
2. **Minutes on Progress of Previous Recommendations:** These minutes should detail the course team's review of the implementation progress concerning recommendations from the previous course report.
3. **Minutes on Current Semester Course Report:** These minutes are expected to capture the discussion surrounding the development of the current semester's course report, including any final recommendations to be made.

Post-review, the Quality Unit (QU) at the relevant college will make the final decision on the reviewed minutes. This ensures that the course teams' efforts align with the OC-QMS guidelines.

Step 4: Adherence to Course Specifications

QAC reviews the extent to which courses teams are adhering to the approved course specifications through the uploaded meeting minutes, focusing on the consistency of assessment methods with those stipulated in the relevant course specification.

Step 5: Evaluation of Standardization Processes

QAC evaluates the effectiveness of the course teams' efforts to standardize the measurement and evaluation tools, as well as the teaching and learning methods, ensuring uniformity across all course sections.

Step 6: Validation of Learning Outcomes Reporting

The QAC verifies the evidence of learning outcomes measurement submitted by the course coordinator against the data on the OC-E-QMS to ensure accuracy and timeliness. This should be conducted according to process P-E-02 discussed in section 4.2.4 above.

Step 7: Course Report Examination

QAC reviews the course reports prepared by the course teams at the end of each semester, checking for compliance with OC-QMS guidelines and the quality of the content. This review should be conducted according to process P-C-01 discussed in section 4.2.6 above.

Step 8: Assurance of Academic Integrity Compliance

QAC confirms that course teams are adhering to the Students' Academic Integrity mechanism (SAIPP) by reviewing evidence submitted by the teams regarding academic integrity cases and software implementation. This process should be conducted according to the guidelines discussed in section 4.1.12, and to process P-D-01 discussed in section 4.2.9 above.

Step 9: Monitoring of Recommendations Follow-Through

QAC monitors the course teams' implementation of recommendations from previous course reports, ensuring that evidence of these actions is presented at the semester's end and documented in the uploaded meeting minutes.

Step 10: Confirmation of Continued Professional Development

QAC reviews relevant records to confirm that all course team members are participating in mandatory professional development activities, with a particular focus on areas highlighted in previous course reports.

Step 11: Provision of Constructive Feedback

QAC provides a comprehensive feedback report to each course team, detailing areas for improvement, best practices observed, and any recommendations for future action. QAC's feedback should be submitted through OC-E-QMS and is also shared with the department chairperson, QU and QAA.

Step 12: Implementation of Corrective Actions

Should any issues be identified, the QAC collaborates with the course team to develop a corrective action plan and monitors the implementation within an agreed timeframe.

Step 13: Annual Review

At the conclusion of the academic year, the QAC conducts a review of the course teams' performance over the past year. This review informs the reformation process for course teams for the upcoming academic year according to process P-P-12 discussed in section 4.1.11 above.

By following these (13) steps, QAC ensures that the course teams at OC operate effectively, maintaining the educational excellence aspired to by the OC-QMS. The process of monitoring courses teams (P-D-06) and its thirteen steps discussed above are summarized in Figure 42 below.

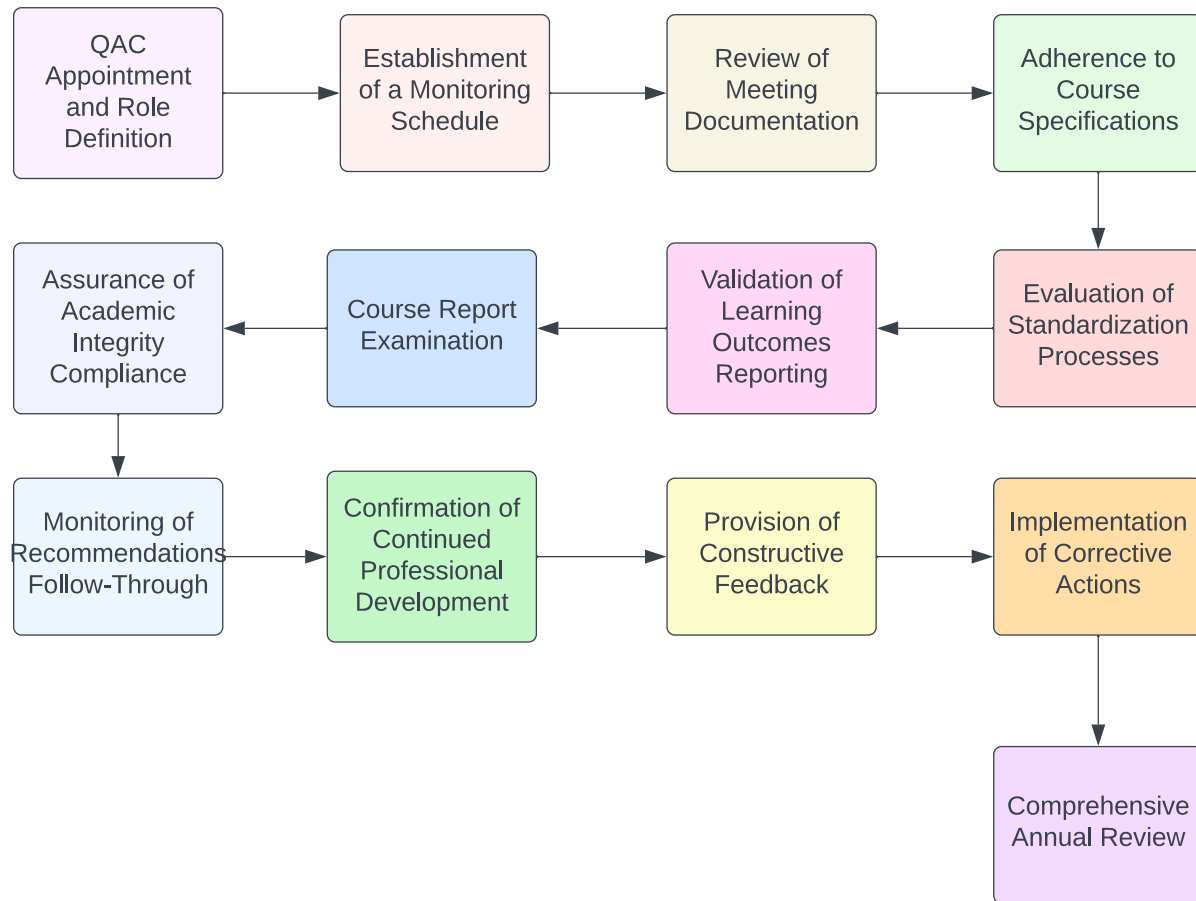


Figure 42: Flowchart of Monitoring Courses Teams Process (Process Code: P-D-06)

4.2.15 Exit Exam Implementation and Report

Monitoring the exit exam and preparing its final report constitute an essential “doing” and “checking” process within the programmatic OC-QMS framework, as it provides valuable insights into the efficacy of both the exam and the PLOs of the program itself. This process allows for a comprehensive evaluation and continuous improvement of the program as detailed in this section. The procedures for monitoring the exit exam and preparing its final report are outlined in the steps below. Note that the process of monitoring and implementation of the exit exam and preparing its final report (P-C-06) is divided into two subprocesses: Monitoring and Implementation (P-C-06-01) and Exit Exam Report (P-C-06-02). The first subprocess is the “doing” part of the process, while the latter is the “checking” phase of the whole process. QAC is fully responsible for both subprocesses.

Monitoring the Implementation of the Exit Exam (P-C-06-01):

Pre-Exam Preparation:

1. **Eligible Students Identification and Registration:**
 - Collaborate with the Registrar's Office to compile a list of students eligible to graduate and therefore required to take the exit exam.
 - Establish a registration process for the exit exam and communicate the details to eligible students, ensuring they register before the set deadline.
 - Confirm that all accommodation for students with special needs are understood and will be available.
2. **Preparation of Exam Materials:**
 - Finalize the exam content, ensuring all questions are aligned with the PLOs and that both theoretical and practical components are included. This should be done in full alignment with the content of the Exit Exam Specification (OC-QMS-P-05 discussed in section 4.1.8 above)
 - Prepare all necessary exam materials, including exam papers, answer sheets, instructions, and any supporting documents or tools required for the practical components.
 - Organize logistics, such as exam venues, proctors, and seating arrangements, considering the number of students and any special accommodation needed.

Exam Implementation:

- Conduct the exam according to the scheduled date, time, and location, strictly following the established examination protocols.
- Ensure that proctors and staff are briefed on their roles and responsibilities, including the handling of special accommodation and incident reporting.
- Monitor the exam process to ensure adherence to academic integrity and fairness according to OC-SAIPP (discussed in section 4.1.12 above).

Post-Exam Activities:

1. **Collection of Exam Data:**
 - Gather all completed theoretical and practical exam papers immediately following the exam, ensuring they are securely transported and stored until marking.
 - Collect additional data such as signed attendance records, notes on special accommodation provided, and reports on any incidents or irregularities.
2. **Marking and Initial Data Analysis:**

- Coordinate the marking process, ensuring that all exams are scored according to the predefined rubrics and within the established timeframe.
 - Conduct a preliminary analysis of the results to detect any unusual patterns or concerns that may affect the integrity or outcome of the exam.
3. **Data Entry and Compilation:**
- Enter the marked results into a secure database or spreadsheet, categorizing them by the theoretical and practical parts and aligning them with the relevant PLOs.
 - Carry out a verification process to ensure the accuracy and completeness of the data before proceeding with detailed analysis.

These additional steps provide a comprehensive approach to preparing for the exit exam, administering it, and handling the post-exam activities. This ensures a smooth operation, from identifying eligible students and preparing exam materials to implementing the exam and analyzing the results.

The Exit Exam Report (P-C-06-02):

Analysis of Results:

- Quantitatively analyze the results of both the theoretical and practical parts of the exam, calculating average scores, pass rates, and distributions.
- Use statistical tools to identify variances, and correlations, if any, among the different PLOs.

Mapping Results to PLOs:

- Align the exam results with the respective PLOs to determine the extent to which students have achieved the intended outcomes.

Comprehensive Comments:

- Develop comments on the results, noting areas where students excelled or where there are opportunities for improvement.
- Include observations on the effectiveness of the exam questions in assessing the PLOs, and any recommended changes to the exam or program curriculum.

Drafting the Report:

- Compile the analyses and comments into a formal report.
The exit exam report should have at least the following elements:
Executive Summary (Provide a brief overview of the exit exam monitoring process and key findings.)
Methodology (Describe the process for collecting, marking, and analyzing the exam data.)
Analysis of Theoretical Results (Detail the outcomes of the theoretical part of the exam, including statistical analyses.)
Analysis of Practical Results (Outline the performance on the practical/applied part of the exam, along with relevant statistics.)
Results Mapped to PLOs (Present a comprehensive mapping of the results to the PLOs, discussing the achievement levels.)
Overall Comments (Discuss the general trends, strengths, and weaknesses identified in the results.)
Appendices (Include any relevant supplementary material, such as data tables, charts, or examples of exam questions.)
- Structure the report to begin with an executive summary, followed by detailed analyses, and ending with a set of comments and/or recommendations.

Review and Feedback:

- Circulate the draft report among the QAC and other stakeholders for review and feedback.
- Incorporate feedback and finalize the report, ensuring clarity, accuracy, and actionable insights.

Presentation and PLOAR:

Present the final report to the department council and other relevant bodies within the institution. Once approved, the results of the exit exam should be entered into OC-E-QMS by QAC. The results will be an essential part of the PLOs Assessment Report (PLOAR), process P-C-07 discussed below.

The whole process P-C-06 is summarized in Figure 43 below.

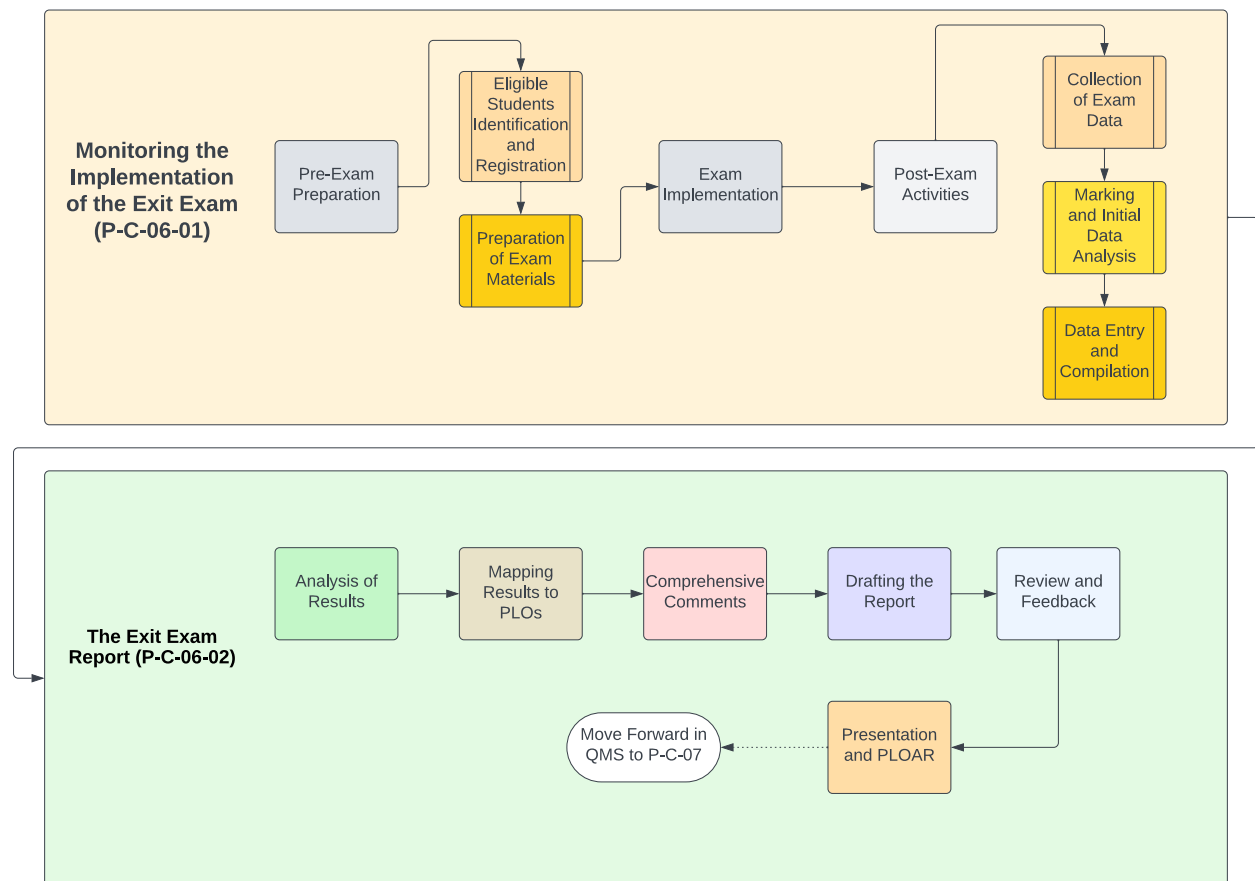


Figure 43: Flowchart of Exit Exam Implementation, Monitoring and Reporting (Process Code: P-C-06)

4.2.16 Annual Program Surveys Report

In alignment with Guiding Principle #5, and based on OC-QMS Policy P-05, all OC academic programs are expected to analyze (10) surveys annually and prepare a comprehensive periodic surveys report. The [OC Guidebook on Programmatic KPIs and Surveys](#) provides the detailed process and procedures for conducting, analyzing, and reporting periodic program surveys (P-C-09). For convenience, a summary of the key steps is provided below:

1. The program ten (10) surveys are conducted centrally through the Onaizah Colleges' Online Quality Management System (OC-E-QMS) as per the schedule outlined in the Guidebook.
2. At the start of each semester, the Performance Evaluation Department uploads the surveys scheduled for that semester on Google Forms and sends an official notification to colleges with survey links.
3. Colleges disseminate the survey links to their academic programs.
4. Programs publish the survey links through email and other channels to relevant stakeholders like students, faculty, employers etc.
5. The surveys are kept open for 2 weeks (weeks 8 and 9 of the semester) for responses.
6. In week 10, the Performance Evaluation Department reviews response rates and follows up to improve rates below 50%.
7. The surveys may be extended up to week 11 to improve response rates if required.
8. In week 12, detailed survey reports are generated by the Performance Evaluation Department and uploaded through OC-E-QMS.
9. OC will provide thorough analysis and charts for each program survey.
10. The Periodic Surveys Report is completed by QAC in OC-E-QMS. The role of QAC is to examine the automatic analysis and charts and comment on those. Finally, QAC should provide actionable recommendations by the end of the surveys report on OC-E-QMS.
11. The final report is reviewed by QA.
12. The final report is then downloaded, presented, and approved by the Department Council.
13. The College Council discusses and endorses the final Periodic Surveys Report.
14. The report's recommendations are finalized to be a major input to the DTI phase of the Annual Program Report process (P-C-14 discussed in section 4.2.8 above), as well as other process mainly the self-evaluation and self-study report (P-C-11) under the analysis of relevant NCAAA standards and criteria, and the operational plan progress report (P-E-04) under the analysis of program goals achievement.

The following flowchart Figure 44 summarizes the steps of P-C-09.

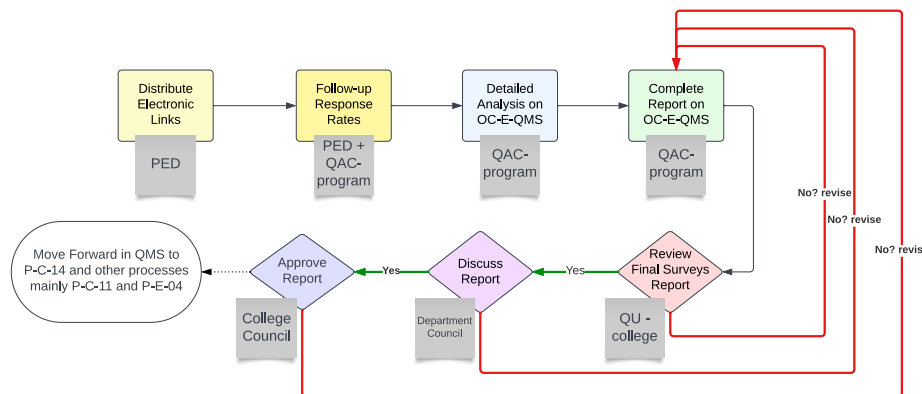


Figure 44: Flowchart of Periodic Surveys Report Preparation and Monitoring Process (Process Code: P-C-09)

4.2.17 Annual Program KPIs Report

In alignment with Guiding Principle #5, and based on Policy P-05, an OC academic program must also analyze and report on approved programmatic KPIs annually, adhering to guidelines outlined in the relevant handbook. The process of Key Performance Indicators (KPIs) management is a critical component in evaluating the effectiveness and efficiency of academic programs at Onaizah Colleges. This procedure is detailed in the [OC Guidebook on Programmatic KPIs and Surveys](#) and outlines the annual process for calculating, analyzing, and preparing KPI reports. The process (P-C-08) is designed to ensure that KPIs are accurately measured, properly analyzed, and reported in a way that facilitates continuous improvement within OC academic programs. For convenience, the main steps of the process are given below:

1. Manual Calculation of KPIs by the Quality Assurance Committee (QAC)

Each academic program's Quality Assurance Committee (QAC) is responsible for manually calculating certain KPIs. These KPIs are typically those that cannot be automatically measured due to their nature or because they require specific contextual insights from the QAC.

Procedure:

- Identify the KPIs that require manual calculation. Those KPIs are highlighted in the [OC Guidebook on Programmatic KPIs and Surveys](#).
- Gather the necessary data from relevant sources.
- Calculate the KPIs using the prescribed formulas and methods as stipulated in the Handbook.
- Document the calculated values for further analysis and reporting.

2. Automatic Calculation of Survey-based KPIs

Survey-based KPIs are calculated automatically by the OC-E-QMS (Onaizah Colleges Electronic Quality Management System). These KPIs are derived from data collected through various surveys discussed in the previous section.

3. Electronic KPIs Report Generation

The OC-E-QMS will generate an electronic KPIs report that includes all KPI values and visual charts. The report will also present internal benchmarks, external benchmarks, and predefined targets for comparison.

Procedure:

- Access the KPIs report on the OC-E-QMS.
- Review the completeness and accuracy of the KPI values, charts, and benchmarks.

4. Automated Analysis of Each KPI

The OC-E-QMS will provide an automated analysis of each KPI, highlighting trends, performance against targets, and any other significant insights derived from the data.

Procedure:

- Review the automated analysis for each KPI to ensure it aligns with the data presented.
- Note any discrepancies or areas that require further investigation.

5. QAC Commentary and Recommendations

The QAC is required to comment on the analysis provided and finalize the report by writing actionable recommendations. These recommendations should follow the guidelines provided in the OC KPIs Handbook to ensure consistency and relevance.

Procedure:

- Discuss the KPI analyses within the QAC to identify potential areas for improvement.
- Draft clear, actionable recommendations based on the guidelines in the Handbook.
- Finalize the report with the QAC's comments and recommendations.

6. Review by Quality Unit (QU) and Quality Assurance Administration (QAA)

The QU at the college as well as QAA will review the finalized report to ensure that all comments and recommendations are consistent with the analyses provided.

Procedure:

- Submit the report to the QU for review through OC-E-QMS.
- Submit the report to the QAA for review through OC-E-QMS.
- Address any feedback or revisions suggested by QU or QAA.

7. Council Discussions and Approval

The report is then presented to SCPQ, the department and finally the college councils for discussion and formal approval. The final discussion and approval will be conducted by the College Council.

Procedure:

- Schedule a meeting with the department and college councils to discuss the report.
- Present the KPIs, analyses, and QAC's recommendations.
- Obtain formal approval for the report from both councils through meetings minutes.
- Once approved, send the report to QAA which will arrange for presenting the report to SCPQ to obtain final approval.

8. Input to the Annual Program Report and Other Processes

Once approved, the KPIs report becomes a major input to the Annual Program Report, as per Process P-C-14, and other processes such as P-C-11 and P-E-04.

Procedure:

- Incorporate the approved KPIs report recommendations into the Annual Program Report according to the details of the DTI subphase discussed earlier, into the self-evaluation and self-study report under the analysis of relevant NCAAA standards and criteria (P-C-11), and into the operational plan progress report under the analysis of program goals achievement (P-E-04).
- Ensure that the KPIs report informs the broader analysis and development plans included in the Annual Program Report.

The following flowchart Figure 45 summarizes the steps of P-C-08.

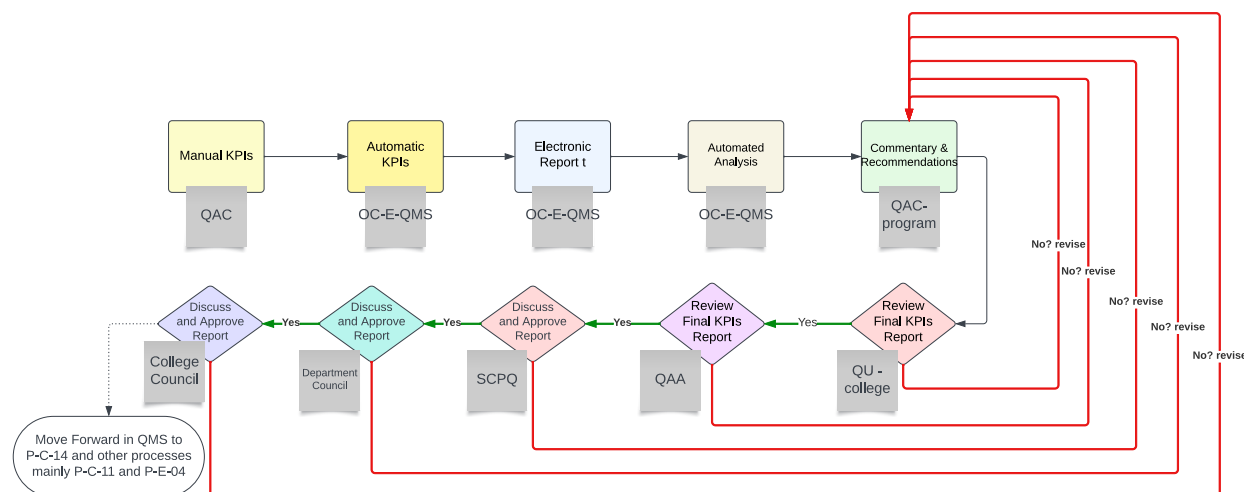


Figure 45: Flowchart of Program KPIs Report Preparation and Monitoring Process (Process Code: P-C-08)

4.2.18 PLOs and GAs Assessment Implementation and Documentation

The Program Learning Outcomes Assessment and Reporting process (P-C-07) serves as a critical component in the overarching framework of academic program evaluation and enhancement. Its primary purpose is to systematically measure and document the extent to which students have achieved the Program Learning Outcomes (PLOs) set forth at the commencement of their educational journey. The PLOAR (PLOs Assessment Report) is the main output of this process, and it is intrinsically linked to the Program Learning Outcomes Assessment Plan (PLOAP- process P-P-07 discussed in section 4.1.2.6 above), functioning as a reflective analysis and culmination of the PLOAP's structured approach to assessing educational outcomes. By effectively capturing both the direct and indirect measures of student learning, ranging from course-level outcomes to comprehensive program-level evaluations, the PLOAR ensures that the educational objectives align with the expectations of stakeholders and conform to the institution's standards of excellence.

Policy P-08 mandates "an OC academic program should annually measure, analyze, report, and verify its GAs, PLOs, and CLOs assessment through course-level and program-level direct and indirect methods in a comprehensive GAs and PLOs Assessment Report". The implementation process of the PLOAR is a multi-faceted endeavor that begins with the gathering of key inputs, including the results of Course Learning Outcomes (CLOs), program exit exams, and targeted surveys that collectively provide a nuanced view of student achievement. Following the data collection, an automated initial draft of the PLOAR is generated using the OC-E-QMS, which then undergoes a rigorous review by the Quality Assurance Committee (QAC). This review is crucial to interpret the data accurately, highlight the strengths, identify areas for improvement, and provide actionable recommendations. Subsequent steps involve a thorough examination by both the Quality Unit at the college (QU) and the Quality Assurance Administration (QAA), followed by discussions and approvals from the department and college councils, culminating in the final endorsement by the Senior Committee for Planning and Quality (SCPQ). The finalized PLOAR then informs the Annual Program Report (APR), ensuring a closed-loop process that feeds into the continuous cycle of program improvement.

The major steps of P-C-07 are simplified below:

1. Inputs:



- CLO assessment results from process P-E-02 (for calculating PLO attainment from aggregated CLOs linked to each PLO).
 - Exit exam results from process P-C-06 (to evaluate PLOs at the program level).
 - Survey results from process P-C-09 (using specified items in the surveys PO_GRAD and PO_EMPO as indirect PLO assessment).
 - All these inputs will already be available in OC-E-QMS.
2. **OC-E-QMS automatically generates a draft PLO Assessment Report (PLOAR) based on the template OC-QMS-C-07, pulling the relevant data from the inputs** (This automated subprocess is denoted as **P-E-01**)
- The main sections of OC-QMS-C-07 include:
- Basic info (college, program, date) [**Automated**]
 - Detailed PLO assessment results [**Automated**]
 - PLOAR summary [**Automated**]
 - % of achieved PLO targets (KPI OC-63) [**Automated**]
 - Summary analysis of PLOAR [**Manual**]
 - Top strengths and recommendations from PLOAR [**Manual**]
 - Graduate Attributes assessment results [**Manual**]
 - Comments on GAs assessment [**Manual**]
 - Top strengths and recommendations from GAs assessment [**Manual**]
 - Approval Data [**Manual**]
- Note that PLOs assessment results, actual values, male/female attainment, and targets will be calculated automatically based on the provided inputs and links established in PLOAR from process P-P-07.**
3. **QAC reviews the draft PLOAR and completes the following:**
- Provides comments on each PLO's assessment results.
 - Provides comments on GAs assessment results.
 - Identifies top 3 strengths and recommendations based on PLOAR and GAs assessment.
4. **QAC submits the completed PLOAR to QU and QAA for review of comments and recommendations.** QU and QAA's reviews will focus on:
- Validity of the comments and recommendations made by QAC.
 - Ensuring the automated and manual sections of the report are comprehensive, completed, and accurate.
5. **PLOAR is discussed and approved by the Department Council and College Council.**
6. **Final approval of PLOAR is obtained from SCPQ.**
7. **Approval Data Documentation:** Record the session numbers and dates in the relevant sections when the PLOAR was approved by the department council, college council, and SCPQ.
8. **PLOAR results and recommendations become a main input to the Annual Program Report (APR) process P-C-14.** This also means that major recommendations from PLOAR will eventually be incorporated into operational objectives in the program's next operational plan.

The following flowchart Figure 46 summarizes the steps of PLOAR process P-C-07.

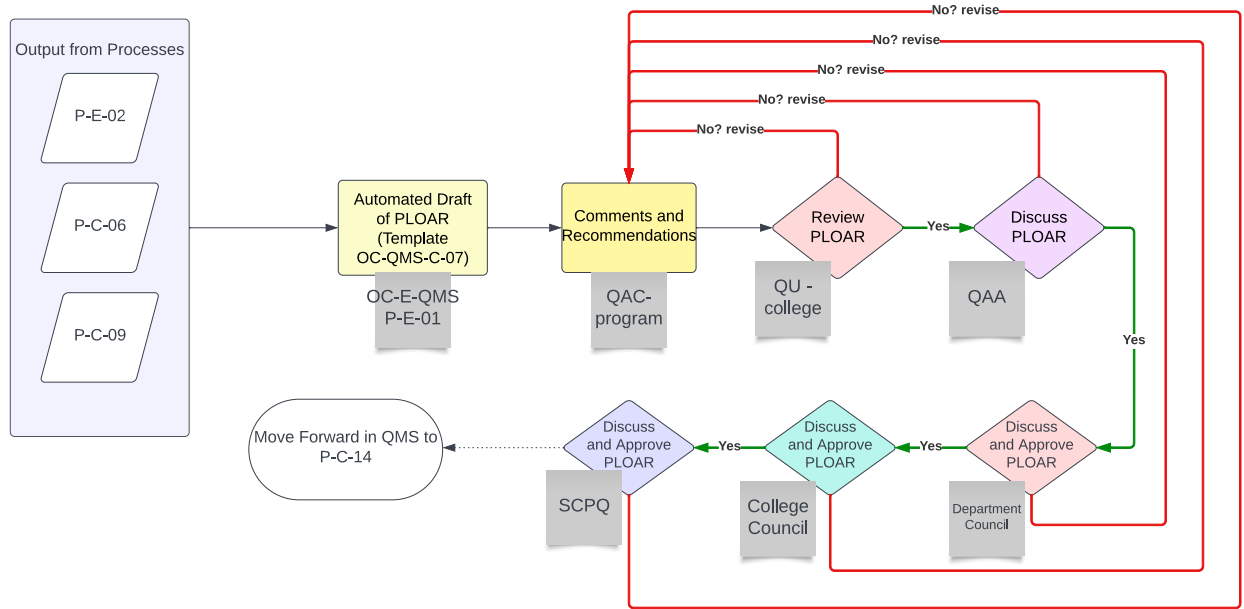


Figure 46: Flowchart of PLOs Assessment and Reporting process (Process Code: P-C-07)

4.2.19 Dissemination of Quality Culture

Based on Policy I-02, OC recognizes that the foundation of a high-quality educational experience lies in the pervasive dissemination of a quality culture throughout the institution. This section outlines OC approach to embedding a deep-rooted ethos of quality among all stakeholders—including students, faculty, and administrative staff alike. To this end, OC actively coordinates a series of strategic meetings and engaging quality-focused activities, inclusive committee representations, ongoing professional development, and extensive informational resources, OC aims to engrain quality in every facet of the collegiate experience. Recognition programs and collaborative planning further serve to galvanize the college community around our shared commitment to continual improvement. Herein, we delineate the mechanisms and initiatives designed to foster an environment where quality is not just a concept, but a lived and breathed reality, integral to the fabric of OC. These ongoing and continuous initiatives constitute a structured process, designated P-D-07 and summarized in Figure 47 below.



Figure 47: Process of Ongoing OC Initiatives for Dissemination of Quality Culture (Process Code: P-D-07)

1. Engaging Students through Structured Meetings

At Onaizah Colleges, the dissemination of a quality culture among students begins with fostering an environment of continuous engagement and dialogue. To achieve this, QAA conducts two meetings each semester specifically targeting students at different stages of their academic journey—freshmen, sophomores, and seniors. These meetings serve as platforms to define and exemplify what quality means within the context of higher education. By using concrete examples, students can grasp the tangible aspects of quality and its relevance to their educational experience. Furthermore, these sessions place significant emphasis on the pivotal role students play in the quality enhancement process, particularly through their participation in surveys. Such instruments are crucial for collecting feedback and are integral to the college's commitment to continual improvement.

2. Inclusive Representation in Quality Assurance Committee

To ensure the representation of the student body within the Quality Assurance Committee (QAC), Onaizah Colleges mandates the inclusion of at least two students' representatives—one female and one male—as members (as discussed in section 3.5 above). This inclusive approach allows for diverse perspectives and ensures that the student voice is heard in discussions and decisions that directly affect their educational experience. The participation of students in the QAC not only empowers them but also enriches the quality assurance processes with their unique insights and feedback.

3. Faculty Development through Continuous Learning

Quality culture among faculty and course instructors is cultivated through periodic meetings and workshops focused on a myriad of important topics, such as Course Learning Outcomes (CLOs) formulation, revision and assessment, peer reviews, and course reports. These gatherings are designed to align teaching strategies with OC quality standards and to encourage the sharing of best practices among peers. By investing in the continuous professional development of faculty, Onaizah Colleges demonstrates its commitment to upholding and enhancing the quality of its educational offerings.

4. Information Dissemination via Publications

QAA plays a vital role in disseminating information about the OC quality assurance practices. By creating and distributing informative materials such as pamphlets and handbooks—like the current OC-QMS Handbook—QAA ensures that all stakeholders are well-informed about the procedures, policies, and standards that underpin OC's commitment to quality.

5. Comprehensive Orientation Programs

Orientation programs are a cornerstone of Onaizah Colleges' strategy to instill a quality culture. These programs are tailored for both new faculty and students, highlighting their respective roles in quality assurance and the importance of their contribution. For students, program-level orientation sessions delve into Program Learning Outcomes (PLOs), graduate attributes, program mission, and goals. These orientations are crucial for students to understand their role in the quality assurance processes and how they can actively contribute to the continuous improvement of their programs. Coded as P-D-07-05, a program student orientation program should cover at least the following areas:

- 5.1 Introducing Program Mission and Goals
- 5.2 Program Graduate Attributes and PLOs
- 5.3 Major Services including Academic Advising and other Counselling Mechanisms, Complaints and Grievance Mechanisms, and Student Rights and Duties.
- 5.4 Introducing main facilities including classrooms, library, labs, and healthcare clinic.
- 5.5 Roles of students in QMS, including student surveys.

OC-QMS also expects that QACs should periodically evaluate the orientation program, improving it regularly to increase its adequacy and effectiveness.

6. Recognition and Incentives

Recognizing and rewarding engagement with quality assurance initiatives is a key strategy at Onaizah Colleges. The institution has established a system of prizes and awards, which includes an annual monetary reward for five students selected randomly among those who complete the student annual surveys assessing the quality of the program. These incentives serve to motivate students to participate actively in quality assurance activities and provide valuable feedback.

7. Collaborative Quality Assurance Planning

QAA holds periodic meetings with QACs and program directors to discuss and plan for quality assurance and improvement. These meetings are essential for aligning the efforts of various stakeholders and ensuring that the quality assurance plans are comprehensive, actionable, and in harmony with the OC's overarching goals and objectives.

8. Fostering Engagement through Focus Groups

To further embed a quality culture, Onaizah Colleges engages faculty and students in multiple focus groups that play a critical role in reviewing and refining key elements such as the mission and goals, PLOs, and extracurricular activities. These focus groups also contribute to reviewing and updating policies and mechanisms, ensuring that they remain relevant and effective in meeting the evolving needs of the college community.

9. Institutional Recognition for Excellence in Quality

The commitment to quality at Onaizah Colleges is further exemplified by the establishment of a substantial prize for programs that excel in quality assurance, (exceeding in some cases 200,000 SAR). This prize not only serves to celebrate and reward excellence but also to set internal benchmarks for quality within the institution.

10. External Training and Development Opportunities

Lastly, QAA actively nominates faculty and QAC members to attend external quality training programs and workshops, especially those offered by the Education and Training Evaluation Commission (ETEC) in Saudi Arabia. These opportunities for external professional development are pivotal in keeping OC's staff at the forefront of quality assurance practices and methodologies.

11. Promoting International Standards Among Administrative Staffs

In addition to existing measures, OC has embarked on an ambitious initiative to introduce the concepts of ISO 9001:2015 to its administrative units and staff. The adoption of this internationally acclaimed standard is a testament to our unwavering resolve to achieve and maintain the highest levels of quality. By training OC administrative personnel on the principles and practices of ISO 9001:2015, OC aims to streamline its processes, enhance customer satisfaction, and foster a proactive approach to risk management. This integration will not only improve our operational efficiency but also demonstrate our commitment to upholding global best practices in quality management. Furthermore, QAA has an established goal ...

Furthermore, QAA has established a strategic goal in its ongoing plans to align all its administrative processes with the rigorous standards of ISO 9001. The harmonization of QAA's processes with ISO 9001 standards underscores a collective dedication to continuous improvement and customer focus, attempting to place OC at the forefront of quality management implementation.

Through these multifaceted initiatives, Onaizah Colleges endeavors to disseminate a culture of quality that is embraced by all stakeholders, ensuring that the pursuit of excellence remains at the heart of its institutional ethos. To assess the effectiveness of those initiatives, QAA periodically analyzes and evaluates awareness of quality concepts through a specific survey distributed annually as part of tracking the progress of its first goal.

4.2.20 Program self-evaluation and self-study report

In alignment with Policy P-04, creating a comprehensive self-evaluation and self-study report involves several stages, from gathering and analyzing information to drafting and finalizing the report. Here is a detailed process, P-C-11 Self-Evaluation, and Self-Study Report, with steps tailored to guide an academic program through conducting a self-evaluation, engaging stakeholders, and utilizing ongoing evaluation processes.

Step 1: Preparation and Planning

1.1 Assemble the Self-Evaluation Team and Announce the Initiation of the Process

- Identify team members from stakeholder groups mainly faculty, and students, administrators, if necessary and applicable.
- Assign roles and responsibilities, ensuring balanced representation.
- Widely announce the initiation of the process among main stakeholders.

1.2 Review Evaluation Criteria and Standards

- Familiarize the team with the NCAAA accreditation (5) standards and quality assurance criteria.
- Map the relevant KPIs, survey results, PLOs Assessments, and operational plans progress reports.

1.3 Establish a Timeline

- Set clear deadlines for each component of the self-evaluation process.
- Schedule regular team meetings to monitor progress.

1.4 Gather Existing Reports and Data

- Collect the Annual KPIs Report (P-C-08) for at least two or three years, Annual Surveys Report (P-C-09) for at least two or three years, PLOs Assessment Report (PLOAR) (P-C-07) at least two, Annual Program Report (APR) (P-C-14) at least two, and Operational Plan Progress and Performance Report (P-E-04) at least two.
- Ensure access to necessary databases and information systems, especially OC-E-QMS and E-Register systems.

Step 2: Data Collection and Analysis

2.1 Analyze KPIs and Operational Plans Progress Reports

- Examine the Annual KPIs Reports and Operational Plan Progress Reports for trends, achievements, and areas needing improvement.
- Match KPI results with program goals.

2.2 Review Survey Results and Stakeholder Feedback

- Review the Annual Surveys Reports for feedback from students, faculty, alumni, employers, and other stakeholders.
- Identify patterns and concerns that may indicate areas for improvement for each relevant NCAAA criterion.

2.3 Assess Program Learning Outcomes

- Evaluate the PLOs Assessment Reports to determine how well students are meeting the established learning outcomes.



- Correlate the findings with teaching practices, curriculum design, and assessment methods, based on PLOARs.

2.4 Synthesize Information from the Annual Program Reports

- Integrate insights from the APRs to provide context to the performance indicators and stakeholder feedback.
- Highlight accomplishments, initiatives, and strategic developments.

2.5 Draft Preliminary Findings

- Summarize the data analysis, highlighting strengths, weaknesses, and opportunities for improvement.
- Validate findings with relevant stakeholders to ensure accuracy and completeness. To this end, focus groups should be formed including various stakeholders: faculty, students, external stakeholders, administrators etc.

Step 3: Writing the Self-Study Report

3.1 Compile the Draft Report

- Based on the data analysis above, begin drafting the self-study report using the approved NCAAA template (TP-112 2022).
- Ensure that each section of the report template is addressed thoroughly.

3.2 Integrate Stakeholder Input

- Involve stakeholders in reviewing draft sections relevant to their interests and expertise.
- Solicit feedback and incorporate it into the report.

3.3 Review and Revise the Draft

- Circulate the draft report among the self-evaluation team for initial feedback, especially from relevant committees.
- Make revisions as necessary to ensure clarity, accuracy, and comprehensiveness.

Step 4: Internal Review and Feedback

4.1 Submit to the Quality Unit-College (QU)

- Present the draft report to the QU for preliminary review and feedback.
- Address any concerns or suggestions from the QU.

4.2 Engage with Quality Assurance Administration (QAA)

- Submit the revised report to the QAA for a more formal review.
- Based on the submitted report, QAA will conduct the Comprehensive Internal Review/Audit (Process I-C-01) according to the guidelines in Chapter 4 below.
- Incorporate their feedback and refine the report accordingly.

4.3 Review by Senior Committee for Planning and Quality (SCPQ)

- Present the report to the SCPQ for high-level evaluation and input.
- Make final adjustments based on the SCPQ's recommendations.



4.4 Modify the report accordingly.

Step 5: Approval and Finalization

5.1 Department and College Councils Discussion

- Discuss the self-study report with the department and college councils for approval.
- Ensure that all suggestions are considered and integrated into the final version.

5.2 Final Revisions and Approval

- Make any last revisions as per the councils' feedback.
- Obtain final approval from the College Council.

5.3 Dissemination and Implementation

- Distribute the finalized self-study report to relevant stakeholders especially faculty, students, and administration.
- Develop an action plan to address recommendations and priorities for improvement. This action plan will be embedded in the next operational plan later.
- Set clear timelines for implementing the action plan.

Step 6: Documentation and Moving Forward in OC-QMS

6.1 Attach Supporting Documents

- Attach independent evaluator reports, when available later.
- Attach Internal Review/Audit reports, when available later.
- Ensure that all other relevant documents are attached as per the template instructions, as in-text hyperlinks.

6.2 Move Forward in OC-QMS

- Embed the action plan in step (5) above into the next Annual Operational Plan of the program (according to guidelines and procedure under P-P-17).
- Initiate the Independent Opinion Process (P-C-12 discussed in Chapter 4 below) based on the finalized self-study report.
- Initiate the External Review by NCAAA based on the finalized self-study report.

By following these steps, the program can conduct a thorough self-evaluation, engage stakeholders effectively, and produce a self-study report that provides a clear picture of the program's performance and areas for improvement. The process leverages ongoing evaluation mechanisms and ensures that the report is comprehensive, evidence-based, and aligned with the institution's strategic goals and quality standards. This process (P-C-11) is summarized in Figure 48 below.

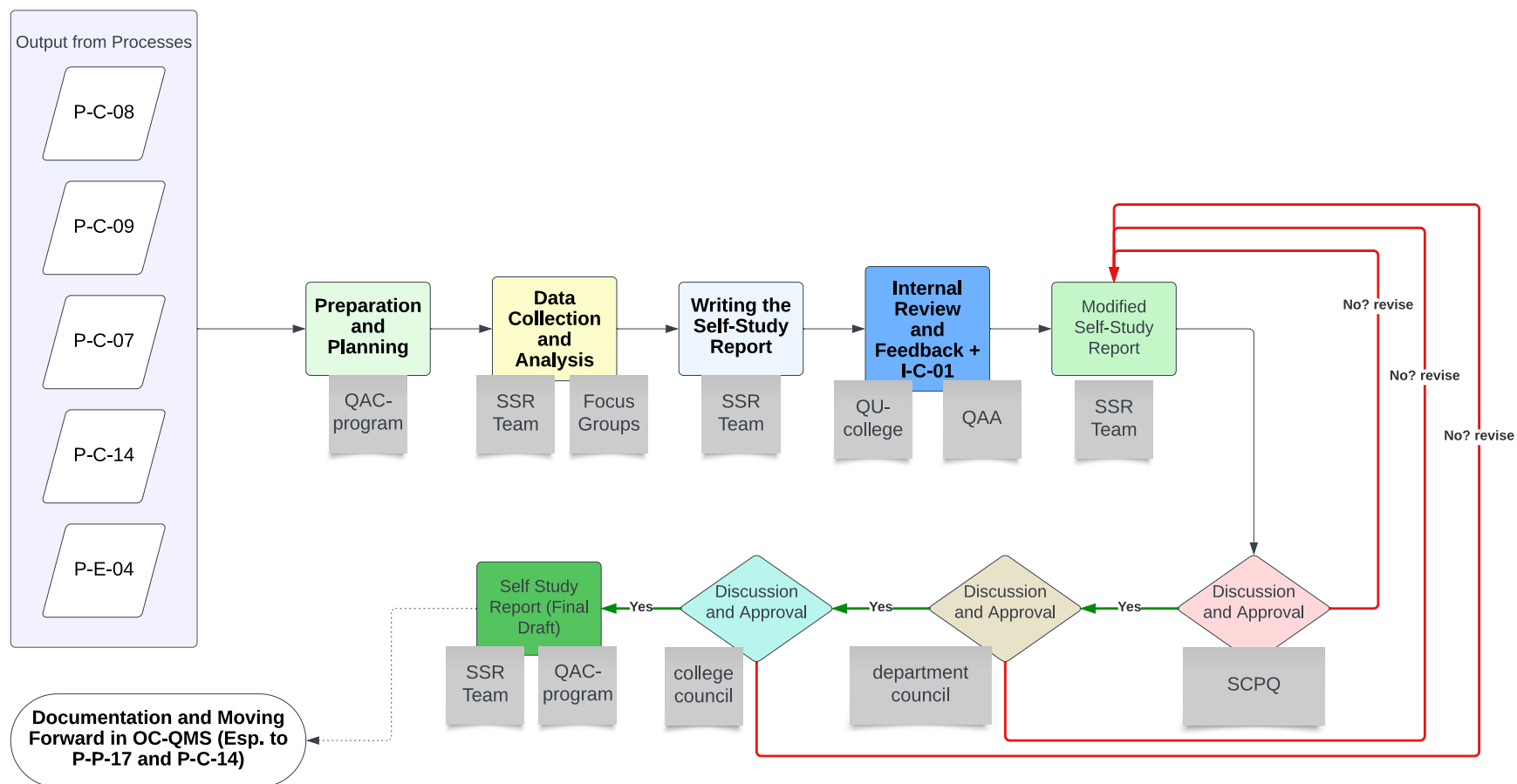


Figure 48: Flowchart of Self-Evaluation and Self-Study Report Process (Process Code: P-C-11)

4.2.21 Monitoring the Implementation of OC-QMS in Academic Programs: Summary

In summary, the effective implementation of OC-QMS requires multifaceted monitoring mechanisms operating at various levels to ensure rigorous adherence to policies, procedures, and quality standards. OC-QMS has established a comprehensive system of oversight, review, and reporting processes to actively monitor the adoption of OC-QMS across the institution on an ongoing basis.

- **Course-Level Monitoring**

At the most fundamental level, monitoring begins with the Quality Assurance Committees (QACs) appointed for each academic program. QACs play a critical role in monitoring the proper implementation of OC-QMS processes and requirements during the delivery of courses. Their oversight responsibilities include:

Monitoring peer review activities (Process P-C-04): QACs verify that peer reviews are being conducted for all courses according to the established schedule and procedures. They examine peer review reports and ensure the results are appropriately incorporated into course reports.

Verifying learning outcomes assessment (Process P-E-02): QACs review the evidence submitted for course learning outcomes (CLOs) assessments across all courses. This includes verifying the validity of assessment samples and accuracy of results entered into OC-E-QMS.

Monitoring academic integrity policies (Process P-D-01): QACs confirm that all courses are adhering to the academic integrity policies, including reviewing evidence such as records of policy orientation, plagiarism detection reports, and exam proctoring logs.

Overseeing course reports (Process P-C-01): QACs verify the timely completion of course reports, review the content, and ensure recommendations are actionable and aligned with the continuous improvement goals of OC-QMS.

- **Program-Level Monitoring**

At the program level, Quality Units (QUs) stationed within each college perform a pivotal monitoring role. QUs oversee the implementation of key OC-QMS processes across all programs in their college. At low-levels, QUs has reviewing roles in the processes discussed above. At a higher level, QUs monitoring mainly include:

Monitoring learning outcomes assessment (Process P-C-07): QUs verify that PLOs assessment is occurring consistently across programs and that reports contain sufficient analysis and meaningful recommendations.

Overseeing program surveys (Process P-C-09): QUs confirm that surveys are administered according to the OC-QMS schedule and review the resulting reports to ensure stakeholder feedback is captured comprehensively.

Reviewing annual program reports (Process P-C-14): QUs assess annual reports from all programs to confirm they are completed on time, contain accurate information, and result in actionable recommendations.

Monitoring operational planning (Process P-P-17): QUs verify that programs have developed comprehensive operational plans aligned with OC-QMS requirements and strategic goals. They may request periodic progress reports on operational objectives.

In carrying out these monitoring responsibilities, QUs maintain a broader perspective on OC-QMS adoption, coordination, and improvement needs across academic programs. They work closely with QACs under their purview to gather data and identify issues early.

- **Institutional-Level Monitoring**

At the institutional level, the Quality Assurance Administration (QAA) oversees multiple monitoring initiatives focused on the enterprise-wide implementation of OC-QMS. QAA's low-level monitoring involves all the processes outlined above. QAA's high-level monitoring efforts mainly include:

QAC Taskforce: QAA establishes a taskforce that meets periodically with QACs from all academic programs to review their reports, gather feedback, and assess how effectively they are monitoring course-level implementation of OC-QMS.

Internal Audits (Process I-C-01): QAA conducts comprehensive internal audits of all academic programs on a regular basis to thoroughly verify compliance with OC-QMS policies and procedures at the program level.

Institutional Monitoring Reports: QAA prepares monitoring reports that aggregate the findings from the taskforce reviews and internal audits. These provide institution-wide insights into the adoption of OC-QMS and are presented to the Senior Committee for Planning and Quality (SCPQ) for high-level review.

Operational Plan Monitoring: QAA forms dedicated teams that actively monitor the progress of programs' operational plans through periodic meetings with QACs and progress reports tied to specific operational objectives and required evidence.

QAA's broad institutional perspective allows it to identify large-scale issues, inconsistencies, and improvement opportunities related to the implementation of OC-QMS across the entire institution.

- **Role of OC-E-QMS**

The centralized OC-E-QMS platform augments monitoring efforts by digitalizing workflows, centralizing data, and enabling automation. Key features that support monitoring include:

Automated Notifications: Alerts sent to responsible parties (QACs, QUs, etc.) regarding upcoming monitoring tasks and deadlines.

Automated Review Mechanisms: Workflows to facilitate monitoring reviews, such as submission of evidence and reports with version histories.

Data Centralization: Repository for monitoring records including review results, meeting minutes, and monitoring reports from all levels.

Identification of Gaps: Automated reports and dashboards flag inconsistent, missing, or outdated information that may indicate implementation issues.

Integration with other OC systems: OC-E-QMS is tightly integrated with other systems, mainly E-Register which facilitates the automation of several reports including course reports and APRs.

The multi-tiered monitoring processes instill accountability at the course, program, and institutional levels. The combination of human oversight and automation enables OC to continuously assess and enhance OC-QMS implementation. Regular review of the monitoring mechanisms themselves ensures they remain optimized and fit-for-purpose as the institution evolves.

4.3 Evaluation, Action Planning for Improvement and Closing the Quality Loop (S and A)

This section outlines the comprehensive mechanisms utilized at Onaizah Colleges to evaluate the quality and effectiveness of all core aspects of the academic programs and institution as a whole. It details the key procedures employed to assess teaching and learning, student support services, learning resources, facilities, enrollment processes, and overall program and institutional management.

This section is divided into two main subsections. Subsection 4.3.1 outlines the comprehensive evaluation mechanisms for the academic programs at Onaizah Colleges. This subsection details the robust procedures employed to assess the quality and effectiveness of all core aspects including teaching and learning, student support services, learning resources, facilities, enrollment processes, and overall program management. It emphasizes the use of diverse evaluation tools like surveys, data analysis, committee reviews, and stakeholder feedback to enable multi-perspective quality measurement. Key components covered include program evaluation matrices (PEM and CEM), learning outcomes assessment, analyzing operational plan progress, and periodic internal/external reviews. The subsection explains how evaluation findings are synthesized to identify strengths, areas for improvement, and corresponding action plans that get incorporated into operational plans for implementation and follow-up assessments, thereby "closing the quality loop".

Subsection 4.3.2 focuses on the institutional-level evaluation, action planning, and continuous improvement mechanisms. This subsection outlines how the quality loop is closed through programmatic and institutional reports that consolidate evaluations of learning outcomes, key performance indicators, surveys, and audit results. It describes the processes for institutional action planning based on synthesized recommendations from these reports. Further, it details the framework for continuously assessing and improving the institutional quality management system itself through internal reviews, external validations, and alignment with strategic priorities. The mechanisms for training, implementing, and monitoring enhancements to policies, processes and practices are elaborated.

Together, these two subsections comprehensively cover the multi-level, data-driven approach to regular evaluations and continuous improvement that enables Onaizah Colleges to uphold quality standards across its academic programs and institutional operations.

4.3.1 S/A for OC Academic Programs

This section outlines the comprehensive mechanisms utilized to evaluate the quality and effectiveness of all core aspects of the academic programs at the College. This includes detailed procedures to assess teaching and learning, field experiences, student support services, facilities and equipment, enrollment and admission, and overall program management.

The section re-emphasizes the use of diverse evaluation tools encompassing surveys, data analysis, committee reviews, and advisory feedback to enable robust measurement of quality from multiple perspectives. Program-level evaluations through the Program Evaluation Matrix (PEM) are complemented by granular course-level assessments via the Course Evaluation Matrix (CEM) to provide a complete overview of strengths and areas needing improvement.

Key performance indicators aligned with strategic goals are tracked to gauge progress over time within operational plans progress reports. Findings from evaluations are distilled into operational plans that document specific actions for enhancing deficient areas. Follow-up assessments verify if implementations have achieved the desired improvements, thus closing the quality loop.

Additionally, comprehensive internal audits by the Quality Assurance Administration and external reviews through Independent Opinions benchmark program performance against quality standards. Recommendations feed again into subsequent operational plans to drive continuous advancement.

By incorporating regular evaluations using quantitative and qualitative methods, data analysis, and multi-level reviews into its quality management framework, the section outlines how OC Academic Programs sustain a culture of ongoing improvement, and excellence in teaching, learning, and student support services.

4.3.1.1 Evaluation of Teaching & Learning and Learning Experience (Including Field Experience and Extracurriculars)

Teaching and learning are evaluated through various means as outlined in the Program Evaluation Matrix (PEM) and Course Evaluation Matrix (CEM) discussed above in sections 4.1.3.2 and 4.1.3.4 respectively. The effectiveness of teaching is assessed through peer reviews by faculty using an approved rubric (OC-QMS-D-01) that examines aspects like subject mastery, student engagement, explanation clarity, and teaching aid usage (CEM component 1, linked to OC16, OC17). Student course surveys also gauge teaching effectiveness through student perceptions (CEM component 3). Learning is evaluated by analyzing student performance on Course Learning Outcomes (CLO) assessments (CEM component 4, linked to OC63). The program's Professional Advisory Committee provides feedback on how well graduates demonstrate expected competencies (PEM component 6).

The quality of the overall learning experience is evaluated through student surveys at course and program levels. Course surveys gather feedback on the quality of learning resources, assessments, grading, learning activities, and instructor support (CEM components 3-7, linked to OC18, OC19, KPI-P-02, KPI-P-03). Program surveys evaluate the broader learning environment including facilities, support services, co-curricular activities, and preparedness for employment and further study (PEM component 2, linked to KPI-P-10, OC25-OC30). Alumni and employer surveys also provide insights into the quality and outcomes of the learning experience (PEM components 6, 9, linked to KPI-P-06, KPI-P-07, KPI-P-09).

Assessment results are analyzed by faculty, administrators, and the Quality Assurance Committee at course and program levels. The Quality Assurance Committee compiles and reviews all evaluation data to identify areas of strength and weakness (PEM component 8, CEM component 6). Recommended actions for improvement are formulated and documented in program annual reports.

Required actions are incorporated into operational plans through the DTI phase as discussed above in sections 4.1.10 and 4.2.8 respectively. The Program Chair ensures planned improvements are implemented by the responsible parties within the specified timeframes. Previous evaluations are reviewed to ensure identified issues have been addressed and the desired enhancements achieved (closing the quality loop) through the Operational Plan Progress Report discussed below. Regular progress reviews help sustain focus on continual improvement.

In addition to the above evaluation mechanisms, the quality of teaching and learning is also assessed through internal quality audits conducted by the Quality Assurance Administration (QAA) at the institutional level. A comprehensive long-term audit is done every 4-5 years where an internal team reviews all evaluation results, survey data, reports, and metrics for the program. A short-term audit is also conducted annually, focusing on key performance indicators and recent evaluations documented in the APR. The audit teams provide recommendations and feedback for enhancing teaching quality, learning outcomes, and the overall educational experience. By incorporating insights from these external yet internal verification



reviews, the program benefits from an objective institutional perspective to ensure the highest standards are maintained. Internal quality audits/reviews are discussed in the following sections.

The quality and effectiveness of field experience and training are evaluated through surveys completed by students, field experience supervisors, and the field training institutions (PO_FTR surveys). Students assess aspects like the linkage between theory and practice, skill development, training content, evaluation mechanisms, and supervisor support (PEM component 2, CEM component 2). Supervisors provide feedback on the same elements in addition to the appropriateness of the field training institutions. The field experience course report incorporates analysis of these results as well as analysis of Field Experience CLOs to identify strengths and areas needing improvement. The Quality Assurance Committee reviews the evaluations to ensure alignment between field training and PLOs. By gathering perspectives from all involved parties, a comprehensive understanding of the quality of field experiences is attained.

An additional component of evaluating the quality of teaching and learning is assessing the effectiveness of extracurricular activities. As outlined in Process P-P-14 and its associated templates, extracurricular offerings are mapped to intended program learning outcomes during the planning stage. After implementation, student achievement of those outcomes is analyzed through the PLO Assessment Report (PLOAR) to gauge the activities' impact. Participant surveys also evaluate engagement, benefits gained, and areas for improvement. The Quality Assurance Committee reviews these results annually and uses them to refine extracurricular programming for the following year through Template P-P-14-B.

This comprehensive evaluation matrix encompasses diverse forms of direct and indirect assessment through surveys, peer reviews, data analysis, committee reviews, and advisory feedback. By actively converting evaluation insights into action plans documented in the annual operational plan, then reviewing outcomes to gauge effectiveness, teaching quality and the learning experience are systematically improved and optimized. These evaluations mechanisms of Teaching & Learning and Learning Experience in OC academic programs are summarized in Table 8 below.

Table 8: Summary of Teaching & Learning Evaluation (Evaluation Matrix EM1)

Evaluation Component	Evaluation Method(s)	Linked Matrix Component or Process	Evaluation Tool	Main KPIs
Teaching Effectiveness	Faculty Peer Reviews	CEM - Component 1	OC-QMS-D-01 Rubric	KPI-P-13
Teaching Effectiveness	Student Surveys	CEM - Components 1, 3	PO_SU_01 PO_SU_02 Course Evaluation Surveys	KPI-P-03 OC18 OC19
Learning Outcomes Achievement	CLO Assessments	CEM - Component 4	Analysis of student performance and CLOs attainment	KPI-P-02 OC63
Graduate Competence	Professional Advisory Feedback	PEM - Component 6	Feedback on graduate skills PO_GRAD PO_EMPO	KPI-P-07
Learning Experience	Student Surveys (Courses & Program)	CEM - Components 3-7	PO_SU_01 PO_SU_02 Course Evaluation Surveys	KPI-P-10 OC25 OC26 OC27 OC28 OC29 OC30
Graduate Competence and Experience	Alumni and Employer Surveys	PEM - Components 6, 9	PO_GRAD PO_EMPO	KPI-P-06 KPI-P-09
Quality Assurance	Quality Assurance Committee Reviews	PEM - Component 8	Evaluation data synthesis	-
Quality of Extracurricular Activities	Quality Assurance Committee	Evaluation based on Template P-P-14-B	-	-
Quality Assurance	Internal Quality Audits	QAA Institutional Level (I-C-01)	Long-term and annual reviews	-
Overall Quality	Independent Opinion	Evaluation based on NCAAA Standards (P-C-12)	Long-term	-
Field Experience & Training Quality	FE Course Instructor(s)	PEM Component 2, CEM Component 2	FE CLOs assessment and analysis of results according to FE CLOs targets	-
Field Experience & Training Quality	Student, Supervisor, Surveys	PEM Component 2, CEM Component 2	PO_FTR_STU PO_FTR_SUP	OC68 OC69



4.3.1.2 Evaluation of Advising, Counselling and Academic Support Services

Academic, social, psychological advising and grievance/disciplinary processes are evaluated through student surveys at the course and program levels. Course evaluations gather feedback on instructor availability, responsiveness and overall support (CEM component 7, PO_SU_01 Q7). Program surveys evaluate the effectiveness of academic advising (PEM component 7, OC25, PO_SU_02 Q14), career guidance (OC26, PO_SU_02 Q9-Q12), psychological counseling (OC27, PO_SU_02 Q15) and social counseling services (OC27, PO_SU_02 Q15). Students also assess the fairness of grievance and disciplinary mechanisms (PEM component 7, OC24, PO_SU_02 Q7-Q8).

The program identifies talented, creative, and struggling students through indicators like test scores, assignment performance, faculty referrals and attendance rates (PEM component 7, linked to OC28, OC29). Support procedures for these groups are reviewed by the Student Welfare Committee and the Quality Assurance Committee. Surveys evaluate student satisfaction with services for talented (OC28, PO_SU_02 Q16-Q17) and struggling students (OC29, PO_SU_02 Q18-Q19).

Results are compiled into both course reports and APRs. Recommended enhancements are incorporated into action plans and operational plans overseen by the Program Chair, based on the DTI phase discussed earlier. Previous evaluations are reviewed to ensure issues are addressed and improvements achieved, closing the quality loop (PEM component 8) through the Operational Plan Progress Report discussed below.

In addition to the above mechanisms, the quality of academic, psychological, social, and professional advising services is also evaluated through (both long-term and short-term) internal audits conducted by the Quality Assurance Administration (QAA) at the institutional level. The audit teams provide recommendations and feedback for enhancing the effectiveness of advising services and supporting struggling, talented, and creative students. Advising and academic support services are also included in the Independent Opinion process, providing an objective outside perspective. By incorporating insights from these additional verification reviews, the program ensures advising services fully support student development and success.

This comprehensive evaluation approach utilizes surveys (mainly PO_SU_01 and PO_SU_02), data analysis, committee reviews and student feedback, as summarized in Table 9 below.

Table 9: Summary of Advising, Counselling and Academic Support Services Evaluation(Evaluation Matrix EM2)

Evaluation Method	Evaluation Focus	PEM/CEM Component	Main KPIs /Survey Items
Course Evaluations	Instructor availability, responsiveness, and overall support	CEM 7	OC25, OC27, Course Evaluation Survey (CES)
Program Surveys	Effectiveness of academic advising	PEM 7	OC25, PO_SU_01 Q7, PO_SU_02 Q14
Program Surveys	Effectiveness of career guidance	PEM 7	OC26, PO_SU_02 Q9-Q12
Program Surveys	Effectiveness of psychological counseling	PEM 7	OC27, PO_SU_02 Q15
Program Surveys	Effectiveness of social counseling services	PEM 7	OC27, PO_SU_02 Q15
Program Surveys	Fairness of grievance and disciplinary mechanisms	PEM 7	OC24, PO_SU_02 Q7-Q8
Identification of Talented, Creative, and Struggling Students	Test scores, assignment performance, faculty referrals, and attendance rates	PEM 7	OC28, OC29
Support Procedures for Talented and Struggling Students	Advising Committee Reviews	PEM 7	OC28, OC29
Student Satisfaction with Services for Talented Students	Surveys	PEM 7	OC28, PO_SU_02 Q16-Q17
Student Satisfaction with Services for Struggling Students	Surveys	PEM 7	OC29, PO_SU_02 Q18-Q19
Internal Audits by Quality Assurance Administration (QAA)	Evaluation of Quality of Advising and Academic Support Services based on NCAAA relevant criteria.	-	-
Independent Opinion Process	Evaluation of Quality of Advising and Academic Support Services based on NCAAA relevant criteria.	-	-



4.3.1.3 Evaluation of Learning Resources and IT services

The quality and adequacy of learning resources and IT services are thoroughly evaluated through detailed student and faculty surveys conducted at both the course and program levels. Course surveys distributed at the end of each semester gather quantitative and qualitative feedback from students on the quality of essential textbooks, supplementary references, online journals and databases, lab equipment, and any other resources utilized in the course (CEM component 3). Program surveys carried out annually evaluate the overall learning environment, including the breadth and depth of print and electronic resources available through the program's and centralized college libraries, the accessibility of databases on and off campus, and any other library services or facilities accessed by students and faculty (PEM component 3, PO_SU_02 survey Q28-30, PO_SU_01 survey Q26-27).

The results and findings from these comprehensive course and program surveys are analyzed each year by the Learning Resources, Facilities and Equipment Committee (LRFE) (PEM component 3). In addition to survey results, the committee conducts a thorough annual review incorporating relevant course evaluation data, input from faculty, and performance on key quality indicators related to learning resources (specifically OC-50, OC-51, KPI-P-17, OC-54, OC-71) as reported in the program's annual KPIs report. This holistic analysis helps identify any gaps or areas needing improvement related to the program's learning resources, from the need for additional copies of heavily used textbooks to subscriptions for new online journal databases requested by faculty and students.

As outlined under P-P-13 in section 4.1.4 above, and based on Policy P-12, LRFE conducts periodic re-evaluations of learning resources, at minimum once per academic year, to ensure they remain adequately relevant, current, and most importantly effective in supporting both teaching activities and learning outcomes within the program's courses. Any recommendations for enhancements or modifications stemming from these cyclical evaluations are incorporated into operational plans through the DTI phase.

In addition to robust surveys, faculty and committee reviews, and ongoing re-evaluations, the program's learning resources also undergo rigorous quality audits periodically conducted by QAA (I-C-01 and I-C-02). Audit teams thoroughly investigate all aspects of learning resources and provide critical feedback and recommendations aimed at proactively improving resources and closing any identified performance gaps. In addition, the Independent Opinion (IO) review (P-C-12) includes an in-depth evaluation of the quality and adequacy of learning resources, including library resources, IT infrastructure, and online services. IO also examines all dimensions of these resources in terms of their alignment with program and course learning outcomes, ease of access, currency, and sufficiency to meet research and learning needs. The independent review provides vital objective insight into the performance of learning resources measured against relevant NCAAA criteria. Recommendations from both internal audits and the independent evaluation are incorporated into operational plans through the DTI phase.

This consistent cycle of review, acquisition, evaluation, and adjustment guided by comprehensive audits and surveys is fundamental to maintaining the outstanding quality and continuous improvement of learning resources within OC academic programs. The overall evaluation of learning resources and IT services is provided in Table 10 below.

Table 10: Summary of Learning Resources and IT Services Evaluation (Evaluation Matrix EM3)

Evaluation Method	Evaluation Focus	PEM/CEM Component	Main KPIs /Survey Items
Course Surveys	Quality of individual learning resources	CEM 3	Course Evaluation Survey (CES)
Program Surveys	Overall learning environment, including availability and accessibility of resources	PEM 3	PO_SU_02 Q28-30, PO_SU_01 Q26-27
Learning Resources, Facilities and Equipment Committee (LRFE) Reviews	Gaps or areas needing improvement related to the program's learning resources	PEM 3	OC-50, OC-51, KPI-P-17, OC-54, OC-71
Periodic Re-evaluations by LRFE	Relevance, currency, and effectiveness of resources in supporting teaching and learning	PEM 3	-
Quality Audits by Quality Assurance Administration (QAA)	All aspects of learning resources	-	-
Independent Opinion (IO) Review	Quality and adequacy of learning resources, in addition to their alignment with program and course learning outcomes	-	-

4.3.1.4 Evaluation of Admission and Enrolment Mechanisms and Services

The admission and enrollment mechanisms and services are evaluated through the Program Evaluation Matrix (PEM), Course Evaluation Matrix (CEM), student and alumni surveys, and relevant KPIs. The PEM component on Teaching and Assessment Effectiveness utilizes detailed survey questions for current students (survey items 1-5 in PO_SU_01), alumni (survey items 1-5 in PO_GRAD), and the Professional Advisory Committee to assess if the specific admission criteria are fair, clear, consistently applied, and properly aligned with program learning outcomes and course requirements. KPI-P-11 on the student to faculty ratio specifically monitors if the number of students admitted and enrolled each term is appropriate for the program's capacity regarding faculty numbers, facilities, and other resources.

Although the CEM does not directly assess admission, the student course evaluation questions on the clarity of specific course learning objectives, requirements, workloads, and assessments (survey items 31-35 in PO_SU_02) indicates if the knowledge and skills of admitted and enrolled students adequately matches the demands of the courses. KPI-P-08 on the detailed average class size for each course also monitors if the number of students enrolled in each course aligns with the capacity of that course regarding facilities, resources, and teaching approaches. Additionally, the program periodically cross-checks if the admission criteria and procedures are effectively preparing students for the specific requirements of each course.

The student survey items 11 and 12 in PO_SU_01 and PO_SU_02 include detailed questions that assess if the enrollment procedures including course registration, academic advising, and orientation are efficient, clear, transparent, and fair for all students. KPI OC-20 on student satisfaction with admission fairness and OC-22 on ease of accessing program information before admission also provide relevant metrics. KPI-P-05 on first-year retention also analyzes data on factors like course failure or switching that

indicate if enrollment procedures are appropriately guiding students in selecting suitable courses and sections. Survey item 13 in PO_SU_01 thoroughly assesses if the content, format, duration, and delivery of the induction programs help orient new students to critical enrollment procedures and decisions.

In addition to the robust internal PEM, CEM, survey, and KPI mechanisms, the admission and enrollment procedures also undergo periodic quality audits conducted by QAA. The audit teams thoroughly investigate all aspects of these procedures, including reviewing admission criteria, enrollment instructions, academic advising, induction programs, and related data. The audits provide critical feedback and recommendations aimed at proactively improving admission and enrollment practices and closing any identified performance gaps. Furthermore, the Independent Opinion (IO) review (P-C-12) includes an in-depth evaluation of the quality and effectiveness of admission and enrollment procedures. The IO examines alignment with program requirements, fairness, efficiency, and sufficiency to meet student needs. This independent review provides vital objective insight measured against relevant NCAAA standards and criteria. Recommendations from both the quality audit and IO review feed into the operational planning cycle through the DTI phase to drive continuous enhancements.

The results of these comprehensive evaluations of admission and enrollment procedures are compiled into detailed reports by the Quality Unit. These reports are reviewed and discussed by the program committees and administration. Specific recommendations for improvement actions and changes are incorporated into the program Operational Plan objectives and workplans and tracked through KPI-P-01 on achieving strategic and operational plan objectives. Implemented changes might include modifications to admission criteria, improvements to enrollment instructions and advising, or enhancements to induction programs to directly address any identified issues.

Follow-up evaluations of the impact of these changes are conducted the next academic year utilizing the same detailed PEM, CEM, surveys, and KPI mechanisms. Comparing the evaluation results year-over-year closes the quality loop by directly linking the data collected to the specific improvement actions taken and providing tangible evidence of their effectiveness. These outcomes are thoroughly communicated to all faculty, staff, students, and other stakeholders to ensure transparency and continually enhance the quality of the admission and enrollment procedures. The overall evaluation of admission and enrollment is summarized in Table 11 below.

Table 11: Summary of Admission and Enrollment Evaluation (Evaluation Matrix EM4)

Evaluation Component	Evaluation Method(s)	Linked Matrix Component or Process	Evaluation Tool	Main KPIs
Admission Criteria Alignment	Survey Evaluation	PEM - Teaching and Assessment Effectiveness	PO_SU_01 (Students) PO_GRAD (Alumni)	KPI-P-11
Enrollment Capacity Management	KPI Analysis	PEM - Teaching and Assessment Effectiveness	KPI-P-11 (Student to Faculty Ratio)	KPI-P-08
Admission Criteria Effectiveness	Cross-checks & Surveys	CEM - Course Evaluation Matrix	Course Evaluation Survey	-
Enrollment Procedure Efficiency	Survey Evaluation	PEM - Teaching and Assessment Effectiveness	PO_SU_01 PO_SU_02 PO_GRAD	OC-20 OC-22

First-Year Retention Analysis	KPI and Data Analysis	PEM - Teaching and Assessment Effectiveness	KPI-P-05 (First-Year Retention)	-
Induction Program Effectiveness	Survey Evaluation	PEM - Teaching and Assessment Effectiveness	PO_SU_01 (Survey Item 13)	-
Overall Quality of Admission and Enrollment	Internal Quality Audits	-	-	-
Overall Quality of Admission and Enrollment	Independent Opinion Review	-	-	-

4.3.1.5 Evaluation of Facilities, Equipment and Safety

The quality of facilities, equipment and safety will be evaluated through several mechanisms outlined in the Program Evaluation Matrix (PEM) and Course Evaluation Matrix (CEM). The Facilities, Equipment and Safety component of the PEM evaluates this through student, faculty, and staff surveys (PO_PRO_01, PO_PRO_02, PO_SU_01, PO_SU_02), analysis by the Learning Resources, Facilities and Equipment (LFE) Committee, and incorporation into the final program Quality Assurance Committee (QAC) reviews (PEM item 4). Relevant survey questions assess the quality, availability, maintenance and safety of facilities, labs, classrooms, and equipment. This provides indirect evaluation by stakeholders. The LFE Committee provides further analysis of facilities and equipment. Achievement of related KPIs such as OC56, OC57, OC58, OC59 and OC60 are measured. In the CEM, students indirectly evaluate facilities through the course evaluation survey (CEM item 3), while peer classroom observations assess classroom facilities and equipment (CEM item 1).

KPIs that will be measured related to facilities, equipment and safety evaluation mainly include the following:

- OC56:** Extent of satisfaction with adequacy and qualifications of lab technicians
- OC57:** Extent of satisfaction with adequacy of classrooms, capacity, and technical equipment
- OC58:** Extent of satisfaction with quality and adequacy of facilities and equipment
- OC59:** Extent of satisfaction with availability of security and safety equipment
- OC60:** Extent of awareness of risks evidence and management

The results of evaluations related to facilities, equipment and safety will be analyzed by the LFE Committee and QAC. Action plans will be developed based on this analysis to address areas needing improvement and will be included in the annual operational plans.

Furthermore, internal audit teams, as part of the Quality Assurance Administration (QAA), undertake comprehensive reviews of the facilities, equipment, and safety measures in place. The audit team will examine all aspects of facilities and their safety components, including maintenance records, safety drills, emergency response plans, and the adequacy of equipment and facilities to support the academic programs.

Additionally, the audits delve into the effectiveness of safety training for staff and students, the integration of safety policies into daily operations, and the responsiveness of the institution to safety concerns and incidents. This thorough analysis results in detailed feedback, highlighting areas for improvement and best practices that can be adopted.

Alongside the audits, the Independent Opinion (IO) review (P-F-10) provides an objective assessment of the actual conditions against established benchmarks. The IO scrutinizes the program's adherence to health and safety regulations, the functionality and modernity of equipment, and the suitability of facilities for their intended educational purposes. It ensures that the institution's facilities and safety measures are not only theoretically sound but also practically effective. The findings and recommendations from both the QAA audits and the IO review are integral to the operational planning process. These insights feed directly into the DTI phase, as outlined earlier.

In summary, evaluation of the quality of facilities, equipment and safety is conducted through the PEM, CEM, surveys, LFE Committee review, and measurement of pertinent KPIs. These evaluation aspects are summarized in Table 12 below.

Table 12: Summary of Evaluation of Facilities, Equipment and Safety (Evaluation Matrix EM5)

Evaluation Aspect	Evaluation Mechanism	Contributors	KPIs	Outcome
Quality, availability, maintenance, and safety of facilities	Student, faculty, and staff surveys; LFE Committee analysis;	Students, faculty, staff, LFE Committee, QAC	OC56, OC57, OC58, OC59, OC60	LFE Committee and QAC analysis; Development of action plans; Inclusion in annual operational plans
Adequacy of classrooms, capacity, and technical equipment	Course evaluation survey; Peer classroom observations	Students, faculty, peers	OC57	Action plans to address classroom and equipment issues; Inclusion in annual operational plans
Satisfaction with lab technicians	Student, faculty, and staff surveys	Students, faculty, staff	OC56	Improvement in qualifications and hiring practices for lab technicians
Quality and adequacy of facilities and equipment	LFE Committee review; QAC reviews	LFE Committee, QAC	OC58	Strategic investments in facilities and equipment; Upgrades and maintenance planning
Availability of security and safety equipment	Student, faculty, and staff surveys	Students, faculty, staff	OC59	Enhancement of security measures; Regular updates to safety equipment; Increased safety drills and training
Awareness of risks evidence and management	Surveys; Internal audits	Students, faculty, staff, QAA	OC60	Improved risk management strategies; Enhanced awareness programs
Effectiveness of safety training and Suitability of facilities for educational purposes	Internal QAA audits; IO review	-	-	Refinement of safety training programs; Upgrades to facilities to meet educational requirements; Renovations and expansions; Implementation of recommendations

4.3.1.6 Evaluation of Other Quality Aspects

There are additional quality aspects and criteria from the NCAAA standards that are not directly covered in the specific evaluation sections above. These other aspects relate to broader program management, quality assurance processes, curriculum design, some student support services, faculty sufficiency and performance, and overall resource management.

While some components are evaluated through indirect mechanisms like surveys and committee reviews discussed earlier, the overall quality in these other areas is thoroughly evaluated through the comprehensive Internal Quality Audits conducted by the Quality Assurance Administration (QAA) at the institutional level. The audit teams do in-depth investigations and analysis of all the program's systems, processes, resources, and outputs based on the full criteria and standards outlined in the NCAAA requirements.

In addition to the internal audits, an overarching external perspective is provided through the Independent Opinion (IO) review process. The IO provides an impartial evaluation of all aspects of the program, including the quality of program management, curriculum design, teaching effectiveness, student services, faculty qualifications, and resource adequacy. It benchmarks the program's performance against the NCAAA standards and similar international programs.

Again, the findings, recommendations, and feedback from both the Internal Quality Audits and the Independent Opinion review feed directly into the operational planning process through the DTI phase, which allows the program to continuously monitor its overall performance against the comprehensive NCAAA criteria and implement improvements to the aspects not covered directly through other specialized evaluations outlined earlier.

4.3.1.7 Annual Operation Plan Progress (Performance) Report and Evaluation of Achieving Mission and Goals

The Operational Plan Progress Report (OC-QMS-C-03) is an integral component within the quality management system (OC-QMS) that enables effective tracking and evaluation of the program's improvement efforts through the operational planning process, as well as evaluation of the progress towards achieving the program's mission and strategic goals.

As discussed earlier, the "distill-transform-include" (DTI) phase guides the formulation of an operational plan (P-P-16) based on priority recommendations extracted from all relevant quality reports. The progress report (OC-QMS-C-03) then provides a standardized template to methodically document the program's progress in implementing each operational objective outlined in the plan.

For every operational objective, the progress template captures granular implementation details including:

- Percent completion based on specific implementation steps accomplished. This is quantitatively calculated by dividing the number of finished implementation steps by the total steps defined in OC-QMS-P-03.
- Explicit reasons for any unfulfilled implementation steps, covering factors like insufficient resources, unrealistic timelines, misassigned responsibilities etc. as specified in OC-QMS-P-03.

- Recommended corrective actions to address the unfulfilled steps in the next operational plan, such as reassignment of responsibilities, extension of timelines, reallocation of resources etc.
- Supporting evidence and verification documentation uploaded into the program's dedicated folder. This could include minutes of meetings, completion reports, photographs, videos, survey results etc.

Additionally, the template links each operational objective to the relevant strategic goal and associated KPI targets. By summarizing the actual performance of the KPIs mapped to each strategic goal, the report elucidates the impact of the operational plan in enabling the program to achieve its overarching mission and goals.

The final sections of the report synthesize the performance data to determine the overall achievement of strategic goals based on operational objectives and KPIs. It also highlights priority areas for improvement to be tackled in the next planning cycle through specific recommendations.

In essence, the progress report template OC-QMS-C-03 enables a standardized and evidence-based approach to track short-term operational progress as well as inform long-term program development. By methodically documenting objective achievement and performance gaps, it facilitates sound data-driven decision making to guide impactful quality improvements through the operational planning process. The template is thus indispensable for closing the quality loop, monitoring advancement toward goals, and spearheading program excellence within the OC-QMS framework.

Preparation, Review and Approval of OC-QMS-C-03

The process for the preparation, review, and approval of the Annual Operational Plan Progress Report, denoted as P-E-04, is a multi-step process as diagrammed in Figure 49 below.

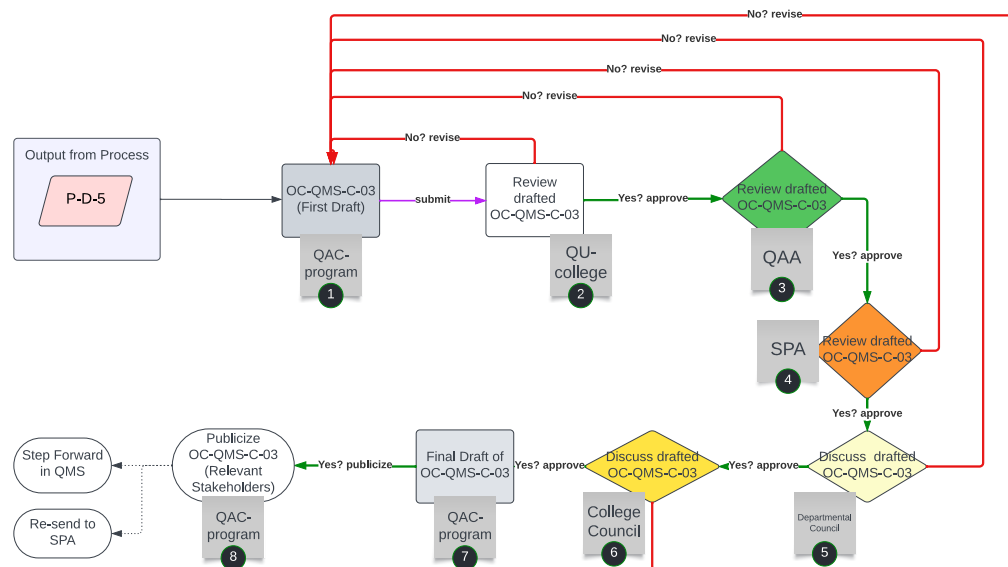


Figure 49: A flowchart demonstrating the process of Program Operational Plan Progress/Performance Report preparation, review, and approval (Process Code: P-E-04)

The preparation of the progress report OC-QMS-C-03 begins with the program's Quality Assurance Committee (QAC) drafting the template based on the previous year's approved operational plan OC-QMS-P-03 and based on the output of the monitoring the implementation of the Operational Plan (P-D-5). Using the documented operational objectives, implementation steps, and performance targets, QAC comprehensively populates each section of the report template with the relevant data, analysis, and evidence (Step 1).

Once a draft is ready, QAC sends the OC-QMS-C-03 report to the Quality Assurance Unit (QU) for an initial review (Step 2). QU thoroughly examines all aspects of the report to ensure proper completion of all required sections, accuracy of supporting evidence provided, and alignment with the guidelines of the quality management system OC-QMS. If any deficiencies are identified, such as incomplete information, insufficient evidence, or deviations from the template format, QU returns the report to QAC for modifications and improvement.

After revising OC-QMS-C-03 accordingly, QAC resubmits the updated version to QU for a final check. When QU verifies that the report satisfies all stipulated criteria, the OC-QMS-C-03 is forwarded to QAA for further review (Step 3).

Once reviewed by QAA, the report is sent to the Strategic Planning Administration (SPA) for the next level of review (Step 4). SPA focuses its evaluation on the achievement of strategic goals and key performance indicators, ensuring the analysis and conclusions presented align with the actual data. If any disconnect is noted, SPA provides input to QAC for remediation.

Subsequently, QAC modifies the document as needed and prepares a version of OC-QMS-C-03 to be tabled to the Department Council (Step 5). The council thoroughly discusses the report and may recommend further changes to strengthen the quality of reporting or better reflect the program context. QAC notes all suggestions made during the council review and incorporates the approved modifications into a final version of the progress report.

This finalized OC-QMS-C-03 is then elevated to the College Council for the final stage of review leading to formal approval (Step 6). Upon endorsement by the college council, QAC prepares the final draft of the report considering all recommendations by the councils (Step 7). The approved and final draft report is then reviewed by QAC (Step 8) for archiving and publication to all relevant program stakeholders, both internal and external. QAC also provides a copy of the approved OC-QMS-C-03 to SPA for incorporation into institutional quality reports. At this stage, the authorized progress report OC-QMS-C-03 is ready to feed forward into the next iteration of the quality management system, becoming a vital input for the formulation and selection of operational objectives in the next operational plan (Process P-P-16). It also serves as a key reference document for the program's Self-Evaluation and Self-Study process (Process Code: P-C-11) as well as other OC-QMS processes requiring information on the achievement of strategic goals and operational objectives. Thus, the completion of OC-QMS-C-03 closes the current quality loop while catalyzing the next cycle of quality enhancement.

In summary, this process of preparation, review, feedback, and endorsement at multiple levels ensures OC-QMS-C-03 provides high quality, evidence-based reporting on the program's operational progress aligned with the objectives of OC-QMS.

4.3.1.8 External and Internal Quality Programmatic Audits/Reviews

Based on Policy P-04, OC-QMS mandates that all academic programs be subject to internal and external quality reviews and audits. In OC-QMS, there are two types of internal audits, and two types of external audits as follows:

1. Interim Internal Quality Audit (subsection 4.3.1.8.1)
2. Comprehensive Internal Quality Audit (subsection 4.3.1.8.2)
3. Independent Opinion (subsection 4.3.1.8.3)
4. NCAAA External Review (subsection 4.3.1.8.4)

This section will elaborate on each type of audit, describe its process and relevant procedures.

4.3.1.8.1 Interim Internal Quality Audit (I-C-02)

The Interim Internal Quality Audit is a crucial annual exercise conducted by the Quality Assurance Administration (QAA) at Onaizah Colleges. Its primary objective is to assess the progress of an academic program in achieving its annual operational plan objectives, implementing its activities plans (including research, community, volunteering, extracurriculars, and faculty training plans), and following up on recommendations from various reports. This audit serves as a midpoint check, ensuring that the program is actively working towards continuous improvement and addressing any identified areas of concern within the academic year.

The process for the **Interim Internal Quality Audit** (denoted as **I-C-02**) consists of (8) procedural steps detailed below:

Step 1: Preparation and Planning

1.1 Initiation and Team Formation

The Quality Assurance Administration (QAA) initiates the audit process by formally announcing the commencement of the Interim Internal Quality Audit for the academic year. This announcement is typically made at the beginning of the second semester, allowing sufficient time for the audit to be conducted and any necessary corrective actions to be implemented before the end of the academic year.

QAA then forms an internal audit team comprising experienced auditors and subject matter experts from within the institution. The team members are carefully selected based on their expertise, knowledge of the academic program being audited, and their familiarity with the quality assurance processes and standards of Onaizah Colleges. The team is officially formed through a formation letter issued and signed by QAA Director.

1.2 Preparatory Review

Once the audit team is assembled, they begin their preparatory review by studying the program's Annual Program Reports (APR), Key Performance Indicators (KPIs) Reports, and the Operational Plan. This initial review allows the audit team to gain a comprehensive understanding of the program's context, goals, areas of focus, and any existing challenges or areas of concern.

During this preparatory phase, the audit team also familiarizes themselves with the relevant policies, procedures, and guidelines outlined in this handbook. This ensures that the audit team is well-

versed in the institutional standards and expectations against which the program's performance will be evaluated.

Step 2: Audit Notification and Documentation Request

2.1 Formal Notification

After completing the preparatory review, QAA sends a formal notification to the academic programs, informing them of the upcoming Interim Internal Quality Audit. This notification typically includes the following information:

- The purpose and scope of the audit
- The composition of the audit team
- The tentative timeline for the audit process
- A list of required documentation to be provided by a program

2.2 Documentation Request

Along with the formal notification, QAA requests the academic program to provide specific documentation that will be essential for the audit team's review. This documentation typically includes:

- Annual Program Operational Plan and its related Activities Plans
- Operational Plan Progress Report
- A representative sample of Course Reports from the current academic year
- Field Experience Report
- Program Learning Outcomes Assessment Report (PLOAR) (OC-QMS-C-07), of the previous year.
- Annual Surveys Report, including results from the (10) programmatic surveys, of the previous year.
- APR (Annual Program Report) of the previous year

The documentation request is accompanied by clear instructions regarding the format, organization, and submission deadlines for the required materials. This ensures that the audit team receives the necessary information in a timely and standardized manner, facilitating an efficient and thorough review process. Special QAA templates are used to facilitate documentation and evaluation will be used.

Step 3: Document Review

3.1 Comprehensive Analysis

Upon receiving the requested documentation from the academic program, the audit team commences a thorough document review. This review is a critical step in the audit process, as it provides the audit team with a detailed understanding of the program's progress, challenges, and areas of concern.

During the document review, the audit team pays particular attention to the following aspects:

- Progress towards achieving the annual operational plan objectives: The audit team examines the preliminary Operational Plan Progress Report (OC-QMS-C-03) to assess the program's progress in implementing the specific operational objectives outlined in the plan. This includes evaluating the completion percentages, identifying any unfulfilled implementation steps, and analyzing the provided evidence and supporting documentation.
- Implementation of activity plans: The audit team reviews the program's activity plans, such as the Community Engagement and Volunteer Plan, Research Activity Plan, and Faculty Training Plan. They assess the extent to which these plans have been executed, the level of engagement from stakeholders, and the overall impact on the program's performance.

- Follow-up on recommendations from various reports: The audit team examines the program's response to recommendations from previous reports, including the Annual Program Report (APR), Program Learning Outcomes Assessment Report (PLOAR), and surveys. They evaluate whether the program has effectively addressed and implemented these recommendations, and if any areas still require further attention.
- Course delivery and assessment: By reviewing a representative sample of Course Reports, the audit team gains insights into the program's course delivery practices, assessment methods, and the overall quality of teaching and learning experiences.
- Stakeholder feedback: The Annual Surveys Report provides valuable insights into the perceptions and experiences of various stakeholders, including students, faculty, alumni, and employers. The audit team analyzes this feedback to identify any recurring themes, areas of concern, or opportunities for improvement.

Throughout the document review process, the audit team maintains detailed notes, highlighting areas of strength, areas of concern, and any potential non-compliance issues. These notes serve as the foundation for the audit team's findings and recommendations in the subsequent stages of the audit process.

Step 4: Interviews

4.1 Stakeholder Engagement

While the document review provides a comprehensive understanding of the program's performance based on written reports and data, the audit team recognizes the importance of engaging with key stakeholders to gain additional insights and validate the information gathered from the documents.

To achieve this, the audit team conducts interviews with various stakeholders, including:

- Program Director
- Quality Assurance Committee (QAC) members
- Faculty members, if needed.
- Samples of Students, if needed.

4.2 Interview Objectives

The primary objectives of these interviews are:

- Validating the accuracy and completeness of the information provided in the documentation
- Obtaining firsthand perspectives and experiences from stakeholders directly involved in the program's operations
- Identifying any potential discrepancies or areas of concern that may not have been fully captured in the written reports
- Gathering additional insights and recommendations for improvement from stakeholders

4.3 Interview Approach

The audit team adopts a structured approach to conducting these interviews, ensuring consistency and impartiality. Before each interview, the audit team prepares a set of guiding questions tailored to the specific stakeholder group. These questions are designed to elicit candid responses and encourage open dialogue.

During the interviews, the audit team maintains a professional and objective demeanor, creating an environment that fosters trust and open communication. They actively listen to the stakeholders' perspectives, probe for clarification when needed, and record detailed notes for later analysis.

The interviews serve as a valuable opportunity for the audit team to gain a comprehensive understanding of the program's operations, challenges, and areas for improvement from the perspectives of those directly involved in its implementation.

Step 5: Audit Report Preparation

5.1 Consolidating Findings

After completing the document review and stakeholder interviews, the audit team consolidates their findings and prepares a comprehensive audit report. This report serves as the primary deliverable of the Interim Internal Quality Audit process and provides a detailed assessment of the program's progress, strengths, areas of concern, and recommendations for improvement.

The audit report typically includes the following key components:

- An overview of the audit scope and objectives
- A summary of the program's strengths and areas of excellence
- Identification of any non-compliance issues or areas of concern
- Detailed recommendations for improvement, categorized by priority level
- An action plan request and response template for the program to address the recommendations

5.2 Recommendations and Action Plan

One of the most crucial aspects of the audit report is the development of recommendations for improvement. These recommendations are based on the audit team's analysis of the program's performance, stakeholder feedback, and alignment with OC-QMS standards and best practices.

The recommendations are categorized according to their priority level, with high-priority recommendations addressing critical areas that require immediate attention, and lower-priority recommendations focusing on areas for continuous improvement or long-term enhancements.

Accompanying the recommendations is an action plan template, which serves as a guide for the program to develop a structured approach to addressing the identified areas for improvement. The action plan template typically includes sections for:

- Specific actions to be taken
- Responsible parties or individuals
- Target completion dates
- Required resources or support
- Expected outcomes or success criteria

The inclusion of an action plan template in the audit report underscores the commitment of Onaizah Colleges to not only identify areas for improvement but also to provide a clear roadmap for implementing the necessary changes.

Step 6: Report Review and Finalization

6.1 Draft Report Review

Once the audit team has completed the initial draft of the audit report, it is shared with the academic program's leadership and the Quality Unit (QU) for their review and feedback. This step is crucial to ensure

the accuracy and completeness of the report, as well as to solicit input from those directly involved in the program's operations.

The program leadership and QU are encouraged to provide detailed feedback on the report, including:

- Clarifications or corrections to any factual information presented
- Additional context or perspectives that may have been overlooked
- Feedback on the feasibility and prioritization of the proposed recommendations
- Suggestions for refining or enhancing the action plan template

6.2 Report Finalization

After receiving feedback from the program leadership and QU, the audit team carefully reviews and incorporates any relevant comments or suggestions into the final version of the audit report. This iterative review process ensures that the report accurately reflects the program's context and provides actionable recommendations that are aligned with the institution's goals and priorities.

The finalized audit report is then formally approved by QAA, signifying its readiness for presentation to the relevant stakeholders.

Step 7: Presentation and Follow-up

7.1 Report Presentation

The final audit report is presented to the academic program's leadership, the Quality Unit (QU), and other relevant stakeholders, such as the department council and college council. This presentation serves as an opportunity to discuss the audit findings, recommendations, and the proposed action plan in a collaborative and constructive manner.

During the presentation, the audit team walks through the key components of the report, highlighting the program's strengths, areas of concern, and the rationale behind the recommendations.

7.2 Action Plan Development

Following the report presentation, the academic program is expected to develop a detailed action plan to address the recommendations outlined in the audit report. This action plan should be based on the template provided in the audit report but tailored to the program's specific context and priorities.

The action plan should include:

- Specific actions to be taken, with clear ownership and accountability assigned
- Realistic timelines for implementation, considering available resources and potential challenges
- Measurable targets or success criteria to evaluate the effectiveness of the actions
- Identification of any additional resources or support required for successful implementation

The development of the action plan is a collaborative effort, involving input from the program leadership, faculty, and other relevant stakeholders. This collaborative approach ensures commitment from all parties involved, increasing the likelihood of successful implementation.

7.3 Implementation Monitoring and Support

Once the action plan has been finalized, QAA assumes an ongoing monitoring and support role to ensure its effective implementation. This may involve:

- Regular check-in meetings with the program leadership to track progress and address any challenges or barriers
- Providing guidance, resources, or training to support the implementation of specific actions
- Facilitating collaboration or coordination between different departments or units, as required
- Conducting short interim progress reviews to assess the effectiveness of the implemented actions

Throughout the implementation phase, QAA maintains open communication channels with the academic program, offering support and guidance as needed to ensure that the action plan is executed successfully and within the designated timelines.

Step 8: Short Interim Checks

In addition to the comprehensive Interim Internal Quality Audit conducted annually, the Quality Assurance Administration (QAA) also implements a series of short interim checks throughout the academic year. These interim checks serve as supplementary monitoring mechanisms, ensuring that the academic program remains on track with the implementation of its action plan and continues to make progress towards achieving its operational objectives.

8.1 Rationale for Short Interim Checks

The short interim checks are designed to address the following needs:

- **Continuous Monitoring:** The comprehensive annual audit provides a comprehensive assessment at a specific point in time. However, the dynamic nature of academic programs necessitates more frequent monitoring to identify and address potential issues or deviations promptly.
- **Timely Course Correction:** By conducting interim checks at regular intervals, QAA can identify any challenges or obstacles faced by the program in implementing its action plan. This allows for timely course correction and the provision of targeted support or guidance to keep the program on track.
- **Reinforcement of Accountability:** The interim checks serve as a reinforcement mechanism, ensuring that the program maintains a consistent focus on implementing the action plan and adhering to the recommendations outlined in the audit report.
- **Continuous Improvement:** Regular monitoring and feedback through interim checks foster a culture of continuous improvement, enabling the program to make incremental adjustments and refinements throughout the academic year.

8.2 Interim Check Process

The short interim checks follow a streamlined process, designed to be efficient and minimally disruptive to the program's operations. The process typically includes the following steps:

- **Notification and Documentation Request:** QAA notifies the academic program of the upcoming interim check and requests relevant documentation, such as progress reports, meeting minutes, or any other evidence related to the implementation of the action plan.
- **Documentation Review:** QAA's audit team conducts a focused review of the provided documentation, assessing the program's progress against the action plan and identifying any potential areas of concern or delays.
- **On-site Visit (Optional):** Depending on the nature and scope of the interim check, QAA may conduct a brief on-site visit to the program. This visit may include interviews with key personnel or observations of specific processes or activities related to the action plan implementation.

- **Feedback and Recommendations:** Based on the documentation review and any on-site observations, QAA provides feedback to the program, highlighting areas of progress, areas for improvement, and any necessary course corrections or additional recommendations.
- **Follow-up and Support:** QAA works closely with the program to address any identified issues or challenges, offering guidance, resources, or support as needed to facilitate the successful implementation of the action plan.

8.3 Frequency and Timing

The frequency and timing of the short interim checks are determined by QAA based on the specific needs and context of each academic program. Generally, these checks may occur on a quarterly or semi-annual basis, providing regular touchpoints for monitoring and feedback throughout the academic year.

The interim checks may be scheduled to coincide with significant milestones or critical junctures in the action plan implementation timeline, allowing for focused assessments at key points in the process.

8.4 Integration with Comprehensive Audit

The findings and observations from the short interim checks are documented and integrated into the comprehensive Interim Internal Quality Audit process for the subsequent academic year. This integration ensures that any ongoing challenges or areas for improvement identified during the interim checks are thoroughly addressed and incorporated into the audit report and the updated action plan.

By implementing these short interim checks, QAA reinforces the continuous improvement mindset within the academic program and fosters a culture of accountability and ongoing progress monitoring. This proactive approach enables the program to stay on track, make timely adjustments, and ultimately achieve its operational objectives more effectively, contributing to the overall success of the Quality Management System (OC-QMS) at Onaizah Colleges.

In conclusion, the Interim Internal Quality Audit serves as a crucial checkpoint in the annual quality cycle of Onaizah Colleges' academic programs. By thoroughly assessing the program's progress, identifying areas for improvement, and providing actionable recommendations, this audit process ensures that the program remains on track towards achieving its operational objectives and continuously strives for excellence. The audit's recommendations and the subsequent action plan are then integrated into the program's subsequent Operational Plan, closing the quality loop and driving ongoing enhancement within the overarching Quality Management System (OC-QMS) framework. The process and its (8) steps are summarized in ... below:

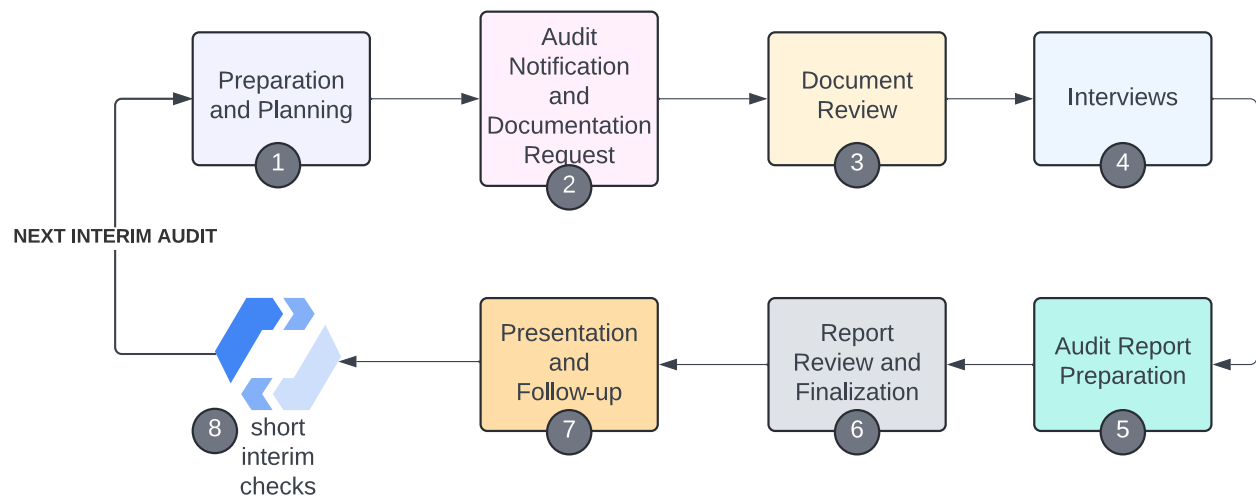


Figure 50: A flowchart demonstrating the process of Interim Internal Quality Audit (Process Code: I-C-02)

4.3.1.8.2 Comprehensive Internal Quality Audit (I-C-01)

The Comprehensive Internal Quality Audit (I-C-01) is a rigorous and in-depth evaluation of an academic program, conducted by the Quality Assurance Administration (QAA) every **three to five years**. This audit serves as a holistic assessment of the program's compliance with NCAAA standards and criteria, as well as its overall quality and effectiveness. Unlike the annual Interim Internal Quality Audit, which focuses primarily on the program's progress towards its operational objectives, the Comprehensive Internal Quality Audit delves into a broader range of aspects, including curriculum design, faculty qualifications, student support services, and resource management.

I-C-01 is a comprehensive and multi-faceted process that involves several key stages, including preparation, document review, site visits, and report generation. The process is designed to provide an objective and evidence-based evaluation of the program's strengths, areas for improvement, and opportunities for further development.

The process for the Comprehensive Internal Quality Audit (I-C-01) is as follows:

Step 1: Preparation and Planning

1.1 Initiation and Team Formation

Similar to the Interim Internal Quality Audit, QAA initiates the Comprehensive Internal Quality Audit process by forming an internal audit team. However, given the broader scope and depth of this audit, the team members are carefully selected based on their expertise, experience, and familiarity with the NCAAA standards and criteria. The I-C-01 team would be larger than the I-C-02 team and, it must be selected by the QAA Director, and officially formed through a formation letter issued and signed by the Chairman Assistant of Boards of Trustees for Planning and Quality.

The audit team typically includes experienced auditors, subject matter experts, and representatives from various departments or units within the institution, such as academic affairs, student services, and resource management. This diverse composition ensures that the audit team possesses the necessary knowledge and perspectives to comprehensively evaluate the program's performance across multiple dimensions.



1.2 Preparatory Review

The audit team begins their preparatory review by studying the program's Self-Study Report (SSR), which serves as the foundation for the Comprehensive Internal Quality Audit. The SSR is a detailed document prepared by the academic program, providing a comprehensive self-evaluation of its performance against the NCAA standards and criteria. The preparation of an SSR is detailed in section 4.2.20 above under Process P-C-11.

In addition to the SSR, the audit team reviews other relevant documents, such as the program's Annual Program Reports (APRs), Key Performance Indicators (KPIs) Reports, Program Learning Outcomes Assessment Reports (PLOARs), and any previous audit reports or external reviews.

This preparatory review allows the audit team to gain a thorough understanding of the program's context, strengths, challenges, and areas of focus, as well as familiarize themselves with the program's self-identified areas for improvement.

Step 2: Audit Notification and Documentation Request

2.1 Formal Notification

QAA sends a formal notification to the academic program, informing them of the upcoming Comprehensive Internal Quality Audit. This notification typically includes the following information:

- The purpose and scope of the audit
- The composition of the audit team
- The tentative timeline for the audit process
- A list of required documentation to be provided by the program

2.2 Documentation Request

Along with the formal notification, QAA requests the academic program to provide specific documentation that will be essential for the audit team's review. This documentation may include, but is not limited to:

- The Self-Study Report (SSR)
- Program Specifications and Course Specifications
- Recent Annual Program Reports (APRs) and Course Reports
- Program Learning Outcomes Assessment Plans and Reports (PLOAPs and PLOARs)
- Key Performance Indicators (KPIs) Reports
- Surveys and stakeholder feedback reports
- Faculty profiles and qualifications
- Student support services documentation
- Learning resources and facilities documentation
- Relevant Handbooks

The documentation request is accompanied by clear instructions regarding the format, organization, and submission deadlines for the required materials. This ensures that the audit team receives the necessary information in a timely and standardized manner, facilitating an efficient and thorough review process.

Step 3: Document Review

3.1 Comprehensive Analysis

Upon receiving the requested documentation from the academic program, the audit team commences an in-depth document review. This review is a critical step in the audit process, as it provides the audit team with a comprehensive understanding of the program's performance across various aspects, including:

- Curriculum design and delivery
- Teaching and learning effectiveness
- Student support services
- Learning resources and facilities
- Faculty qualifications and development
- Research and community engagement
- Quality assurance processes
- Mission and goals progress and operational planning

During the document review, the audit team pays particular attention to the program's self-identified strengths, challenges, and areas for improvement, as outlined in the Self-Study Report (SSR). They also examine the program's performance against the NCAAA standards and criteria, using the provided documentation as evidence.

The audit team maintains detailed notes and observations throughout the document review process, highlighting areas of strength, areas of concern, and potential gaps or inconsistencies between the program's self-evaluation and the evidence provided.

Step 4: Site Visit and Interviews

4.1 Stakeholder Engagement

While the document review provides a comprehensive understanding of the program's performance based on written reports and data, the audit team recognizes the importance of engaging with key stakeholders to gain additional insights and validate the information gathered from the documents.

To achieve this, the audit team conducts a site visit to the academic program's premises, where they conduct interviews with various stakeholders, including:

- Program leadership (e.g., program director, department chair)
- Faculty members
- Students (current and alumni)
- Administrative staff
- Support staff (e.g., learning resources, IT support)
- Professional Advisory Committee members and Employer representatives

4.2 Interview Objectives

The primary objectives of these interviews are:

- Validating the accuracy and completeness of the information provided in the documentation, particularly the Self-Study Report (SSR)
- Obtaining firsthand perspectives and experiences from stakeholders directly involved in the program's operations
- Identifying any potential discrepancies or areas of concern that may not have been fully captured in the written reports
- Gathering additional insights and recommendations for improvement from stakeholders
- Assessing the level of stakeholder engagement and satisfaction with the program



4.3 Interview Approach

The audit team adopts a structured approach to conducting these interviews, ensuring consistency and impartiality. Before each interview, the audit team prepares a set of guiding questions tailored to the specific stakeholder group. These questions are designed to elicit candid responses and encourage open dialogue.

During the interviews, the audit team maintains a professional and objective demeanor, creating an environment that fosters trust and open communication. They actively listen to the stakeholders' perspectives, probe for clarification when needed, and record detailed notes for later analysis.

The site visit and stakeholder interviews serve as a valuable opportunity for the audit team to triangulate the information gathered from the document review, validate the program's self-assessment, and gain a comprehensive understanding of the program's operations, challenges, and areas for improvement from the perspectives of those directly involved in its implementation.

Step 5: Audit Report Preparation

5.1 Consolidating Findings

After completing the document review and stakeholder interviews, the audit team consolidates their findings and prepares a comprehensive audit report. This report serves as the primary deliverable of the Comprehensive Internal Quality Audit process and provides a detailed assessment of the program's performance against the NCAAA standards and criteria.

The audit report typically includes the following key components:

- An executive summary highlighting the audit scope, objectives, and key findings
- A detailed evaluation of the program's performance against each NCAAA standard and criterion, supported by evidence from the document review and stakeholder interviews
- Identification of the program's strengths, areas of excellence, and best practices
- Identification of areas of concern, non-compliance, or areas requiring improvement
- Detailed recommendations for improvement, categorized by priority level and aligned with the NCAAA standards and criteria
- An action plan template for the program to address the recommendations

5.2 Recommendations and Action Plan

One of the most crucial aspects of the audit report is the development of recommendations for improvement. These recommendations are based on the audit team's analysis of the program's performance against the NCAAA standards and criteria, stakeholder feedback, and alignment with best practices in higher education.

The recommendations are categorized according to their priority level, with high-priority recommendations addressing critical areas that require immediate attention, and lower-priority recommendations focusing on areas for continuous improvement or long-term enhancements.

Accompanying the recommendations is an action plan template, which serves as a guide for the program to develop a structured approach to addressing the identified areas for improvement. The action plan template typically includes sections for:

- Specific actions to be taken
- Responsible parties or individuals
- Target completion dates

- Required resources or support
- Expected outcomes or success criteria

The inclusion of an action plan template in the audit report underscores the commitment of Onaizah Colleges to not only identify areas for improvement but also to provide a clear roadmap for implementing the necessary changes.

Step 6: Report Review and Finalization

6.1 Draft Report Review

Once the audit team has completed the initial draft of the audit report, it is shared with the academic program's leadership and the Quality Unit (QU) for their review and feedback. This step is crucial to ensure the accuracy and completeness of the report, as well as to solicit input from those directly involved in the program's operations.

The program leadership and QU are encouraged to provide detailed feedback on the report, including:

- Clarifications or corrections to any factual information presented
- Additional context or perspectives that may have been overlooked
- Feedback on the feasibility and prioritization of the proposed recommendations
- Suggestions for refining or enhancing the action plan template

6.2 Report Finalization

After receiving feedback from the program leadership and QU, the audit team carefully reviews and incorporates any relevant comments or suggestions into the final version of the audit report. This iterative review process ensures that the report accurately reflects the program's context and provides actionable recommendations that are aligned with the institution's goals and priorities. The finalized audit report is then formally approved by QAA, signifying its readiness for presentation to the relevant stakeholders.

Step 7: Presentation and Follow-up

7.1 Report Presentation

The final audit report is presented to the academic program's leadership, the Quality Unit (QU), and other relevant stakeholders, such as the department council, college council, and the Senior Committee for Planning and Quality (SCPQ). This presentation serves as an opportunity to discuss the audit findings, recommendations, and the proposed action plan in a collaborative and constructive manner.

During the presentation, the audit team walks through the key components of the report, highlighting the program's strengths, areas of concern, and the rationale behind the recommendations. Stakeholders are encouraged to ask questions, seek clarifications, and provide additional input or feedback.

7.2 Action Plan Development and Integration into Operational Plans

Following the report presentation, the academic program is expected to develop a detailed action plan to address the recommendations outlined in the audit report. However, this action plan is not a separate, isolated document. Instead, it must be directly integrated into the program's forthcoming operational plans.

The process of translating the audit recommendations into operational objectives should mirror the "distill-transform-include" (DTI) phase outlined in the operational planning process (discussed in section 4.1.10.1). This ensures a seamless transition and clear linkage between the audit findings and the program's strategic objectives and improvement initiatives.

The action plan development should follow these steps based on the DTI phase:

- **Distill:** Extract the core elements and priorities from the audit recommendations, identifying the most critical areas that require immediate attention.
- **Transform:** Convert these distilled recommendations into specific, measurable, attainable, relevant, and time-bound (SMART) operational objectives.
- **Include:** Integrate these operational objectives directly into the program's forthcoming annual operational plan, aligning them with the appropriate strategic goals and allocating necessary resources.

By embedding the action plan within the operational planning framework, the program ensures that the audit recommendations are not treated as isolated tasks but rather as integral components of its continuous improvement strategy. This approach fosters a cohesive and coordinated effort, where the program's operational objectives, resource allocation, and implementation efforts are driven by the findings and recommendations of the Comprehensive Internal Quality Audit.

7.3 Implementation Monitoring and Support

Once the audit recommendations have been successfully translated into operational objectives and incorporated into the program's operational plan, QAA assumes an ongoing monitoring and support role to ensure their effective implementation. This process aligns with the regular monitoring and reporting mechanisms established for operational plan progress, as outlined in section 4.2.13.7.3 Implementation Monitoring and Support

QAA assumes an ongoing monitoring and support role to ensure the plans' effective implementation. This may involve:

- Regular check-in meetings with the program leadership to track progress and address any challenges or barriers through interim audits discussed in the previous section.
- Providing guidance, resources, or training to support the implementation of specific actions
- Facilitating collaboration or coordination between different departments or units, as required
- Conducting interim progress reviews to assess the effectiveness of the implemented actions as per the previous process I-C-02.

The Comprehensive Internal Quality Audit serves as a critical evaluation mechanism, providing an in-depth assessment of the academic program's performance against the NCAAA standards and criteria. By combining a thorough document review, stakeholder engagement, and a structured reporting process, this audit ensures that the program's strengths and areas for improvement are objectively identified, and actionable recommendations are provided to drive continuous enhancement.

The (7) steps of I-C-01 are diagrammed in Figure 51 below.

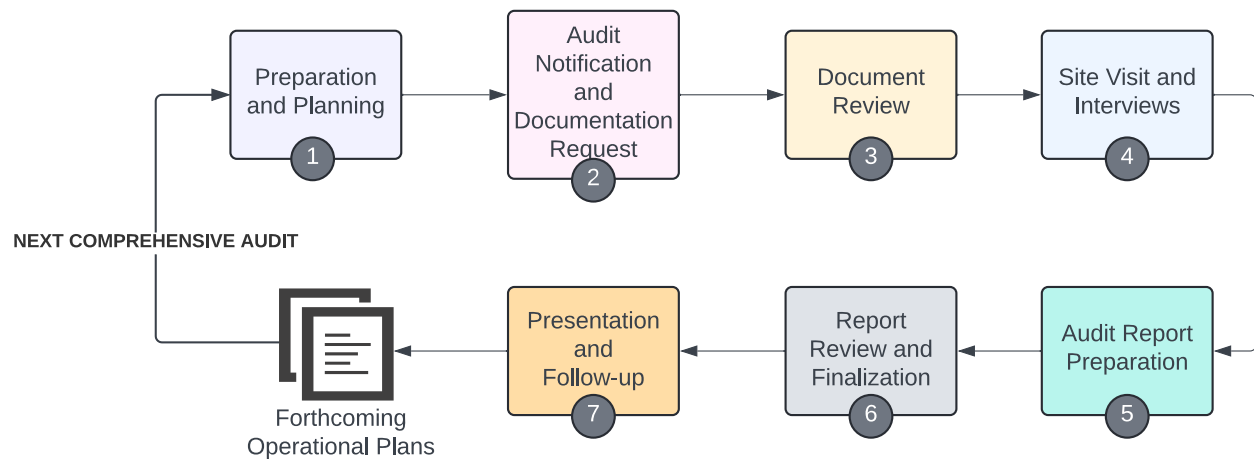


Figure 51: A flowchart demonstrating the process of Comprehensive Internal Quality Audit (Process Code: I-C-01)

4.3.1.8.3 Independent Opinion of an Academic Program (P-C-12)

The Independent Opinion (IO) for academic programs is a crucial external review process that complements the internal quality assurance mechanisms at Onaizah Colleges. It provides an objective, impartial assessment of an academic program's quality and effectiveness, offering valuable insights and recommendations from an independent perspective.

The IO process (P-C-12) is conducted every five years and is a prerequisite for the program to undergo the NCAAA External Review, which is the final stage of the accreditation process. The IO serves as a preparatory step, helping the program identify areas for improvement and address any potential gaps or non-compliance issues before the NCAAA External Review (P-Ext-01).

The IO process is designed to be rigorous and comprehensive, involving an in-depth evaluation of the program against the NCAAA standards and criteria. It is carried out by an external expert or a team of experts who are selected based on their expertise in the program's field of study, as well as their experience in quality assurance and accreditation processes.

The process for the Independent Opinion (P-C-12) is as follows:

Step 1: Preparation and Expert Selection

1.1 Initiation and Coordination

The Quality Assurance Administration (QAA) initiates the Independent Opinion process by coordinating with the academic program to ensure that all necessary preparations are made. This includes ensuring that the program has completed its Self-Study Report (SSR) and has compiled all relevant supporting documentation.

1.2 Expert Selection

The academic program, in close coordination with QU and QAA, is responsible for selecting an appropriate external expert or a team of experts to conduct the Independent Opinion. The selection process is based on specific criteria, including:

- Expertise in the program's field of study
- Experience in quality assurance and accreditation processes
- Familiarity with the NCAAA standards and criteria
- Independence and impartiality (no conflict of interest)
- Strong communication and analytical skills

The external expert(s) should have a proven track record of conducting similar reviews and possess the necessary expertise to provide valuable insights and recommendations.

Step 2: Documentation Review

2.1 Document Submission

Once the external expert(s) have been selected, the academic program is required to submit the following documentation:

- Self-Study Report (SSR)
- Program Specifications and Course Specifications
- Recent Annual Program Reports (APRs) and Course Reports
- Program Learning Outcomes Assessment Plans and Reports (PLOAPs and PLOARs)
- Key Performance Indicators (KPIs) Reports for at least three years
- Surveys and stakeholder feedback reports for at least three years
- Faculty profiles and qualifications
- Student support services documentation
- Learning resources and facilities documentation
- Any other relevant documentation requested by the external expert(s)

2.2 In-Depth Review

The external expert(s) conduct an in-depth review of the provided documentation, focusing on the program's performance against the NCAAA standards and criteria. This review serves as the foundation for the Independent Opinion and helps the expert(s) identify areas of strength, areas for improvement, and potential non-compliance issues.

During the document review, the external expert(s) may request additional information or clarification from the academic program if necessary.

Step 3: Site Visit and Stakeholders' Reviews

3.1 Site Visit Arrangements

After the document review, the external expert(s) arrange a site visit to the academic program's premises. This site visit is essential for obtaining firsthand observations of the program's facilities and equipment, and engaging with various stakeholders to validate the information provided in the documentation.

3.2 Stakeholder Interviews

During the site visit, the external expert(s) conduct interviews with key stakeholders, including:

- Program leadership (e.g., program director, department chair)
- Faculty members
- Students (current and alumni)
- Administrative staff
- Support staff (e.g., learning resources, IT support)



- Professional Advisory Committee members and Employer representatives

These interviews provide valuable insights into the program's operations, challenges, and areas for improvement from the perspectives of those directly involved in its implementation.

3.3 Facility and Resource Evaluation

In addition to stakeholder interviews, the external expert(s) may also conduct evaluations of the program's facilities, learning resources, and support services. This evaluation allows them to assess the adequacy and quality of the resources available to support the program's educational goals and objectives.

Step 4: Independent Opinion Report Preparation

4.1 Consolidating Findings

After completing the document review, site visit, and stakeholder engagement, the external expert(s) consolidate their findings and prepare the Independent Opinion report. This report serves as the primary deliverable of the IO process and provides a comprehensive assessment of the program's performance against the NCAAA standards and criteria.

The Independent Opinion report typically includes the following key components:

- An executive summary highlighting the IO scope, objectives, and key findings
- A detailed evaluation of the program's performance against each NCAAA standard and criterion, supported by evidence from the document review, site visit, and stakeholder interviews
- Identification of the program's strengths, areas of excellence, and best practices
- Identification of areas of concern, non-compliance, or areas requiring improvement
- Detailed recommendations for improvement, categorized by priority level and aligned with the NCAAA standards and criteria

4.2 Recommendations and Action Plan

A critical aspect of the Independent Opinion report is the provision of recommendations for improvement. These recommendations are based on the external expert's objective analysis of the program's performance and are intended to guide the program in addressing any identified areas of concern or non-compliance.

The recommendations are typically categorized according to their priority level, with high-priority recommendations addressing critical issues that require immediate attention, and lower-priority recommendations focusing on areas for continuous improvement or long-term enhancements.

In addition to the recommendations, the Independent Opinion report may also include an action plan template or guidance for the program to develop an action plan to address the identified areas for improvement.

Step 5: Report Presentation and Discussion

5.1 Report Submission and Review

The Independent Opinion report is submitted to the academic program's leadership and the Quality Assurance Administration (QAA) for review and discussion. This step is crucial to ensure that the report accurately reflects the program's context and provides actionable recommendations that are aligned with the institution's goals and priorities.

5.2 Report Presentation and Discussion

The external expert(s) may be invited to present the Independent Opinion report to the academic program's leadership, faculty, and other relevant stakeholders. This presentation serves as an opportunity to discuss the report's findings, recommendations, and any areas that require further clarification or elaboration.

During the presentation, stakeholders have the opportunity to ask questions, seek clarifications, and provide additional input or feedback. This open dialogue ensures that the recommendations are well-understood and that any potential concerns or challenges are addressed.

Step 6: Action Plan Development and Implementation

6.1 Action Plan Development

Based on the Independent Opinion report and the discussions with stakeholders, the academic program is expected to develop a comprehensive action plan to address the recommendations outlined in the report. This action plan should be tailored to the program's specific context and priorities and should include:

- Specific actions to be taken, with clear ownership and accountability assigned
- Realistic timelines for implementation, considering available resources and potential challenges
- Measurable targets or success criteria to evaluate the effectiveness of the actions
- Identification of any additional resources or support required for successful implementation

The development of the action plan is a collaborative effort, involving input from the program leadership, faculty, and other relevant stakeholders. This collaborative approach ensures buy-in and commitment from all parties involved, increasing the likelihood of successful implementation.

6.2 Action Plan Integration into Operational Plans

Like the Comprehensive Internal Quality Audit process, the action plan developed in response to the Independent Opinion recommendations must be directly integrated into the program's forthcoming operational plans. This integration follows the "distill-transform-include" (DTI) phase, ensuring that the recommendations are seamlessly translated into specific, measurable operational objectives and aligned with the program's strategic goals.

6.3 Implementation Monitoring and Support

Once the action plan has been integrated into the operational plans, QAA assumes an ongoing monitoring and support role to ensure its effective implementation. This process aligns with the regular monitoring and reporting mechanisms established for operational plan progress, as outlined in section 4.2.13.

Throughout the implementation phase, QAA maintains open communication channels with the academic program, offering support and guidance as needed to ensure that the action plan is executed successfully and within the designated timelines.

The Independent Opinion process serves as a critical external validation mechanism, providing an objective and impartial assessment of the academic program's quality and effectiveness. By leveraging the expertise of external experts and aligning their recommendations with the institution's operational planning processes, Onaizah Colleges reinforces its commitment to continuous improvement and the pursuit of academic excellence. Once the IO process is complete, the program is ready to the next step in OC-QMS which is the NCAAA external review (P-Ext-01).

The IO Process (P-C-12) is summarized in Figure 52 below.

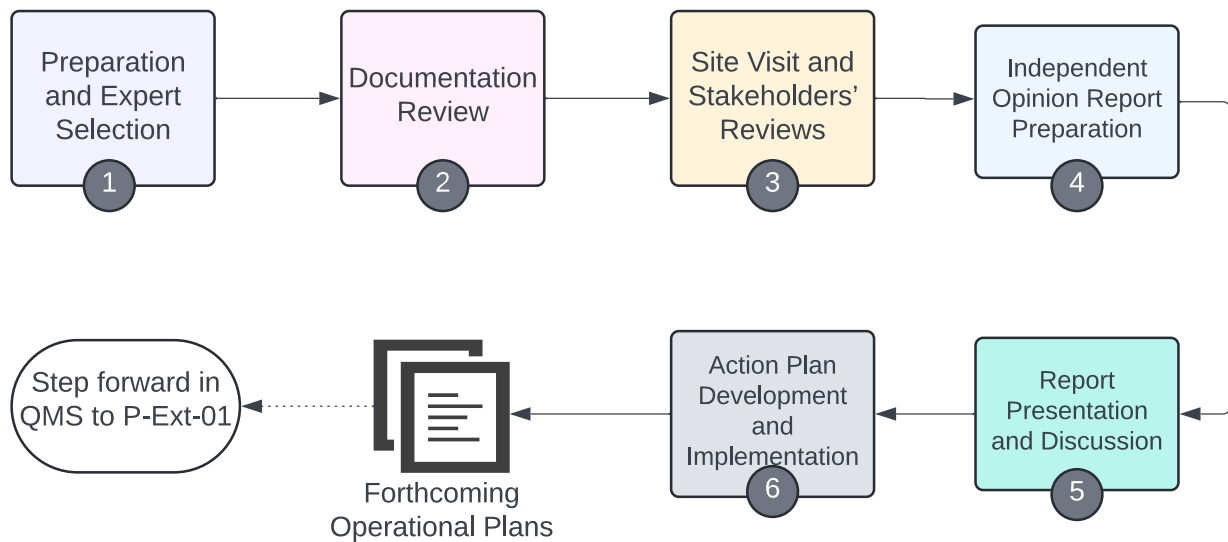


Figure 52: A flowchart demonstrating the process Programmatic Independent Opinion (Process Code: P-C-12)

4.3.1.8.4 NCAAA External Review for Academic Programs (P-Ext-01)

As part of the NCAAA's quality assurance system, academic programs undergo external peer reviews to verify the conclusions of their self-study reports and assess their performance against the NCAAA's accreditation standards for programs.

For the external review of a program, the NCAAA appoints an independent review panel of experienced reviewers. The program must provide its self-study report, supporting documentation like course/program specifications, annual reports, student work samples, and any other relevant materials requested by the panel.

The review panel studies these program materials in-depth prior to the site visit. During the visit, the panel conducts interviews with program leadership, faculty, students, alumni, and other stakeholders. They also observe facilities, labs, equipment and learning resources pertaining to the program.

After the visit, the panel prepares a comprehensive Review Panel Report (RPR) evaluating the program's performance against each NCAAA accreditation standard. The RPR includes commendations, recommendations for improvement, and a recommended accreditation decision for the program.

P-Ext-01 is summarized can be summarized into (6) steps as follows:

1. Institution/Program Applies for Accreditation
 - Institution/program submits application and required documents to NCAAA
 - NCAAA conducts eligibility review to verify institution/program meets requirements
2. Pre-Review Preparations
 - NCAAA appoints accreditation consultant and review panel
 - Institution/program prepares self-study report (SSR)
 - Review panel studies SSR and supporting materials
 - Accreditation visit schedule is prepared

3. Virtual Site Visit
 - Multi-day virtual visit is conducted by review panel
 - Panel interviews faculty, students, reviews facilities/evidence
 - Panel chair leads visit, guided by NCAAA consultant
 - At visit end, panel prepares initial draft report
4. Post-Visit Actions
 - Panel submits draft report to NCAAA consultant
 - Institution/program reviews report for factual errors
 - Institution/program provides response to recommendations
 - NCAAA accreditation committee reviews all materials
5. Accreditation Decision
 - Based on review report and institution response, NCAAA decides accreditation status
 - Decision is communicated to institution/program
6. Follow-Up
 - Accredited institutions provide annual reports, action plans
 - NCAAA monitors implementation of report recommendations every year
 - Re-accreditation occurs every 7 years

It should be noted that the action plan prepared by the program must be integrated into its forthcoming operational plans.

The process aims to be transparent, consultative and focused on continuous improvement, with institutions driving internal quality assurance processes that are then verified externally by the NCAAA review. Detailed guidelines are provided in the handbooks.

The program plays a vital role in this process by conducting a thorough self-study, providing all required materials, facilitating the site visit, and responding to the review panel's report with an action plan to address recommendations.

Detailed guidelines on the program's roles and responsibilities during the NCAAA external review process are provided in the Accreditation Handbook and Review Panel Handbook (see NCAAA, 2020; NCAAA, 2021). Programs should refer to the latest versions of these handbooks, available on the NCAAA website.

4.3.1.9 Short-term and Long-term Review Cycles for OC Academic Programs

OC-QMS incorporates both short-term and long-term review cycles to enable regular, systematic evaluation and improvement of academic programs. For more on these two cycles, please see Chapter 5 of the unabridged version of this handbook. The following summarizes the key points in that chapter.

4.3.1.9.1 Short-Term Annual Review Cycle

The short-term review cycle operates on an annual basis. It utilizes the Annual Program Report (APR, process P-C-14) and the program's Annual Operational Plan (process P-P-17) along with its Progress Report (process P-E-04) as the core components.

This annual cycle aims to review the program's performance, identify areas for improvement, develop action plans, and monitor progress on an ongoing basis. Key steps include:

- Preparing the Annual Program Report (APR): The APR consolidates evaluations and recommendations from all relevant processes completed during the year including PLO Assessment (P-C-07), Surveys (P-C-09), KPIs (P-C-08), Course Reports (P-C-01), Field Reports (P-C-02), and

Operational Plan Progress Report (P-E-04). It provides a holistic overview of the program's performance.

- Formulating the Annual Operational Plan: Priority recommendations from the APR feed into the "distill-transform-include" phase (P-P-16) to develop operational objectives and implementation plans for the next year.
- Monitoring Implementation: The Operational Plan Progress Report (P-E-04) evaluates completion of planned activities and tracks progress on objectives.
- Restarting the Cycle: The Progress Report feeds forward into the next APR, restarting the annual review cycle.

This short-term cycle (summarized in Figure 53 below) based on the APR-Operational Plan-Progress Report sequence enables regular monitoring, evaluation, and improvement on a yearly basis. It often results in minor modifications and adjustments of PS, CSs, FEs and PLOAP as well as minor reviews of PLOs, CLOs, CTAs (according to P-P-08 discussed in section 4.3.9 above). This short-term cycle resonates with the Interim Internal Quality Audit discussed in section 4.3.1.8.1 above.

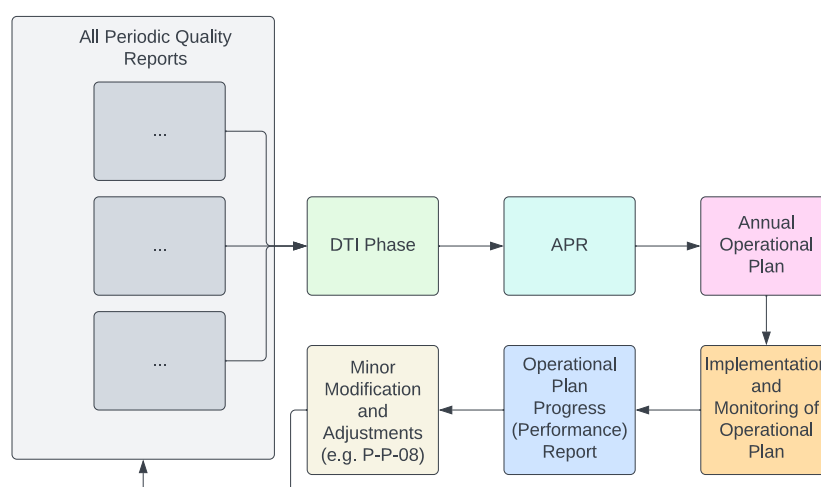


Figure 53: Summary of Programmatic Short-Term Annual Review Cycle

4.3.1.9.2 Long-Term Comprehensive Review Cycle

The long-term review cycle is more extensive and occurs approximately every five years. It leverages two key processes - the Self-Study Report (SSR, P-C-11) and Independent Opinion (IO, P-C-12).

The SSR involves a rigorous self-evaluation across all aspects of the program based on NCAAA standards. An IO review (discussed in section 4.3.1.8.3 above) is then conducted by an external expert using the SSR as reference.

Key steps include:

- Program Self-Study: The program forms a committee to lead the self-evaluation process using relevant quality reports like APRs, PLOARs, surveys etc. This culminates in a comprehensive SSR outlining performance against the NCAAA criteria.
- Independent Opinion: An impartial external reviewer conducts an intensive evaluation of all program aspects based on the SSR and supporting documents. The IO produces a detailed report with strengths, areas for improvement, and ratings.
- External Review: another impartial external review usually conducted by NCAAA.
- Action Planning: The program develops a detailed action plan in its Operational Plan (P-P-17) to address IO and External Review recommendations. This action plan should be translated into several operational plans over several years.

- **Monitoring and Reporting:** Progress on implementing the IO recommendations is tracked through the Operational Plan Progress Reports (P-E-04) over multiple annual cycles.
- **Next Review Cycle:** After approximately 5 years, the next long-term review cycle begins with a new SSR that incorporates the improvements from the previous cycle.

This long-term cycle (summarized in Figure 54 below) provides both internal and external perspectives to comprehensively evaluate all program components and guide strategic enhancements over the longer-term. It often involves major changes of curriculum, program mission and strategic goals, PS, CSs, FEs as well as major review of PLOs, CLOs and CTAs (according to P-P-08 discussed in section 4.3.9 above). This long-term cycle resonates with the Comprehensive Internal Quality Audit discussed earlier in section 4.3.1.8.2, as well as the NCAAA External Review discussed in section 4.3.1.8.4 above.

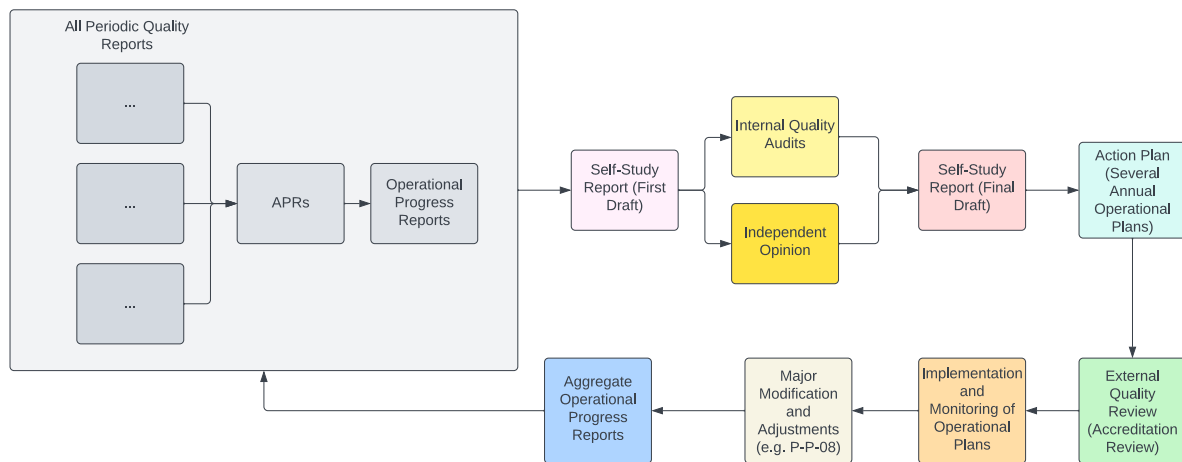


Figure 54: Summary of Programmatic Long-Term Comprehensive Review Cycle

The combination of regular short-term and periodic long-term cycles ensures OC academic programs undergo frequent internal review and continuous external validation to uphold educational excellence.

4.3.2 Institutional S/A (Evaluation and Continuous Improvement)

4.3.2.1 Institutional Surveys and Report (I-E-02)

Based on Policy I-03, conducting comprehensive institutional surveys is a critical component of the institutional self-assessment and continuous improvement processes in OC. The National Center for Academic Accreditation and Evaluation (NCAAA) also requires institutions to implement robust mechanisms for obtaining feedback from key stakeholders and utilizing that input to enhance quality and drive improvements across all institutional activities. Institutional surveys play a crucial role in the Onaizah Colleges Quality Management System (OC-QMS) by providing a comprehensive understanding of the stakeholders' perceptions and experiences across the institution. These surveys serve as a valuable source of feedback, enabling the college to identify areas of strength, as well as opportunities for improvement, and to make data-driven decisions to enhance the overall quality of its academic programs, support services, and operations.

The institutional surveys at Onaizah Colleges are derived from the ten programmatic surveys that are conducted annually as part of the programmatic quality assurance processes (Process P-C-09, discussed in section 4.2.16). These programmatic surveys cover a wide range of stakeholders, including current students

(including students with certain disabilities), faculty members, alumni, employers, , and support staff, and gather their feedback on various aspects of the academic programs, such as teaching and learning, learning resources, student support services, facilities, and overall program quality.

The process of conducting institutional surveys, analyzing the results, and planning for improvement, denoted as I-E-02, is a comprehensive and systematic approach that ensures the effective utilization of stakeholder feedback for continuous quality enhancement at the institutional level.

The process consists of the following procedure and steps:

Step 1: Programmatic Surveys Process

The institutional survey process begins with the successful completion of the programmatic surveys process (P-C-09) for all academic programs within Onaizah Colleges. This step involves the distribution of the ten programmatic surveys to the respective stakeholders, the collection of responses, and the generation of detailed survey reports for each program in coordination with the Performance Evaluation Administration (PEA).

Step 2: Institutional Data Aggregation

Once the programmatic survey reports are generated, PEA, in coordination with QAA, collects and aggregates the survey data from all academic programs across the institution. This aggregation process involves automated compiling of the survey responses from various stakeholder groups, such as students, faculty, alumni, and employers, across all programs and colleges.

Step 3: Institutional Survey Report Preparation

Using the aggregated survey data, PEA and QAA prepare a comprehensive Institutional Survey Report. This report provides an in-depth, automated analysis of the survey results at various levels, including:

- a. Institutional Level: An overview of the overall institutional performance based on the aggregated survey responses from all stakeholders and programs.
- b. Stakeholder Level: Separate analyses of survey responses from different stakeholder groups, such as students, faculty, alumni, and employers, to identify group-specific strengths, concerns, and areas for improvement.
- c. College Level: Analyses of survey responses for each college within the institution, allowing for a comparative assessment of college-specific performance and identification of college-specific areas for improvement.
- d. Program Level: Analyses of survey responses for each academic program, enabling the identification of program-specific strengths, weaknesses, and areas for enhancement.
- e. Gender Level: Analyses of survey responses from both genders (male and female) of stakeholders.

In addition to these analyses, the Institutional Survey Report also includes a comprehensive summary of key strengths and recommendations for improvement based on the survey findings.

Step 4: Institutional Survey Report Review and Discussion

The comprehensive Institutional Survey Report prepared by QAA is then presented to the Senior Committee for Planning and Quality (SCPQ) for review and discussion. SCPQ critically analyzes the report, examining the identified strengths, areas for improvement, and recommendations.

During this review process, SCPQ may seek clarifications or additional information from QAA, or request further analyses to gain deeper insights into specific areas of concern or interest.

Step 5: Dissemination of Recommendations

After a thorough review and discussion, QAA, based on SCPQ decision, disseminates the recommendations from the Institutional Survey Report to the relevant parties within the institution. These parties may include academic programs, colleges, administrative units, and support services, depending on the nature and scope of the recommendations.

The recommendations are accompanied by clear instructions and guidance on how they should be incorporated into the respective operational plans of the relevant parties.

Step 6: Incorporation into OC Operational Plans

Based on Policy I-08, the relevant parties, upon receiving the recommendations from QAA and SCPQ, are responsible for incorporating these recommendations into their respective operational plans through the "distill-transform-include" (DTI) phase of the operational planning process (discussed in section 4.1.10.1).

This step ensures that the recommendations derived from the Institutional Survey Report are translated into specific, measurable, and actionable objectives within the operational plans of the relevant parties, aligning their improvement efforts with the institutional goals and priorities.

Step 7: Monitoring and Follow-up

SCPQ, in collaboration with QAA, establishes a robust monitoring and follow-up process to track the progress of the relevant parties in implementing the recommendations from the Institutional Survey Report.

This monitoring process involves regular check-ins with the relevant parties, review of their operational plan progress reports, and assessment of the effectiveness of the implemented actions. In some cases, SCPQ may form ad-hoc committees responsible for the implementation and monitoring of certain recommendations arising from the Institutional Surveys Report.

Step 8: Progress Reporting to SCPQ

The Strategic Planning Administration (SPA) plays a crucial role in monitoring the progress of the operational plans across the institution. As part of this process, SPA regularly provides progress reports to SCPQ, highlighting the extent to which the recommendations from the Institutional Survey Report have been addressed and the improvements achieved by the relevant parties according to the progress made through their operational plans.

These progress reports serve as a feedback loop, enabling SCPQ to evaluate the effectiveness of the implemented actions and identify any areas that may require further attention or intervention.

Step 9: Continuous Improvement Cycle

Based on the progress reports received from SPA and the feedback from the relevant parties, SCPQ may initiate additional actions or strategies to further enhance the implementation of the recommendations and drive continuous improvement across the institution.

This step ensures that the institutional survey process is not a one-time event but rather a continuous cycle of feedback, action, and improvement, ultimately contributing to the overall quality of Onaizah Colleges' academic programs, support services, and operations.

The process (I-E-01) is diagrammed in Figure 55 below.

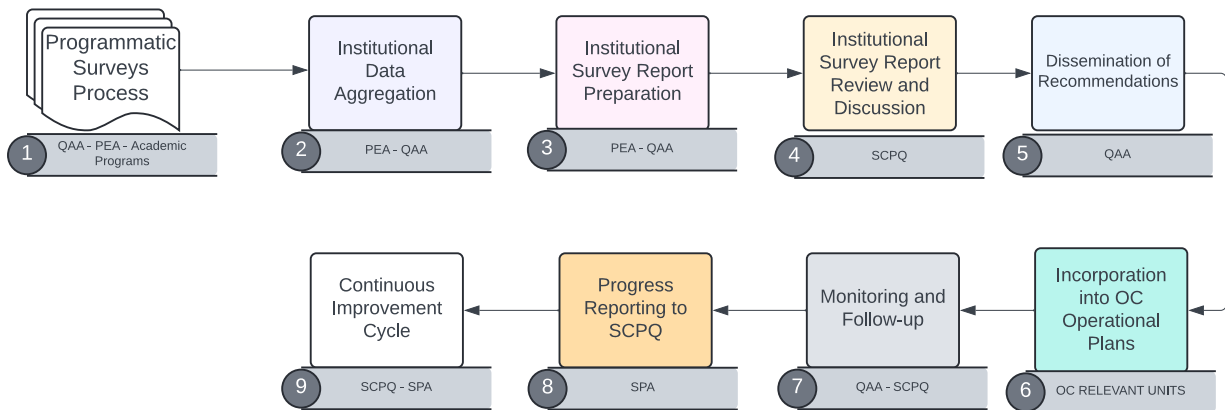


Figure 55: A flowchart demonstrating the process Institutional Surveys Reporting (Process Code: I-E-02)

The institutional survey process (I-E-02) plays a pivotal role in the OC-QMS by providing a comprehensive and data-driven approach to identifying areas for improvement and driving continuous quality enhancement across the institution. By aggregating and analyzing stakeholder feedback from various sources, the process enables Onaizah Colleges to make informed decisions and implement targeted actions to address identified areas of concern, while also leveraging institutional strengths and best practices.

The process's systematic approach, involving multiple stakeholders and various levels of review and discussion, ensures that the recommendations derived from the institutional surveys are thoroughly vetted, prioritized, and effectively incorporated into the operational plans of the relevant parties. Furthermore, the robust monitoring and follow-up mechanisms in place guarantee accountability and facilitate the tracking of progress, enabling Onaizah Colleges to continuously refine and enhance its quality assurance efforts.

4.3.2.2 Institutional KPIs Report (I-E-03)

Key Performance Indicators (KPIs) are essential metrics that provide quantitative measures of an institution's performance against its strategic goals and quality standards. In the context of Onaizah Colleges' Quality Management System (OC-QMS), and based on Policy I-03, the Institutional KPIs Report plays a pivotal role in monitoring and evaluating the overall effectiveness and efficiency of the institution's academic programs, support services, and administrative operations.

The Institutional KPIs at Onaizah Colleges are derived from three main sources:

- **Programmatic KPIs (Process P-C-08):** These KPIs are specific to individual academic programs and are calculated and reported at the program level, and then aggregated at the college level, and eventually at the OC institutional level. They provide valuable insights into the performance of each program, enabling targeted improvements and quality enhancements.
- **Purely Institutional KPIs:** These KPIs are calculated and reported by various administrative units and departments within the institution. They measure aspects of the institution's performance that are not directly related to individual academic programs, such as financial management, human resources, facilities management, and information technology services.

- **Survey-based KPIs:** These KPIs are calculated automatically based on the results of the Institutional Surveys Process (I-E-02, discussed in the previous subsection). They provide quantitative measures of stakeholder satisfaction and perceptions, which are crucial for assessing the quality of academic programs, support services, and overall institutional performance.

The process of calculating, analyzing, reporting, and planning for improvement based on Institutional KPIs, denoted as I-E-03, is a comprehensive and systematic approach that ensures the effective utilization of performance data for continuous quality enhancement at the institutional level.

I-E-03 consists of the following procedural steps:

Step 1: Programmatic KPIs Process

The Institutional KPIs process begins with the successful completion of the programmatic KPIs process (P-C-08) for all academic programs within Onaizah Colleges. This step involves the calculation of program-specific KPIs, the generation of detailed KPI reports for each program by the Quality Assurance Committee (QAC), and the review and approval of these reports by the Quality Unit (QU) and the Quality Assurance Administration (QAA).

Step 2: Institutional Data Aggregation

Once the programmatic KPI reports are generated, PEA and QAA collect and aggregates the KPI data from all academic programs across the institution. This aggregation process involves compiling the KPI values and related data from various programs and colleges.

Step 3: Survey-based KPIs Calculation

Concurrently, PEA and QAA calculate the survey-based KPIs based on the results of the Institutional Surveys Process (I-E-02). These KPIs are derived from specific survey questions and provide quantitative measures of stakeholder satisfaction and perceptions related to various aspects of the institution's operations.

Step 4: Calculation of Purely Institutional KPIs

Under the supervision of PEA, the relevant administrative units and departments within Onaizah Colleges calculate the purely institutional KPIs that are not directly related to academic programs or stakeholder surveys. These KPIs may include metrics related to financial performance, human resource management, facilities utilization, and information technology services, among others.

Step 5: Institutional KPIs Report Preparation

Using the aggregated programmatic KPI data, the survey-based KPIs, and the purely institutional KPIs, PEA and QAA jointly prepare a comprehensive Institutional KPIs Report. This report provides an in-depth analysis of the institution's performance based on the KPI data, including:

- a. **Institutional Level:** An overview of the overall institutional performance based on the aggregated KPI values across all programs, colleges, and administrative units.
- b. **College Level:** Analyses of KPI performance for each college within the institution, allowing for a comparative assessment of college-specific performance and identification of areas for improvement.
- c. **Programmatic Level:** Summary of analyses of KPI performance for academic programs, enabling the identification of program-specific strengths, weaknesses, and areas for enhancement.

d. Gender Level: Analyses of KPI performance for both genders of relevant KPIs.

In addition to these analyses, the Institutional KPIs Report also includes a comprehensive summary of key strengths and recommendations for improvement based on the KPI findings.

Step 6: Institutional KPIs Report Review and Discussion

The comprehensive Institutional KPIs Report prepared by PEA and QAA is then presented to the Senior Committee for Planning and Quality (SCPQ) for review and discussion. SCPQ critically analyzes the report, examining the identified strengths, areas for improvement, and recommendations.

During this review process, SCPQ may seek clarifications or additional information from PEA and QAA or request further analyses to gain deeper insights into specific areas of concern or interest.

Step 7: Dissemination of Recommendations

After a thorough review and discussion, SCPQ disseminates the recommendations from the Institutional KPIs Report to the relevant parties within the institution. These parties may include academic programs, colleges, administrative units, and support services, depending on the nature and scope of the recommendations.

The recommendations are accompanied by clear instructions and guidance on how they should be incorporated into the respective operational plans of the relevant parties.

Step 8: Incorporation into Operational Plans

Based on Policy I-08, the relevant parties, upon receiving the recommendations from SCPQ, are responsible for incorporating these recommendations into their respective operational plans through the "distill-transform-include" (DTI) phase of the operational planning process (discussed in section 4.1.10.1).

This step ensures that the recommendations derived from the Institutional KPIs Report are translated into specific, measurable, and actionable objectives within the operational plans of the relevant parties, aligning their improvement efforts with the institutional goals and priorities.

Step 9: Monitoring and Follow-up

SCPQ, in collaboration with QAA, establishes a robust monitoring and follow-up process to track the progress of the relevant parties in implementing the recommendations from the Institutional KPIs Report.

This monitoring process involves regular check-ins with the relevant parties, review of their operational plan progress reports, and assessment of the effectiveness of the implemented actions.

Step 10: Progress Reporting to SCPQ

The Strategic Planning Administration (SPA) plays a crucial role in monitoring the progress of the operational plans across the institution. As part of this process, SPA regularly provides progress reports to SCPQ, highlighting the extent to which the recommendations from the Institutional KPIs Report have been addressed and the improvements achieved by the relevant parties.

These progress reports serve as a feedback loop, enabling SCPQ to evaluate the effectiveness of the implemented actions and identify any areas that may require further attention or intervention.

Step 11: Continuous Improvement Cycle

Based on the progress reports received from SPA and the feedback from the relevant parties, SCPQ may initiate additional actions or strategies to further enhance the implementation of the recommendations and drive continuous improvement across the institution.

This step ensures that the institutional KPIs process is not a one-time event but rather a continuous cycle of performance measurement, action, and improvement, ultimately contributing to the overall quality of Onaizah Colleges' academic programs, support services, and operations.

The (11) steps of I-E-03 are diagrammed in Figure 56 below.

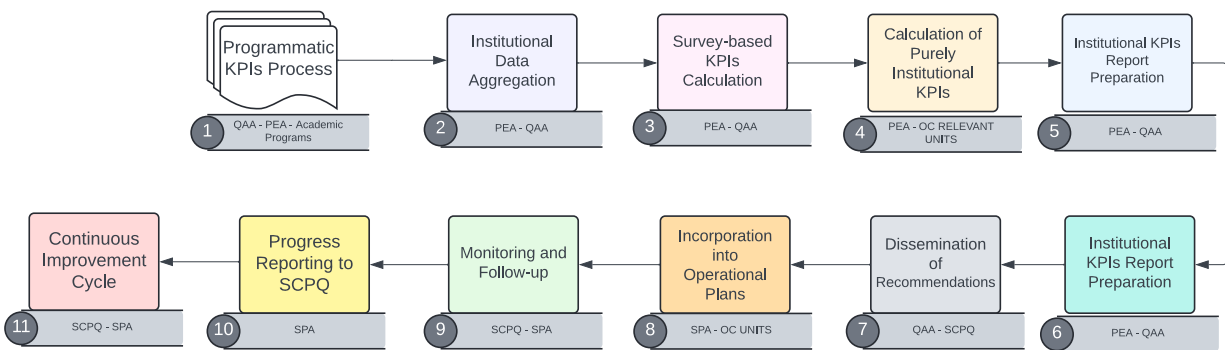


Figure 56: A flowchart demonstrating the process Institutional KPIs Reporting (Process Code: I-E-03)

The Institutional KPIs Reporting process (I-E-03) plays a vital role in the OC-QMS by providing a data-driven approach to evaluating the institution's performance against its strategic objectives and quality standards. By aggregating and analyzing KPI data from various sources, including academic programs, administrative units, and stakeholder surveys, the process enables Onaizah Colleges to identify areas of strength and opportunities for improvement across all aspects of its operations.

The process's systematic approach, involving multiple stakeholders and various levels of review and discussion, ensures that the recommendations derived from the Institutional KPIs Report are thoroughly vetted, prioritized, and effectively incorporated into the operational plans of the relevant parties. Furthermore, the robust monitoring and follow-up mechanisms in place guarantee accountability and facilitate the tracking of progress, enabling Onaizah Colleges to continuously refine and enhance its performance and quality assurance efforts.

By fostering a culture of data-driven decision-making and continuous improvement, the Institutional KPIs Report process (I-E-03) plays a crucial role in upholding the principles of the OC-QMS and contributing to the overall excellence of Onaizah Colleges' academic programs, support services, and operations.

4.3.2.3 Institutional Graduate Attributes and ILOs Report (ILOAR) (I-E-01)

The Institutional Graduate Attributes and Institutional Learning Outcomes Assessment Report (ILOAR) is a critical component of the Onaizah Colleges Quality Management System (OC-QMS). Based on Policy I-09, this report provides a comprehensive evaluation of the institution's progress in developing students' knowledge, skills, and values as encapsulated in its Institutional Graduate Attributes (IGAs) and Institutional Learning Outcomes (ILOs).

The ILOAR plays a vital role in upholding OC's commitment to quality improvement and graduate success by providing a data-driven assessment of the attainment of ILOs across all academic programs. The report's findings serve as a foundation for enhancing teaching, learning, and assessment practices, thereby empowering graduates with the necessary competencies to succeed in their chosen fields and contribute to the broader society.

The importance of the ILOAR is further underscored by its close alignment with the Institutional Learning Outcomes and Graduate Attributes Assessment Plan (ILOAP), which was developed through a planning process (I-P-04) outlined in section 4.1.16.2. The ILOAP establishes a systematic framework for assessing the attainment of ILOs and IGAs, including the mapping of Course Learning Outcomes (CLOs) to Program Learning Outcomes (PLOs), and ultimately to the ILOs.

As stated in the ILOAP, the calculation of ILOs and IGAs attainment is derived from the program-level calculations of PLOs and GAs. This bottom-up approach, facilitated by the OC-E-QMS platform, enables the automation of these mappings, tracing student achievement at the course level upwards to evaluate program-level and institutional-level attainment. This comprehensive and systematic approach ensures that the ILOAR provides an accurate and holistic representation of the institution's progress in achieving its graduate outcomes.

The process for preparing, analyzing, reporting, and planning for improvement based on the Institutional Graduate Attributes and ILOs Assessment Report (ILOAR), denoted as I-E-01, is a multi-faceted endeavor that ensures the effective utilization of assessment data for continuous quality enhancement at the institutional level.

I-E-01 consists of the following procedural steps:

Step 1: Programmatic PLOs and GAs Assessment

The ILOAR process begins with the successful completion of the Program Learning Outcomes Assessment and Reporting process (P-C-07) for all academic programs within Onaizah Colleges. This step involves the assessment of PLOs and GAs at the program level, the generation of detailed Program Learning Outcomes Assessment Reports (PLOARs) for each program, and the review and approval of these reports by the Quality Unit (QU), the Quality Assurance Administration (QAA), and the Senior Committee for Planning and Quality (SCPQ).

Step 2: Institutional Data Aggregation

Once the PLOARs are generated, QAA collects and aggregates the assessment data from all academic programs across the institution. This aggregation process involves compiling the attainment levels of PLOs and GAs from various programs and colleges, as well as the associated assessment evidence and supporting documentation.

Step 3: Automated ILOs and IGAs Calculation

Leveraging the OC-E-QMS platform, QAA initiates the automated calculation of ILOs and IGAs attainment levels based on the aggregated data from the previous step. The OC-E-QMS system utilizes the pre-established mappings between CLOs, PLOs, and ILOs to trace student achievement from the course level upwards, ultimately calculating the overall institutional attainment levels for each ILO and IGA.

Step 4: ILOAR Preparation (OC-QMS-I-02)

Using the automatically calculated ILOs and IGAs attainment levels, QAA prepares a comprehensive Institutional Graduate Attributes and ILOs Assessment Report (ILOAR) using the template OC-QMS-I-02

(see Appendix...). This report provides an in-depth analysis of the institution's performance in achieving its graduate outcomes, including:

- a. **Institutional Level:** An overview of the overall institutional attainment levels for each ILO and IGA, presented in a clear and concise manner.
- b. **Domain Level:** Detailed analyses of the attainment levels for ILOs and IGAs within each of the three foundational domains of the NQF-KSA (Knowledge & Understanding, Skills, and Values, Autonomy & Responsibility).
- c. **Program Level:** Analyses of the contribution of individual academic programs to the overall attainment levels of ILOs and IGAs, highlighting program-specific strengths, weaknesses, and areas for enhancement.
- d. **Gender Level:** Analyses of attainment levels for both genders (male and female) of students, providing insights into potential gender-specific differences or areas of concern.

In addition to these analyses, the ILOAR includes a comprehensive summary of key strengths and recommendations for improvement based on the assessment findings. These recommendations are derived from a thorough examination of the attainment data, assessment evidence, and feedback from various stakeholders, including program directors, faculty members, and students.

Step 5: ILOAR Review and Discussion

The comprehensive ILOAR prepared by QAA is then presented to the SCPQ for review and discussion. SCPQ critically analyzes the report, examining the identified strengths, areas for improvement, and recommendations.

During this review process, SCPQ may seek clarifications or additional information from QAA or request further analyses to gain deeper insights into specific areas of concern or interest. Additionally, SCPQ may invite input and feedback from other relevant stakeholders, such as program directors, faculty members, or student representatives, to ensure a well-rounded and inclusive discussion of the ILOAR findings.

Step 6: Dissemination of Recommendations

After a thorough review and discussion, SCPQ disseminates the recommendations from the ILOAR to the relevant parties within the institution. These parties may include academic programs, colleges, administrative units, and support services, depending on the nature and scope of the recommendations.

The recommendations are accompanied by clear instructions and guidance on how they should be incorporated into the respective operational plans of the relevant parties, aligning their improvement efforts with the institutional goals and priorities related to graduate outcomes.

Step 7: Incorporation into Operational Plans

The relevant parties, especially academic programs, upon receiving the recommendations from SCPQ, are responsible for incorporating these recommendations into their respective operational plans through the "distill-transform-include" (DTI) phase of the operational planning process (discussed in section 4.1.10.1).

This step ensures that the recommendations derived from the ILOAR are translated into specific, measurable, and actionable objectives within the operational plans of the relevant parties, enabling targeted improvements in areas such as curriculum design, teaching practices, assessment methods, and student support services, all aimed at enhancing the attainment of ILOs and IGAs.

Step 8: Monitoring and Follow-up

SCPQ, in collaboration with QAA, establishes a robust monitoring and follow-up process to track the progress of the relevant parties in implementing the recommendations from the ILOAR.

This monitoring process involves regular check-ins with the relevant parties, review of their operational plan progress reports, and assessment of the effectiveness of the implemented actions. In some cases, SCPQ may form ad-hoc committees responsible for the implementation and monitoring of certain recommendations arising from the ILOAR.

Step 9: Progress Reporting to SCPQ

The Strategic Planning Administration (SPA) plays a crucial role in monitoring the progress of the operational plans across the institution. As part of this process, SPA regularly provides progress reports to SCPQ, highlighting the extent to which the recommendations from the ILOAR have been addressed and the improvements achieved by the relevant parties.

These progress reports serve as a feedback loop, enabling SCPQ to evaluate the effectiveness of the implemented actions and identify any areas that may require further attention or intervention.

Step 10: Target Setting and Continuous Improvement Cycle

Based on the progress reports received from SPA and the feedback from the relevant parties, SCPQ initiates the process of setting new targets for ILOs and IGAs attainment for the next assessment cycle. This target-setting process is informed by the insights and evidence gathered from the previous assessment cycle, as well as the progress made through the implemented actions.

The new targets are designed to be challenging yet achievable, with the aim of driving continuous improvement in the attainment of ILOs and IGAs across all academic programs. These targets are then incorporated into the updated Institutional Learning Outcomes and Graduate Attributes Assessment Plan (ILOAP) for the next cycle, ensuring a seamless transition and continuity in the assessment process.

Step 11: ILOAR Publication and Dissemination

The finalized ILOAR, along with the new targets for ILOs and IGAs attainment, is widely disseminated to all relevant stakeholders within the institution, including academic programs, colleges, administrative units, and support services.

This dissemination process serves to raise awareness about the institution's progress in achieving its graduate outcomes, as well as to promote transparency and accountability in the assessment process. The ILOAR is shared through various channels, such as institutional publications, websites, and presentations, ensuring that all stakeholders have access to this crucial information.

The process (I-E-01) is diagrammed in Figure 57 below.

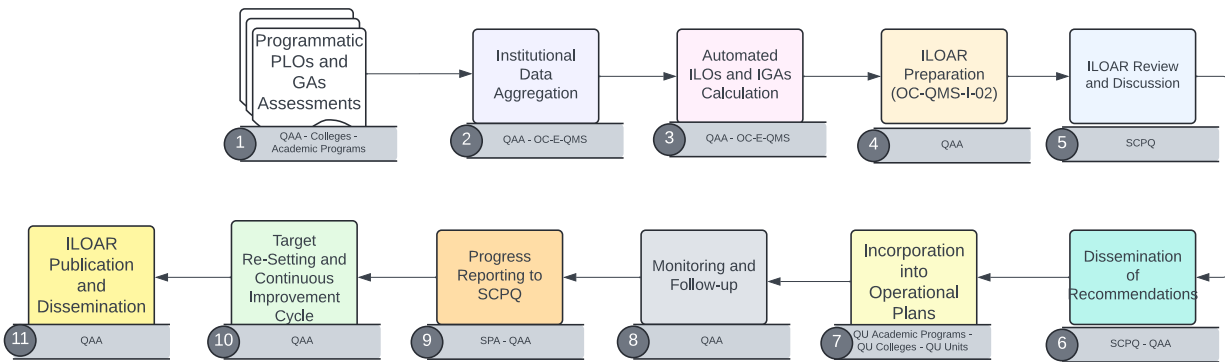


Figure 57: A flowchart demonstrating the process of Institutional Graduate Attributes and ILOs Assessment Reporting (Process Code: I-E-01)

As evidenced by the comprehensive process outlined above, the Institutional Graduate Attributes and ILOs Assessment Report (ILOAR) is a critical component of the OC-QMS, providing a data-driven assessment of the institution's progress in developing students' knowledge, skills, and values as encapsulated in its IGAs and ILOs.

The ILOAR serves as a catalyst for continuous improvement, driving targeted enhancements in areas such as curriculum design, teaching practices, assessment methods, and student support services, all aimed at empowering graduates with the necessary competencies to succeed in their chosen fields and contribute to the broader society.

4.3.2.4 External and Internal Quality Institutional Audits/Reviews

Guiding Principle #5 and Policy I-10 emphasizes that "OC should conduct internal and external quality reviews and audits every three and five years respectively, for all academic programs and administrative units.". As an institution fully accredited by the National Center for Academic Accreditation and Evaluation (NCAAA) from 2024 to 2029, Onaizah Colleges (OC) is committed to maintaining the highest standards of quality and excellence across all its operations. To ensure continuous adherence to the NCAAA standards and to drive ongoing improvement, OC has established robust internal review processes that complement the external NCAAA review cycle.

These internal review processes serve as critical mechanisms for monitoring and evaluating OC's progress in resolving the recommendations outlined in the NCAAA External Review Report, as well as assessing the institution's overall performance and alignment with the NCAAA Institutional Standards.

The internal review processes at OC comprise two distinct components: the Interim Internal Review and the Comprehensive Internal Review, both are detailed below. The external review consists of two distinct processes: Institutional IO and External NCAAA Review for the Institution.

4.3.2.4.1 Interim Internal Review (I-C-04)

The Interim Internal Review (I-C-04) is an annual exercise conducted by the Quality Assurance Administration (QAA) at Onaizah Colleges. Its primary objective is to assess the progress made by the institution in addressing and resolving the recommendations outlined in the NCAAA External Review Report.

This review serves as a crucial checkpoint, ensuring that OC remains steadfast in its commitment to continuous improvement and proactively addresses any areas of concern identified during the external review process. By closely monitoring the implementation of the NCAAA recommendations, the Interim Internal Review reinforces OC's dedication to maintaining the highest levels of quality and accountability.

The process for the Interim Internal Review (I-C-04) consists of the following steps:

Step 1: Preparation and Planning

1.1 Initiation and Team Formation

The Quality Assurance Administration (QAA) initiates the Interim Internal Review process by forming an internal review team. The team members are carefully selected based on their expertise, knowledge of the NCAAA standards, and familiarity with the specific recommendations outlined in the NCAAA External Review Report. The team is officially formed through a formation letter issued and signed by the Chairman Assistant of Boards of Trustees for Planning and Quality.

1.2 Preparatory Review

Once the review team is assembled, they begin their preparatory review by studying the NCAAA External Review Report and the corresponding action plan developed by OC to address the recommendations. This initial review allows the team to gain a comprehensive understanding of the recommendations, the strategies outlined for their implementation, and the expected outcomes.

Step 2: Documentation Request and Review

2.1 Documentation Request

QAA requests the relevant departments, units, and committees within OC to provide specific documentation that will serve as evidence of the progress made in addressing the NCAAA recommendations. This documentation may include, but is not limited to:

- Progress reports on the implementation of the action plan
- Meeting minutes and records of discussions related to the recommendations
- Updated policies, procedures, or guidelines that have been revised in response to the recommendations
- Evidence of training or professional development activities undertaken to support the implementation of the recommendations
- Data and metrics demonstrating the impact of the implemented actions

2.2 Document Review

The review team conducts an in-depth review of the provided documentation, focusing on the progress made in addressing each recommendation outlined in the NCAAA External Review Report. This review serves as the foundation for the Interim Internal Review and helps the team identify areas where significant progress has been made, as well as areas that may require further attention or intervention.

Step 3: Stakeholder Engagement and Interviews

3.1 Stakeholder Interviews

While the document review provides a comprehensive understanding of the progress based on written reports and data, the review team recognizes the importance of engaging with key stakeholders (in alignment with Guiding Principle #4) to gain additional insights and validate the information gathered from the documents.

To achieve this, the review team conducts interviews with various stakeholders, including:

1. Senior leadership (e.g., Chairman, Vice-Chairmen, Deans)
2. Department heads and program directors
3. Faculty members
4. Administrative staff
5. Students

3.2 Interview Objectives

The primary objectives of these interviews are:

- Validating the accuracy and completeness of the information provided in the documentation
- Obtaining firsthand perspectives and experiences from stakeholders directly involved in the implementation of the recommendations
- Identifying any potential challenges, barriers, or areas of concern that may not have been fully captured in the written reports
- Gathering additional insights and recommendations for enhancing the implementation process

3.3 Interview Approach

The review team adopts a structured approach to conducting these interviews, ensuring consistency and impartiality. Before each interview, the review team prepares a set of guiding questions tailored to the specific stakeholder group. These questions are designed to elicit candid responses and encourage open dialogue.

During the interviews, the review team maintains a professional and objective demeanor, creating an environment that fosters trust and open communication. They actively listen to the stakeholders' perspectives, probe for clarification when needed, and record detailed notes for later analysis.

Step 4: Interim Internal Review Report Preparation

4.1 Consolidating Findings

After completing the document review and stakeholder interviews, the review team consolidates their findings and prepares the Interim Internal Review Report. This report serves as the primary deliverable of the Interim Internal Review process and provides a comprehensive assessment of OC's progress in addressing the NCAAA recommendations.

The Interim Internal Review Report typically includes the following key components:

- An executive summary highlighting the review scope, objectives, and key findings
- A detailed evaluation of the progress made in addressing each recommendation from the NCAAA External Review Report, supported by evidence from the document review and stakeholder interviews
- Identification of areas where significant progress has been achieved

- Identification of areas that require further attention or intervention
- Detailed recommendations for enhancing the implementation process, if necessary

4.2 Recommendations and Action Plan

If the review team identifies areas that require further attention or intervention, they will provide recommendations for enhancing the implementation process. These recommendations will be accompanied by an action plan template or guidance for the relevant parties to develop a structured approach to addressing the identified areas for improvement.

Step 5: Report Presentation and Discussion

5.1 Report Presentation

The Interim Internal Review Report is presented to the Senior Committee for Planning and Quality (SCPQ) and other relevant stakeholders, such as the Chairman, Vice-Chairmen, and Deans. This presentation serves as an opportunity to discuss the report's findings, recommendations, and any areas that require further clarification or elaboration.

During the presentation, stakeholders have the opportunity to ask questions, seek clarifications, and provide additional input or feedback. This open dialogue ensures that the recommendations are well-understood and that any potential concerns or challenges are addressed.

5.2 Action Plan Development (if necessary)

If the Interim Internal Review Report identifies areas that require further attention or intervention, the relevant parties are expected to develop an action plan to address the recommendations outlined in the report. This action plan should be tailored to the specific context and priorities of the institution and should include:

- Specific actions to be taken, with clear ownership and accountability assigned
- Realistic timelines for implementation, considering available resources and potential challenges
- Measurable targets or success criteria to evaluate the effectiveness of the actions
- Identification of any additional resources or support required for successful implementation

The development of the action plan is a collaborative effort, involving input from the relevant stakeholders, such as department heads, program directors, and administrative staff. This collaborative approach ensures buy-in and commitment from all parties involved, increasing the likelihood of successful implementation.

Step 6: Implementation Monitoring and Support

Once the action plan (if necessary) has been developed, QAA assumes an ongoing monitoring and support role to ensure its effective implementation. This process involves:

- Regular check-in meetings with the relevant parties to track progress and address any challenges or barriers
- Providing guidance, resources, or training to support the implementation of specific actions
- Facilitating collaboration or coordination between different departments or units, as required
- Conducting interim progress reviews to assess the effectiveness of the implemented actions

Throughout the implementation phase, QAA maintains open communication channels with the relevant parties, offering support and guidance as needed to ensure that the action plan is executed successfully and within the designated timelines.

The Interim Internal Review process (I-C-04) is diagrammed in Figure 58 below.

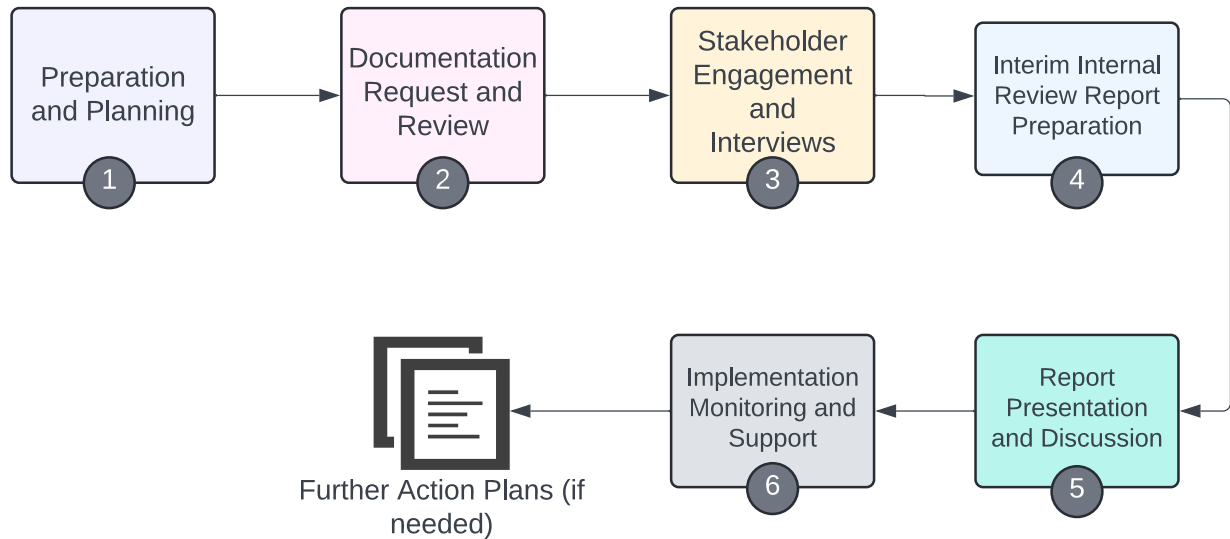


Figure 58: A flowchart demonstrating the process of Institutional Interim Internal Quality Review (Process Code: I-C-04)

The Interim Internal Review serves as a crucial checkpoint in OC's commitment to continuous improvement and adherence to the NCAAA standards. By closely monitoring the institution's progress in addressing the NCAAA recommendations, this annual review process reinforces accountability and ensures that OC remains steadfast in its pursuit of excellence.

4.3.2.4.2 Comprehensive Internal Review (I-C-05)

The Comprehensive Internal Review (I-C-05) is a rigorous and in-depth evaluation of Onaizah Colleges, conducted by the Quality Assurance Administration (QAA) every five or six years. This review serves as a holistic assessment of the institution's performance against the NCAAA Institutional Standards, as well as its progress in resolving the recommendations outlined in the NCAAA External Review Report.

Unlike the annual Interim Internal Review, which focuses primarily on the implementation of the NCAAA recommendations, the Comprehensive Internal Review delves into a broader range of aspects, including institutional governance, quality assurance processes, learning and teaching, student support services, learning resources, and institutional resources and performance.

The Comprehensive Internal Review also plays a crucial role in preparing OC for the next cycle of the NCAAA External Review, as it involves the preparation of a comprehensive Institutional Self-Study Report, which serves as the foundation for the external review process.

The process for the Comprehensive Internal Review (I-C-05) is as follows:

Step 1: Preparation and Planning

1.1 Initiation and Team Formation

QAA initiates the Comprehensive Internal Review process by forming a large and diverse internal review team. The team members are carefully selected based on their expertise, experience, and familiarity with the NCAAA Institutional Standards and criteria. The team includes representatives from various departments and units within OC, such as academic affairs, student services, facilities management, and quality assurance.

The review team is officially formed through a formation letter issued and signed by the Chairman Assistant of Boards of Trustees for Planning and Quality.

1.2 Preparatory Review

The review team begins their preparatory review by studying the NCAAA External Review Report and the corresponding action plan developed by OC to address the recommendations. Additionally, the team reviews other relevant documents, such as the Institutional Graduate Attributes and ILOs Assessment Reports (ILOARs) for the past three years, Institutional KPIs Reports for the last three years, and Institutional Surveys Reports for the last three years.

This preparatory review allows the team to gain a comprehensive understanding of the institution's performance, strengths, challenges, and areas of focus, as well as familiarize themselves with the progress made in addressing the NCAAA recommendations and the areas that require further attention.

Step 2: Documentation Request and Review

2.1 Documentation Request

QAA requests the relevant departments, units, and committees within OC to provide specific documentation that will serve as evidence of the institution's performance against the NCAAA Institutional Standards and criteria, as well as the progress made in addressing the NCAAA recommendations. This documentation may include, but is not limited to:

- Progress reports on the implementation of the action plan
- Meeting minutes and records of discussions related to the recommendations and institutional performance
- Updated policies, procedures, or guidelines related to institutional governance, quality assurance, and resource management
- OC Strategic Plan and its implementation and operational plans as well as the relevant progress reports.
- Evidence of training or professional development activities undertaken to support institutional improvement
- Data and metrics demonstrating the institution's performance against various indicators
- Reports and evaluations related to teaching and learning, student support services, and learning resources
- Financial reports and resource allocation plans
- ILOARs (at least 3 years)
- KPIs Reports (at least 3 years)
- Surveys Reports (at least 3 years)
- Programs Annual Reports (at least 3 years)
- PLOARs (at least 3 years)
- Courses Report (at least 4 semesters)



2.2 Document Review

The review team conducts an in-depth review of the provided documentation, focusing on OC's performance against each of the NCAAA Institutional Standards and criteria, as well as the progress made in addressing the recommendations outlined in the NCAAA External Review Report. This review serves as the foundation for the Comprehensive Internal Review and helps the team identify areas of strength, areas for improvement, and potential gaps or inconsistencies between OC's self-evaluation and the evidence provided.

Step 3: Stakeholder Engagement and Interviews

3.1 Stakeholder Interviews

While the document review provides a comprehensive understanding of the institution's performance based on written reports and data, the review team recognizes the importance of engaging with key stakeholders (in alignment with Guiding Principle #4) to gain additional insights and validate the information gathered from the documents.

To achieve this, the review team conducts interviews with various stakeholders, including:

- Senior leadership (e.g., Chairman, Vice-Chairmen, Deans, Boars of Trustees Members)
- Department heads and program directors
- Faculty members
- Administrative staff
- Students and Alumni
- Representatives from external stakeholders (e.g., employers, community partners)

3.2 Interview Objectives

The primary objectives of these interviews are:

- Validating the accuracy and completeness of the information provided in the documentation
- Obtaining firsthand perspectives and experiences from stakeholders directly involved in various aspects of OC's operations
- Identifying any potential challenges, barriers, or areas of concern that may not have been fully captured in the written reports
- Gathering additional insights and recommendations for improving OC's performance against the NCAAA Institutional Standards and criteria
- Assessing the level of stakeholder engagement and satisfaction with OC's services and operations

3.3 Interview Approach

The review team adopts a structured approach to conducting these interviews, ensuring consistency and impartiality. Before each interview, the review team prepares a set of guiding questions tailored to the specific stakeholder group. These questions are designed to elicit candid responses and encourage open dialogue.

During the interviews, the review team maintains a professional and objective demeanor, creating an environment that fosters trust and open communication. They actively listen to the stakeholders' perspectives, probe for clarification when needed, and record detailed notes for later analysis.

Step 4: Institutional Self-Study Report Preparation

4.1 Consolidating Findings



After completing the document review and stakeholder interviews, the review team consolidates their findings and prepares a comprehensive Institutional Self-Study Report (SSR). This report serves as the primary deliverable of the Comprehensive Internal Review process and provides a detailed self-assessment of OC's performance against the NCAAA Institutional Standards and criteria.

The Institutional Self-Study Report typically includes the following key components:

- An executive summary highlighting the review scope, objectives, and key findings
- A detailed self-evaluation of OC's performance against each NCAAA Institutional Standard and criterion, supported by evidence from the document review and stakeholder interviews
- Identification of OC's strengths, areas of excellence, and best practices
- Identification of areas of concern, non-compliance, or areas requiring improvement
- Detailed recommendations for improving OC's performance against the NCAAA Institutional Standards and criteria
- An action plan template for OC to address the recommendations

4.2 Recommendations and Action Plan

A critical aspect of the Institutional Self-Study Report is the provision of recommendations for improvement. These recommendations are based on the review team's analysis of OC's performance and are intended to guide the institution in addressing any identified areas of concern or non-compliance.

The recommendations are typically categorized according to their priority level, with high-priority recommendations addressing critical issues that require immediate attention, and lower-priority recommendations focusing on areas for continuous improvement or long-term enhancements.

Accompanying the recommendations is an action plan template, which serves as a guide for OC to develop a structured approach to addressing the identified areas for improvement. The action plan template typically includes sections for:

- Specific actions to be taken
- Responsible parties or individuals
- Target completion dates
- Required resources or support
- Expected outcomes or success criteria

Step 5: Report Review and Finalization

5.1 Draft Report Review

Once the review team has completed the initial draft of the Institutional Self-Study Report, it is shared with OC's senior leadership, including the Chairman, Vice-Chairmen, and Deans, for their review and feedback. This step is crucial to ensure the accuracy and completeness of the report, as well as to solicit input from those directly involved in the institution's operations.

The senior leadership is encouraged to provide detailed feedback on the report, including:

- Clarifications or corrections to any factual information presented
- Additional context or perspectives that may have been overlooked
- Feedback on the feasibility and prioritization of the proposed recommendations
- Suggestions for refining or enhancing the action plan template

5.2 Report Finalization

After receiving feedback from the senior leadership, the review team carefully reviews and incorporates any relevant comments or suggestions into the final version of the Institutional Self-Study Report. This iterative review process ensures that the report accurately reflects OC's context and provides actionable recommendations that are aligned with the institution's goals and priorities.

The finalized Institutional Self-Study Report is then formally approved by QAA, signifying its readiness for presentation to the Senior Committee for Planning and Quality (SCPQ) and other relevant stakeholders.

Step 6: Presentation and Follow-up

6.1 Report Presentation

The final Institutional Self-Study Report is presented to SCPQ and other relevant stakeholders, such as the Chairman, Vice-Chairmen, Deans, and representatives from various departments and units within OC. This presentation serves as an opportunity to discuss the report's findings, recommendations, and the proposed action plan in a collaborative and constructive manner.

During the presentation, the review team walks through the key components of the report, highlighting OC's strengths, areas of concern, and the rationale behind the recommendations. Stakeholders are encouraged to ask questions, seek clarifications, and provide additional input or feedback.

6.2 Action Plan Development and Integration into Operational Plans

Following the report presentation, OC is expected to develop a detailed action plan to address the recommendations outlined in the Institutional Self-Study Report. However, this action plan is not a separate, isolated document. Instead, it must be directly integrated into OC's forthcoming institutional operational plans and the operational plans of relevant departments and units.

The process of translating the recommendations into operational objectives should mirror the "distill-transform-include" (DTI) phase outlined in the operational planning process (discussed in section 4.1.10.1). This ensures a seamless transition and clear linkage between the recommendations and OC's strategic objectives and improvement initiatives.

The action plan development should follow these steps based on the DTI phase:

- **Distill:** Extract the core elements and priorities from the recommendations, identifying the most critical areas that require immediate attention.
- **Transform:** Convert these distilled recommendations into specific, measurable, attainable, relevant, and time-bound (SMART) operational objectives.
- **Include:** Integrate these operational objectives directly into OC's forthcoming institutional operational plan and the operational plans of relevant departments and units, aligning them with the appropriate strategic goals and allocating necessary resources.

By embedding the action plan within the operational planning framework, OC ensures that the recommendations are not treated as isolated tasks but rather as integral components of its continuous improvement strategy. This approach fosters a cohesive and coordinated effort, where OC's operational objectives, resource allocation, and implementation efforts are driven by the findings and recommendations of the Comprehensive Internal Review.

6.3 Implementation Monitoring and Support

Once the recommendations have been successfully translated into operational objectives and incorporated into the relevant operational plans, QAA assumes an ongoing monitoring and support role to ensure their effective implementation. This process aligns with the regular monitoring and reporting mechanisms established for operational plan progress, as outlined in section 4.2.13.

The Comprehensive Internal Review serves as a critical evaluation mechanism, providing an in-depth assessment of OC's performance against the NCAAA Institutional Standards and criteria. By combining a thorough document review, stakeholder engagement, and a structured reporting process, this review ensures that OC's strengths and areas for improvement are objectively identified, and actionable recommendations are provided to drive continuous enhancement.

I-C-05 is diagrammed in Figure 59 below.

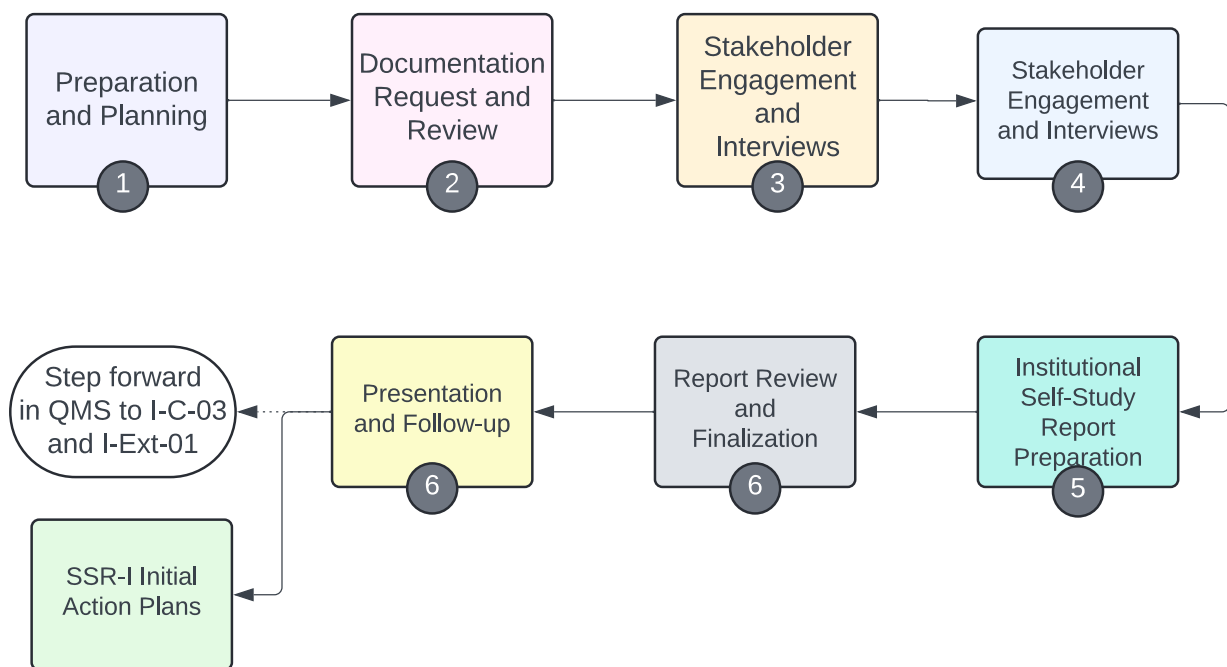


Figure 59: A flowchart demonstrating the process of Institutional Comprehensive Internal Quality Review (Process Code: I-C-05)

The Institutional Self-Study Report, which is the primary output of the Comprehensive Internal Review, serves as the foundation for OC's upcoming Institutional Independent Opinion and, next, NCAAA External Review process. By thoroughly preparing this report and addressing the recommendations outlined within it, OC can confidently approach the external review, demonstrating its commitment to quality and continuous improvement.

The Comprehensive Internal Review process, along with the Interim Internal Review, forms a robust internal quality assurance system that complements the NCAAA's external review cycle. Together, these mechanisms ensure that OC maintains the highest standards of quality and excellence across all its operations, while continuously striving for improvement and alignment with the NCAAA Institutional Standards.

4.3.2.4.3 Independent Opinion Process for Institutions (I-C-03)

Based on Guiding Principle #5, the Independent Opinion (IO) process, denoted as I-C-03, is a critical component of the NCAAA's accreditation framework, providing an objective, external assessment of an institution's performance and readiness for accreditation. This process serves as an independent verification of the institution's self-evaluation, offering an impartial perspective and recommendations to inform the NCAAA's final accreditation decision. The IO process typically occurs after the institution has conducted its self-study and before the NCAAA's external review visit.

The IO process (I-C-03) comprises the following key procedural steps:

Step 1: Preparation and Appointment of Independent Reviewer(s)

The IO process begins with the institution preparing a comprehensive self-study report, which involves a thorough evaluation of the institution's performance against the NCAAA's accreditation standards. This self-study report should be evidence-based, drawing upon various data sources, such as key performance indicators, survey results, committee reports, and other relevant documentation.

Unlike programmatic IO, OC may need to select two or more independent reviewers for its institutional accreditation. These reviewers are carefully selected based on their extensive expertise in higher education quality assurance, accreditation processes, and institutional evaluation. They must have no current or recent affiliation with the institution undergoing review to ensure objectivity and impartiality.

Step 2: Independent Review and Analysis

Upon receiving the institution's self-study report and supporting evidence, the independent reviewer(s) embark on an in-depth analysis of the institution's performance. This stage involves a meticulous examination of the self-study report, scrutinizing the institution's claims, evaluations, and evidence against each of the NCAAA's accreditation standards.

The independent reviewer(s) may request additional documentation or clarification from the institution if deemed necessary to validate the information provided in the self-study report. This step ensures that the independent review is comprehensive and based on a thorough understanding of the institution's context, operations, and performance.

Step 3: Virtual Site Visit and Stakeholder Engagement

To complement the document review, and in alignment with Guiding Principle #4, the independent reviewer(s) conduct a virtual site visit to the institution. This virtual visit allows the reviewer(s) to validate the findings from the self-study report through direct observations and interactions with various stakeholders.

During the virtual site visit, the independent reviewer(s) may:

- Hold interviews with institutional leadership, faculty, staff, and students to gather diverse perspectives and gain insights into the institution's operations and culture.
- Attend virtual tours of facilities, such as classrooms, laboratories, libraries, and other learning resources, to assess their adequacy and alignment with the institution's mission and accreditation standards.
- Review additional documentation or evidence on-site, as needed, to clarify or substantiate specific claims or findings from the self-study report.



The virtual site visit allows the independent reviewer(s) to triangulate the information from the self-study report with direct observations and stakeholder feedback, enhancing the credibility and reliability of their assessment.

Step 4: Independent Opinion Report

Based on the comprehensive review of the self-study report, supporting evidence, and virtual site visit observations, the independent reviewer(s) prepare a detailed Independent Opinion report. This report serves as the culmination of the IO process, providing an objective assessment of the institution's performance concerning each of the NCAAA's accreditation standards.

The Independent Opinion report typically includes the following key components:

- An executive summary highlighting the overall findings and recommendations.
- A detailed evaluation of the institution's performance against each NCAAA accreditation standard, supported by evidence from the review process.
- Identification of the institution's strengths and areas of excellence, as well as areas requiring improvement or non-compliance with accreditation standards.
- Specific recommendations for addressing identified areas of concern or enhancing the institution's performance in various aspects of its operations.
- An overall recommendation on the institution's readiness for NCAAA accreditation, considering the cumulative evaluation of all accreditation standards.

The Independent Opinion report aims to provide a comprehensive, objective, and evidence-based assessment of the institution's performance, serving as a critical input for the NCAAA's subsequent accreditation decision-making process.

Step 5: Institutional Response and Action Planning

Upon receiving the Independent Opinion report, the institution is given the opportunity to review and respond to the findings and recommendations. This response phase allows the institution to:

- Acknowledge and address any identified areas of concern or non-compliance with accreditation standards.
- Develop action plans outlining specific strategies and timelines for implementing the recommendations provided in the Independent Opinion report.
- Provide clarifications or additional context, if necessary, regarding any aspects of the institution's operations or performance that may have been misunderstood or underrepresented in the report.

The institutional response and action plans demonstrate the institution's commitment to continuous improvement and its willingness to address any identified areas of concern proactively. This phase also allows the institution to showcase its ability to implement effective strategies for enhancing its performance and aligning with the NCAAA's accreditation standards.

Once the IO(s) report is completed and submitted, OC is ready to move forward in its QMS to the external NCAAA review for institutional accreditation.

The Institutional IO process (I-C-03) is diagrammed in Figure 60 below.

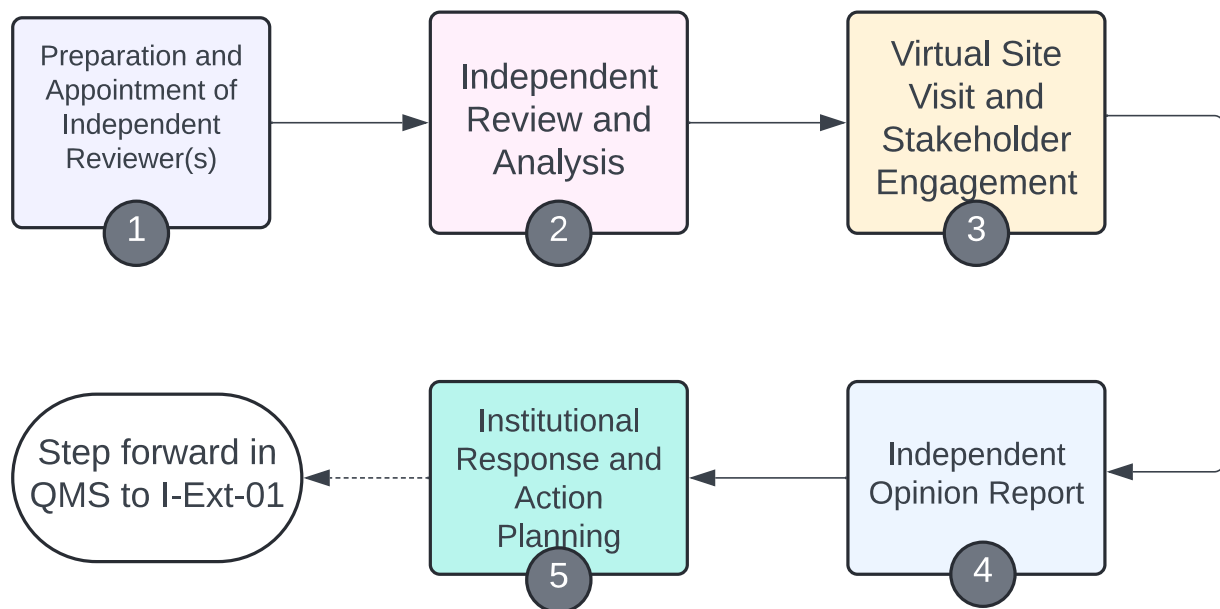


Figure 60: A flowchart demonstrating the process of Institutional Independent Opinion (Process Code: I-C-03)

The Independent Opinion process plays a crucial role in the NCAAA's accreditation framework by providing an external, objective perspective on the institution's performance and readiness for accreditation. It serves as an independent verification of the institution's self-evaluation, enhancing the credibility and transparency of the accreditation process while promoting a culture of continuous improvement within the institution.

4.3.2.4.4 NCAAA External Review for Institutional Accreditation (I-Ext-01)

The NCAAA External Review for Institutional Accreditation (I-Ext-01) is a comprehensive evaluation process that assesses an institution's compliance with the NCAAA's standards for institutional accreditation. This rigorous review is conducted by an independent panel of expert reviewers appointed by the NCAAA to verify the conclusions of the institution's self-study report and evaluate its performance against the accreditation standards.

To initiate the external review process, the institution must submit its self-study report, along with supporting documentation such as strategic plans, annual reports, policies and procedures, and evidence of student learning outcomes. The review panel carefully studies these materials prior to conducting a site visit to the institution.

During the site visit, the panel engages in a series of interviews with key stakeholders, including institutional leadership, faculty, staff, students, and alumni. They also inspect facilities, learning resources, and other relevant infrastructure to assess their adequacy and alignment with the institution's mission and goals.

Following the visit, the review panel prepares a comprehensive Review Panel Report (RPR) that evaluates the institution's performance against each of the NCAAA's institutional accreditation standards. The RPR

includes commendations for areas of strength, recommendations for improvement, and a confidential accreditation recommendation to the NCAAA.

The external review process for institutional accreditation can be summarized in the following steps:

1. Institution Applies for Accreditation
 - Institution submits application and required documents, including self-study report, to NCAAA
 - NCAAA conducts eligibility review to verify institution meets requirements
2. Pre-Review Preparations
 - NCAAA appoints accreditation consultant and review panel
 - Review panel studies self-study report and supporting materials
 - Accreditation visit schedule is prepared
3. Site Visit
 - Multi-day visit is conducted by review panel
 - Panel interviews stakeholders, reviews facilities and evidence
 - Panel chair leads visit, guided by NCAAA consultant
 - At visit end, panel prepares initial draft report
4. Post-Visit Actions
 - Panel submits draft report to NCAAA consultant
 - Institution reviews report for factual errors
 - Institution provides response to recommendations
 - NCAAA accreditation committee reviews all materials
5. Accreditation Decision
 - Based on review report and institution response, NCAAA decides accreditation status
 - Decision is communicated to institution
6. Follow-Up
 - Accredited institutions provide annual reports, action plans
 - NCAAA monitors implementation of report recommendations
 - Re-accreditation occurs every 7 years

The NCAAA's Accreditation Handbook and Review Panel Handbook (see NCAAA 2020 & 2022) provide detailed guidelines on the institution's roles and responsibilities throughout the external review process. The institution plays a crucial role by conducting a thorough self-study, providing all required materials, facilitating the site visit, and responding to the review panel's report with an action plan to address recommendations.

The external review for institutional accreditation is designed to be transparent, consultative, and focused on continuous improvement. By engaging in this rigorous process, institutions demonstrate their commitment to maintaining high standards of quality and excellence in all aspects of their operations, as outlined in the NCAAA's institutional accreditation standards.

4.3.2.5 A Framework for Institutional Quality Loop Closing, Continuous Assessment, and Improvement of the Quality Management System

At Onaizah Colleges (OC), the Quality Management System (OC-QMS) is designed to be a dynamic, evolving framework that is subject to continuous assessment and improvement, as mandated by Policy I-03. This section outlines how the institutional quality loop is closed through various programmatic and institutional reports, how planning for improvement is carried out, and how the OC-QMS itself is reviewed and enhanced based on the outcomes of these processes.

4.3.2.5.1 Closing the Institutional Quality Loop

The institutional quality loop at OC is closed through a comprehensive system of programmatic and institutional reports that provide a holistic view of the institution's performance and drive continuous improvement, as required by Policies I-03 and P-03. These reports are the culmination of rigorous data collection, analysis, and evaluation processes that involve stakeholders at all levels of the institution.

At the programmatic level, key quality reports include:

- **Annual Program Reports (APRs) (Process P-C-14):** APRs are comprehensive documents that provide a detailed analysis of each program's performance over the course of an academic year. These reports cover a wide range of aspects, including curriculum effectiveness, teaching and learning quality, student achievement, and progress towards program goals and objectives. The preparation of APRs involves a thorough review of data from various sources, such as course reports, student surveys, assessment results, and stakeholder feedback. The analysis of this data helps identify areas of strength and opportunities for improvement within each program. APRs also include specific recommendations for enhancing program quality, which are derived from the analysis of data and the input of program faculty, administrators, and external stakeholders. The recommendations in APRs are a crucial input for the planning and implementation of program improvements.
- **Program Learning Outcomes Assessment Reports (PLOARs) (Process P-C-07):** PLOARs are focused on evaluating the extent to which students are achieving the intended learning outcomes of each program. These reports document the assessment methods, results, and analysis of student performance in relation to the program learning outcomes (PLOs). The preparation of PLOARs involves the collection and examination of assessment data from various sources, such as course-embedded assessments, capstone projects, portfolios, and external benchmarking. The analysis of this data provides insights into the effectiveness of the curriculum, teaching methods, and assessment strategies in supporting student learning. PLOARs also include recommendations for improving student achievement of PLOs, which may involve curricular revisions, pedagogical innovations, or enhancements to assessment practices. The findings and recommendations from PLOARs are a key input for the continuous improvement of academic programs.
- **Programmatic KPIs and Surveys Reports (Processes P-C-08 and P-C-09):** These reports focus on the performance of each program in relation to established key performance indicators (KPIs) and the feedback gathered through various surveys. The KPIs cover various aspects of program quality, such as student retention, graduation rates, employment outcomes, and research productivity. The surveys capture the perceptions and experiences of stakeholders, including students, alumni, employers, and faculty, regarding the quality and relevance of the program. The analysis of KPI data and survey results helps

identify areas where the program is excelling and areas that require attention and improvement. The programmatic KPIs and surveys reports provide valuable insights that inform the development of targeted improvement strategies and the allocation of resources to support program enhancement.

At the **institutional** level, the quality loop is closed through the following reports and processes:

- **Institutional Learning Outcomes Assessment Reports (ILOARs) (Process I-E-01):** ILOARs provide a comprehensive assessment of student achievement of the institution's graduate attributes and learning outcomes. These reports aggregate and analyze assessment data from across all academic programs to evaluate the extent to which students are acquiring the knowledge, skills, and competencies that are essential for success in their personal, professional, and civic lives. The preparation of ILOARs involves the examination of assessment results, student work samples, and other relevant data to determine the level of student attainment of the institutional learning outcomes (ILOs). The analysis of this data helps identify patterns of strength and areas for improvement in student learning across the institution. ILOARs also include recommendations for enhancing teaching, learning, and assessment practices to better support student achievement of ILOs. These recommendations may involve faculty development initiatives, curricular enhancements, or the adoption of innovative pedagogical approaches. The insights and recommendations from ILOARs are a key input for institution-wide academic planning and decision-making.
- **Institutional KPIs and Surveys Reports (Processes I-E-02 and I-E-03):** These reports provide an institution-wide view of performance and stakeholder perceptions by aggregating and analyzing data from programmatic KPIs and surveys. The institutional KPIs cover various aspects of institutional effectiveness, such as student success, research impact, financial sustainability, and community engagement. The surveys capture the overall satisfaction and experiences of stakeholders with the institution's programs, services, and facilities. The analysis of institutional KPI data and survey results helps identify areas of institutional strength and opportunities for improvement. The institutional KPIs and surveys reports inform strategic planning, resource allocation, and the development of institution-wide initiatives to enhance quality and effectiveness.
- **Internal Quality Audits and Reviews (Processes I-C-02, I-C-04, and I-C-05):** Regular internal audits and reviews are conducted by the Quality Assurance Administration (QAA) to assess the effectiveness of quality assurance processes and identify areas for improvement across the institution, as outlined in Policy I-10. These audits and reviews involve a comprehensive examination of the policies, procedures, and practices related to quality assurance at both the programmatic and institutional levels. The audit and review process typically includes document analysis, interviews with stakeholders, and observations of quality assurance activities. The findings and recommendations from these audits and reviews provide valuable insights into the strengths and weaknesses of the institution's quality assurance system. They help identify opportunities for streamlining processes, enhancing documentation, and improving the overall effectiveness of quality assurance efforts. The results of internal quality audits and reviews are a crucial input for the continuous improvement of the OC-QMS.
- **Independent Opinion Reviews (Process I-C-03):** External experts are periodically invited to provide an objective assessment of the institution's performance against the NCAAA standards and international best practices in higher education, in alignment with Guiding Principle #5. These independent opinion reviews involve a thorough examination of the institution's self-study reports, supporting evidence, and quality assurance documentation. The external experts also conduct interviews with various stakeholders, including students, faculty, staff, and administrators, to gather additional insights and perspectives. The independent opinion reviews result in a comprehensive report that highlights the institution's strengths, areas for improvement, and recommendations for enhancement. These recommendations are based on the external experts' deep knowledge of quality assurance and their experience with other institutions. The

insights and suggestions from independent opinion reviews are a valuable input for the strategic development and continuous improvement of the institution.

The findings and recommendations from these programmatic and institutional reports are systematically collected, analyzed, and synthesized by the QAA and the Senior Committee for Planning and Quality (SCPQ). This synthesis process involves a careful examination of the key themes, patterns, and priorities that emerge from the various reports. The QAA and SCPQ identify the most critical areas for improvement and the most promising opportunities for enhancement based on the collective insights from the reports.

The synthesized findings and recommendations are then fed into the institution's operational and strategic planning processes. This integration ensures that the identified areas for improvement are systematically addressed and that the insights gained from the closing of the quality loop are translated into concrete actions and initiatives. The operational plans at both the programmatic and institutional levels are updated to include specific objectives, activities, and resources aimed at addressing the identified improvement priorities. The strategic plan of the institution is also reviewed and revised as necessary to ensure that it reflects the emerging quality enhancement goals and priorities.

The closing of the institutional quality loop through this comprehensive system of programmatic and institutional reports and the systematic integration of their findings and recommendations into planning processes helps ensure that OC is continuously monitoring, evaluating, and improving its performance in line with its mission, goals, and the expectations of its stakeholders.

4.3.2.5.2 Planning for Improvement

The OC-QMS provides a structured framework for planning and implementing improvements based on the outcomes of the various quality reports and reviews. The "distill-transform-include" (DTI) phase, outlined in Process P-P-16 (section 4.1.10.1), is a key mechanism for translating recommendations into actionable objectives within operational plans.

The DTI phase begins with the distillation of the priority recommendations from the various quality reports and reviews, including APRs, PLOARs, KPIs and Surveys Reports, Internal Quality Audits, and Independent Opinion Reviews. This distillation process involves a careful analysis of the recommendations to identify the most critical and impactful areas for improvement. The QAA and SCPQ, in consultation with relevant stakeholders, review the recommendations and prioritize them based on their potential to enhance the quality of academic programs, student learning, and institutional effectiveness.

Once the priority recommendations have been distilled, they are transformed into specific, measurable, achievable, relevant, and time-bound (SMART) objectives. This transformation process involves breaking down the broad recommendations into concrete, actionable steps that can be implemented within a defined timeframe. The QAA and SCPQ work with the relevant programmatic and institutional stakeholders to develop these SMART objectives, ensuring that they are clearly defined, aligned with the institution's strategic goals, and supported by the necessary resources.

The transformed SMART objectives are then included in the relevant operational plans at both the programmatic and institutional levels. This inclusion process involves integrating the objectives into the existing planning frameworks and aligning them with the ongoing initiatives and activities. The operational plans are updated to reflect the new objectives, and the necessary resources, such as budget, personnel, and infrastructure, are allocated to support their implementation.

The DTI phase ensures that the insights gained from the closing of the quality loop are systematically integrated into the planning and decision-making processes of the institution. By distilling the priority

recommendations, transforming them into SMART objectives, and including them in the operational plans, OC ensures that the identified areas for improvement are actively addressed, and that the institution is continuously working towards enhancing its quality and effectiveness.

The implementation of the SMART objectives in the operational plans is regularly monitored and evaluated by the QAA and SCPQ. This monitoring process involves tracking the progress of the objectives, assessing their impact on the quality of programs and services, and identifying any challenges or barriers to their successful implementation. The QAA and SCPQ work with the relevant stakeholders to address any issues that arise and to provide the necessary support and resources to ensure the objectives are achieved.

The outcomes of the implemented SMART objectives are also evaluated and reported on in the subsequent quality reports and reviews. This evaluation process helps determine the effectiveness of the improvement initiatives and informs the identification of new priority recommendations for the next cycle of the DTI phase. This iterative process of distilling recommendations, transforming them into objectives, including them in operational plans, implementing them, and evaluating their outcomes creates a continuous cycle of improvement that drives the institution towards higher levels of quality and effectiveness.

The DTI phase and the planning for improvement process within the OC-QMS are supported by a range of tools, templates, and guidelines that facilitate the effective implementation of the improvement initiatives. These resources include:

- **Operational Plan Templates (OC-QMS-P-03):** These templates provide a standardized format for documenting the SMART objectives, timelines, responsibilities, and resources associated with the improvement initiatives. They ensure that the operational plans are consistent, comprehensive, and aligned with the institution's quality assurance framework.
- **Implementation Guides:** These guides provide detailed instructions and best practices for implementing the improvement initiatives. They cover various aspects of implementation, such as project management, stakeholder engagement, communication, and progress monitoring. The implementation guides help ensure that the initiatives are executed effectively and efficiently.
- **Monitoring and Evaluation Tools (OC-QMS-C-03):** These tools, such as dashboards, scorecards, and reporting templates, are used to track the progress and assess the impact of the improvement initiatives. They provide a consistent and systematic approach to monitoring and evaluation, enabling the QAA and SCPQ to identify successes, challenges, and areas for further improvement.
- **Training and Support Resources:** QAA and QUs, in coordination with the Development Administration, provide training and support to the stakeholders involved in the planning and implementation of the improvement initiatives. These resources include workshops, online modules, and guidance materials that help build the capacity of the stakeholders to effectively contribute to the improvement process.

By providing this structured framework and supporting resources for planning and implementing improvements, the OC-QMS ensures that the institution is well-equipped to translate the insights from the quality reports and reviews into tangible actions that enhance the quality of its programs, services, and operations.

4.3.2.5.3 Continuous Assessment and Improvement of the OC-QMS

The OC-QMS itself is subject to ongoing assessment and improvement through the various review and evaluation processes embedded within the system, as mandated by Policy I-01. These processes are designed to ensure that the QMS remains relevant, effective, and responsive to the evolving needs of the institution and its stakeholders.

The outcomes of programmatic and institutional reports, audits, and reviews provide valuable insights into the effectiveness and efficiency of the OC-QMS in supporting the institution's quality assurance goals. The QAA and SCPQ regularly analyze the data and feedback from these reports and reviews to identify areas where the QMS can be strengthened, streamlined, or updated.

The QAA plays a central role in monitoring the implementation of the OC-QMS and identifying opportunities for its enhancement. The QAA staff are responsible for overseeing the day-to-day operations of the QMS, ensuring that the policies, procedures, and processes are being followed effectively and efficiently. They work closely with the programmatic and institutional stakeholders to gather feedback on the usability, relevance, and impact of the QMS components.

The QAA also conducts regular internal assessments of the OC-QMS to evaluate its performance against established quality assurance standards and best practices. These assessments involve a comprehensive review of the QMS documentation, data, and processes to identify strengths, weaknesses, and areas for improvement. The QAA staff also engage with stakeholders through surveys, focus groups, and interviews to gather their perspectives on the effectiveness of the QMS.

Based on the findings of these internal assessments, the QAA develops recommendations for enhancing the OC-QMS. These recommendations may include updates to policies, procedures, or processes; the introduction of new tools or technologies; or the provision of additional training and support for stakeholders. The recommendations are presented to the SCPQ for review and approval, ensuring that they are aligned with the institution's strategic goals and priorities.

The SCPQ also plays a critical role in the continuous assessment and improvement of the OC-QMS. The SCPQ is responsible for providing strategic oversight and direction for the QMS, ensuring that it remains aligned with the institution's mission, goals, and values. The SCPQ regularly reviews the reports and recommendations from the QAA and other relevant stakeholders to identify strategic opportunities for enhancing the QMS.

The SCPQ also conducts periodic reviews of the OC-QMS, drawing upon the findings of internal audits, independent opinion reviews, and the institutional self-study process. These reviews provide a high-level, strategic perspective on the effectiveness of the QMS and its alignment with the NCAAA standards and international best practices. The SCPQ reviews the QMS policies, procedures, and processes to ensure that they are relevant, efficient, and effective in supporting the institution's quality assurance goals.

Based on these reviews, the SCPQ identifies strategic initiatives for improving the OC-QMS. These initiatives may include the development of new policies or procedures, the reallocation of resources to support quality assurance activities, or the establishment of new partnerships or collaborations to enhance the institution's quality assurance capabilities. The strategic initiatives are incorporated into the institution's strategic plan and operational plans, ensuring that they are supported by the necessary resources and accountability measures.

The continuous assessment and improvement of the OC-QMS is further supported by the engagement of external stakeholders and experts. The institution regularly seeks feedback from employers, industry partners, and other external stakeholders on the relevance and effectiveness of its quality assurance

processes. This feedback helps ensure that the OC-QMS is aligned with the needs and expectations of the labor market and the wider community.

The institution also engages with other higher education institutions and quality assurance agencies to share best practices and learn from their experiences. These engagements may include participation in conferences, workshops, and benchmarking activities, as well as collaboration on joint projects or initiatives. The insights gained from these external engagements are used to inform the continuous improvement of the OC-QMS.

QAA also stays abreast of the latest developments and trends in quality assurance through participation in professional networks. These networks provide opportunities for sharing knowledge, expertise, and resources related to quality assurance, and help ensure that the OC-QMS remains aligned with the latest standards and best practices.

The continuous assessment and improvement of the OC-QMS is supported by a culture of quality that permeates all levels of the institution, as emphasized by Policy I-02. The QAA and SCPQ work to foster a culture of continuous improvement, innovation, and excellence, where all stakeholders are encouraged to contribute to the enhancement of the institution's quality assurance processes. This culture is reinforced through regular communication, training, and recognition of stakeholders' contributions to quality assurance.

The institution also allocates sufficient resources, including financial, human, and technological resources, to support the continuous assessment and improvement of the OC-QMS. These resources are used to support the activities of the QAA and SCPQ, as well as to provide training and development opportunities for stakeholders involved in quality assurance.

In summary, the continuous assessment and improvement of the OC-QMS is a critical component of the institution's commitment to quality and excellence. Through the ongoing review and evaluation of the QMS by the QAA, SCPQ, and other stakeholders, the institution ensures that its quality assurance processes remain relevant, effective, and responsive to the evolving needs of its programs, students, and stakeholders. The strategic initiatives and improvements identified through these assessment processes are systematically integrated into the institution's planning and decision-making processes, driving continuous enhancement of the OC-QMS and the institution as a whole.

4.3.2.5.4 Aligning Evaluation Results with Strategic Planning

The institutional quality loop closing, continuous assessment, and improvement framework plays a pivotal role in shaping OC's strategic planning process. The evaluation results and recommendations from the various programmatic and institutional reports, audits, and reviews serve as critical inputs, ensuring that the institution's strategic direction remains aligned with the evolving needs and expectations of its stakeholders, as well as with the opportunities for enhancement identified through the comprehensive evaluation processes.

The alignment of evaluation results with strategic planning is a collaborative effort involving the Quality Assurance Administration (QAA), the Senior Committee for Planning and Quality (SCPQ), and the Strategic Planning Administration (SPA). These three entities work in close coordination to ensure that the institution's strategic direction is firmly grounded in evidence and aligned with the continuous improvement efforts driven by the quality management system.

The process of aligning the evaluation results with strategic planning involves the following key steps:

Strategic Alignment Review: The QAA, SCPQ, and SPA jointly conduct a comprehensive review of the institution's current strategic plan, assessing its alignment with the evaluation results and priorities identified through the quality loop closing and continuous assessment processes. This review examines the extent to which the strategic goals, objectives, and initiatives address the identified areas for improvement and opportunities for enhancement.

Gap Analysis: Based on the strategic alignment review, the QAA, SCPQ, and SPA collaborate to identify any gaps or misalignments between the institution's strategic direction and the evaluation results. This gap analysis helps to pinpoint specific areas where the strategic plan may need to be adjusted or refined to better reflect the emerging priorities and recommendations from the evaluation processes.

Stakeholder Consultation: The QAA, SCPQ, and SPA engage in a consultative process with key stakeholders, including senior leadership, program directors, faculty, staff, and student representatives. This consultation process aims to gather additional insights, perspectives, and feedback on the alignment between the evaluation results and the institution's strategic direction. Stakeholders are encouraged to provide input on potential adjustments or additions to the strategic plan based on their experiences and understanding of the evaluation outcomes.

Strategic Plan Revisions: Informed by the gap analysis and stakeholder consultations, the SPA takes the lead in developing proposed revisions to the institution's strategic plan, working closely with the QAA and SCPQ. These revisions may include the addition of new strategic goals or objectives, the refinement of existing ones, or the introduction of new initiatives or action plans designed to address the identified priorities and recommendations from the evaluation processes.

Approval and Communication: The SPA, in collaboration with the QAA and SCPQ, presents the proposed revisions to the strategic plan to the appropriate governing bodies, such as the Board of Trustees, for review and approval. Once approved, the SPA leads the effort to widely communicate the revised strategic plan to all stakeholders within the institution, ensuring transparency and fostering a shared understanding of the institution's strategic direction and its alignment with the evaluation results.

Resource Allocation and Implementation: With the revised strategic plan in place, the SPA, in close coordination with the QAA and other relevant units, takes the lead in allocating the necessary resources, including financial, human, and technological resources, to support the implementation of the new or adjusted strategic goals, objectives, and initiatives. The SPA develops detailed implementation plans, timelines, and accountability measures to ensure the effective execution of the strategic plan, leveraging the expertise and insights provided by the QAA and SCPQ.

Monitoring and Continuous Improvement: As the revised strategic plan is implemented, the QAA and SCPQ monitor its progress and impact through the ongoing institutional quality loop closing and continuous assessment processes. This monitoring enables the identification of any further adjustments or refinements needed to ensure the strategic plan remains responsive to the evolving needs and priorities identified through the evaluation results. The SPA works closely with the QAA and SCPQ to incorporate these insights and recommendations into the strategic plan, fostering a continuous cycle of improvement and alignment.

The close alignment of the evaluation results from the quality management system with the institution's strategic planning process, OC ensures that its strategic direction is continuously informed by evidence-based insights and recommendations. The collaborative efforts of the QAA, SCPQ, and SPA in this alignment process not only foster a culture of continuous improvement but also empower the institution to proactively adapt and respond to emerging challenges and opportunities, positioning itself as a leading institution committed to excellence and responsiveness to its stakeholders.

4.3.2.5.5 Types of Changes, Updates and Modifications to OC-QMS

The continuous assessment and improvement of the OC-QMS may result in various types of changes to the system, depending on the nature and scope of the identified opportunities for enhancement. These changes are carefully considered, planned, and implemented to ensure that they contribute to the effectiveness, efficiency, and responsiveness of the QMS.

Some of the key types of changes that may be made to the OC-QMS include:

- **Revisions to QMS Policies (I-01, I-02, I-03, P-01, P-02 etc.):** The policies that govern the OC-QMS are periodically reviewed and revised based on the feedback from quality reports, reviews, and assessments. These revisions may be necessary to align the policies with changes in the institution's strategic priorities, external regulations, or best practices in quality assurance. For example, if the analysis of programmatic reports reveals a need for more frequent monitoring of student learning outcomes, the relevant QMS policy may be revised to require more regular assessment and reporting cycles. Similarly, if changes in the NCAAA standards necessitate updates to the institution's quality assurance processes, the corresponding QMS policies would be revised to reflect these changes.

The revision of QMS policies involves a structured process of consultation, drafting, review, and approval. The QAA and SCPQ work together to identify the policies that require revision and to draft the proposed changes. The draft revisions are then shared with relevant stakeholders, such as program directors, faculty, and student representatives, for their feedback and input. The feedback is carefully considered and incorporated into the final version of the revised policies, which are then presented to the appropriate governing bodies for approval. Once approved, the revised policies are communicated to all stakeholders and integrated into the OC-QMS documentation and processes.

- **Enhancements to Procedures and Processes (e.g., P-P-01, P-P-02, P-P-03, etc.):** The procedures and processes that operationalize the OC-QMS are continuously monitored and evaluated to identify opportunities for enhancement. These enhancements may be aimed at improving the efficiency, effectiveness, or user-friendliness of the procedures and processes. For example, if the analysis of stakeholder feedback indicates that a particular quality assurance process is perceived as overly burdensome or time-consuming, the process may be streamlined or automated to reduce the administrative burden on stakeholders. Similarly, if the evaluation of quality assurance data reveals that a certain process is not yielding meaningful insights or improvements, the process may be redesigned or replaced with a more effective approach.

The enhancement of QMS procedures and processes follows a systematic approach of analysis, design, testing, and implementation. The QAA works with the relevant stakeholders to analyze the current procedures and processes, identify the areas for improvement, and design the proposed enhancements. The enhanced procedures and processes are then piloted and tested to ensure that they are feasible, effective, and aligned with the QMS policies and objectives. Based on the results of the testing, the enhancements are refined and finalized, and then implemented across the institution. The QAA provides training and support to stakeholders to ensure that they are able to effectively adopt and utilize the enhanced procedures and processes.

- **Adjustments to Timeframes:** The schedules and timelines associated with various quality assurance activities, such as surveys (I-E-02), reviews (I-C-04, I-C-05), and reporting cycles (I-E-01, I-E-03), are regularly reviewed and adjusted based on the analysis of data and feedback from stakeholders. These adjustments may be necessary to optimize the timing and frequency of quality assurance activities, to align them with the institution's operational calendar, or to respond to changes in external requirements or expectations. For example, if the analysis of survey data indicates that students are experiencing survey fatigue due to the frequency of surveys, the survey schedule may be adjusted to reduce the number of

surveys or to spread them out more evenly across the academic year. Similarly, if changes in the NCAAA reporting requirements necessitate modifications to the institution's reporting timelines, the QMS timelines would be adjusted accordingly.

The adjustment of QMS timeframes involves a careful consideration of the implications and impacts of the proposed changes. The QAA and SCPQ work together to analyze the data and feedback that support the need for adjustments, and to develop the proposed changes to the timeframes. The proposed adjustments are then shared with relevant stakeholders, such as program directors, faculty, and student representatives, for their feedback and input. The feedback is carefully considered and incorporated into the final version of the adjusted timeframes, which are then communicated to all stakeholders and integrated into the OC-QMS documentation and processes. The QAA works with stakeholders to ensure that they are aware of the adjusted timeframes and are able to plan and implement their quality assurance activities accordingly.

• **Refinements to ILOs and IGAs (I-P-01, I-P-02, I-P-03):** The institutional learning outcomes (ILOs) and institutional graduate attributes (IGAs) are periodically reviewed and refined based on the assessment of student learning outcomes, feedback from stakeholders, and changes in the external environment. These refinements may be necessary to ensure that the ILOs and IGAs remain relevant, meaningful, and aligned with the institution's educational objectives, as well as with the needs and expectations of employers and society. For example, if the analysis of assessment data reveals that students are consistently struggling to achieve certain ILOs, the ILOs may be refined to clarify the expected level of performance or to provide more specific guidance on the knowledge, skills, and attitudes that students are expected to demonstrate. Similarly, if feedback from employers indicates that graduates are lacking certain key competencies or attributes, the IGAs may be refined to place greater emphasis on these areas.

The refinement of ILOs and IGAs follows a collaborative and consultative process that involves stakeholders from across the institution. The QAA and SCPQ work together to initiate the review and refinement process, which typically begins with a comprehensive analysis of the relevant data and feedback. Based on this analysis, the QAA and SCPQ develop proposed refinements to the ILOs and IGAs, which are then shared with stakeholders such as program directors, faculty, students, and employers for their input and feedback. The feedback is carefully considered and incorporated into the final version of the refined ILOs and IGAs, which are then presented to the appropriate governing bodies for approval. Once approved, the refined ILOs and IGAs are communicated to all stakeholders and integrated into the institution's curriculum, assessment, and reporting processes.

• **Updates to Established Mechanisms:** The mechanisms and tools used for data collection, analysis, and reporting within the OC-QMS are periodically updated and enhanced based on the identification of new technologies, best practices, or stakeholder needs. These updates may be aimed at improving the quality, reliability, or accessibility of the data and information used to support quality assurance and decision-making. For example, if the analysis of stakeholder feedback reveals that the current survey tools are not user-friendly or do not allow for the collection of certain types of data, the tools may be updated or replaced with more advanced and flexible options. Similarly, if the evaluation of the institution's data management practices identifies opportunities for improving the security, accuracy, or integration of quality assurance data, the relevant mechanisms and systems may be updated accordingly.

• **Revisions to the Strategic Plan:** The evaluation results and recommendations from the quality loop closing and continuous assessment processes may necessitate revisions to the institution's strategic plan. These revisions may include the addition of new strategic goals or objectives, the refinement of existing ones, or the introduction of new initiatives or action plans designed to address the identified priorities and recommendations from the evaluation processes. The process of revising the strategic plan involves a collaborative effort between the QAA, SCPQ, and the Strategic Planning Administration (SPA). The SPA

takes the lead in developing the proposed revisions, working closely with the QAA and SCPQ to ensure that the revisions are aligned with the evaluation results and the institution's overall strategic direction.

The updating of established QMS mechanisms follows a structured process of needs assessment, research, selection, and implementation. The QAA works with the relevant stakeholders, such as program directors, faculty, and IT staff, to assess the current mechanisms and identify the areas where updates or enhancements are needed. Based on this assessment, the QAA conducts research to identify potential solutions or best practices that could address the identified needs. The potential solutions are then evaluated based on criteria such as feasibility, cost-effectiveness, and alignment with the institution's QMS policies and objectives. The selected solutions are then piloted and tested to ensure that they are effective and appropriate for the institution's context. Based on the results of the testing, the solutions are refined and finalized, and then implemented across the institution. The QAA provides training and support to stakeholders to ensure that they are able to effectively utilize the updated mechanisms and tools.

The changes to the OC-QMS are carefully planned and managed to ensure that they are implemented smoothly and effectively, and that they contribute to the continuous improvement of the institution's quality assurance processes. The QAA and SCPQ work together to develop detailed implementation plans for each change, which outline the specific actions, timelines, responsibilities, and resources required to successfully implement the change. The implementation plans are shared with relevant stakeholders for their feedback and input and are refined based on this feedback.

The implementation of the changes is closely monitored and evaluated by the QAA and SCPQ to ensure that they are proceeding as planned and that they are achieving the intended outcomes. Regular progress reports are provided to stakeholders to keep them informed of the status of the implementation and to seek their ongoing feedback and support. If any issues or challenges arise during the implementation, the QAA and SCPQ work with stakeholders to identify and implement appropriate solutions.

Once the changes have been fully implemented, the QAA and SCPQ conduct a post-implementation review to evaluate the effectiveness and impact of the changes. This review involves collecting and analyzing data and feedback from stakeholders to assess whether the changes have achieved their intended objectives and whether they have contributed to the overall effectiveness and efficiency of the OC-QMS. Based on the results of the review, the QAA and SCPQ may identify further opportunities for improvement or refinement of the changes.

The OC-QMS changes are documented and communicated to all stakeholders through various channels, such as the QMS manual, policies and procedures, training sessions, and online resources. The QAA works with stakeholders to ensure that they are aware of the changes and understand their implications for their roles and responsibilities within the QMS. The QAA also provides ongoing support and guidance to stakeholders to ensure that they are able to effectively implement and utilize the changes in their daily work.

In summary, the changes to the OC-QMS are an integral part of the institution's commitment to continuous improvement and excellence in quality assurance. The changes are carefully planned, implemented, and evaluated to ensure that they are effective, efficient, and responsive to the evolving needs and expectations of the institution's stakeholders. The QAA and SCPQ play a critical role in leading and managing the change process, and in engaging and supporting stakeholders to ensure that the changes are successfully integrated into the institution's quality assurance processes and culture.

4.3.2.5.6 Conclusion of Institutional Quality Loop and OC Quality Management System Improvement

In conclusion, the OC-QMS is a dynamic and evolving system that is designed to support the continuous improvement of the institution's academic programs, support services, and administrative operations, in alignment with Policies I-01, I-02, and I-03. The OC-QMS is based on a comprehensive framework of policies, procedures, and mechanisms that are regularly reviewed and updated to ensure their relevance, effectiveness, and alignment with the institution's mission, goals, and values.

The closing of the institutional quality loop through the programmatic and institutional reports is a critical component of the OC-QMS, as it provides a systematic and evidence-based approach to identifying areas of strength and opportunities for improvement across the institution. The reports are based on a wide range of data and feedback from stakeholders and are carefully analyzed and synthesized to inform the institution's planning and decision-making processes.

The DTI phase of the OC-QMS (Process P-P-16) provides a structured and transparent approach to translating the recommendations and insights from the quality reports into specific, measurable, and actionable objectives that are integrated into the institution's operational and strategic plans. This approach ensures that the institution is able to prioritize and address the most critical areas for improvement, and that the necessary resources and support are allocated to achieve the desired outcomes.

The continuous assessment and improvement of the OC-QMS itself is a key feature of the system, as it ensures that the policies, procedures, and mechanisms remain relevant, efficient, and effective in supporting the institution's quality assurance goals and objectives. The QAA and SCPQ play a central role in leading and overseeing this process, and in engaging and supporting stakeholders to contribute to the ongoing enhancement of the OC-QMS.

The changes to the OC-QMS are carefully planned, implemented, and evaluated to ensure that they are effective, efficient, and responsive to the evolving needs and expectations of the institution's stakeholders. The changes are based on a thorough analysis of data and feedback and are designed to support the institution's commitment to continuous improvement and excellence in quality assurance.

The OC framework of Institutional Quality Loop and OC Quality Management System Improvement is summarized in Figure 61 below.

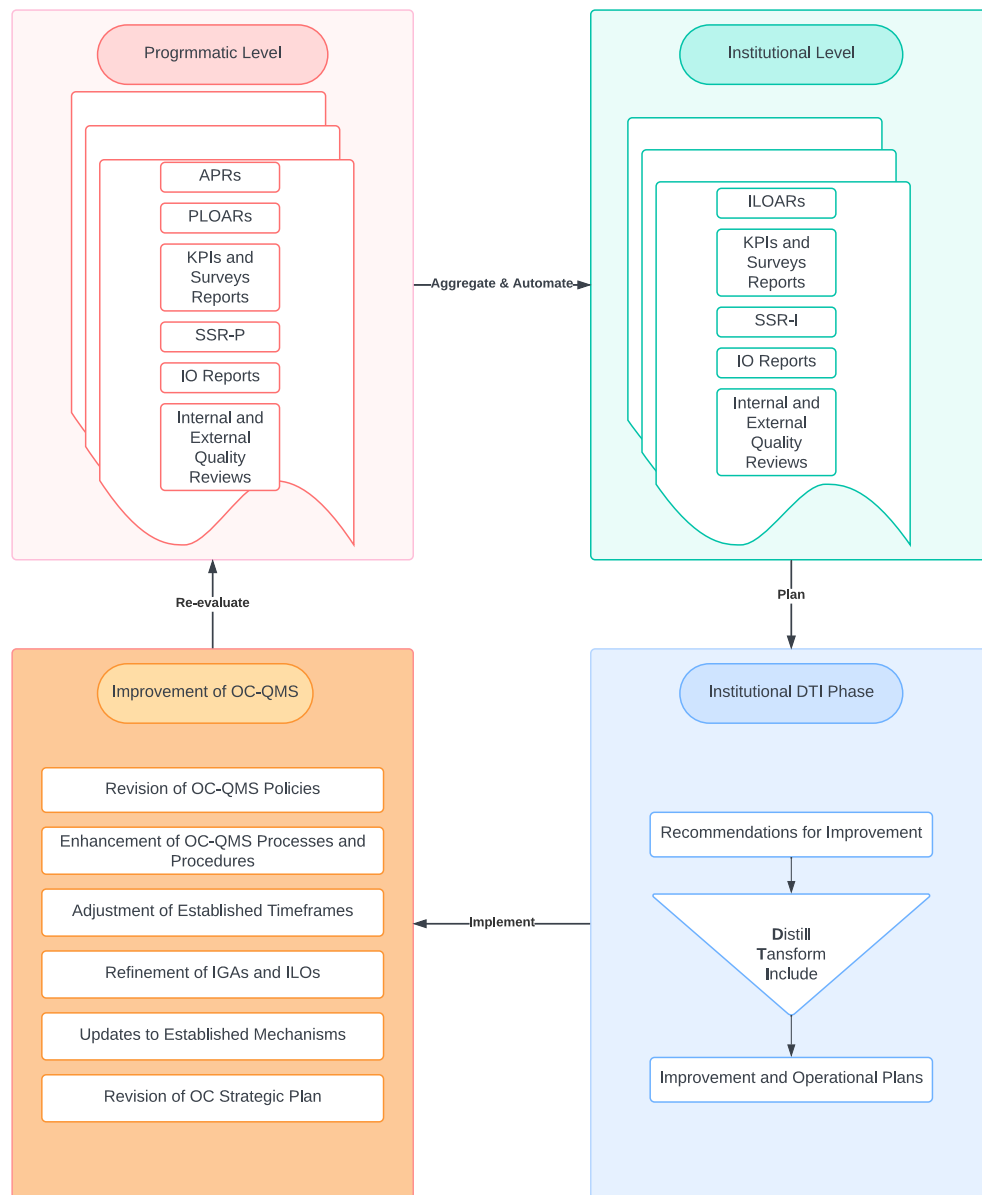


Figure 61: A flowchart demonstrating the OC-QMS Framework for the Continuous Assessment and Improvement of OC-QMS

Overall, the OC-QMS is a comprehensive and dynamic system that is designed to support the institution's mission of providing high-quality education and research that meets the needs of its students, stakeholders, and society. The system is based on a culture of continuous improvement, collaboration, and accountability, and is supported by a dedicated team of quality assurance professionals and engaged stakeholders across the institution. As the institution continues to evolve and grow, the OC-QMS will continue to adapt and improve to ensure that it remains a relevant and effective tool for supporting the institution's ongoing success and impact.

5 OC-QMS Cycles, Interrelations, Interconnectivities and Overarching Synopsis

5.1 OC-QMS Programmatic Interrelations and Interconnectivities

OC-QMS provides a comprehensive framework for upholding and enhancing academic quality and outcomes through an integrated Plan-Do-Study/Check-Act (PDSA) cycle. This quality management approach aligns with best practices for continuous improvement. The OC-QMS programmatic processes comprehensively map onto the four PDSA stages, with interlinked planning activities that establish strategies and structures, implementation "doing" processes that execute education and assessments, monitoring and evaluation "study/check" mechanisms that review results and identify opportunities for improvement, and actionable "act" procedures to drive enhancements based on the evaluation outputs.

The following detailed mapping aims to elucidate the linkage of all key OC-QMS processes and components to the PDSA cycle stages, demonstrating how the system enables an integrated approach to managing, evaluating, and enhancing academic quality and outcomes on an ongoing basis.

5.1.1 Plan (P)

The planning phase establishes the building blocks for quality management and strategic direction:

- Defining program mission, goals, KPIs (P-P-01, P-P-02) - Aligns program efforts with institutional direction. Details strategic targets.
- Developing program specification (P-P-09) - Comprehensively defines all academic components. Guides consistent program delivery.
- Preparing course specifications (P-P-10) and field experience specification (P-P-11) - Outlines all course components including CLOs, topics, assessments. Provides course implementation blueprint.
- Formulating PLOs (P-P-03), CLOs (P-P-05) - Ensures student-centered education focused on outcomes. Defines measurable knowledge/skills outcomes.
- Curriculum mapping (P-P-04), constructive alignment (P-P-06) - Links outcomes to curriculum/teaching strategies/assessments. Promotes curriculum coherence.
- Crafting PLO assessment plan (P-P-07) - Blueprint for evaluating PLO achievement. Details assessment methods, targets, timelines.
- Preparing exit exam specification (P-P-15) - Defines exit exam for direct PLO measurement at program level.
- Planning surveys & KPIs (P-P-05) - Performance metrics centrally managed for consistency.
- Developing operational plan (P-P-16, P-P-17) - Consolidates recommendations into operational objectives and implementation plans.
- Forming quality teams and committees (I-P-08, I-P-09, P-P-12, P-P-19) - Enables oversight and accountability. Establishes organizational structures.
- Developing research, community engagement, training plans (P-P-17-2, 3, 4) - Develops annual activities plans based on recommendations.
- Planning extracurricular activities (P-P-14) - Defines co-curricular activities, maps to PLOs.
- Planning learning resources (P-P-13) - Ensures adequate resources for curriculum. Outlines acquisition and evaluation.
- Preparing essential program handbooks (P-P-18).

The planning phase lays the foundation for quality assurance in academic programs by establishing the program's mission, goals, and strategic direction aligned with the institution's overarching objectives. This

phase involves defining measurable learning outcomes at the program and course levels, mapping the curriculum to ensure constructive alignment between outcomes, teaching strategies, and assessments. Comprehensive specifications are developed for the program, courses, and field experiences, outlining the academic components, requirements, and expectations. Assessment plans are crafted to evaluate the achievement of learning outcomes systematically.

Operational plans are formulated by consolidating recommendations from various evaluation processes, ensuring that areas for improvement are addressed through specific objectives and implementation strategies. Quality teams and committees are formed to provide oversight, accountability, and specialized focus areas such as research, community engagement, and faculty development. Extracurricular activities are planned to enhance student learning and align with program outcomes. Learning resources are carefully planned and acquired to support the curriculum effectively.

5.1.2 Do/Monitor/Implement (D)

- Delivering courses based on specifications - Provides consistent, high-quality education. Monitoring the delivery through monitoring courses' teams (P-D-06). Evaluating the delivery of courses and its conformity to the courses' specs through Department Head Evaluation (P-C-13) and peer reviews (P-C-04).
- Implementing extracurricular activities (P-D-02) - Offers enrichment opportunities aligned to PLOs.
- Conducting peer reviews and classroom visits (P-C-04) as well as Department Head evaluation and visits (P-C-13) - Supports faculty and students. Provides developmental feedback.
- Carrying out advising and academic support (P-D-04) - Delivers holistic student guidance services.
- Implementing SAIPP (P-D-01) - Upholds academic integrity standards. Defines mechanisms for enforcement, violations management.
- Monitoring operational plan implementation (P-D-05) - Tracks completion of planned activities. Ensures accountability.
- Performing PLO assessments (P-C-07), administering exit exam (P-C-06), CLOs assessment (P-E-02) - Measures PLOs and CLOs achievement at course and program levels.
- Launching surveys centrally (P-C-09) - Gathers stakeholder feedback.
- Delivering field training (P-C-02) - Provides practical experience for students.
- Implementing research, community, faculty training activities (P-D-03-01, 2, 3) - Executes plans developed in the planning phase.

The "Do" phase involves implementing the educational processes, assessments, and quality assurance activities outlined in the planning stage. Course delivery adheres to the established specifications, ensuring consistency and quality across all sections. Extracurricular activities are executed, offering enrichment opportunities aligned with program learning outcomes. Peer reviews, classroom observations, and department head evaluations provide developmental feedback to faculty, supporting continuous improvement in teaching practices.

Advising and academic support services are delivered to facilitate holistic student development. The Student Academic Integrity Policy and Procedures (SAIPP) are implemented to uphold academic standards and manage violations. Operational plans are rigorously monitored to track the completion of planned activities and ensure accountability.

Assessments are conducted at various levels, including course learning outcomes (CLOs), program learning outcomes (PLOs), and exit exams, to measure student achievement systematically. Centralized surveys gather feedback from stakeholders, including students, faculty, alumni, and employers, providing valuable insights into the program's quality and effectiveness.

Field training experiences are facilitated, offering practical applications of theoretical knowledge. Research, community engagement, and faculty training activities are implemented according to the developed plans, fostering scholarly pursuits, community involvement, and professional development.

5.1.3 Study/Check (S/C)

Reviewing results and identifying opportunities for improvement:

- Analyzing PLO assessments (P-C-07) - Determines if outcomes are achieved. Pinpoints gaps.
- Reviewing survey reports (P-C-09) - Assesses stakeholder satisfaction. Highlights areas of concern.
- Evaluating KPIs (P-C-08) - Checks performance against targets. Identifies shortfalls.
- Preparing course reports (P-C-01) and field experience reports (P-C-02) - Evaluates individual courses. Surfaces strengths/weaknesses.
- Compiling peer review findings (P-C-05) - Identifies program-wide strengths and improvements areas.
- Completing APR (P-C-14) - Draws insights from all evaluations to determine program health.
- Monitoring course teams (P-D-06) and learning resources (P-P-13) - Verifies adherence to standards/requirements.
- Conducting internal quality audits (I-C-01) and independent opinion (P-C-12) - External quality checks through neutral lenses. Benchmarks performance.
- Evaluating field experience (P-C-02) - Assesses applied learning. Identifies areas for enhancement.
- Tracking research, community, training activities (P-D-03) - Tracks implementation of plans. Determines gaps.
- Reviewing extracurricular activities (P-P-14-B) - Evaluates impact on PLO achievement. Checks alignment.

The "Study/Check" phase involves reviewing and evaluating the results from various assessments and activities to identify strengths, weaknesses, and opportunities for improvement. PLO assessments are analyzed to determine if the intended learning outcomes are being achieved, pinpointing any gaps in student learning. Survey reports are reviewed to assess stakeholder satisfaction levels and highlight areas of concern. KPIs are evaluated against established targets to identify performance shortfalls or areas requiring attention.

Course reports and field experience reports are prepared, evaluating the effectiveness of individual courses and applied learning experiences, respectively. Findings from peer reviews are compiled to identify program-wide strengths and areas for improvement in teaching and learning practices.

The Annual Program Report (APR) is a comprehensive evaluation tool that draws insights from all the evaluation processes, including PLO assessments, surveys, KPIs, course reports, peer reviews, and field experience reports. The APR provides a holistic view of the program's health and identifies areas for enhancement.

Course teams and learning resources are monitored to verify adherence to standards and requirements. Internal quality audits and independent opinion reviews are conducted, providing external and neutral perspectives on the program's quality and performance, benchmarking against established standards and best practices.

Field experiences are evaluated to assess the effectiveness of applied learning and identify areas for improvement. Research, community engagement, and faculty training activities are tracked to determine the implementation progress and identify any gaps or areas requiring attention. Extracurricular activities

are reviewed to evaluate their impact on PLO achievement and ensure alignment with the program's objectives.

5.1.4 Act/Improve (A)

Implementing enhancements based on the evaluation results:

- Incorporating recommendations into operational plan objectives (P-P-16) - Strategically addresses areas needing improvement.
- Implementing changes from operational plans - Executes recommendations to improve quality.
- Conduct PLOs and CLOs alignments minor or major reviews based on P-P-08.
- Updating program specification (P-P-09) and course specifications (P-P-10) - Revises based on findings to maintain relevance.
- Adjusting extracurriculars based on evaluation (P-P-14) - Improves PLO alignment.
- Re-evaluating through assessments, surveys, KPIs etc. - Checks impact of changes, restarting PDSA cycle.
- Preparing operational plan progress report (P-E-04) - Evaluates achievement of objectives, strategic goals and program mission. Informs next cycle.

The "Act" phase involves implementing improvements and enhancements based on the evaluation results from the "Study/Check" phase. Recommendations from various reports and evaluations are incorporated into the operational plan objectives through the "distill-transform-include" (DTI) process (P-P-16). This strategic approach ensures that areas identified as needing improvement are systematically addressed through specific objectives and implementation plans.

Changes and improvements outlined in the operational plans are executed, implementing the recommendations to enhance the program's quality. Minor or major reviews of PLOs and CLOs alignments are conducted based on the evaluation findings (P-P-08), ensuring alignment between outcomes, curriculum, and assessments.

Program specifications (P-P-09) and course specifications (P-P-10) are updated based on the evaluation results, maintaining their relevance and reflecting the necessary changes to improve the program's effectiveness. Extracurricular activities are adjusted based on the evaluations (P-P-14), enhancing their alignment with program learning outcomes and ensuring they contribute effectively to student learning and development.

Continuous re-evaluation occurs through assessments, surveys, KPIs, and other evaluation processes, checking the impact of the implemented changes and restarting the PDSA cycle for ongoing improvement. The operational plan progress report (P-E-04) evaluates the achievement of operational objectives, strategic goals, and the program's mission, informing the planning for the next cycle of the PDSA process.

It should be emphasized that all OC-QMS programmatic processes are designed to connect and build upon one another in an integrated manner. The outputs from certain processes become inputs for subsequent processes, creating a closed-loop system for continuous improvement. Key examples of process interconnections include:

- The program's mission, goals, KPIs, developed in P-P-01 and P-P-02, inform the program specification P-P-09. The program specification is a key input into defining program learning outcomes in P-P-03.
- The program learning outcomes formulated in P-P-03 feed into curriculum mapping in P-P-04. The curriculum mapping matrix is used to develop course learning outcomes in P-P-05.

- The course learning outcomes from P-P-05 are inputs for course specification development in P-P-10 and establishing constructive alignment of assessments in P-P-06.
- The constructive alignment and curriculum mapping provide the foundation for the PLO assessment plan crafted in P-P-07.
- Recommendations from annual evaluation reports including PLO assessments P-C-07, surveys P-C-09, and KPIs P-C-08 are distilled into annual operational plan objectives in P-P-16 and P-P-17.
- The annual operational plan drives implementation and monitoring processes like P-D-01 through P-D-06.
- The operational plan progress report P-E-04 evaluates achievement of operational objectives, strategic goals, and incorporates recommendations into the next operational plan, restarting the cycle.
- Course learning outcomes are assessed in P-E-02 and become inputs into the course report P-C-01. Course reports inform program specification updates in P-P-09.
- Survey reports P-C-09 and KPI reports P-C-08 provide data for the annual program report P-C-14. The APR's recommendations feed into operational planning in P-P-16/17.
- Program specification P-P-09 guides consistent course delivery. Course reports P-C-01 inform specification reviews and updates in P-P-10.
- Quality audit reports I-C-01 and independent opinion findings P-C-12 are incorporated into operational planning P-P-16 and program self-evaluation P-C-11.
-

5.1.5 Summary of Programmatic PDSA Cycle and Interconnectivities

The interconnectivity among OC-QMS processes creates an integrated system where the outputs of one process inform and serve as inputs for subsequent stages. This cyclical flow of information and data facilitates a continuous improvement cycle, enabling academic programs to consistently evaluate their performance, identify areas for enhancement, implement changes, and monitor the impact of those changes.

The whole interconnectivity among OC-QMS processes is summarized in the OC-QMS Processes Map in Figure 62 below.

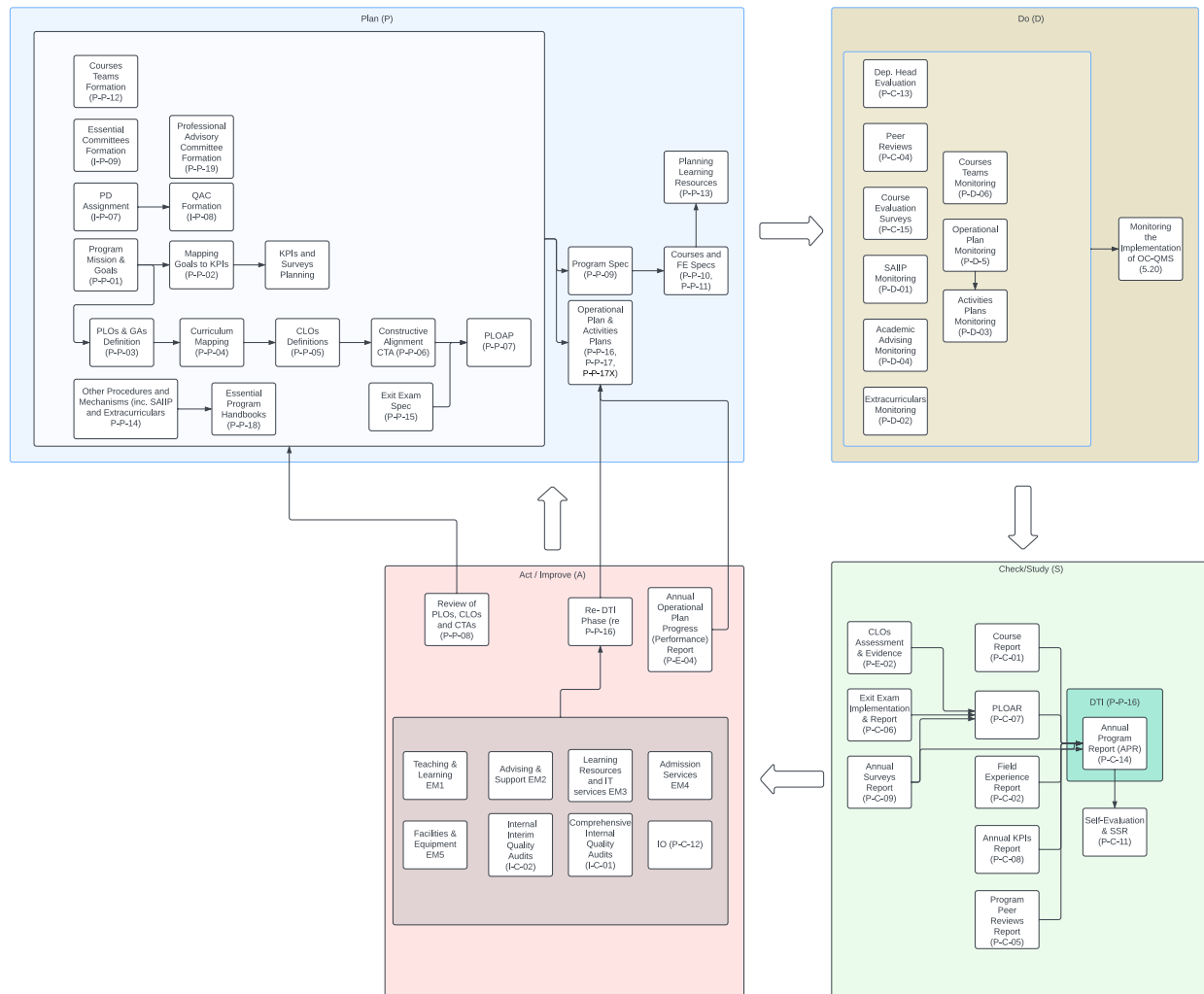


Figure 62: OC-QMS Interconnectivities - Map of Programmatic Processes

Figure 62 presents a comprehensive visual representation of the interrelationships and interconnections among the various OC-QMS processes at the programmatic level. The processes are organized according to the PDSA cycle stages, with arrows indicating the flow of information and outputs from one process to another.

The planning processes (denoted by the "P" prefix) are located at the top of the map, establishing the foundation for quality management, including defining the program's mission, goals, learning outcomes, curriculum mapping, assessment plans, and operational plans. The outputs from these planning processes feed into the implementation or "doing" processes (denoted by the "D" prefix), which include course delivery, assessments, extracurricular activities, and monitoring mechanisms.

The evaluation and "study/check" processes (denoted by the "S/C" prefix and "C" prefix) are situated in the middle of the map, receiving inputs from the implementation processes. These processes involve analyzing assessment results, reviewing survey reports, evaluating KPIs, preparing course reports, field experience reports, and the comprehensive Annual Program Report (APR). Internal quality audits and independent opinion reviews also provide external evaluations and benchmarking.

The outputs from the evaluation processes, along with recommendations from various sources, are then incorporated into the "act" processes (denoted by the "A" prefix), which include updating program and course specifications, adjusting extracurricular activities, and formulating the next operational plan objectives through the DTI process. This cycle of planning, implementation, evaluation, and improvement continues iteratively, fostering continuous quality enhancement within the academic programs.

The interconnections depicted in the OC-QMS Processes Map highlight the interdependent nature of the various processes, with outputs from one process serving as inputs for others, creating a seamless flow of information and data. This integrated approach ensures that academic programs consistently evaluate their performance, identify areas for improvement, implement changes, and monitor the impact of those changes, enabling a culture of continuous quality assurance and enhancement.

In summary, the OC-QMS programmatic processes are intricately interconnected, forming an integrated system that maps onto the PDSA cycle of continuous improvement. The planning processes lay the foundation for quality management, the implementation processes execute education and assessments, the evaluation processes identify strengths and opportunities for improvement, and the "act" processes implement enhancements based on the evaluation results. This cyclical and interconnected nature of the processes, facilitated by the flow of information and data, enables academic programs to continuously monitor their performance, make data-driven decisions, and implement targeted improvements, fostering a culture of academic excellence and continuous quality enhancement.

5.2 OC-QMS Institutional Interrelations and Interconnectivities

The OC-QMS institutional processes and policies are intrinsically interconnected with the programmatic processes, forming a comprehensive and integrated quality management system that aligns with the PDSA cycle. The institutional processes and policies provide the overarching framework, guidance, and support for the programmatic processes, ensuring a consistent and coordinated approach to quality assurance and enhancement across the institution.

The following detailed mapping elucidates the interrelations and interconnectivities among the OC-QMS institutional processes, policies, and their linkages with the programmatic processes within the PDSA cycle stages.

5.2.1 Plan (P)

Institutional Planning Processes and Policies:

- Developing Institutional Graduate Attributes (IGAs) and Institutional Learning Outcomes (ILOs) (I-P-01, I-P-02, I-P-03) - Defines the overarching knowledge, skills, and values expected of all graduates, aligning with the institution's mission and strategic goals. Guides the development of programmatic learning outcomes (P-P-03).
- Preparing the Institutional Learning Outcomes Assessment Plan (ILOAP) (I-P-04) - Establishes the framework for assessing the achievement of IGAs and ILOs, providing guidance for programmatic assessment plans (P-P-07).
- Setting and resetting ILOs and IGAs targets (I-P-05) - Establishes performance benchmarks for ILOs and IGAs based on assessment results, informing programmatic target setting.
- Establishing the OC Quality Management System (Policy I-01) - Provides the overarching structure and principles for quality assurance and enhancement, guiding the development and implementation of programmatic processes.



- Fostering a quality culture (Policy I-02) - Promotes a shared commitment to continuous improvement and excellence, supporting the effective implementation of programmatic processes.
- Monitoring and updating the QMS (Policy I-03) - Ensures the ongoing relevance and effectiveness of the QMS, informed by programmatic assessment results and recommendations.

The institutional planning processes and policies set the strategic direction and establish the framework for quality assurance and enhancement across the institution. The institutional strategic planning process, which is informed by the OC Strategic Plan, plays a crucial role in defining the institution's mission, vision, and long-term goals. This process involves a comprehensive analysis of the institution's internal and external environment, stakeholder expectations, and emerging trends in higher education. The strategic plan serves as the foundation for the development of institutional policies, processes, and initiatives aimed at enhancing the quality of education, research, and community engagement.

The development of Institutional Graduate Attributes (IGAs) and Institutional Learning Outcomes (ILOs) (I-P-01, I-P-02, I-P-03) is a key component of the institutional planning process. IGAs and ILOs define the overarching knowledge, skills, and values that all graduates of the institution are expected to possess, aligning with the institution's mission and strategic goals. These attributes and outcomes are developed through a collaborative process involving stakeholders from across the institution, including faculty, staff, students, and external partners. The IGAs and ILOs provide a clear and consistent set of expectations for student learning outcomes at the institutional level, guiding the formulation of programmatic learning outcomes (P-P-03) and ensuring alignment with the institution's mission and goals.

The establishment of the OC Quality Management System (Policy I-01) is another critical aspect of the institutional planning process. The QMS provides the overarching structure, principles, and policies for quality assurance and enhancement, guiding the development and implementation of programmatic processes. The QMS is designed to be comprehensive, flexible, and responsive to the evolving needs of the institution and its stakeholders. It encompasses all aspects of the institution's operations, including teaching and learning, research, community engagement, and support services.

The institutional planning process also involves the development of policies and procedures aimed at fostering a quality culture (Policy I-02) and promoting a shared commitment to continuous improvement and excellence. These policies and procedures establish the expectations, roles, and responsibilities of stakeholders in the quality assurance process, and provide mechanisms for the regular review and updating of the QMS (Policy I-03) to ensure its ongoing relevance and effectiveness.

At the programmatic level, the institutional planning processes and policies guide the development of program missions and goals (P-P-01), which are aligned with the institution's strategic direction and the expectations of stakeholders. The program mission statements articulate the unique purpose and focus of each academic program, while the program goals outline the specific objectives and outcomes that the program aims to achieve. The development of program missions and goals is a collaborative process involving program faculty, administrators, and stakeholders, and is informed by the institution's strategic plan, the needs of the community, and the expectations of employers and professional bodies.

The institutional planning processes and policies also guide the development of program specifications (P-P-09), which provide a comprehensive overview of each academic program, including its mission, goals, learning outcomes, curriculum, assessment methods, and resources. The program specifications are developed in alignment with the institution's QMS and the expectations of external accreditation bodies, such as the National Center for Academic Accreditation and Evaluation (NCAAA).

In summary, the institutional planning processes and policies within the OC-QMS provide the strategic direction, framework, and guidance for the development and implementation of programmatic processes,

ensuring a consistent and coordinated approach to quality assurance and enhancement across the institution. The institutional strategic planning process, the development of IGAs and ILOs, and the establishment of the QMS provide the foundation for the formulation of program missions, goals, and specifications, which are aligned with the institution's mission and the expectations of stakeholders. This integrated approach ensures that the institution's quality assurance efforts are coherent, effective, and responsive to the needs of its programs and stakeholders.

5.2.2 Do/Monitor/Implement (D)

Institutional Implementation and Monitoring Processes and Policies:

- Implementing and monitoring SAIPP (P-D-01) - Ensures the consistent application of academic integrity standards across all programs, supporting the effective delivery of courses and assessments.
- Implementing and monitoring extracurricular activities (P-D-02) - Ensures the consistent execution of extracurricular activities aligned with programmatic learning outcomes, enriching the student learning experience.
- Monitoring the implementation of activities plans (P-D-03) - Tracks the execution of research, community engagement, and faculty training plans, supporting the achievement of programmatic and institutional goals.
- Monitoring the implementation of the annual operational plan (P-D-05) - Tracks the progress of operational objectives and activities, ensuring alignment with programmatic and institutional strategic goals.
- Disseminating quality culture (P-D-07) - Promotes awareness and understanding of quality assurance principles and practices among stakeholders, supporting the effective implementation of programmatic processes.

The institutional implementation and monitoring processes and policies ensure the consistent execution of quality assurance activities and initiatives across all programs, supporting the effective delivery of education and assessments. The implementation and monitoring of SAIPP (P-D-01) ensure the consistent application of academic integrity standards, reinforcing the values of honesty, fairness, and responsibility in all academic endeavors.

The implementation and monitoring of extracurricular activities (P-D-02) ensure the consistent execution of co-curricular experiences aligned with programmatic learning outcomes, enriching the student learning experience and fostering holistic development. The monitoring of activities plans (P-D-03) tracks the execution of research, community engagement, and faculty training initiatives, supporting the achievement of programmatic and institutional goals.

The monitoring of the annual operational plan (P-D-05) tracks the progress of operational objectives and activities, ensuring alignment with programmatic and institutional strategic goals. This process enables the identification of any deviations or challenges, allowing for timely interventions and adjustments to keep the institution on track towards achieving its quality assurance objectives.

The dissemination of quality culture (P-D-07) promotes awareness and understanding of quality assurance principles and practices among stakeholders, fostering a shared commitment to continuous improvement and excellence. This process supports the effective implementation of programmatic processes by engaging faculty, staff, and students in the quality assurance endeavor, encouraging their active participation and ownership of the QMS.

5.2.3 Study/Check (S/C)

Institutional Evaluation and Review Processes and Policies:

- Conducting institutional surveys and preparing reports (I-E-02) - Gathers feedback from stakeholders on various aspects of institutional performance, informing programmatic evaluations and improvement efforts.
- Preparing institutional KPIs reports (I-E-03) - Evaluates institutional performance against established benchmarks, providing insights for programmatic KPI evaluations (P-C-08).
- Preparing the Institutional Graduate Attributes and ILOs Assessment Report (ILOAR) (I-E-01) - Evaluates the achievement of IGAs and ILOs based on programmatic assessment results (P-C-07), identifying areas of strength and opportunities for improvement.
- Conducting interim internal quality audits (I-C-02) - Assesses the progress of programs in achieving operational objectives and implementing recommendations, ensuring continuous improvement efforts are on track.
- Conducting comprehensive internal quality audits (I-C-01) - Evaluates the overall performance of programs against NCAAA standards and institutional policies, identifying areas for enhancement and providing recommendations for improvement.

The institutional evaluation and review processes and policies provide a comprehensive assessment of the institution's performance, drawing upon data and feedback from programmatic assessments, surveys, and audits. The conducting of institutional surveys and preparation of reports (I-E-02) gather feedback from stakeholders on various aspects of institutional performance, including teaching and learning, student support services, and resource adequacy. These survey results inform programmatic evaluations and improvement efforts, providing valuable insights into the experiences and perceptions of students, faculty, staff, and other stakeholders.

The preparation of institutional KPIs reports (I-E-03) evaluates the institution's performance against established benchmarks, providing a holistic view of its progress towards achieving its strategic goals. These KPI evaluations inform programmatic KPI assessments (P-C-08), ensuring alignment between programmatic and institutional performance indicators and targets.

The preparation of the Institutional Graduate Attributes and ILOs Assessment Report (ILOAR) (I-E-01) evaluates the achievement of IGAs and ILOs based on the aggregated results of programmatic learning outcomes assessments (P-C-07). This process identifies areas of strength and opportunities for improvement in student learning at the institutional level, informing programmatic curriculum development, pedagogical enhancements, and assessment practices.

The conducting of interim internal quality audits (I-C-02) assesses the progress of programs in achieving their operational objectives and implementing recommendations from previous evaluations. This process ensures that continuous improvement efforts are on track and that any challenges or obstacles are identified and addressed in a timely manner.

The conducting of comprehensive internal quality audits (I-C-01) evaluates the overall performance of programs against NCAAA standards and institutional policies, providing an in-depth assessment of their quality assurance practices, student learning outcomes, and resource adequacy. These audits identify areas for enhancement and provide recommendations for improvement, informing programmatic planning and decision-making processes.

5.2.4 Act/Improve (A)

Institutional Improvement and Enhancement Processes and Policies:

- Aligning evaluation results with strategic planning - Incorporates the findings and recommendations from institutional and programmatic evaluations into the institution's strategic planning process, ensuring that improvement efforts are prioritized and resourced appropriately.
- Implementing changes and improvements to policies, processes, and mechanisms - Revises and updates institutional policies, processes, and mechanisms based on the outcomes of evaluations and audits, ensuring their ongoing relevance and effectiveness in supporting quality assurance and enhancement efforts.
- Monitoring the implementation of improvement plans - Tracks the progress of improvement initiatives and action plans derived from institutional and programmatic evaluations, ensuring their timely and effective execution.
- Communicating and disseminating improvements - Informs stakeholders of the changes and enhancements made to policies, processes, and practices, fostering transparency and engagement in the continuous improvement process.

The institutional improvement and enhancement processes and policies ensure that the findings and recommendations from evaluations and audits are systematically addressed and integrated into the institution's strategic planning and decision-making processes. The alignment of evaluation results with strategic planning incorporates the insights and priorities identified through institutional and programmatic assessments, surveys, and audits into the institution's strategic objectives and initiatives. This process ensures that improvement efforts are prioritized, resourced, and aligned with the institution's mission and goals.

The implementation of changes and improvements to policies, processes, and mechanisms involves the revision and updating of institutional guidelines and procedures based on the outcomes of evaluations and audits. This process ensures that the institution's quality assurance framework remains relevant, effective, and responsive to the evolving needs of its programs and stakeholders. The improvements may include refinements to assessment methodologies, enhancements to student support services, or the adoption of new technologies and resources to support teaching and learning.

The monitoring of the implementation of improvement plans tracks the progress of initiatives and actions derived from institutional and programmatic evaluations, ensuring their timely and effective execution. This process involves the regular review of implementation milestones, the identification of any challenges or barriers, and the provision of support and resources to facilitate the successful completion of improvement efforts.

The communication and dissemination of improvements inform stakeholders of the changes and enhancements made to policies, processes, and practices, fostering transparency and engagement in the continuous improvement process. This process involves the sharing of evaluation results, improvement plans, and progress updates through various channels, such as meetings, reports, and digital platforms. The active involvement of stakeholders in the improvement process helps to build a shared sense of ownership and commitment to quality assurance and enhancement.



5.2.5 Summary of Institutional PDSA Cycle and Interconnectivities

The interrelations and interconnectivities among the OC-QMS institutional processes, policies, and programmatic processes create a comprehensive and integrated quality management system that supports the institution's mission and strategic goals. The institutional processes and policies provide the overarching framework and guidance for programmatic quality assurance efforts, ensuring consistency, alignment, and continuous improvement across the institution.

The institutional planning processes, such as the development of IGAs, ILOs, and the ILOAP, set the strategic direction and establish the benchmarks for student learning outcomes at the institutional level. These processes guide the formulation of programmatic learning outcomes and assessment plans, ensuring a coherent and aligned approach to quality assurance.

The institutional implementation and monitoring processes, such as the monitoring of SAIPP, extracurricular activities, and operational plans, ensure the consistent execution of quality assurance initiatives and the tracking of progress towards programmatic and institutional goals. These processes support the effective delivery of education and assessments and foster a culture of continuous improvement.

The institutional evaluation and review processes, such as surveys, KPI reports, and audits, provide a comprehensive assessment of the institution's performance, drawing upon data and feedback from programmatic evaluations. These processes identify areas of strength and opportunities for improvement, informing programmatic planning and decision-making processes.

The institutional improvement and enhancement processes ensure that the findings and recommendations from evaluations and audits are systematically addressed and integrated into the institution's strategic planning and operations. These processes involve the alignment of evaluation results with strategic objectives, the implementation of changes and improvements to policies and practices, and the monitoring of improvement initiatives.

The interconnectivity and alignment of institutional and programmatic processes within the OC-QMS create a synergistic and iterative cycle of continuous improvement. The outputs and insights from programmatic evaluations feed into institutional assessments and decision-making, while the institutional processes and policies provide the framework and support for programmatic quality assurance efforts. This integrated approach ensures that the institution is able to effectively identify, prioritize, and address areas for improvement, fostering a culture of excellence and responsiveness to the needs of its stakeholders.

Moreover, the OC-QMS institutional processes and policies are designed to be flexible and adaptable, allowing for the incorporation of emerging best practices, regulatory requirements, and technological advancements in quality assurance. The regular review and updating of policies and processes, informed by the outcomes of evaluations and audits, ensure that the institution's quality management system remains relevant, efficient, and effective in supporting the achievement of its mission and goals.

The OC-QMS also emphasizes the importance of stakeholder engagement and communication in the quality assurance process. The institutional processes, such as surveys and the dissemination of quality culture, actively involve students, faculty, staff, and external stakeholders in the assessment and improvement of the institution's performance. The regular communication of evaluation results, improvement plans, and progress updates fosters transparency, accountability, and a shared sense of ownership in the quality assurance endeavor.

In conclusion, the OC-QMS institutional processes, policies, and their interconnectivities with programmatic processes form a comprehensive quality management system that supports the institution's pursuit of academic excellence and continuous improvement. The alignment of institutional and programmatic quality assurance efforts within the PDSA cycle ensures a systematic, evidence-based, and stakeholder-centered

approach to enhancing the quality of education, research, and community engagement. The OC-QMS provides a flexible and responsive framework for navigating the complex and ever-changing landscape of higher education, enabling the institution to effectively meet the needs and expectations of its students, faculty, staff, and the wider community it serves.

6 Regulatory Framework

The "OC Guidebook for Proposing, Establishing and Modifying Academic Programs" is a separate guidebook from the OC-QMS (Onaizah Colleges Quality Management System) handbook. The guidebook's policies and procedures are intricately aligned with the OC-QMS framework, particularly with OC-QMS Policy P-19 on Program Establishment, Restructuring and Approval. The guidebook provides a comprehensive framework for developing and maintaining high-quality academic programs at Onaizah Colleges (OC) that align with the OC's mission, strategic goals, and external accreditation standards. The guidebook covers policies, procedures, and best practices for proposing new programs as well as modifying existing ones through a continuous improvement process.

Proposing New Academic Programs

Proposing a new program begins with establishing a clear rationale backed by a rigorous needs assessment covering student demand, labor market trends, alignment with Saudi Vision 2030 goals, and benchmarking against peer institutions. The proposal must articulate a well-defined program mission, goals aligning with the OC mission, and specific intended learning outcomes mapped to the Saudi Qualifications Framework, following OC-QMS Processes P-P-03 and P-P-04.

A detailed curriculum plan specifying courses, credit distributions, prerequisites, teaching methodologies, and assessment strategies is developed, adhering to OC-QMS Processes P-P-09 (Program Specification), P-P-10 (Course Specifications), and P-P-06 (Constructive Alignment). Comprehensive resource projections covering faculty, facilities, technology, and budgets must demonstrate the program's operational viability.

The approval process is multi-layered, involving successive reviews by department and college councils, external subject matter experts, the OC Board of Trustees, and ultimately the Universities Affairs Council. Each entity scrutinizes the proposal through different lenses - strategic alignment, academic quality, resource requirements, financial sustainability, and compliance with standards.

After approvals, an implementation plan is developed, covering aspects like student recruitment, faculty hiring, preparation of facilities and learning resources (aligning with OC-QMS Process P-P-13), and continuous monitoring of quality metrics (linking to various OC-QMS evaluation processes).

Modifying Existing Programs

Even after launch, OC's academic programs undergo continuous review and enhancement driven by OC's quality management principles emphasizing stakeholder involvement, responsiveness to change, and evidence-based evaluation.

Key triggers for program modifications include:

- Evolving OC mission/strategic priorities requiring program realignment
- Findings from periodic program reviews revealing improvement opportunities
- Changes in external landscape like job market needs or disciplinary trends
- Stakeholder feedback highlighting concerns or potential enhancements
- Analysis of program data/metrics indicating a need for change

Potential modifications span updates to program mission, goals, learning outcomes, curriculum structure, course content, teaching methods, assessment strategies, policies, and resource allocations. A defined process guides proposal development, internal reviews, and approvals.

The program team first conducts a detailed review and develops the modification proposal, which undergoes scrutiny by the Department Council, College Council, subject matter committees like Quality Assurance, and support units like HR and Educational Technologies. A systematic approval workflow governs the Authority Matrix.

Once approved, the program director leads implementation of approved changes through detailed operational planning, faculty training, stakeholder communication, and continuous quality monitoring as per OC's quality management system requirements.

Authority Matrix for Approving Program Changes

The Authority Matrix is a crucial component clarifying the specific roles and responsibilities of various OC entities in proposing, reviewing, recommending, and approving a wide range of modifications to academic programs and courses.

At the program level, entities like the Program Development Committee, Quality Assurance Committee (QAC), Quality Unit (QU), and Quality Assurance Administration (QAA) can propose and recommend changes related to:

- Program name, code, total hours
- Mission statement and strategic goals
- Key performance indicators (KPIs)
- Study plan structure and included courses
- Program learning outcomes (PLOs)
- PLO assessment methods and teaching strategies
- Curriculum mapping of PLOs to courses
- Overall program specification document

However, final approval authority on most of these program-level changes rests with the College Council, with the Department Council also providing a recommendation.

For specific course-level changes like course names, codes, credit hours, prerequisites, learning outcomes, teaching strategies, assessment plans, and full course specifications - the course instructors or teams can propose changes that are reviewed by the QAC, QU, QAA before receiving final approval from the Department Council.

Certain changes regarding field experiences and exit exams follow a slightly different workflow. The Strategic Planning Administration and Field Training Unit are also involved in the review process for aspects related to their expertise.

The Authority Matrix are re-attached in Table 13 below for convenience.



Table 13: OC-approved Authority Matrix 2024

Subject of change	Course Team	Quality Assurance Committee (QAC)	Quality Unit (QU)	Quality Assurance Administration (QAA)	Strategic Planning Administration (SPA)	Field Training Unit (FTU)	Senior Committee for Planning and Quality (SCPQ)	Department council	College council
1. Name of program	---	Proposal to change program name and submission to QU	Reviewing and recommendation for approval	Reviewing and recommendation for approval	---	---	Reviewing and recommendation for approval	Reviewing and recommendation for approval	Final Approval
2. Program code	---	Proposal to change program code and submission to QU	Reviewing and recommendation for approval	Reviewing and recommendation for approval	---	---	Reviewing and recommendation for approval	Reviewing and recommendation for approval	Final Approval
3. Program Total Hours	---	Proposal to change program hours and submission to QU	Reviewing and recommendation for approval	Reviewing and recommendation for approval	---	---	Reviewing and recommendation for approval	Reviewing and recommendation for approval	Final Approval
4. Program Mission	---	Proposal to change program mission and submission to QU	Reviewing and recommendation for approval	Reviewing and recommendation for approval	Reviewing and recommendation for approval	---	Reviewing and recommendation for approval	Reviewing and recommendation for approval	Final Approval



5. Program Strategic Goals	---	Proposal to change program goals and submission to QU	Reviewing and recommendation for approval	Reviewing and recommendation for approval	Reviewing and recommendation for approval	---	Reviewing and recommendation for approval	Reviewing and recommendation for approval	Final Approval
6. Program KPIs, KPIs-Goals Mapping	---	Proposal to change KPIs and KPIs-Goals Mapping and submission to QU	Reviewing and recommendation for approval	Reviewing and recommendation for approval	Reviewing and recommendation for approval	---	---	Reviewing and recommendation for approval	Final Approval
7. Modification of Program study plan (and/or adding/removing courses)	---	Proposal to change program study plan, adding or removing courses and submission to QU	Reviewing and recommendation for approval	Reviewing and recommendation for approval	---	---	Reviewing and recommendation for approval	Reviewing and recommendation for approval	Final Approval
8. Program Learning Outcomes (PLOs)	---	Proposal to change program learning outcomes and submission to QU	Reviewing and recommendation for approval	Reviewing and recommendation for approval	---	---	Reviewing and recommendation for approval	Reviewing and recommendation for approval	Final approval
9. Program assessment methods	---	Proposal to change program assessment	Reviewing and recommendation	Reviewing and recommendation	---	---	--	Reviewing and recommendation	Final approval



of PLOAP (PLOs Assessment Plan)		methods of PLOAP and submission to QU	tion for approval	tion for approval				tion for approval	
10. Program Teaching Strategies / Learning Activities of PLOAP	---	Proposal to change program teaching strategies/learning activities of PLOAP and submission to QU	Reviewing and recommendation for approval	Reviewing and recommendation for approval	---	---	---	Reviewing and recommendation for approval	Final approval
11. Program Curriculum Mapping (PLOs-Courses Matrix)	---	Proposal to change curriculum mapping matrix and submission to QU	Reviewing and recommendation for approval	Review and Recommendation for Approval	---	---	---	Final approval	---
12. Program Specification	---	Proposal to change program specification and submission to QU	Reviewing and recommendation for approval	Reviewing and recommendation for approval	---	---	---	Reviewing and recommendation for approval	Final approval
13. Course Name/Title	Proposal to change Course name and	Reviewing and recommendation for approval	Reviewing and recommendation for approval	Reviewing and recommendation for approval	---	---	---	Reviewing and recommendation for approval	Final approval



	Submission to QAC								
14. Course code	Proposal to change Course code and Submission to QAC	Reviewing and recommendation for approval	Reviewing and recommendation for approval	Reviewing and recommendation for approval	---	---	---	Reviewing and recommendation for approval	Final Approval
15. Credit hours	Proposal to change Credit hours and Submission to QAC	Reviewing and recommendation for approval	Reviewing and recommendation for approval	Reviewing and recommendation for approval	---	---	---	Reviewing and recommendation for approval	Final Approval
16. Level at Which the Course is offered	Proposal to change level in which the course is offered and submission to QAC	Reviewing and recommendation for approval	Reviewing and recommendation for approval	Reviewing and recommendation for approval	---	---	---	Reviewing and recommendation for approval	Final Approval
17. Pre-requisites and co-requisites of the course	Proposal to change pre-requisites and co-Requisites of the course and submission to QAC	Reviewing and recommendation for approval	Reviewing and recommendation for approval	---	---	---	---	Reviewing and recommendation for approval	Final approval
18. Course Main Objective	Proposal to change course main objective and	Reviewing and recommenda	Reviewing and recommenda	Reviewing and recommenda	---	---	---	Final approval	--



	Submission to QAC	tion for approval	tion for approval	tion for approval					
19.Course Learning outcomes	Proposal to change Course learning outcomes and Submission to QAC	Reviewing and recommenda tion for approval	Reviewing and recommenda tion for approval	Reviewing and recommenda tion for approval	---	---	---	Final approval	---
20. CTA (CLOs – TSs- AMs Mapping)	Proposal to change Course Teaching Strategies/Le arning Activities/Ass essment Methods/CLO s Matrix and Submission to QAC	Reviewing and recommenda tion for approval	Reviewing and recommenda tion for approval	Reviewing and recommenda tion for approval	---	---	---	Final approval	---
21.Course Specificati on including Textbooks and Learning Resources	Proposal to change Course Specification and Submission to QAC	Reviewing and recommenda tion for approval	Reviewing and recommenda tion for approval	Reviewing and recommenda tion for approval	---	---	---	Final approval	---
22. Field Experienc e	Proposal to change Field Experience Specification	Reviewing and recommenda	Reviewing and recommenda	Reviewing and recommenda	---	Reviewing and recommenda	---	Reviewing and recommenda	Final approval



Specification	and Submission to QAC	tion for approval	tion for approval	tion for approval		tion for approval		tion for approval	
23. Exit Exam Specification	---	Proposal to change Exit Exam Specification and Submission to QU	Reviewing and recommendation for approval	Reviewing and recommendation for approval	---	---	---	Final approval	---

This comprehensive matrix promotes transparency, accountability, effective decision-making, and quality assurance by clearly delineating the proposal, recommendation, and approval pathways for any type of academic change - big or small.

The structured approach aligns with OC's quality management system principles of engagement with all key stakeholders, substantive basis for academic changes, evidence-based evaluations, benchmarking, and a continuous improvement mindset responsive to evolving needs.

Implementation and Continuous Improvement

Approved program changes don't automatically translate to success. The guidebook stresses effective implementation overseen by the program director in conjunction with the quality assurance committee. A detailed plan lays out actions, responsibilities, timelines, and provisions for monitoring progress against targets.

Active engagement of faculty, staff and students is crucial, as is consistent communication to leadership and adherence to documentation requirements demonstrating OC-QMS compliance. The true impact gets evaluated through metrics like learning outcome assessments, stakeholder surveys, and indirect measures.

Closing the loop on continuous improvement, the accumulated implementation data becomes inputs for the next program review cycle - celebrating achievements, diagnosing shortcomings, benchmarking against updated standards, and formulating strategies for further program enhancements.

In summary, the OC guidebook establishes a comprehensive, multi-stakeholder process for ensuring Onaizah Colleges' academic programs remain rigorous, relevant, and well-resourced to serve the needs of students, society, and the Saudi economy aligned with the Kingdom's development vision. Its policies, templates, and authority matrix enable systematic program development and updating rooted in OC's quality-focused principles and strategic objectives.

7 Concluding Remarks

This Onaizah Colleges Quality Management System (OC-QMS) Handbook is a comprehensive and indispensable resource that encapsulates the OC's unwavering commitment to academic quality, continuous improvement, and stakeholder satisfaction. It serves as a roadmap for navigating the complex landscape of quality assurance in higher education, providing a clear and systematic approach to the development, implementation, and enhancement of policies, processes, and procedures that underpin the OC's academic programs and support services.

The handbook's overarching value lies in its ability to harmonize and integrate the diverse components of the OC-QMS into a cohesive and effective framework that aligns with OC's mission, values, and strategic goals. By adopting the Plan-Do-Study/Check-Act (PDSA) cycle as its organizing principle, the handbook ensures that quality assurance practices are embedded in every aspect of the institution's operations, from the planning and design of academic programs to the evaluation and improvement of their outcomes.

The OC-QMS Handbook is grounded in a set of guiding principles that reflect the institution's steadfast dedication to stakeholder engagement, evidence-based decision-making, alignment with national and international standards, and a focus on student learning and success. These principles permeate every aspect of the handbook, informing the development of policies, the design of processes, and the implementation of procedures that collectively contribute to the realization of the institution's quality assurance objectives.

One of the key strengths of the handbook is its comprehensive coverage of both programmatic and institutional quality assurance processes. The programmatic processes outlined in the handbook provide a detailed and practical guide to the development, delivery, and evaluation of academic programs that are relevant, coherent, and responsive to the needs of students and the labor market. These processes emphasize the importance of constructive alignment, stakeholder engagement, and continuous improvement in ensuring that programs are of high quality and effectively prepare students for success in their personal and professional lives.

At the institutional level, the handbook delineates the overarching quality assurance mechanisms that support and integrate the programmatic processes. These mechanisms include the development and assessment of institutional learning outcomes, the management of resources and support services, and the oversight and continuous improvement of the OC-QMS itself. The institutional processes outlined in the handbook underscore the importance of data-driven decision-making, external benchmarking, and regular review and updating of policies and processes to ensure their ongoing relevance and effectiveness.

A crucial aspect of the OC-QMS Handbook is its emphasis on closing the quality loop through a comprehensive system of evaluation and improvement processes. The handbook provides a robust framework for assessing the effectiveness of academic programs and support services through a range of mechanisms, including learning outcomes assessments, stakeholder surveys, performance indicators, and internal and external reviews. Importantly, it offers clear guidance on how to use the results of these evaluations to identify areas for improvement and develop targeted action plans to address them, thereby fostering a culture of continuous improvement and accountability.

The handbook also recognizes the critical importance of stakeholder engagement and communication in the success of the OC-QMS. It stresses the need for active involvement of students, faculty, staff, and external stakeholders in the quality assurance process, ensuring that their perspectives and needs are considered in the design and implementation of policies and processes. The handbook promotes transparency and accountability by emphasizing the regular communication of quality assurance outcomes and improvement plans to all stakeholders, fostering a shared understanding of the institution's quality assurance efforts and their impact on the educational experience.

Throughout the handbook, there is a strong emphasis on the interconnectivity and interrelationships among the various components of the OC-QMS. The programmatic and institutional processes are designed to work together seamlessly, with the outputs of one process serving as inputs for others. This integrated approach ensures that the institution's quality assurance efforts are coherent, efficient, and effective in supporting the achievement of its mission and goals. The handbook's emphasis on the PDSA cycle reinforces this interconnectivity, ensuring that the lessons learned from each stage of the cycle inform and enhance the subsequent stages, creating a virtuous cycle of continuous improvement.

The OC-QMS Handbook is not a static document but a dynamic and evolving resource that reflects the institution's commitment to staying at the forefront of quality assurance practices in higher education. The handbook is designed to be regularly reviewed and updated in response to the changing needs and expectations of stakeholders, the evolving landscape of higher education, and the emergence of new technologies and best practices in quality assurance. This adaptability ensures that the OC-QMS remains relevant, efficient, and effective in supporting the institution's pursuit of academic excellence and continuous improvement.

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