

Policies & Procedures Unit

The Policies & Procedures Manual

2022

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Chapter 1: Programme Governance Policies

Policy Title	Policy on Policies
Headline Banner	Policy No. : PG 1.1 Type of Policy: Governance Effective Date: 27/Feb/2023 Policy Owner: Vice Dean Policy Contact: mdc.vd@qu.edu.sa

Definitions & Acronyms

Policy: A written statement that clearly indicates a set of rules or guidelines within which Qassim University College of Medicine (QUCOM) students, faculty, and other individuals interacting with QUCOM are expected to operate.

Procedures: Identify the tasks and processes that must be followed to ensure quality, consistency, and compliance with policies. A procedure details the “how” of the policy. Procedures involve specific required actions, generally presented in a high-level step-by-step description, and the conditions under which those actions must be taken.

Policy Owner: Is administrator (Dean or Vice Deans) who coordinates with the Policies and Procedures unit and is responsible for overseeing drafting, reviewing, implementing, and enforcing the policy.

Responsible Unit/Committee: Is the unit or committee under the guidance of the policy owner that is responsible for the drafting of a policy and manages the various stages of its development and subsequent modifications and revisions. Works closely with the Policies and Procedures unit to monitors the implementation and life cycle of the policy from the time it is enacted.

University-wide Policy: Policies that govern Qassim University as a whole.

College-level Policy: Policies that govern academic and non-academic operations of the College.

Policy governance: The college council which oversees academic & non-academic policies of the College and has the final authority to approve policies.

Policy Manual: The College’s central record of each policy, approval and revision dates, and next review dates.

Effective Date: The date the policy is to be implemented. This may or may not coincide with the approval date. The format is: MM/YEAR.

QUCOM: Qassim University College of Medicine

Reason for Policy/Purpose

In support of the mission of Qassim University College of Medicine (QUCOM) , this document outlines the policy regarding the development, approval, implementation, and maintenance of

QUCOM policies . This policy seeks to create a standardized policy governance framework and to consistently define terms used throughout all policies of the college.

Policy Statement

QUCOM is committed to ensuring that all college Policies and related procedures are managed in a manner that is compliant and consistent with Qassim University`s overarching policies and regulations. QUCOM is a highly-regulated institution and its policy governance framework is based on the following guiding principles:

- All Policies align with and strengthen QUCOM mission, vision, and values.
- QUCOM recognizes the importance of engaging stakeholders in the development and review process of its policies.
- Policies are living documents. While the core elements and the intent of a policy will likely remain the same, the details need to adapt to the latest changes in medical education and health care.
- Policies and procedures are in a consistent and accessible format and written as clearly as possible.
- Policies are maintained in a user-friendly, organized, central repository to ensure that all those affiliated to the college have ready access to clear, well-developed institutional policies.
- Policies are kept up-to-date and compliant with relevant requirements through periodic policy reviews and revisions.
- Policies are reviewed against Qassim University Policies to ensure there are no statements that conflict with a University Policy. If a QUCOM policy conflicts with a University policy, the University policy governs.
- The Policies and Procedures Manual is a developing document .As each policy is completed it will be made available in the Manual.

Scope

All faculty, student, and staff, involved in the development, approval, implementation, or maintenance of QUCOM Policies are expected to comply with this policy.

Procedures

A-Procedure on Policy Creation, Review, Approval, and Maintenance

- Once the need for a new or revised policy is identified, the designated Policy Owner should consult with the Policies and Procedures Unit to make the necessary action.
- All policies must be created or revised using the QUCOM Policy Template. Policy format and required information to be included in policies are found in the template. All policies should adhere to this template.
- Policies will be submitted for review by the Policies and Procedures Unit for consistency, completeness, format, accessibility, style, and adherence to the policy framework.

- Then, policies will be reviewed by the Quality Assurance Unit for clarity of responsibilities to avoid duplication of work, gaps or overlaps.
- All QUCOM Policies will be assigned a policy identifier as part of the overall college taxonomy.
- Administrative revisions that are technical and not substantive (e.g., new contact details, links to related policy materials, policy taxonomy changes, etc.) do not require the formal policy review and approval process. Revisions of this nature should be carried out in consultation with Policies and Procedures unit and should obtain approval from the college council.
- All policies shall follow the approval workflow as described in the Policy Development Flow Chart below :

B-Procedure on Policy Format and Organization

- All new or reviewed policies must be written using QUCOM policy template.
- Those writing policies should include and populate each heading as provided in the template. For those sections that are not required per the policy, rather than deleting the section, it should list “Not applicable.”
- For any new policies, the policy title should be clear, concise, and accurately reflect its content. New titles should be distinct from already established policies.
- Document text size should be 12 point or larger whenever possible.
- Policies should be written in a way that they can stand alone and can be understood easily.
- Policies should be written in the “active voice” with the person or the unit/committee taking the action as the subject of the sentence.
- Roles or titles rather than individual names should be used when referring to the responsible person or the unit/committee.
- Any acronym used, should be spelled out the first time it is used in the policy document.
- The following terms should be used as prescribed; “shall” and “must” for an obligation, “shall not” and “must not” for a prohibition, “may” for a discretionary action, and “should” for a recommendation.
- For ease of reference and clarity, all policies must have a unique identifier or policy number. The alpha-numeric numbering system used for policies and procedures categorizes the policies according to type and uses a combination of letters and numbers. The system contains six categories with each Policy number having two parts, as follows: Part 1 is an alpha code composed of two letters indicating the Policy category; and Part 2 is a 2- digit form, where the first digit refers to the number of policy category (1-6) and the second digit assigned to each of the individual policies that fall under that category and is separated from the first digit by a period.

Example: PG1.2 Mission Statement Review Policy

Policy Code	Policy Category
PG	1. Programme Governance
TL	2. Teaching and Learning
EA	3. Examination and Assessment
ST	4. Students
FA	5. Faculty
HS	6. Health & Safety

C-Procedure on Periodic Policy Review

At minimum, QUCOM intends to review policies on 3-year basis. Policy reviews will be prompted either by the Policies and Procedures unit or the Policy Owner. Off-cycle updates or reviews may be prompted by, but not limited to, a change in regulation, emergency situation or a change to QUCOM operations. If an update is needed, Policy Owners should develop and submit a request to the College Council for policy creation or revision,

D-Procedure on Policy Retirement and Archiving

Policies may become outdated and retired for several reasons, including but not limited to:

- Changes in Qassim University regulations.
- Changes to QUCOM operations
- Identification of an existing policy that overlaps or is duplicative.

The College Council must approve the retirement and should assist in the removal of the policy from all applicable sites. The Policy Owner is responsible for working with the policies and Procedures unit to communicate the retirement of the policy to all whom the policy applies to. If the retired policy has been replaced by a new policy, the communication of the retired policy should be included in the new policy announcement.

Who Should Read this Policy?

All students, faculty and high administrators at QUCOM should be aware of this policy.

Responsibilities

- **College Council:**
 - Review and approve policy requests/revisions
- **Policy and Procedure Unit :**
 - Advise on policy reviews and provide guidance to ensure that all related policies, procedures, and processes are updated promptly to reflect changes approved by the College Council .
- **Quality Management Unit:**
 - Review policies to avoid duplication of effort and overlapping responsibilities.

Enforcement

A violation of this Policy is considered a breach of the college's regulations.

Related Information/References

- Policy Development Template.
- Terms of Reference of Policies and Procedures Unit.

Frequency of Review & Update

This policy is subject to a five-year policy review cycle unless otherwise needed. The next review date is expected in 2027.

Policy History

Policy Status: Updated.

Date of Revision: 2022

Policy Title	Mission Statement Review Policy
Headline Banner	Policy No.: PG 1.2 Type of Policy: Governance Effective Date: 27/Feb/2023 Policy Owner: Vice Dean Policy Contact: mdc.vd@qu.edu.sa

Definitions

Vision : Describes what the college hopes to become in the future. It is the big picture of what the college wants to achieve.

Mission: Is a general statement of how the college will achieve the vision. A mission statement is a comprehensive statement addressing all aspect of the college's function. It describes what the college does and thus provides the foundation and context for planning and evaluating effectiveness in the college.

Core Values: Are the defining features of the college and describe how people in the college are expected to behave. Values support the college's vision and shape its culture.

Goals: These are general statements of what needs to be accomplished.

Objectives: Provide specific milestones with a specific timeline for achieving a goal. An objective is specific, quantifiable, time-sensitive statement of what is going to be achieved and when it will be achieved.

Reason for Policy/Purpose

The intent of this policy is to define the process for periodically reviewing and revising the college mission statement. Also, to ensure our commitment to be proactive in reassessing and refining our purpose. By embracing the changes and charting a course that fits the culture of our college as well as today's realities, we assume some control over the direction our college takes.

Policy Statement

QUCOM is committed to periodically review, re-evaluate and revise as needed the mission statement, in conjunction with the College Strategic Plan, within an ongoing process of self-study and continuous quality improvement to ensure that the mission statement:

- Is clear, concise and well-articulated.
- Generates goals and objectives that are measurable, attainable and realistic.
- Continues to provide an accurate description of the purpose of the college.
- Is used as the primary guiding principle for all educational activities and decisions.

And further to ensure that:

- The program is meeting its mission.

- Students, staff and faculty have a clear understanding and are supportive of the mission statement.

Scope

All students, faculty and governance committees and subcommittees at QUCOM are affected by this policy.

Procedures

- The agenda for the first meeting of the College Council at the start of every academic year will include review of the college mission and planning priorities. The purpose of this review is to:
 - Confirm the relevance of the college mission, goals, objectives and priorities to the communities served.
 - Ensure the alignment of the college mission with the college vision; and with the University mission and vision.
 - Ensure that QUCOM Mission Statement is realized and that it effectively promotes the mission as intended and to
 - Establish a shared understanding across the college of the vision, values, mission, goals, and objectives; and priorities and of their role in the upcoming cycle of program review and planning.
- Upon finding that minor revisions to the mission, goals, objectives and/or priorities are advisable, College Council will establish a task force that is charged with the following:
 - Conducting a thorough evaluation of the existing statements (mission, goals, and objectives) and planning priorities in light of quantitative and qualitative data representing the current conditions and needs in the community served.
 - Revising the existing statements and/or planning priorities in order to align the college more effectively with community demands and needs. Planning priorities must be stated in measurable terms so that the degree to which they are achieved can be determined and widely discussed.
 - Submitting the revised statements/planning priorities to faculty, staff, students, graduates, leadership of the teaching hospitals and community for review and input.
 - Conducting a final review and votes to approve the revised statements/planning priorities.
 - Submitting revised statements/planning priorities and justifications for the recommended changes to College Council for discussion, refinement, approval and implementation (promulgation throughout the college using e-mail, the College web site, and other appropriate methods).
- The Quality Management Unit (QMU) is responsible for communicating the new statement(s) and value of its amendments throughout the college (staff, faculty students), stakeholders, and the whole community, via e-mail, College web site, handouts, posters, workshops, meetings or any other appropriate methods.

- Changes to the mission, goals, objectives and/or priorities may result in changes to related policies, procedures, strategic planning and resource allocation processes. The Policy and procedure unit must promptly update all related policies, procedures, and processes to reflect changes approved by the College Council.

Who Should Read this Policy?

All students, faculty and high administrators at QUCOM should be aware of this policy.

Responsibilities

- **College Council:**
 - Review of the college mission and planning priorities.
 - Establish a task force to conduct the review procedures
 - Discuss, refine, approve and implement the revised mission
- **Policy and Procedure Unit :**
 - Ensure that all related policies, procedures, and processes are updated promptly to reflect changes approved by the College Council to the institutional mission, and goals.
- **Quality Management Unit:**
 - Communicating the new statement(s) and value of its amendments throughout the college (staff, faculty students), stakeholders, and the whole community.

Enforcement

A violation of this Policy is considered a breach of the college's regulations and may result in delay in the mission statement review process.

Related Information/References

-Accreditation criteria related to Mission Statement.

Frequency of Review & Update

This policy is subject to a five-year policy review cycle. The next review date is expected in 2027.

Policy History

Policy Status: Updated.

Date of Revision: 2022

Policy Title	Curriculum Integration Policy
Headline Banner	Policy No.: PG 1.3 Type of Policy: Governance Effective Date: 27/Feb/2023 Policy Owner: Vice Dean for Educational Affairs Policy Contact: mdc.vdaa@qu.edu.sa

Definitions

Curriculum: It is the group of courses and experiences constituting an educational program .By curriculum it is meant the MBBS curriculum throughout this document.

Integration: Coordination and blending information from different disciplines into a functioning or unified whole. In modern medical curricula, integration means abandoning the traditional discipline based discreet segmentation and isolation of teaching and learning activities within "concrete" silos. Integration seeks to break down the barriers between subject areas in order to provide students with better learning opportunities that will facilitate the development of knowledge that is relevant and meaningful to clinical practice, is deep and retrievable and which is amenable to alteration, updating and development as a part of an ongoing process of lifelong learning. Curriculum integration usually involves both horizontal and vertical integration and is the pattern that is becoming widespread throughout the world;

Vertical

- Bringing together basic and clinical science
- Early clinical experience
- Clinician-scientist partnerships
- On-going incorporation of science in later years

Horizontal

- Bring together the disciplines, topics, subjects.

Reason for Policy/Purpose

Relevance of the gained information is increased through horizontal and vertical integration. Integration is also needed to avoid the information overload that is associated with the traditional curriculum where learning was delivered as a series of discipline blocks over concerned with detail and with little recognition of the links between subject and topic areas that are required to make the knowledge created available for use and application in new situations. Integration deals more with principles and concepts which can be used to explore and understand novel problems and allow new solution to be achieved. Furthermore, changes to the clinical environment, the

expectation of patients, the accountability to stakeholders and the understanding of learning and its theoretical basis demand new, effective approaches to the learning and the preparation of learners in order to be fit for purpose. Although the ladder of integration is 11 level steps (R. Harden), yet the most meaningful and significant is the top one, where full integration without any reservation and barriers is there.

Policy Statement

Qassim University College of Medicine (QUCOM) supports the holistic approach in conducting its medical education program, in which the basic medical sciences are taught/delivered as a composite of the individual disciplines and with clinical context in the early years of the curriculum (horizontal integration). In addition, the basic sciences are emphasized in the learning of clinical medicine in the latter years of the curriculum (vertical integration). It aims at inculcating in the medical trainee the attitude of perceiving the patient from a holistic perspective, applying the basic and clinical sciences in his approach to patient diagnosis and management. The main learning strategies of curriculum integration used in QUCOM are :

- PBL (Problem Based Learning).
- TBL (Team Based Learning).
- CBL (Case Based Learning).

Scope

All students, faculty and Curriculum Governance Committees at QUCOM are affected by this policy.

Procedures

QUCOM uses both horizontal and vertical curriculum integration;

- Horizontal integration refers to the provision of learning within the structure where individual departments/subject areas contribute to the development and delivery of learning in a meaningful, holistic manner. By this process and links are made between the different subject areas and that learning is enriched by the connections and interrelationships being made explicit.
- Horizontal integration at QUCOM involves several courses, mostly simultaneous and usually within a single academic year.
- Vertical integration, on the other hand refers to combination of basic and clinical sciences in such a way that the traditional divide between preclinical and clinical studies is broken down. Therefore, basic science is represented explicitly in the curriculum within the clinical environments during all the years of undergraduate education and beyond into postgraduate training and continuing professional development. Likewise aspects of clinical learning and early clinical experience are brought back into the early undergraduate

years, traditionally associated with just basic sciences learning. This means that the learning of basic science is placed in the context of clinical and professional practice and is seen to be more meaningful and relevant to students.

- Vertical integration, at QOCOM, is built over time (in different academic years) and aims to close the gap between basic and clinical courses. Vertical integration can be implemented following a "Z or spiral model", where basic science courses are taught with the collaboration of clinicians.

Who Should Read this Policy

All students, faculty and high administrators at QUCOM should be aware of this policy.

Responsibilities

Curriculum committee is responsible for ensuring that the curriculum is designed according to the provision of learning within the structure where individual departments/subject areas contribute to the development and delivery of learning in a meaningful and in a holistic manner.

Enforcement

Failure to follow this policy may result in noncompliance with the educational system and curricular regulations at QUCOM . Organizers of current and new blocks/courses shall abide by the terms of this policy. In case of non-compliance, clarification should be provided to the vice dean for educational affairs.

Related Information/References

- Curriculum Governance Policy

Frequency of Review & Update

This policy is subject to a five-year policy review cycle. The next review date is expected in 2027.

Policy History

- Policy Status: Updated.
- Date of Revision: 2022

Policy Title	Curriculum Governance Policy
Headline Banner	Policy No. : PG 1.4 Type of Policy: Governance Effective Date: 27/Feb/2023 Policy Owner: The Dean Policy Contact: mdc.dom@qu.edu.sa

Definitions

Curriculum: It is the group of courses and experiences constituting an educational program .By curriculum it is meant the MBBS curriculum throughout this document.

Governance: Refers to the organizational and management structure in the curriculum and how the formal curricular review and approval processes are implemented.

Reason for Policy/Purpose

This policy demonstrates how governance is implemented to ensure that the curriculum reflects the college’s mission and is attentive to new trends in medical education .also, this policy is set to ensure that proposals for new academic courses or modifications to existing courses/blocks go through formal review and approval processes.

Policy Statement

In addition to the central role of the Curriculum Committee of QUCOM in the overall planning of the undergraduate curriculum, it will oversee, and ensure the quality, of the undergraduate educational training program to assure that our students are provided with a comprehensive medical education that will enable their development as knowledgeable, skilled, and compassionate physicians. This quality assurance role will be accomplished by the well designed frequent feedback (from the stakeholders) and evaluation system adopted by this committee.

Scope

All students, faculty, and administrators at QUCOM are affected by this policy.

Procedures

Four interrelated committees exist to provide oversight and governance of the college curriculum. These committees include; The Curriculum Committee (CC), Pre-clinical Phase Committee (PPC), Clinical Phase Committee (CPC), and Quality Assurance Committee (QAC); the later three committees report to the Curriculum Committee.

1. Membership of the committees is designed to include representation from multiple groups:
 - Faculty and administrators dedicated to education.
 - Student representatives from each phase.
 - Experts in curricular design, pedagogy and evaluation methods.

- Representation from all disciplines who participate in required blocks or clerkship.
- Medical Educational representatives.
- Graduates.
- Information Systems representative.

Faculty and administrative personnel selected to these committees serve on the committee for a two year term; and students and graduates are selected on a yearly basis.

2. The Curriculum Committee must assure that the curriculum as a whole will be designed to achieve the Educational Program Objectives (Intended Learning Outcome). Evidence of a coherent and coordinated curriculum includes:
 - Logical sequencing of the various segments of the curriculum.
 - Contents that are coordinated and integrated within and across the academic periods of study (horizontal and vertical integration, considering the Z-shaped approach).
 - Methods of pedagogy and student evaluation that are appropriate for the achievement of the College of Medicine educational objectives.

Who Should Read this Policy

- All faculty at the QUCOM should be aware of this policy and the procedures therein. All Department Chairs, Curriculum Committee, Quality Assurance Committee and related subcommittees at the QUCOM should be aware of and understand this policy and the procedures therein.

Responsibilities

The Curriculum Committee's responsibilities include leading, directing, controlling, planning, evaluating and revising the curriculum and reporting to the Dean. The charge of each of the committees is detailed, as follows:

Curriculum Committee (CC):

The CC is charged by the Dean to develop, and evaluate the curriculum of the medical college, which must be organized, well designed and integrated both horizontally and vertically. It is the responsibility of the CC to:

- Develop, and periodically review, specific educational program objectives to maintain the highest standard of education for all its programs.
- Align the educational program objectives (and the Intended Learning Outcome) with the stated mission of the medical college.
- Periodically review vertically integrated programs including, but not limited to, ethics, professionalism and cultural competency.
- Identify specific resources needed by the faculty and students to enhance the quality of teaching and further the mission of the medical college.
- Monitor the content and workload in each discipline including the identification of omissions and redundancies. The committee should also ensure that each academic period maintains common standards of content. These standards should address the depth and breadth of knowledge required for a general professional education regardless of subsequent career specialty.

- Provide oversight to all the committees (Pre-Clinical, Clinical and Quality Assurance Unit) that periodically report to it and suggesting recommendations. These recommendations should be discussed by the CC members and submitted to the Dean as soon as possible but no longer than 60 days of receipt to bring closure to relevant issues.

Minutes of the committee meetings and reports to the Dean must document that such activities take place and must show the committee's findings and recommendations.

Pre-clinical Phase Committee:

It is the responsibility of the Pre-Clinical Phase Committee to:

- Align the basic science “blocks” with specific educational program objectives of the medical college.
- Review the stated objectives of the individual educational experiences in each block as well as methods of pedagogy and student evaluation, to assure congruence with educational program objectives and report any suggested changes to the CC.
- Periodically review educational objectives, content, and evaluation of the courses, and consider changes in the curriculum based on feedback from students and faculty and reporting this to the CC.

Clinical Phase Committee:

It is the responsibility of the Clinical Phase Committee to:

- Align the clinical clerkships with the specific educational program objectives (Intended Learning Outcome) of the medical college.
- Review the stated objectives of the individual educational experiences in each clerkship as well as methods of pedagogy and student evaluation, to assure congruence with program objectives.
- Develop, implement and monitor policies related to the amount of time students spend in required activities, including the total required hours spent in clinical and educational activities during clinical clerkships.
- Review guidelines regarding the requirements for adequacy of clinical experiences in each required clerkship.
- Monitor the student performance to ensure that appropriate clinical skills are acquired.

Quality Assurance Committee:

It is the responsibility of the Quality Assurance Committee to periodically:

- Evaluate the curriculum and recommend changes to the CC based on these evaluations.
- Evaluate effectiveness of programs by outcome analysis, using national norms of accomplishments as a frame of reference, supplemented by other objective and subjective methods of evaluation.
- Review blocks and clerkships for assessment of course and educator quality.
- Evaluate the performance and content of the curriculum by reviewing course reports and the overall annual program report. Recommendations based on evaluation of these reports should be submitted to the curriculum committee within 60 days of receipt of such.

Enforcement

A violation of this Policy is considered a breach of the college's regulations and may result in delay in the curricular review and approval processes.

Related Information/References

- Curriculum Integration Policy

Frequency of Review & Update

This policy is subject to a five-year policy review cycle. The next review date is expected in 2027.

Policy History

Policy Status: Updated.

Date of Revision: 2022

Policy Title	Transfer of Academic Credit Policy
Headline Banner	Policy No. : PG 1.5 Type of Policy: Governance Effective Date: 27/Feb/2023 Policy Owner: The Dean Policy Contact: mdc.dom@qu.edu.sa

Definitions

Academic Level: Indicates the level of study. The Qassim University, College of Medicine (QUCOM) program is a five-year program in addition to a twelve-months internship period.

Academic Transcript: A statement that explains the student's academic progress. It includes the courses studied in each academic level, course numbers and codes, number of credit hours, the grades earned, and the codes and points assigned to these grades. The record also shows the academic level and cumulative GPAs and the student's general academic status, in addition to the courses from which a transferred student is exempt.

Academic Year: A period of no less than thirty (30) weeks of instruction, not including the registration and final examination and a summer session, if any.

Admissions Process The structured sequence of events by which an applicant is assessed and either offered or declined a position within the undergraduate medical program.

Applicant: An individual who has applied to be admitted to the QUCOM of Medicine.

Course/Block: A subject of study within a certain academic level of the approved degree plan. Each course has a number, code, title, and detailed description of its contents to distinguish it from other courses. Some courses may have prerequisite or co requisite requirement(s).

Course Grade: A percentage, or alphabetical letter, assigned indicating the final grade received in a course.

Credit Hour: Each of the weekly lectures, tutorial session, seminar, or clinical round with a duration not less than fifty (50) minutes, or a laboratory session, or field study of a duration not less than one hundred (100) minutes.

Cumulative GPA: The total points a student has earned in all courses taken since enrolling at the University, divided by the total number of credit hours assigned for these courses.

Graduation Ranking: The assessment of a student's scholastic achievement during his/her study at the University.

Reason for Policy/Purpose

The aim of this policy is to ensure consistency and continuity in the acceptance of transfer credits of students outside the College.

Policy Statement

This policy governs the evaluation and acceptance of courses that are presented for transfer to QUCOM by students applying to enter the undergraduate medical program.

Scope

This policy applies to all undergraduate students from outside QUCOM who wish to transfer their credit to the College. It provides information about transfer credit policy and procedures to undergraduate applicants and potential applicants, to their advisers and family members, and to staff of the Qassim University.

Who should read this policy?

College Council members at QUCOM, the Deanship of Admission and Registration at Qassim University, and the potential applicants should be aware of and understand this policy and its procedures.

Procedures

❖ Qassim University requirements

Transfer from other Universities to Qassim University

The student must satisfy the following transfer conditions, as determined by the Qassim University Council :

1. Students may transfer from one university to another in Saudi Arabia for one time only.
2. Students shouldn't be failed in the cumulative GPA.
3. The transfer process takes place in accordance with the procedures and the dates announced by Qassim University.
4. The student must not have been dismissed from the first university for disciplinary reasons.
5. The student should have studied at a recognized college or university for at least one semester.
6. The duration of stay at the first university and the remaining duration for graduation from Qassim University should not exceed the average of the maximum and minimum limits for completing his/her degree program.
7. The course load to be taken at Qassim University should not be less than 60% of the required course to earn a MBBS from Qassim University.
8. Acceptance of both deans of the two designated colleges in both universities.
9. All transfer procedures must be finished within the first week of the academic year.

Transfer from other colleges within Qassim University

The student must satisfy the following transfer conditions, as determined by the Qassim University Council :

1. A student may transfer for one time only during his study at the university.
2. A student may not be allowed to transfer except after studying for one semester.
3. The student remaining duration for graduation is enough to finish all graduation requirements of the new degree.
4. A student must obtain a recommendation from the designated deans and the acceptance of the Committee for student academic problems. Transfer must be in accordance with any conditions set fourth by the college to which the student will transfer.
5. All transfer procedures must be finished within the first week of the academic year.

❖ QUCOM requirements

- To weave courses that have been studied by the student in the first college to QUCOM program, these course must be evaluated by the College Council to ensure that they are equivalent to those given at QUCOM (based on the recommendations of the departments that offer equivalent courses).
- The student must satisfy the requirements for admission, as determined by the college council .
- ❖ If the student transfer is from other University, the courses that have been studied and evaluated as equivalent are recorded in the student's academic transcript but are not included in the calculation of his/her cumulative GPA. In case of transfer from other college within Qassim University, all courses that have been studied and evaluated as equivalent are recorded in the student academic record, including the grades and the academic level and cumulative GPAs obtained throughout his/her study at the University.
- ❖ Transfer credit decisions may be appealed in writing, to include a course syllabus of the disputed course, to the Vice Dean for Educational Affairs. If the Vice Dean for Educational Affairs rules against the appeal, the student may appeal in writing, to include a course syllabus of the disputed course, to the Dean, who is the final authority.
- ❖ If it becomes evident, after a student's transfer, that the student was dismissed for disciplinary reasons, his/her enrollment is considered cancelled from the date of acceptance of his/her transfer to the University.

Responsibilities

College Council: Evaluates the courses that were taken by the student outside the QUCOM, based on the recommendations of the departments that offer equivalent courses.

Vice Dean for Educational Affairs: Appeal decision.

Dean: The final authority for appeal decision.

Enforcement

Failure to follow this policy may influence the transfer decisions.

Related Information/References

- The student Guide
- The student Admission Policy

Frequency of Review & Update

This policy is subject to a five-year policy review cycle. The next review date is expected in 2027.

Policy History

Policy Status: Updated.

Date of Revision: 2022

Policy Title	Annual Program Evaluation Policy
Headline Banner	Policy No. : PG 1.6 Type of Policy: Governance Effective Date: 27/Feb/2023 Policy Owner: The Vice Dean Policy Contact: mdc.vdaa@qu.edu.sa

Definitions

Programme Evaluation Committee (PEC): The representative Faculty who will work on evaluation of the Program

Annual Programme Evaluation (APE): The report that will be prepared by the PEC annually.

Reason for Policy/Purpose

To establish formal, ongoing program evaluation to demonstrate the extent to which the College of Medicine is achieving its learning outcomes and to enhance the quality of the program as a whole

Policy Statement

Representative Faculty from the Program will be organized as a Program Evaluation Committee. This committee will annually evaluate the program's goals and objectives and the effectiveness with which the curriculum has achieved those objectives. This evaluation will take place at end of the Academic year. The committee will prepare an Annual Program evaluation Report & action plans for improvement (if needed) and the report will be submitted to the director of the program (The Dean).

Scope

All students, interns, graduates, faculty at QUCOM and internship trainers are affected by this policy.

Procedures

The Program Director (The Dean) will:

- Appoint the Program Evaluation Committee to be directed by Vice Dean and to include
 - At least three (3) program faculty
 - Vice Dean of educational affairs
 - Vice Dean of clinical affairs
- Provide a written description of the committee's responsibilities.
- Identify an administrative coordinator to assist with organizing the data collection, review process, and report development

The Committee will:

- Develop the evaluation plan of the program, and assign the implementing bodies,
- Obtain the necessary evaluations and other information necessary for the Annual Program Evaluation
- Establish and announce the date of the review meeting (by End of Academic year)
- Invite and discuss any personnel the committee will see a requirement
- Review and make recommendations for revision based on program learning outcomes achievement
- Addressing areas of non- or low compliance with NCAAA standards and set action plan for improvement
- Submitting the Annual program evaluation report to college council
- Disseminate the approved action plans to the concerns.
- Follow up the progress of action plans by reporting from the concerns responsible.

Who Should Read this Policy?

All students, interns, graduates, faculty and higher administration at QUCOM and internship trainers and employers should be aware of this policy.

Responsibilities

Vice Dean:

- Supervising the PEC and providing the related needed data for APE
- Disseminate the approved action plans to the concerns to set in action

Vice Dean of educational Affairs:

- Member of the PEC and providing the related needed data for APE
- Set approved action plans of concern in action
- Follow up action plans progress

Vice Dean of clinical Affairs:

- Member of the PEC and providing the related needed data for APE
- Set approved action plans of concern in action
- Follow up action plans progress

Dean

- Discussing the APE report with the supervisor of the committee
- Presenting the report to college council for approval and action

College Council:

- Discussion and approval of APE report and its action plans for improvement

Enforcement

Any violations should be notified to QMU who will report to the concerns.

Related Information/References

- Accreditation criteria related to programme evaluation.

Frequency of Review & Update

This policy is subject to a five-year policy review cycle. The next review date is expected in 2027.

Policy History

Policy Status: New.

Date of Development: 2022

Policy Title	Statistics and Information Policy
Headline Banner	Policy No. :PG 1.7 Type of Policy: Governance Effective Date: 27/Feb/2023 Policy Owner: The Vice Dean Policy Contact: mdc.vdaa@qu.edu.sa

Definitions

Data: Are the facts and figures that are collected, analyzed, and summarized for presentation and interpretation

Statistics: The science of collecting, analyzing, presenting, and interpreting data.

Information: Is processed, organized and structured data It provides context for data and enables decision making process.

Reason for Policy/Purpose

This policy aims to provide timely, accurate, and reliable data and information necessary to support the strategic plan of the college and decision makers, as well as evaluate and monitor college activities and the education process by using key performance indicators (KPIs), which are important tools for assessing the quality of academic programs and monitoring its performance and contribute to continuous improvement and decision-making support.

Policy Statement

In order to ensure high-quality performance, QUCOM values statistics and information as an integral part in the planning and monitoring of the program. Also, it recognizes the benefits of such statistics and information in evaluation and analysis of the inputs and outputs of the educational process in the college. QUCOM acknowledges the important role that the statistics and information unit plays in collecting, organizing, archiving, viewing, and summarizing the data and then analysing them according to the scientific methods and techniques to produce trusted information that is required for the decision-making and planning process in the college and in accordance with key performance indicator requirements. The unit organizes data and information in ways that facilitate the storage and access of information at the time of need.

Scope

This policy applies to all students, faculty, administrators, internships, and alumni at QUCOM, as well as employers, supervisors, and consultants of hospitals that supervised college graduates in health facilities.

Procedures

Each academic year, the statistics and information unit collect various data related to the different aspects of the college using different tools and methods at prescheduled times as follows:

- At the end of the first month of the academic year, the data concerning students' admission, graduation, and enrolment is collected by the Student Affairs office, at the same time, we collect data concerning staff members from departments and the departments concerning the updating of the college's staff list.
- At the end of each course and block, the survey is reviewed and edited by the statistics and information unit to ensure that PLOs correspond to the PLOs in the course specification for each course and block. Then it is submitted by the e-learning unit and filled by the students. At the end, we collect the end of course & block survey results for all blocks and courses from the e-learning unit.

At the end of the academic year, data about staff research, which includes the number of publications, citations, conferences attended, and prizes awarded, collected by the unit.

To assess satisfaction with the college program, the unit reviews, and edits. Then a Google form is designed and settled according to the allocated time for the questionnaire. An announcement for targeted responders is announced by the statistics and information unit, and they distribute the questionnaire to the target participants as follows:

- A faculty survey targets the staff members of the college (March-April).
- An administration survey is done by collecting data from non- academic staff members of the college (in March)
- The Student Experience Survey, conducted in the mid of the 2nd semester (Feb–March), is based on the questionnaire distributed to the 3rd-year students.
- A program evaluation survey done in the mid of the 2nd semester in May targets 5th-year students.
- The Alumni Survey targets graduates of the college conducted in June.
- The employers' survey, conducted in June, targets employers, supervisors, and consultants who supervised the graduates in health facilities (hospitals)

After collecting the required data, the unit does statistical analysis, surveys' responses, Statistical analysis and description of data are done after reaching the desired percentage of responses, and the final report is written. In addition, the unit keeps records of all college's activities

Who Should Read this Policy?

1. All faculty, Non-academic members of the College, Department chairs / units and committees Supervisors, students' affairs, Dean and Vice Dean should read and be aware of this policy.

Responsibilities

- **Statistics and Information unit** :Outlines the activities, assigns appropriate times for tasks to be completed, and receives, reviews, and structures a questionnaire from: Then a Google form is created and settled according to the allocated time for the questionnaire. An announcement for targeted responders is announced by the statistics and information unit. Statistical analysis of data and the final report is made.
- **Quality Management Unit, Vice Dean:** Review documents and approve.

Enforcement

The college takes reasonable measures to protect the privacy and security of its information. Any violation of this policy is considered a breach of the college's regulations. The college reserves the right to take necessary actions in cases of non-compliance to this policy.

Related Information/References

- Accreditation criteria related to programme evaluation.

Frequency of Review & Update

This policy is subject to a five-year policy review cycle. The next review date is expected in 2027.

Policy History

Policy Status: Updated.

Date of Revision: 2022

Policy Title	Academic Collaboration Policy
Headline Banner	Policy No. :PG 1.8 Type of Policy: Governance Effective Date: 27/Feb/2023 Policy Owner: The Dean Policy Contact: mdc.dom@qu.edu.sa

Definitions

Academic collaboration: Maintaining balanced academic partnerships.

Health colleges: All health colleges of Qassim University including medical and paramedical colleges.

Reason for Policy/Purpose

This policy is designed both to focus and facilitate the development of relevant and appropriate academic partnerships within the Kingdom of Saudi Arabia (KSA) and internationally. These include, but are not limited to, KSA educational providers; KSA organizations (both public and private sector); international educational providers; and international organizations.

Policy Statement

QUCOM acknowledges the important role that academic collaboration plays in achieving aspects of its mission statement that relate both to serving its communities and to being an outward looking institution. These aspects are supported by the mission statement which identifies the centrality of collaboration with institutions within and beyond the educational sector. QUCOM values academic collaboration as a key aspect of its academic strategy, and recognizes the benefits of such collaboration, both to the institution and to its students.

In this context, QUCOM will seek to engage with a range of relevant and appropriate national and international partners whose work is complementary to that of QUCOM, whose values match those of QUCOM, and which bring benefits to staff and students of both partners. In seeking academic collaboration, QUCOM emphasizes the importance of establishing and maintaining partnerships in which relationships are balanced, with collaborative partners encouraged to derive equal benefit from the partnership and to contribute fully in joint decision-making processes.

Scope

All students, staff and faculty of all health colleges in Qassim University are affected by this policy.

Procedures

QUCOM recognizes the benefits and risk associated with academic collaboration. Success depends upon working within available resources, managing risks, and identifying synergies with the potential KSA or International partner. Considerable emphasis is placed on the selection of relevant and appropriate partners. In approving a collaborative partnership, QUCOM requires to be assured of the following principles, which should be submitted to the Directorate of International Cooperation for legal and financial approval then the final approval by the University Council before moving to the planning stage:

1. that the activities of the proposed collaboration provide a close fit with the vision and strategic plan of QUCOM and with the operational plan of the Institute, Centre, Department or Unit;
2. that the proposed collaboration contributes to strategic targets related to academic provision, research or knowledge transfer;
3. that the proposed collaboration has been incorporated into the operational plan of the relevant institute, Centre, Department or Unit;
4. that the discipline or subject area of the proposed collaboration falls within QUCOM's current or developing areas of expertise;
5. that the educational mission and aims of the partner are consonant with those of QUCOM;
6. that the partner is of good academic standing and financially stable;
7. that the partner is in a position to contract legally with the Qassim University;
8. that the partner institution has sufficient facilities to ensure that appropriate arrangements for student support are in place, broadly equivalent to those provided at QUCOM.
9. In addition, before final approval can be given to proceed to validation, the Vice Dean of Educational Affairs of QUCOM must be satisfied that the expectations and requirements of both QUCOM and the proposed partner are clearly demonstrated and appropriately costed

Who Should Read this Policy?

All students, faculty and high administrators at QUCOM should be aware of this policy.

Responsibilities

College Council: Selection of relevant and appropriate partners

Dean: Final approval

Vice Dean for Educational Affairs : Legal and logistics approval

Collaboration Supervision : Coordination between QUCOM with other health colleges in Qassim University

Enforcement

QUCOM and its academic partners shall abide by the terms of this policy. Any violation of this policy is considered a breach of the college's regulations and may result in delay in collaboration arrangements.

Related Information/References

- Regulations and Guidelines of Academic Collaboration
- Template for Academic collaboration
- Circulate for Assigning Academic Collaboration Supervisor
- Report on Academic collaboration in 1442 (2020-2021)
- Report on Challenges facing the Academic Collaboration 1443 (2021-2022)

Frequency of Review & Update

This policy is subject to a five-year policy review cycle. The next review date is expected in 2027.

Policy History

Policy Status: Updated.

Date of Revision: 2022

Chapter 2: Teaching & Learning Policies

Policy Title	Attendance/Absence Policy
Headline Banner	<p>Policy No.: TL 2.1 Type of Policy: Teaching & Learning Effective Date: 27/Feb/2023 Policy Owner: The Vice Dean for Educational Affairs Policy Contact: mdc.vdaa@qu.edu.sa</p>

Definitions

Student Absence: Is non-attendance of an educational activity - whether in-person or online- which was scheduled and published on the official course timetable.

Excused absence: In certain situations, it is permissible to provide an excused absence to a student, allowing them to make up missed work or exams without penalty. Excused absences include reasons like illness or health condition, family emergency, and absences due to safety concerns. Those are just some examples. The student should check the full list with Student Excuses Committee .

Educational Activities: Activities (e.g. lectures, seminars, PBL tutorials, practical classes, clinical Skills sessions, clinical rounds and field work) that have been scheduled on the academic timetable in accordance with the curriculum intended learning outcomes.

Reason for Policy/Purpose

This policy is designed because of the specific nature of the study in the College of Medicine. Attendance is a powerful predictor of student outcome. When students improve their attendance rates, they improve their academic prospects and chances for graduating. A student's over-all growth increases significantly over time when they attend regularly and have strong connections to all aspects of the learning environment in the college.

Policy Statement

Students are expected to attend all their scheduled educational activities and not to be absent without adequate reason. Course/block organizers will keep a record of absence including a record of excuse statements received from the Student Excuses Committee to document a student's excused absences. Students are expected to be in the session on time. Students' late arrival to the session causes disruption. A student is considered late if he/she enters the lecture room/online session after the it has begun but within the first 5 minutes. Students arriving after 10 minutes will be recorded as absent. Instructors are not allowed to admit late students if they missed more than 10 minutes of the educational activity.

The attendance rate is the percentage of attendance of a student in a specific course. Students must attend at least 80% of educational activities/learning units of a given course to be eligible to sit for the end of the course exam.

Students are not to be penalized if absent from an examination or other educational activity because of an excused absence. However, students are fully responsible for all material presented during their absence, and faculty are encouraged to provide support for students to make up work missed because of an excused absence.

Authority for excusing absences rests with the Student Excuses Committee under the VDEA. To validate such absences, the student should present evidence to the committee. The committee will then provide a notification to the respective course/block organizer. Absences due to participation in extracurricular activities or student club activities in which students are official representatives of the college shall be recognized as excused absences when the student informs the student excuses committee in writing.

Scope

This policy is designed for students who are enrolled in a given course, to be eligible to sit for the end of the course exam.

Procedures

Calculation of student absence rate is based on the number of learning units in a given course as specified below:

- **Preclinical Phase**
 - One lecture of 50 minutes equals to one learning unit.
 - One practical session of 100 minutes equals to one learning unit.
 - One PBL tutorial of 100 minutes equals to two learning units.
 - One student seminar of 50 minutes equals to one learning unit.
 - One clinical skills session of 50 minutes equals to one learning unit.
 - One field training of 200 minutes equals to one learning unit

- **Clinical phase**
 - One lecture of 50 minutes equals to one learning unit.
 - One class discussions of 100 minutes equals to two learning units.
 - One bedside teaching session of 50 minutes equals to one learning unit.
 - One student seminar of 50 minutes equals to one learning unit.
 - One field training of 200 minutes equals to one learning unit
 - One clinical training session of 50 minutes equals to one learning unit.

The total number of learning units of a course is the sum of the learning units according to the type of the educational activities within the course.

The standard formula to calculate student absence rate is as below:

Absence rate = (number of absent learning units/ total number of learning units in a given course) x 100.

This calculation is vital for a student to be eligible to sit for the end of the course exam.

Who Should Read this Policy?

Students as well as course/block organization teams should be familiar with this policy.

Responsibilities

Block/Course organizers are responsible for the implementation of the policy and informing the students who are not meeting the total learning units of a course.

Enforcement

If a student is not meeting the total number of learning course hours, he/ she will not be permitted to sit for the final course/block exam. A student who is absent from a course without adequate reason may also be assigned a failing grade. However, if an absence is excused, the student shall be permitted to make up all missed course work and exams under reasonable conditions and time limits established by the respective Phase Coordinator.

Related Information/References

- Exam conduct Policy.
- Student Excuses Policy
- Sick Leave Policy

Frequency of Review & Update

This policy is subject to a five-year policy review cycle. The next review date is expected in 2027.

Policy History

Policy Status: New.

Date of Development: 2022

Policy Title	Academic Timetable Policy
Headline Banner	<p>Policy No. : TL 2.2 Type of Policy: Teaching & Learning Effective Date: 27/Feb/2023 Policy Owner: The Vice Dean for Educational Affairs Policy Contact: mdc.vdaa@qu.edu.sa</p>

Definitions

Educational Activities: Activities (e.g. lectures, seminars, PBL tutorials, practical classes, clinical Skills sessions, clinical rounds and field work) that have been scheduled on the academic timetable in accordance with the curriculum intended learning outcomes.

Reason for Policy/Purpose

Timetables are extremely important for a variety of reasons. They ensure that no faculty member is scheduled for too many back-to-back sessions or for two sessions at the same time. The timetable allows students to know exactly when a specific subject is scheduled. A well-constructed timetable establishes a natural rhythm and routine, which can be comforting to faculty and students.

Policy Statement

Qassim University College of Medicine (QUCOM) seeks to ensure that all courses are scheduled effectively, and faculty members are aware of their day-to-day activities. Timetables are prepared to ensure appropriate coverage of the course contents as well as the proper sequencing of its content and educational activities. Faculty members are given the opportunity to collaborate with their colleagues to create lesson plans and modify them during preparation periods . Proper timetables support student achievement of the intended learning outcomes, allow faculty members to complete their syllabus on time and provide students with enough time for self-study.

QUCOM operates over two semesters, each of which has 15-18 teaching weeks. The standard teaching week starts on Sunday through Thursday (inclusive), unless indicated otherwise. The educational activities scheduled from 08:00am - 3:00pm (inclusive). A one-hour break for Dhohr Prayer is scheduled between 12:100 and 1:00 pm. for students and faculty. Tuesdays, from 11:00-12:00 pm are reserved for faculty development activities. Any exceptions to this will require an approval from the Vice Dean for educational Affairs.

Changes to the academic timetable can cause considerable disruption for students and faculty, and may have significant adverse effects on the timetable as a whole. Therefore, changes to the timetable must be kept to an absolute minimum and will only be accepted under exceptional circumstances.

Scope

All students, faculty, and Curriculum Governance Committees at QUCOM are affected by this policy.

Procedures

Preclinical Phase

- 1.The timetable of the course will be prepared ten working days before the start of the course.
- 2.The course organizing team prepares the draft of the timetable according to the approved objectives of the course.
- 3.The preclinical phase academic coordination committee shall review the draft timetable to ensure the logistics aspects.
- 4.The basic phase courses scientific committee shall review the timetable against the course educational objectives and the contents.
- 5.The course organization team will upload the timetable on the course page of the blackboard for announcing to the students a minimum of five days before start of the course.
- 6.In case of a need to reschedule some activities because of unforeseen event or an emergency the course organization team suggests the changes which should be approved by the preclinical phase academic coordination committee.

Clinical Phase

- 1.The timetable of the course will be prepared ten working days before the start of the course.
- 2.The course organizing team prepares the draft of the timetable according to the approved objectives of the course.
- 3.The relevant department shall review the timetable against the course educational objectives and the contents.
4. The clinical phase coordination committee shall review the draft timetable to ensure the logistics aspects.
- 5.The course organization team will upload the timetable on the course page of the blackboard for announcing to the students a minimum of five days before start of the course.
- 6.In case of a need to reschedule some activities because of unforeseen event or an emergency the course organization team suggests the changes which should be approved by the department.

Who Should Read this Policy?

All students, faculty, and high administrators at QUCOM should be aware of this policy.

Responsibilities

The Preclinical Phase

The preclinical phase academic coordination committee, basic phase courses scientific committee and the course organization team shall ensure that the academic timetable is according to the approved objectives of the course and should adhere to the aforementioned procedures mentioned in the policy.

- The course organization team will prepare the draft timetable.
- The basic phase courses scientific committee is responsible for the scientific contents.
- The preclinical phase academic coordination committee is responsible for ensuring the appropriateness of the logistics.
- The block organization team will be responsible for the follow up of the implementation; if modification after launching the timetable is needed, it will be suggested by the course organization team and approved by the pre-clinical phase academic coordination committee.

The Clinical phase

The course organization team, relevant departments and the clinical phase coordination committee shall ensure the timetable fulfills the approved objectives and they should adhere to the aforementioned procedures as approved in this policy.

- The course organization team will prepare the draft timetable.
- The department approves the scientific contents.
- The clinical phase coordination committee ensures appropriateness of the logistics.
- The course organization team will follow the implementation; if modification is needed the course organization team will suggest the modification which should be approved by the relevant department.

Enforcement

Any violation of this policy is considered a breach of the college`s regulations. In cases of non-compliance to this policy, a clarification should be provided to the Vice Dean for Educational Affairs in writing.

Related Information/References

- Learning Resources Policies

Frequency of Review & Update

This policy is subject to a five-year policy review cycle. The next review date is expected in 2027.

Policy History

Policy Status: New.

Date of Development: 2022

Policy Title	Credit-hour Policy
Headline Banner	Policy No.: TL 2.3 Type of Policy: Teaching & Learning Effective Date: 27/Feb/2023 Policy Owner: The Vice Dean for Educational Affairs Policy Contact: mdc.vdaa@qu.edu.sa

Definitions

Credit hour: Is the unit of measurement used to indicate the amount of instructional and learning time are required to achieve the student learning outcomes of a college-level course. Every course will have a required amount of credit hours which needs to be completed. One Credit hour is defined as fifteen hours of instruction. An “hour” is equivalent to fifty minutes.

Reason for Policy/Purpose

The purpose of this policy is to define the credit hour and its application to all blocks/courses provided by QUCOM.

Policy Statement

QUCOM adopts an educational approach which is based principally on the sequential independent courses/blocks. Therefore, credit hours will be calculated as one credit hour for every 15 learning units rather than on a weekly base.

Online instruction is assigned the same number hours as its equivalent face-to-face instruction, based on a determination that the student learning objectives attained by the online instruction are consistent with those of the face-to-face instruction.

Scope

All faculty and students are affected by this policy.

Procedures

- it is essential for accreditation purposes to accurately measure the student’s work at QUCOM.
- One hour of credit is granted for each hour of direct instructional time in face-to-face, or online learning environment (1:1 contact hour to credit hour ratio). Other methods of instructional delivery are assigned credit hours based on a contact hour to credit hour ratio as follows:

Instructional Delivery Method	Contact Hour to Credit Hour Ratio
Lab, PBL tutorial, or Discussion	2:1
Clinical/Bedside training	3:1
Field work	4:1

- For each credit hour in the classroom, it is recommended that a student spend a minimum of two hours on course-related work outside of the classroom.

Who Should Read this Policy

All students, faculty and high administrators at QUCOM should be aware of this policy.

Responsibilities

All students, faculty and Curriculum Governance Committees at QUCOM should play role in implementation of this policy. New/updated courses should be evaluated for appropriate credit hour calculations upon submission for approval.

Enforcement

To enroll in an exam the student must had accomplished the required number of credit hours. A student who does not complete the required credit hours in any course/block will not be allowed to sit the course/block final exam.

Related Information/References

- Academic Timetable Policy.
- Exam conduct Policy.

Frequency of Review & Update

This policy is subject to a five-year policy review cycle. The next review date is expected in 2027.

Policy History

Policy Status: New.

Date of Development: 2022

Policy Title	Learning Resources Policy
Headline Banner	Policy No. : TL 2.4 Type of Policy: Teaching & Learning Effective Date: 27/Feb/2023 Policy Owner: The Vice Dean for Educational Affairs Policy Contact: mdc.vdaa@qu.edu.sa

Definitions

Learning Resources: For the purpose of this policy, learning resources include various facilities, equipment, and technology that make learning and teaching stimulating, motivating, and effective.

Reason for Policy/Purpose

Provides a range of learning resources in locations throughout the College, the purpose of which is to make learning and teaching stimulating, motivating, and effective. This will contribute to successful learning and teaching.

Policy Statement

The learning resources unit provides a range of learning resources in locations throughout the College, the purpose of which is to make learning and teaching stimulating, motivating, and effective. This will contribute to successful learning and teaching.

Scope

All students, Faculty, and Staff at the QUCOM are affected by this policy.

Procedures

➤ **General:**

- The Learning Resources Unit and Reading Rooms should be kept clean and ready.
- All the equipment are kept in their designated location.
- Chairs should be kept in order before leaving the rooms.
- Open hours of Reading-rooms, Classrooms and PBL rooms: Students are welcomed from 8 am to 3 pm from Sunday to Thursday weekly.

➤ **Equipment:**

- Classroom-based learning resources and facilities in the Reading-rooms, Class rooms and PBL rooms not transferred out of the Reading-rooms, Class rooms and PBL rooms without permission.
- College members, demonstrators or clinical instructors from college of medicine who wish to use the skills facilities must notify the coordinator before using it.
- Do not handle electric equipment

- Any loss or damage or malfunctioning of any equipment or furniture during the sessions must be notified to the unit coordinator
- Strictly no eating or drinking is allowed inside the Reading-rooms, Class rooms and PBL rooms.
- All participants and members in the Learning Resources unit must follow the above policies and guidelines.
- The inventories of the unit equipment are performed twice per academic year: mid and end of year.
- The inventory team is composed of the coordinator in charge, the unit secretaries
- Full report is presented to the Learning Resources unit director and college administration.
- Safety measures regarding fire precautions, physical safety precautions and occupational exposure strictly follow the Qassim College of medicine guidelines compatible with the national guidelines.

➤ **Students use of Reading-rooms, Class rooms and PBL rooms**

If you need a computer, the staff will collect the ID card and assign you to a computer by giving you a card with a computer number on it.

- Work quietly so other students are not disturbed.
- Turn off or silence all cell phones.
- Leave your work area clean.
- Take responsibility for your personal property. Staff cannot be responsible for your belongings.
- Notify the staff immediately of any computer problems.
- Log off the computer but do not turn off the power.
- Return the numbered computer card and get your student ID card.

Students Should NOT

- Bring food or drink into the Reading Rooms and Classrooms.
- Bring "guests" (i.e., friends, relatives, non-Qassim College of Medicine guests) to the Reading-rooms, Class rooms and PBL rooms.
- Change settings on the computers.
- Attempt to fix any computer problems.
- Turn off the computer (CPU) upon leaving.
- Connect any external equipment or laptops into the Qassim College of Medicine network.

Who Should Read this Policy

All students and faculty at the QUCOM should be aware of this policy and the procedures therein. All Department Chairs, Curriculum Committee, and Quality Assurance Unit at the QUCOM should be aware of and understand this policy and the procedures therein.

Responsibilities

The Learning Resources Unit Coordinators and members:

- Supervises and administers the Classrooms, PBL rooms, and Reading rooms.
- Consults with the Chairperson and unit board Committee

- Maintains the inventory of all current equipment and supplies
- Orders consumable supplies frequently used by the students
- Maintains and updates the Unit equipment
- Reviews the equipment check-out log
- Provides feedback to the college with recommendations on learning activities
- Participates in college meetings and board meetings as scheduled
- Provide suggestions for required books, and scientific websites in different specialties for the Central Library.

Unit secretaries:

- Assist and guide the students in the Learning Resources unit
- Monitors the use of equipment in the Classrooms, PBL rooms, and Reading rooms.
- Preparing the Classrooms, PBL rooms, and Reading rooms.
- Reports the need for maintenance, repair, or change of used equipment.
- Recommends general cleaning in the Classrooms, PBL rooms, and Reading rooms.

General Rules :

- The Learning Resources Unit and Reading Rooms should be kept clean and ready.
- All the types of equipment are kept in their designated location.
- Chairs should be kept in order before leaving the rooms.
- Open hours of Reading-rooms, Classrooms and PBL rooms: Students are welcomed from **8 am to 3 pm** from Sunday to Thursday weekly.

Equipment:

- Classroom-based learning resources and facilities in the Reading-rooms, Classrooms, and PBL rooms not be transferred out of the Reading-rooms, Classrooms, and PBL rooms without permission.
- College members, demonstrators, or clinical instructors from the college of medicine who wish to use the skills facilities must notify the coordinator before using it.
- Do not handle electric equipment
- Any loss or damage or malfunctioning of any equipment or furniture during the sessions must be notified to the unit coordinator
- Strictly no eating or drinking is allowed inside the Reading-rooms, Classrooms, and PBL rooms.
- All participants and members in the Learning Resources unit must follow the above policies and guidelines.
- The inventories of the unit equipment are performed twice per academic year: mid and end of the year.
- The inventory team is composed of the Coordinator in charge, members, and the unit secretaries
- The full report is presented to the Learning Resources unit director and college administration.
- Safety measures regarding fire precautions, physical safety precautions, and occupational exposure strictly follow the Qassim College of medicine guidelines compatible with the national guidelines.

Students use of Reading-rooms, Classrooms, and PBL rooms

- If you need a computer, the unit secretaries will collect the ID card and assign you to a computer by giving you a card with a computer number on it.
- Work quietly so other students are not disturbed.
- Turn off or silence all cell phones.
- Leave your work area clean.
- Take responsibility for your personal property. Staff cannot be responsible for your belongings.
- Notify the staff immediately of any computer problems.
- Log off the computer but do not turn off the power.
- Return the numbered computer card and get your student ID card.

Students Should NOT

- Bring food or drink into the Reading Rooms and Classrooms.
- Bring "guests" (i.e., friends, relatives, non-Qassim College of Medicine guests) to the Reading-rooms, Classrooms, and PBL rooms.
- Change settings on the computers.
- Attempt to fix any computer problems.
- Turn off the computer (CPU) upon leaving.
- Connect any external equipment or laptops to the Qassim College of Medicine network.

Enforcement

Any violation of this policy is considered a breach of the college's regulations. After two warnings (one verbal, one written), failure to abide by the rules will result in the student being suspended from the Reading-rooms, Classrooms, and PBL rooms. The Learning Resources Unit reserves the right to suspend a student without warning if the disruption is significant.

Related Information/References

- The Checklist for Inspection of classrooms

Frequency of Review & Update

This policy is subject to a five-year policy review cycle. The next review date is expected in 2027.

Policy History

Policy Status: Updated.

Date of Revision: 2022

Policy Title	E Learning Policy
Headline Banner	<p>Policy No. :TL 2.5 Type of Policy: Teaching & Learning Effective Date: 27/Feb/2023 Policy Owner: The Vice Dean for Educational Affairs Policy Contact: mdc.vdaa@qu.edu.sa</p>

Definitions

E-learning Includes all forms of electronically supported learning and teaching, including educational technologies. This involves both out-of-classroom and in-classroom educational experiences via technology.

Communication and Information Technology (CIT) The providing of communication and delivery of information in an electronic form. This includes, but is not limited to hardware, software, and communication facilities.

Reason for Policy/Purpose

QUCOM believes medical schools must endeavor to up skill, educate, and train faculty, clinicians, and students for new CIT infrastructure so that the lessons and lectures delivered electronically are done so efficiently and effectively. The College believes also that students at peripheral sites should be addressed and included as equally as their peers at the base site, to balance a similar learning experience across all sites.

Policy Statement

Qassim University College of Medicine (QUCOM) supports the effective and efficient integration of CIT into the delivery of medical curricula to create, foster, deliver, and facilitate learning, anytime and anywhere. The College will use E-learning where appropriate to support the achievement of its goals in providing learner-centered learning experiences that are flexible, responsive, and effective and meet the needs of all its learners and partners. E-learning will be used to innovate both learning and its delivery and will be delivered making effective and efficient use of all resources whilst maintaining the quality standards the University is committed to. QUCOM, however, supports CIT as a supplement for - but not a replacement for the face-to-face teaching, recognizing that face-to-face teaching is an essential and highly effective component of medical education.

Scope

All students, faculty, and administrators at QUCOM are affected by this policy.

Procedures

The overall goal of the E-learning Unit is to create a managed learning environment, which provides access to learning resources for undergraduates, and staff both on and off campus. The Unit aims at increasing student engagement in the learning process by encouraging interactivity, problem based and self-directed learning and student production of learning materials. It supports staff in their adoption and utilization of new E-learning techniques through training and advice. It fosters research on E-learning topics and help staff members do their research by helping promote their IT skills.

Eligibility and Description of Services

1. The services provided by the college E-learning unit are E-learning site, online communication tools, virtual classes, virtual meeting, online educational technologies, training, and other related services.
2. The Site is intended solely for QUCOM, its members (students and faculty) and to visitors with limitations.
3. Registration is done only manually.

Registration Data and Account Security

1. The college provides access to E-learning services to all staff and students using their university IDs and emails. All students are given student role
2. All faculties are given teacher role.
3. Administrators can provide certain staff with special roles. The roles types are:
 - Manager - a lesser administrator role
 - Course creator - can create courses
 - Teacher - can manage and add content to courses
 - Student - can access and participate in courses
 - Guest - can view limited courses but not participate
4. Users have access to their respective courses only; access beyond is prohibited except in general courses and services that matter to all users.

In consideration of the use of the Site, users are expected to:

1. Provide accurate, current and complete information as may be prompted by any registration forms on the Site ("Registration Data");
2. Maintain the security of the password and identification.
3. Maintain and promptly update the Registration Data, and any other information, to keep it accurate, current and complete; and
4. Be fully responsible for all use of the account and for any actions that take place using the account.

User Conduct

1. Users must do their best to ensure that no materials of any kind submitted through their account or otherwise posted, transmitted, or shared by them on or through the service will violate or infringe upon the rights of any third party, including copyright, trademark, privacy, publicity

- or other personal or proprietary rights; or contain libelous, defamatory, or otherwise unlawful material.
2. Users should not use the Service or the site to upload, post, transmit, share, store or otherwise make available any content that is deemed to be harmful, threatening, unlawful, defamatory, infringing, abusive, harassing, vulgar, obscene, fraudulent, invasive of privacy or publicity rights, hateful, or racially, ethnically, or otherwise objectionable.
 3. Upload, post, transmit, share, store or otherwise make available content that, in the sole judgment of College, is objectionable or which restricts or inhibits any other person from using the Site, or which may expose College or its users to any harm or liability of any type.

Proprietary Rights in Site Content.

- Limited License: All content on the Site, including designs, text (Lecture presentations and documents), graphics, pictures, video, information, applications, software, audio, and other learning resources such as questions and interactive forums, and their selection and arrangement (the "Site Content"), are the proprietary property of the QUCOM, its users or its licensors with all rights reserved. No Site Content may be modified, copied, distributed, framed, reproduced, republished, downloaded, displayed, posted, transmitted, or sold in any form or by any means, in whole or in part, without the prior permission.
- Provided that users are eligible for use of the Site, they are granted a limited license to access and use the Site and the Site Content and to download or print a copy of any portion of the Site Content to which they have properly gained access solely for their personal, non-commercial use, if they keep all copyright or other proprietary notices intact.
- Except for their own User Content, they may not upload or republish Site Content on any Internet, Intranet or Extranet site or incorporate the information in any other database or compilation, and any other use of the Site Content is strictly prohibited.
- Any use of the Site or the Site Content other than as specifically authorized herein, without the prior written permission of the College, is strictly prohibited. Such unauthorized use may also violate applicable laws including copyright and trademark laws and applicable communications regulations and statutes.
- Users are solely responsible for the photos, profiles (including their name, image, and likeness), messages, notes, text, information, lectures, papers, audio, video, listings, and other content that they upload, publish or display post on or through the Service or the Site, or transmit to or share with other users (collectively the "User Content").
- Violations of the policy will be investigated, and in case an action is needed, the university regulations will be applied accordingly.

Course Enrollment

1. All students are automatically enrolled in their academic courses according to the calendar issued by the college. Students are not allowed to access courses beyond their calendar. •
2. Access is maintained for 5 years for all students to their courses.
3. Staffs are enrolled in all courses they teach. This is upon the request of the course organizer or the head of department.
4. Staff may have access to only the courses they teach.

Course Creation

1. Courses are created upon request by the course organizer, the head of the department or they are done automatically by the E-learning unit according to the academic calendar.
2. Course requests should include the following data:
 - Course name and code
 - List of student's names, university IDs.
 - List of teaching staff
 - Course start date, end.
 - Any special requirements.
3. Courses are created within 2 working days of the request.
4. Courses are managed by the teaching staff and the course organizer.
5. The E-learning unit may create general purpose courses for staff, students and external users if needed.

Course Content

1. Each staff is given an editing teacher role in the course which enables him to add, delete, and modify all kinds of of course materials he likes.
2. The E-learning unit does not interfere within the course, it is the organizer, or the head of department and the teaching staff responsibility. only in cases of violations an action may be taken.
3. Students can upload some materials in their designated space.
4. Users should not modify or delete any material created by others without their explicit permission.
5. Course content policy should be in tandem with the content policy specified earlier.

Feedbacks

1. The E-learning unit conducts surveys about courses, program, and staff according to the college guidelines, and course organizers request.
2. Only college administration can have access to staff evaluation data.

Who Should Read this Policy?

All students, faculty, and administrators at QUCOM should be aware of this policy and the procedures therein.

Responsibilities

Vice Dean of Educational Affairs: Legal and logistics approval

E-learning Supervision: Coordination of all E-learning activities with staff, students and faculty as well as with Deanship of E-learning and distance education of QUCOM

Enforcement

Any violation of this policy is considered a breach of the college's regulations.

Related Information/References

- Student Registration Policy
- Use of Electronic Devices Policy

Frequency of Review & Update

This policy is subject to a five-year policy review cycle. The next review date is expected in 2027.

Policy History

- Policy Status: Updated.
- Date of Revision: 2022

Policy Title	Clinical Simulation Policy
Headline Banner	<p>Policy No. : TL 2.6 Type of Policy: Teaching & Learning Effective Date: 27/Feb/2023 Policy Owner: The Vice Dean for Educational Affairs Policy Contact: mdc.vdaa@qu.edu.sa</p>

Definitions

Clinical Simulation: The use of tools, devices, and/or environment to mimic a particular aspect of clinical care.

Reason for Policy/Purpose

The aim of this policy is to help govern the use of clinical simulation resources while ensuring fairness in opportunity. Simulation is an attempt at replicating reality. In healthcare education, simulation tries to replicate some or nearly all of the essential aspects of a clinical situation so that the situation may be more readily understood and managed when it occurs for real in clinical practice. The simulation lab environment allows students to participate in life-like situations. Simulation can also be used as a teaching method to help assess a student's skill acquisition. Simulating real-life experiences for students in a safe environment is conducive for developing critical thinking, clinical reasoning, and clinical judgment skills. Practicing in such an environment will increase the probability that those skills will be used in the real-world setting.

Policy Statement

The Simulation Unit laboratory adopt safe, knowledgeable and effective learning experience by demonstrating and reinforcing high level of performance and readiness through practice and demonstration

Scope

All students, Faculty, and Staff at the QUCOM are affected by this policy.

Procedures

➤ Simulation Unit Equipment and Facilities

General:

- The simulation unit rooms and museum should be kept clean and ready.
- All equipments are kept in their designated location in the museum.
- All beds are kept in position with linens straightened.
- Proper disposal of needles and sharp tools in special containers.
- Chairs should be kept in order before leaving the rooms.
- Open Museum-rooms hours: Students are welcomed from **8 am to 4 pm** from Sunday to Thursday weekly.

Mannequins

- Manikins should be handled with care.
- High fidelity models are used with the presence of clinical tutor/instructor
- The student should approach situations and scenarios as if they are a real situation.
- The students should use gloves in procedures skills.
- The use of chlorhexidine or color pens is strictly prohibited on mannequins.
- Only water and soap or 70 % alcohol are used for cleaning

Equipment:

- Simulators and supplies are not transferred out of the simulation museum without permission.
- College members, demonstrators or clinical instructors from college of medicine who wish to use the skills facilities must notify the coordinator before borrowing the equipment to another lab. Failure to log after means that the equipment was not properly returned to its proper place. The log book is in the custody of unit secretary.
- In case equipment or manikins will be used outside the College of medicine campus, prior written request should be sought from the coordinator who in turn will inform the College administration for final approval. In addition, a special form for borrowing equipments from simulation lab should be signed. Attachment 2
- Students can borrow non-high facility models for more training inside the simulation unit during the SDL times, after signing on a special form of borrowing.
- Students are not allowed to manipulate high fidelity models without college or tutor supervision.
- Do not handle electric equipment.
- Any loss or damage or malfunctioning of any equipment or furniture during the sessions must be notified to the unit coordinator.
- Strictly no eating or drinking is allowed inside the simulation rooms.
- All participants and members in the simulation unit must follow the above policies and guidelines.
- The unit secretary and clinical tutor should ensure the proper order after each session.
- The inventory of the unit equipment and models are performed twice per academic year: mid and end of year.
- The inventory team is composed of the coordinator in charge, the museum secretaries.
- Full report is presented to the simulation unit director and college administration.
- Safety measures regarding fire precautions, physical safety precautions and occupational exposure strictly follow the Qassim College of medicine guidelines compatible with the national guidelines.

➤ **Simulation unit policy in teaching and training of skills:**

- For purposes of standardization, we developed our own checklists (CL) which are deduced from international textbooks of clinical examination and revised by related clinical departments.
- Checklists are followed in teaching as well as skills examinations.
- Skills taught should be correlated with the ongoing problems.
- Students should understand the basic sciences related to the skill in advance.

- A consultant from the clinical sciences should present the clinical theoretical background then demonstrates the steps of the skill in front of students of the whole patch according to steps in CL.
- Students are divided into groups of around 10 students per group with a facilitating tutor from the college staff.
- The tutor demonstrates again the same steps of the skill in front of his group.
- Then, each student should demonstrate the steps of the skill in front of his colleagues and the tutor.
- Feed-back from the tutor and students on tutor performance is done.
- The student corrects his mistakes and repeats the skill again till mastering.

➤ **Students Use**

- Students should be trained in safe, relaxed and standardized environment.
- Students should review procedures and relate to scenarios prior to the scheduled session.
- Students should relate the skills taught to the PBL.
- No cell phones are allowed during the sessions.
- Students should follow safety measures at all times.
- No food or drink is allowed in any of the Simulation rooms.
- Students should follow the professional behavior and the dress code (white lab coat).
- Students should follow the precautions procedures during the sessions
- Under no circumstances injections procedures ARE NOT performed on each other's
- Any misconduct during sessions is managed by following the college policies.
- Students with suspected or history of LATEX ALLERGY must notify the coordinator to take the necessary precautions.
- Students of other medical colleges can use the simulation unit facilities with prior written notification and booking according the College of medicine regulations.
- All simulation unit facilities are maintained in a safe area, Fire and electricity risks of exposure follow the college regulations and guidelines

➤ **Stepwise approach in case of a suspected injury or hazardous exposure:**

- Assessment of the incident and possibility of area evacuation.
- Assessment of the student/staff involved and administration of first aid measures.
- Referral to the college medical clinic.
- Ambulance transfer in case of emergency.
- A report of the incident and a written follow up report is filed (Appendix 1) to the unit coordinator who in turn will report to the administration.

Who Should Read this Policy?

All students and faculty at the QUCOM should be aware of this policy and the procedures therein. All Department Chairs, Curriculum Committee, and Quality Assurance Unit at the QUCOM should be aware of and understand this policy and the procedures therein.

Responsibilities

Simulation Unit Coordinators:

- Supervises and administers the clinical skill museum and teaching rooms
- consults with the Chairperson and unit board Committee
- Maintains the inventory of all current equipment and supplies
- Orders consumable supplies frequently used by the students
- Maintains and updates the simulation equipment
- reviews the equipment check-out log
- Supervises and tutors students during skills sessions
- Coordinates students and different colleges' usage of the unit facilities.
- Provides feedback to the college with recommendations on learning activities
- Participates in college meetings and board meetings as scheduled
- Assessment and evaluation of the students

Laboratory secretaries

- Assist and guide the students in the simulation unit
- Monitors the use of museum equipment at the college of medicine and other colleges.
- Preparing the simulators and models according to time tables.
- Reports the need for maintenance, repair or change of used models.
- Ensuring the safe storage of hazardous materials, including medications, needles, etc...
- Manages the collection and disposal of waste materials according to college regulations
- Recommends general cleaning in the skills rooms
- Assists in OSCE preparation

Enforcement

Any violation of this policy is considered a breach of the college`s regulations.

Related Information/References

- Learning Resources Policy

Frequency of Review & Update

This policy is subject to a five-year policy review cycle. The next review date is expected in 2027.

Policy History

- Policy Status: Updated.
- Date of Revision: 2022

Policy Title	Clinical Training Policy
Headline Banner	Policy No. : TL 2.7 Type of Policy: Teaching & Learning Effective Date: 27/Feb/2023 Policy Owner: The Vice Dean for Educational Affairs Policy Contact: mdc.vdaa@qu.edu.sa

Definitions

Clinical: Relating to the observation and treatment of actual patients rather than theoretical or laboratory studies.

Bedside teaching: Is defined as teaching in the presence of a patient. Generally, it is thought that bedside teaching is applicable only to the hospital setting.

Training: is the process of learning the skills that you need for a particular job or activity.

Reason for Policy/Purpose

This policy aims to initiate and maintain a regular and continuous mechanism for cooperation between Qassim University College of Medicine (QUCOM) and Qassim Health Authority. This mechanism guarantees and organizes the process of clinical training of the students at the assigned ministry of health hospitals and also solve any problems related to this issue

Policy Statement

QUCOM strives to graduate a skillful and well trained doctors so, a protocol of cooperation between the Qassim university and Qassim Health Authority was done to ensure and save continuous training of students through their clinical phase. The continuous coordination is important to maintain this cooperation and save good media for students to obtain their clinical training.

Scope

This policy applies to clinical phase coordinator, all course organizers of clinical phase and the academic affairs and continuous training of Qassim health cluster.

Procedures

- Before the beginning of each clinical course, the supervisor of the clinical training coordinate with the course organizer to provide us with their course requirements related to the clinical training in hospitals.
- These requirements include the times and dates of bed side teaching and the required classrooms for lectures presentation.
- The clinical training supervisor prepares the litters which include these requirements in an official form.

- These letters are signed by the vice dean of clinical affairs and then sent to the academic affairs and training of the Qassim health cluster.
- The reply of these letters is discussed with the course organizers according to the availability of his requirements trying to get the maximum benefits for the students.
- If there are any delay of reply or there are any problems related to this issue the coordinator may visit the Qassim health authority or related hospitals to solve these problems.
- The vice dean of clinical affairs supervises these actions and communicate with the officials at the Qassim health cluster and hospital to facilitate this process and solve any new problems.

Who Should Read this Policy

- Clinical training supervisor
- Clinical training coordinator
- All clinical courses organizers
- The responsible person of the academic affairs and continuous training of Qassim Health Cluster
- Students

Responsibilities

Clinical training supervisor : Organize the periods of clinical training for every clinical course at hospitals as follows:

- Receive requirements
- Prepare the official letters
- Discuss the reply with course organizers
- Solve any problems related to this issue

Vice Dean for Educational Affairs: Communicate with the ministry of health responsible persons to facilitates these actions

Enforcement

Any violation of this policy is considered a breach of the college`s regulations. All students and faculty shall abide by the regulations of Qassim health cluster and the related training centers. In cases involving noncompliance, the college reserves the right to take the appropriate action.

Related Information/References

- Updated regulations of the training in the ministry of health and Qassim health cluster
- Updated regulations of clinical training of college of medicine Qassim university

Frequency of Review & Update

This policy is subject to a five-year policy review cycle. The next review date is expected in 2027.

Policy History

- Policy Status: Updated.
- Date of Revision: 2022

Policy Title	Internship Policy
Headline Banner	Policy No.: TL 2.8 Type of Policy: Teaching & Learning Effective Date: 27/Feb/2023 Policy Owner: The Vice Dean for Clinical Affairs Policy Contact: mdc.vdaa@qu.edu.sa

Definitions

Internship year: The student who successfully completed the required graduation requirements spends twelve months for clinical training. This period is called the internship year.

Reason for Policy/Purpose

This policy aims to provide guidance for faculty, students and clinical supervisors about the internship period to ensure high-quality performance of QUCOM interns and to regulate the rules for their follow up.

Policy Statement

The internship period is considered an integral part of the study of Medicine. It is a specified period of supervised clinical experience for medical graduates. The student is not considered qualified to practice Medicine until after successfully completing that period. During this period, the graduates get an opportunity to enhance their knowledge and practice clinical skills.

Scope

This Policy applies to all students who attend the intern year, Intern's Unit, Intern's Committee, Alumni, and training centers.

Procedures

Training supervision.

- The internship unit is responsible for everything related to training intern doctors, such as making administrative arrangements related to training courses, following up on trainees, overcoming difficulties in their work, improving the level of training, and implementing educational programs that contribute to educating intern doctors and providing them with the necessary skills to practice medicine and conduct studies. And research related to the concession period.

Duties of the Intern doctor;

- Each department defines the medical tasks that the intern doctor must perform during his training period in the department, which is an integral part of this description.

Rights of the Principal Doctor;

- The training shall be under the supervision of the consultant and the specialists with whom he works.
- The departments and units provide the intern doctor with various cases within the specialty that contribute to enriching his training capacity.
- The intern physician receives direct and permanent support from resident physicians and postgraduate physicians at all times.

The beginning and end of the concession year;

- The internship year starts from the beginning of July (7) until the end of June (6) in the following year, i.e. twelve months.

Commencement of training;

- To start training in the internship year, the college must obtain an official letter from the Deanship of Admission and Registration proving that the student has completed graduation requirements.
- The specified dates for the beginning of the concession year, which are six dates per year, which are the first of July (7), the first of September (9), the first of November (11), the first of January (1), the first of March (3), and the first of May (5) of each year.
- Students who finish the graduation requirements on dates other than the above-mentioned dates, and their delay may hinder their enrollment in postgraduate studies, may start on dates other than the mentioned dates after the approval of the concerned department and the college's Internship unit.

Training Courses;

- *The training courses are as follows:*

Internal medicine	Two months
Pediatrics	Two months
General surgery	Two months
Emergency medicine	One month
Obstetrics and gynecology	One month
Family medicine	One month
Elective course	Three-months

Training venues;

Training outside the Qassim region

- The intern doctor is allowed to spend (50%) of the period of the internship year, whether consecutive or separate months of the year outside the Qassim region, provided that it is in hospitals recognized by the internship unit in the college.
- The franchise unit has the right to make exceptions to spend a longer period of the training period, according to what it deems appropriate for the interest of the trainee or his circumstances.

- The intern doctor is allowed to attend the main course, which he spends two months in (internal medicine - surgery - children) department, taking one of the two months in a subspecialty, provided that he is in a hospital that has a program in this subspecialty.

Requirements for applying to take an internship course or part of it outside the Kingdom;

- The application must be submitted at least four months before the start of the training course.
- The hospital must be a teaching hospital.
- The training period should not exceed 50% of the established internship year.
- Submitting an application for the internship unit specifying the time and date of the course, provided that it is within the internship plan established by the college.
- Obtaining the approval of the hospital in which the training is to be conducted outside the Kingdom, at least two months prior.
- Submitting an application to the franchise unit that includes in detail the costs of training fees, travel tickets, insurance, or any other financial obligations.

Vacations;

- The internship doctor's vacations shall be fifteen days during the training period, provided that it does not exceed five days in one training month.
- The intern doctor is granted five days of additional educational leave, with a maximum of three days in any training period, to attend scientific activities such as scientific conferences and training courses, provided that he submits an application to the supervisor of the internship office at least one month before the activity and attaches proof of his registration and acceptance in this activity after attending. In the event that his participation is not proven, he will be punished by deducting five days from his annual leave and extending the training period for the same period.
- The intern doctor is not granted any additional leave, and all other leaves are included in the annual leave.
- The vacations of the intern doctor during Eid al-Fitr and Eid al-Adha are according to the need of the hospital in which he works during this period.

Discontinuation of Training;

Break before starting training:

- The student's delay in starting the internship period may not exceed six months from the date of completion of the graduation requirements.
- If the period exceeds six months and does not exceed a year, he must retake the exam in internal medicine and surgery courses, and if he does not obtain (60%), he cannot retake the exam in less than a month. These tests are not considered graduation tests, but rather a test to allow the start of the internship period.

- If the period exceeds one year and a maximum of two years - and regardless of the reasons for the postponement - he must pass a qualifying exam in all clinical courses (choosing the method of exams and passing them is determined by the Internship Committee in coordination with the Vice Deanship for Educational Affairs) and a personal interview, the results of which are approved By His Excellency the Vice Dean for Educational Affairs, before starting the internship year. Provided that the number of attempts does not exceed three times, and the internship unit may hold additional courses before the beginning of the internship year, aiming to prepare the student to return to the training seats.
- If the period exceeds two years and does not exceed three years, the student repeats the fifth academic year to attend and take an exam, with the obligation to pass a qualifying exam in internal medicine and surgery courses.
- If the period exceeds three years, each case shall be considered separately, provided that the procedures are not less than the previous item.

Break after starting training:

- If the intern doctor stopped training with an acceptable excuse for a period not exceeding six months, then that period shall be compensated at the end of the internship period.
- If the internship doctor was interrupted by an acceptable excuse for more than six months and for a period not exceeding one year, he shall repeat the entire training period.
- If the period exceeds one year, the same applies to those who have stopped the concession year from the start

Evaluation;

- After the end of the internship doctor's training period in his department, the department head must prepare an evaluation report (according to the approved form) signed by a faculty member or consultant supervising the doctor's training, provided that this report includes an evaluation of attendance, discipline, professional ability, relationship with patients, and the relationship With the superiors and the relationship with the nursing staff.

Regulations for allowing Saudi internship students, graduates of universities from outside the Kingdom, who wish to train at Qassim University;

- The doctor must have graduated from a university recognized by the Ministry of Education and the Saudi Commission for Health Specialties in the Kingdom of Saudi Arabia.
- To attest the bachelor's degree or graduation document from the Ministry of Education in the Kingdom of Saudi Arabia.
- The copy of the certificate must be certified by the Saudi cultural attaché or the Saudi embassy in the country of study.

Regulations for allowing non-Saudi internship students who wish to train at Qassim University;

- The doctor must have graduated from a university recognized by the Ministry of Higher Education and the Saudi Commission for Health Specialties in the Kingdom of Saudi Arabia.
- To attest the bachelor's degree or graduation document from the Ministry of Higher Education in the Kingdom of Saudi Arabia.
- The copy of the certificate must be certified by the Saudi cultural attaché or the Saudi embassy in the country of study.

Who Should Read this Policy?

- Dean and Vice Deans
- Internship unit members
- Internship committee members
- Interns

Responsibilities

Internship Unit:

1. Prepare the code of ethics for the interns of Qassim College of medicine.
2. Preparing a Log book as an aid for the learning, working and realizing achievements during internship period to enhance intern's skills, attitudes and professional behavior
3. Prepare a general plan for interns for considerations of needs for acceptance in an internship position.

Enforcement

Any violation of this policy is considered a breach of the college's regulations. All interns and clinical supervisors shall abide by the terms of this policy. In cases involving noncompliance, the college reserves the right to take the appropriate action.

Penalties.

- a. If the internship doctor fails to fulfill his professional duties or obligations, the department shall refer him to the internship unit and recommend the following:*
 - Written warning.
 - Repeat the period or part of it.
 - Deduction from the reward.
 - Withholding the doctor's certificate of Internship.
- b. If the intern doctor commits any behavioral or ethical violation, or if he commits something that offends the ethics of the Muslim doctor, the internship unit may take any of the following:*
 - Issuing a written warning.
 - Deduction of the reward or part thereof.
 - Repeat the training period or part thereof.
 - Withholding the doctor's certificate of Internship.

- Referral to the University for Deprivation of a bachelor's degree

A. Penalties issued by the department or hospital.

1-1: Approval of the penalties issued by the Internship Unit in accordance with the regulations and controls in force in the college.

1-2: Referring what was received from the department or hospital to the Internship Committee to take the necessary action in this regard and to apply what is approved by the committee in matters that were not approved by the regulations and controls in force in the college.

B. The penalties issued by the concession unit include the following:

2-1 starting work:

1-2-a: Failure to initiate the internship doctor from the first day of the month without an excuse or a prior arrangement with the department to repeat the month and inform the department of that.

2-1-b: Refusal of the internship doctor with an excuse accepted by the department in the hospital as well as the internship unit, provided that it does not exceed (3-5 days) more than that. The month is canceled and reinstated immediately after the internship training period.

2-1- A: The absence of the internship doctor during training for one day without an excuse. The internship unit has the right to take the following:

Related Information/References

- The Internship Bylaws

Frequency of Review & Update

This policy is subject to a five-year policy review cycle. The next review date is expected in 2027.

Policy History

- Policy Status: New.
- Date of Development: Jan/2023

Chapter 3: Examination & Assessment

Policy Title	Student Assessment Policy
Headline Banner	<p>Policy No. : EA 3.1 Type of Policy: Examination & Assessment Effective Date: 27/Feb/2023 Policy Owner: The Vice Dean for Educational Affairs Policy Contact: mdc.vdaa@qu.edu.sa</p>

Definitions

Academic Level	Indicates the level of study.
Academic Standard	level of student learning that is assessed through specified learning outcomes and about which there is consensus within the relevant disciplinary community.
Assessment	The process of making academic judgments of student learning and require academic expertise and experience. The judgments are made against agreed academic standards and expressed as marks or grades.
Assessment Criteria	The different aspects of an assessment task that are subject to separate assessment. Students are informed about the assessment criteria before they commence an assessment task.
Assessment Task	A task undertaken by students which requires them to demonstrate one or more of the learning outcomes of a course.
Course	A subject of study within a certain academic level of the approved degree plan. Each course has a number, code, title, and detailed description of its contents to distinguish it from other courses.
Course Grade	A percentage, or alphabetical letter, assigned indicating the final grade received in a course.
Feedback	The process of providing students with an evaluation of the level of learning they achieve with respect to the assessment criteria for each assessment task they undertake. It is desirable that feedback includes information on how students could improve their performance.
Formative Assessment	is any type of assessment where student performance does not contribute to their final mark or grade in the course. Formative assessment provides students with feedback on their learning.
Grade Point Average	The grade point average is an average of all the grades a student received in grade (GP school, standardized on a 5.00-point scale. The GPA represents the average number of grade points a student

earns for each graded course. Dividing a total grade points earned by the total course credits attempted determines a student's Courses in which a student does not receive a grade, such as pass/fail and audited courses, do not factor into the GPA calculation. The grade point average is an important piece of a student's college and employment applications.

Learning Outcome	The form in which students demonstrate their learning and achievement of the aims of a course by undertaking an assessment task.
Mark	A number associated with a particular grade either (a) used to enable different grades awarded to different assessment items to be weighted and aggregated or (b) a single overall mark resulting from the weighting and aggregation of marks awarded for individual assessment items.
MCQs	It is a modality of assessment and stands for Multiple Choices Questions in which question written as stem/clinical scenario followed by a lead-in-question and provide options to select. One of option is the correct answer and others are distractors.
Mini-CEXs	it is a modality of assessment and stands for Mini Clinical Evaluation Exercise. It assesses direct clinical performance of student in a clinical context such as clinics or hospitals
MEQs	It is a modality of assessment and stands for Modified Essay Questions. These are written assessment modalities assessing cognitive and understanding skills. It composed of clinical scenario followed by questions to provide specific answer related to the scenario.
OSCE	Objective Structured Clinical Examination is an assessment modality assessing psychomotor skills of students. The assessment task requires students to show how they perform a specific clinical skills.
OSPE	Objective Structured Practical Examination: is an assessment modality assessing practical and lab skills and knowledge of students. The assessment task requires students to write their responses to exact understanding to a specific on-the-spot specimen
SEQ	Short Essay Questions are written assessment modalities asking students to provide written response to specific questions.
Summative Assessment	Any type of assessment where student performance contributes to their final mark or grade in the course

Reason for Policy/Purpose

Assessment is a core academic activity and an integral part of the learning process and, when well-designed, can enhance the overall learning experience, contribute to student achievement, and monitor the effectiveness of the learning environment. This policy sets out the principles which underpin Qassim University College of Medicine (QUCOM) approach to assessment, and the mandatory procedures which ensure that the principles are implemented.

Policy Statement

Being a crucial driver of student learning, QUCOM has a collective responsibility to ensure that the assessment processes employed in all its courses are both rigorous and fair, and that they guarantee the standards of the awards to which they lead. Assessment tasks are designed to indicate progress towards the desired learning outcomes of a particular subject and course; the assessment grade is a measure of the extent to which the learning outcomes of a subject have been achieved.

This policy specifies the College's assessment philosophy and the general principles that guide the College's assessment practices. This Policy is meant to protect the students from excessive workloads, and to ensure that all students are treated equally. Students should be able to write examinations in conditions that permit them to put forth their best effort.

Scope

This Policy applies to all students in the undergraduate program.

Procedures

The student assessment system of the College:

- This includes formative and summative assessment components. The latter comprises continuous assessment with end-of-course (or end-of-block) examination in different weighting according to the academic level and courses applied.
- It uses different assessment tools to be more appropriate and fairer and also helps evaluate students' performance in different aspects of the learning process. This include:

1. Knowledge and understanding

Formative assessment

- Weekly multiple-choice questions (MCQs) test at the end of PBL session.
- On-line periodic tests: Correct answers and explanations are provided only to students who attempt the test.
- Annual progress testing.

Summative assessment

Ongoing assessment through:

- Weekly evaluation of student performance in PBL tutorial sessions according to rubrics already announced to students.
- Seminar preparation, presentations and discussions according to rubrics
- Objective Structured Practical Exam (OSPE)
- Quizzes with MCQs
- Daily evaluation through bed-side teaching sessions

- Mini clinical encounter examinations (Mini-CEXs)
- Objective structured clinical exam (OSCE) for clinical skills and clinical phase students.

End-of-course/end-of-block exam:

- MCQs
- Short Essay Questions (SEQs)
- Scenario-based Modified Essay Questions (MEQs)
- Structured oral examination
- Objective structured clinical exam (OSCE)

2. Skills

Cognitive Skills

- PBL sessions: discussion and understanding of the concepts and main issues in the given scenario.
- Context-rich A-type MCQs
- Scenario-based Modified Essay Questions (MEQs)
- Case discussions including formulation of management plan.
- Designing and conducting a research, and reporting and concluding research findings
- Seminar preparation, presentations and discussions according to rubrics

3. Psychomotor skills

- Objective Structured Practical Exam (OSPE)
- Objective Structured Clinical Exam (OSCE)
- Mini clinical encounter examinations (Mini-CEXs)

4. Values

- Assessment of the ability of students to work in a team or leads the team when appropriate.
- Evaluation of students' ability to properly communicate information to peers and other audience.
- Evaluation of students' ability to demonstrate ethical and professional attitude during dealing with relevant stakeholders
- Ability of students to acquire and present information through proper use of technology, long life self-learning and critical thinking
- the group performance and individual students' participation in seminar preparation and presentation (by faculty members supervising and evaluating the students' seminars).
- Weekly comparison of learning issues derived by students to the preset objectives for the week's problem for each PBL session.
- Assessment of students' achievements in their research projects.
- Annual presentation of student research projects to the peers, and the whole faculty.

· Weighting of different examination components:

The assigned marks to a given course are according to the credit hours. Each course includes a series of assessment methods, including written and practical examinations, continuous assessment tests, monitoring of performance during group activities, and students' projects and other graded assignments. The following is the distribution of

the weights for the various examination components in each of preclinical and clinical phases

In the preclinical phase:

- **Continuous Assessment (30%):**
 - 10% for PBL sessions
 - 5% for seminar-presentation
 - 15% mid-block exam (MCQ)
- **End of Block Examination: 70%:**
 - 20% for skills examinations (OSPE/OSCE)
 - 50% for the end of course exam
 - Paper I:
 - 10% for SEQs
 - 15% for MEQs
 - Paper II:
 - 25% MCQ's

In the clinical phase:

The general plan is that formative assessment is online, and continuous assessment has 40% of the course mark.

- **Continuous Assessment (40%)** is composed of:
 - Through course assessment (10%)
 - Attendance and participation in case discussions
 - Weekly/biweekly quizzes - Student presentation/seminars
 - **Mid-course exam (1-2) (30%)**
 - MCQs
 - OSCE
- **End of course exam (60%)** is composed of:
 - MCQs
 - MEQs
 - OSCE

The number and frequency of quizzes and mid-course exams vary between disciplines and according to the length of the rotation. The weights of different components of exams also vary according to the nature of the course.

Timing of examinations:

- In the preclinical phase, due to the overlapping nature of the sequential blocks, the Phase Coordination Committee sets the dates of exams for the whole phase at the beginning of the year. The whole calendar is announced at the start of the year and fixed dates of exams are declared in timetable of each block. Some malleability is allowed through discussion with student representatives since no overlap is guaranteed.
- For the clinical clerkship phase, end of course exams have their fixed time at the end of each rotation which is declared to students prior to the onset of the academic year. Timing of quizzes and mid-course exams are determined through discussions with students.

Regulations for re-sit exams in the preclinical phase

- Re-sit exam is held after two weeks of declaration of all results as a minimum
- A Student who fails in more than two blocks is not allowed to for the re-sit exam, and has to repeat those blocks attending their activities
- A Student who fails in one block has the right to sit for it in the re-sit exam
- A Student who fails in two blocks has the right to sit for one of them in the re-sit exam
- A Student can move from first year to second year or second year to third year with only one block from the previous year; s/he has to register for the that block in addition to those of the subsequent year; s/he will keep previous marks of continuous assessment and is allowed to sit for the repeat-block exams without attending its activities.
- Students are allowed to pass from the pre-clinical to the clinical phase after they finish all courses of the pre-clinical phase.
- A student who passed all courses of the pre-clinical phase but failed in two will be exceptionally allowed to sit for the two blocks; one in the re-sit exam and the second in an exceptional exam that is held three days after the re-sit exam.
- A student who has one remaining course of the pre-clinical phase after the re-sit exam, should register for that course in the subsequent year, and may be allowed for an extra chance for an exam in that course at the first day of the year; if s/he clears it s/he will be allowed to register for all courses of the fourth year and join the clinical phase, otherwise s/he must repeat the failure course.

Criteria for passing, progression from one year to next, and program completion.

- Criteria for passing course/block exams: University regulation provides a criterion referencing for pass and fail; a student should get a minimum of 60% in a course in order to pass it . After each examination, item analysis of the MCQs and psychometric analysis for other components (SEQs, MEQs and OSPE) are carried out and the marks are accordingly adjusted. Grades are calculated as follows:

Percentage	Grade Significance	Grade code	GPA (out of 5.0)
95 – 100	Exceptional	A+	5.00
90 – 94	Excellent	A	4.75
85 – 89	Superior	B+	4.50
80 – 84	Very Good	B	4.00
75 – 79	Above Average	C+	3.50
70 – 74	Good	C	3.00
65 – 69	High Pass	D+	2.50
60 – 64	Pass	D	2.00
Less than 60	Fail	F	1.00

- Criteria for progression to next year in the preclinical phase:

- Any student who passes all courses of a year will progress to the next year.
- Any student who fails in less than three of the sequential blocks is allowed for a re-sit examination in one of these blocks.
- Students who could not pass one of the sequential blocks are allowed to move to the next year having this block in addition to the next year blocks. They are also allowed to take the end-of-block examination without having to attend the block activities.
- Students who fail in two or more of the sequential blocks have to repeat these blocks before being upgraded to the next level.
- Students who fail in any of the longitudinal courses are allowed to take re-sit examination in that course.
- **Criteria for progression from preclinical phase to the clinical clerkship phase:**
 - Students must pass all courses of the preclinical phase before moving on to the clinical clerkship phase. If a student has only one remaining block, he/she is allowed to take an exceptional re-sit examination for that block at the onset of the new academic year. Passing this examination allows the student to join the clinical clerkship phase with peers, otherwise s/he has to repeat the course
- **Criteria for program completion:**
 - Students must complete the required number of credit hours (222 hours) with a minimum passing score (60%), before they are eligible for program completion.
 - Students must earn a minimum GPA score of 2 (out of 5).
 - Students must complete the internship year to the satisfaction of all their training supervisors.

Who Should Read this Policy

All students and faculty should read and be aware of this policy.

Responsibilities

Departmental Boards of the clinical phase, the Academic Coordination Committee and the Blocks Committee of the preclinical phase. The assessment unit monitors Implementation of the assessment policy in different courses according to the specific needs of the course.

Enforcement

Any violation of this policy is considered a breach of the college's regulations.

Related Information/References

- Terms of reference of the Assessment Unit

Frequency of Review & Update

This policy is subject to a five-year policy review cycle. The next review date is expected in 2027.

Policy History

- Policy Status: Updated.
- Date of Revision: 2022

Policy Title	Exam Conduct Policy
Headline Banner	<p>Policy No. :EA 3.2 Type of Policy: Examination & Assessment Effective Date: 27/Feb/2023 Policy Owner: The Vice Dean for Educational Affairs Policy Contact: mdc.vdaa@qu.edu.sa</p>

Definitions

Exam conduct: Refers to the administrative and logistics arrangements made for students taking examination.

Reason for Policy/Purpose

Assessment is a vital part of the education process in general and in the medical education in particular. Through the assessment, graduates of medical schools can be safely released to community to take care of people's life health. Examinations are the main tool through which assessment can be achieved. A strong focus on examination preparation and implementation is highly recommended including the provision of logistic support to ensure pre- and post-test fairness of the assessment process. It's important for the examinations to have a well-informed policy to be followed by all who are involved in the education process.

Policy Statement

This policy concerns with the running of different exams, mainly the logistic supply to mplement different exam modalities, examination preparation and implementation and the regulations and guidelines for conduction of the exams. The policy also cares for students appeals relevant to assessment.

Scope

This policy applies to all students taking exams at QUCOM.

Procedures

❖ Before the exam:

1. The Central Exam Committee (CEC) will receive a notification from the block/course organizer informing it about the name of the exam, its modality, and number of the students. He will request the CEC to print and copy the required number of the answer sheets and exam booklet. This information as well as the request should be sent through the official email of the CEC and should be sent at a minimum of 4 working days before any exam.
2. Based on the above mentioned information, the CEC will assign one of its members to supervise the whole exam printing process and to arrange the facilities for printing and preparing the needed copies of the exam papers. These include:

- Location of the printing process: in the assessment unit room.
 - The organizer or the co-organizer of the male side should be personally present during copying of the exam papers with no obligations on the CEC.
 - The prepared copies have to be kept in sealed envelopes, which are signed by the organizer or the co-organizer of the male side and stamped by the official stamps of CEC. The envelopes should be labeled with the following information:
 - Name of the exam.
 - Date and time of the exam.
 - Location of the exam.
 - Number of copies inside that envelop: it should include one extra-copy.
 - Attendance sheet of the students.
 - The organizer (after double-checking the information written on each envelop and make sure it fits with the current exam) will deliver the materials of the female side to the organizer or the co-organizer of the female side.
 - The organizer keeps those of the male side in a secure place safety locker at the assessment unit till the day of the exam.
- ❖ During the exam:

➤ **Exam location:**

- ☒ CEC will prepare venues for different exams. This includes the coordination with other educational activities that could utilize the same venue for the exam to prevent any overlap between the exam duties and other educational activities for other grades in the college.

➤ **Invigilation:**

The CEC is authorized to nominate the faculty/staff members for the invigilation process, taking in consideration the fair distribution of this task between the staff members during the whole academic year as well as any overlap between the exam duties and other educational activities of the invigilator within or outside the college. This nomination should be sent 5 working days prior to the exam. In case one of the invigilators cannot do this task due to an acceptable reason, the staff should inform the head of the CEC through the official email at least 2 days before the time of the exam; otherwise he/she will be responsible to provide a substitute invigilator to replace him/her.

The block/course organizer and co-organizer are assigned as chief invigilators in each exam. They will be responsible for proper conduction of exam (see "*Job Description of Invigilators*" file).

Exam papers:

1. The CEC representative will handle the exam envelopes (sealed and stamped) to the chief invigilator at the Assessment Unit Room prior to the exam.
2. The envelopes should be opened only at exam venue within 15 minutes before the exam in presence of at least two invigilators, one of them should be the course/block organizer or co-organizer, in addition to the chief invigilator if they are different.

❖ After the exam:

➤ **Handling the exam paper:**

After the exam, all exam materials, including answered and non-answered sheets and signed attendance sheets by all invigilators, should be collected by the chief invigilator who will returned them back in their envelopes and deliver the envelopes to the block/course organizer for the process of exam checking.

➤ **Paper checking:**

This should follow "*Paper Checking Policy*" approved by the Assessment Unit; the following are the main outlines and timeline:

1. For Optical Reading Sheets: these sheets should be checked after 1 working day of the exam in the Assessment Unit. An assigned member of CEC has to help the male co-organizer in this process. A copy of the model answer and results of the exam (including marks, item analysis and the answer sheets) will be given to the male co-organizer, who will submit them to the block/course organizer on the same day. A soft copy will be kept in the CEC's documents.
2. Regarding other types of answer sheets (where students have written response). The organizer will code the answer sheets in the first working day after the exam. On the second day, the checking process will start in the meeting room of the Assessment Unit in the male side and a suitable place in the female side. The CEC will provide a secure case with a key for the block/course organizer to keep the exam papers till the end of the checking process.
3. The checking process should be finished within 4 working days maximally from its start.

➤ **Results entering and submission:**

The block/course organizer and the co-organizer of the same gender are responsible for entering and submitting the marks allocated for each modality of assessment in the already-prepared mark sheet. This process should take maximally 10 working days, starting from date of the exam.

Procedures of Dealing with Students Appeals as Regards to Exam Results

1. Students have the right to request reviewing of their marks/rechecking of their answer sheets according to the following rules:
 - ☒ The request should be submitted within 15 working days after the announcement of the results, provided that the student has not submitted another request to review the results within the same academic year and proved to be denied by the CEC reviewing committee.
 - ☒ The request should be submitted via the official form provided by the college in its website. (see the *appeal request form* below)
2. After submitting the request to review the results to the Student Affairs Unit, the head of this unit will double check the information then send the request to the head of the CEC. The head of the CEC forms a *CEC reviewing committee* composed of:

- A member of the CEC.
 - Block/course organizer.
 - Academic advisor of the student.
3. This committee will review the answer sheets in question (based on the model answer & version), calculation of the marks, and double-checking the entry of the results in the system.
- The committee starts working by ensuring that the answers to all exam questions in the answer sheets in various parts of the exam had been checked.
 - The committee records all marks in the answer sheets on the special forms.
 - The committee may add whatever comments or recommendations it feels necessary.
 - The report is to be projected to the head of CEC.
4. The head of the CEC together with the relevant phase coordinator, check matching of the originally recorded marks with those that have been recorded by the committee. In the case of discrepancy, re-evaluation for a third time will be performed and the correct marks will be submitted to the Vice Dean for Academic Affairs for approval.
5. In case of modification of grades after re-checking, the new grades are raised to the Vice Dean for Academic Affairs for final approval.
6. The student is notified about the final decision on his/her appeal by the email including CC to the following:
- Vice dean for academic affair
 - Block organizer
 - Head of Central Exam Committee
 - Head of Student Affairs Unit
 - Head of Academic Guidance Unit
 - Head of Quality Management Unit
7. Upon approval of the student's request, he/she is allowed to submit a request to review correction of his answer sheets in another course within the same academic year.

Exams' Regulations and Guidelines

A) For the invigilators:

1. They must **attend to the exam venue 30 minutes before** the start of the exam.
2. Chief invigilator should distribute the invigilators on the different exam venues and ensuring that invigilator location enabling them for proper proctoring.
3. Invigilators are **NOT** permitted to leave the exam venues unless for passing to the toilet after informing the chief invigilator and reallocation of a substitute for his/her invigilation area.
4. Invigilators are **NOT** permitted to bring unauthorized persons to the exam's venue.
5. Invigilators should be wholly engaged with their invigilation duty and other distractors as side talking, browsing web sites and reading books or articles are prohibited.

6. Invigilators are **NOT** permitted to use their mobile phones within the exam venue and make them silent mood.
7. Invigilators should record the students' attendance quietly at the start of the exam without annoying the students with loud sound.
8. Once the exam starts, students are **NOT** permitted to go outside the exam area at all unless s/he finished the exam.
9. Invigilators are **NOT** allowed to answer students' inquiries related to the scientific content of the exam. This includes the definition or even translation of any words or phrases. Any enquires regarding the questions should be recorded by the chief invigilator to be reported to the block organizer and subsequently to the assessment unit.
10. During OSPE exams, invigilators are **NOT** allowed to adjust the microscope at all during lab exams.
11. The **MCQs answer sheets** should be distributed to the students **10 minutes before the start** of the exam to give the students a sufficient time to fulfill his/her name, ID number, serial number, batch group and the question's version.
12. Invigilators should ensure that all students fulfill their identification data and question's version before receiving their answer sheets by the end of exam.
13. Questions, as well as answer papers, should be **collected immediately** by the end of exam. No additional time would be given for any student to complete his/her answer or even to highlight their answers in the answer sheet.

B) For the students:

1. Students must wear their official **dress code** and follow the university's regulation regarding the attitude and look such as haircuts. Otherwise, students will **NOT** be allowed to attend the exam and will be requested to leave the exam venue immediately.
2. Students must present their **identification cards including their photos** to the invigilators at the start of exam.
3. Students must bring **their dry BLUE pen** to answer all exams except MCQs which should be answered with **HB2-type pencil**. They are **NOT** allowed to burrow them from their peers or invigilators even if their pen are not working.
4. Students must write **their full name, ID number, serial number, batch group and questions' version** in their slots in the answer sheets as well as question paper. If this did not happen for any reason, the student' marks for that exam will be **blocked** and will not be released for him/her until the end of the block (for the midblock) or the end of the year (for the final).
5. Once the exam starts, students are **NOT** permitted to go outside the exam area at all unless s/he finished the exam.
6. During the exam's time, eating or drinking (other than water) is **NOT** allowed.
7. Ensure writing your answers in its appropriate slot on the answer's booklet. Respect the **order of your answers** with that of the questions.
8. Write your answer in **readable handwriting** in order to be marked accurately.
9. Questions, as well as answer papers, would be **collected immediately** by the end of exam. No additional time would be given for any student to complete your answers or even to highlighting them in the MCQs' answer sheet. Otherwise, the invigilator will not receive your answer sheets and your answers will be graded as Zero.

10. **Answer the questions precisely**, any additional whether unnecessary or non-relevant information will not be graded. For example, if the question asks you to mention three drugs, you need to mention only three. If you mention four, only the first three will be graded. The rest will not (weather they are correct or not).

Who Should Read this Policy

All students and faculty should read and be aware of this policy.

Responsibilities

CEC : Provide all the logistics for the exam process

Phase coordinators: Cooperation with the CEC

Block/course organizers: Inform the CEC about any exams and provide the exam material.

Invigilators: Follow the exams' regulations and guidelines

Students: Follow the exams' regulations and guidelines

Enforcement

Any violation of this policy is considered a breach of the college`s regulations. Failure to comply with this policy may result in academic consequences for the student.

Related Information/References

- Student Assessment policy

Frequency of Review & Update

This policy is subject to a five-year policy review cycle. The next review date is expected in 2027.

Policy History

- Policy Status: New.
- Date of Development: 2022

Chapter 4: Student Policies

Policy Title	Student Admission Policy
Headline Banner	<p>Policy No. : ST 4.1 Type of Policy: Student Policies Effective Date: 27/Feb/2023 Policy Owner: The Vice Dean for Educational Affairs Policy Contact: mdc.vdaa@qu.edu.sa</p>

Definitions

Student Admission policy: Refers to a framework constructed to assist students to be equipped and prepared for study, regardless of academic background. This policy outlines admissions processes and requirements for undergraduate courses only.

Reason for Policy/Purpose

The admission policy and procedures are in place to safeguard that students are appropriately placed in the most conducive learning environment. Proper placement ensures that students admitted in medical college benefit fully from the educational programs and have a positive school experience.

Policy Statement

The Policy outlines how college handle student's information in the applications process for admission in the medical college. A clear admission policy is paramount to ensuring applicants are fully aware of the expected high standards for all students.

Scope

All students, faculty and Curriculum Governance Committees at QUCOM are affected by this policy.

Procedures

The College is committed to ensuring its admissions policies and procedures are fair, transparent, ethical, and timely, making study accessible to a diverse range of prospective students. The University accepts student in the preparatory year and not directly in the College of Medicine. Student is accepted in the college of Medicine after passing the preparatory year. Successfully and completing the requirements of admission as mentioned below:

- Obtain GPA of at least 4 out of 5 more in the preparatory year.
 - Obtain degrees 80% or more in the English language in the preparatory year.
 - Availability of seats allocated at the college of medicine.
 - Passing the skills examination held by the college.
5. Have a certificate of decent health and free from infectious diseases.

Transfer to the College of Medicine requirements:

- Available seat for the student transferring to the College of Medicine.
- Pass the personal interview presented after the completion of the aforementioned conditions.
- Transfer conditions are announced through Admission and Registration Deanship in coordination with the College.
- The transfer is only once in the academic year, it's during summer; this is the period of transfer.

Who Should Read this Policy?

Students as well as the faculty should be familiar with this policy.

Responsibilities

All students, faculty and Governance Committees at QUCOM should play role in implementation of this policy.

Enforcement

Without fulfilling the afore mentioned admission policy criteria a student cannot be enrolled in the medical college.

Related Information/References

- Student Registration Policy

Frequency of Review & Update

This policy is subject to a five-year policy review cycle. The next review date is expected in 2027.

Policy History

- Policy Status: Updated.
- Date of Revision: 2022

Policy Title	Student Registration Policy
Headline Banner	<p>Policy No. : ST 4.2 Type of Policy: Student Policies Effective Date: 27/Feb/2023 Policy Owner: The Vice Dean for Educational Affairs Policy Contact: mdc.vdaa@qu.edu.sa</p>

Definitions

Registration: Confirmation of the admission of the student to the specified year/semesters of the MBBS programme. The college assigns unique 'Student ID' to each student.

Reason for Policy/Purpose

A student registration policy helps to manage one of the most vital processes for student management which include student admission management as well. This policy sets registration standards in a provided course in the College of Medicine determining the roles of the staff, and the students in the registration process.

Policy Statement

Registration for courses should be accomplished before the start of the academic year and following the regulation of the university.

- Student is responsible for registering for the correct courses on time.
- Student will not be allowed to attend classes without being officially registered
- Student cannot receive credit for courses in which he/she is not registered for.
- Student will not register or add individual courses retroactively.
- The College reserves the right to cancel or close a class, change instructor or time and classroom assignments and does not guarantee seats in any class.

Scope

This policy applies to all students at QUCOM

Procedures

- Students freshly enrolled in a given academic year/level have to register all courses of the level.
- Students who could not pass 50% or more of the registered credit hours of a given year will remain in the same year and will register again for the courses in order to repeat them. They are not allowed to join the re-sit exam or add courses from the next year level.

- Students who could not clear all the courses after the re-sit exam, will remain in the same year level and register for the courses they did not pass; they may be allowed to add some courses from the next year level with a written approval of the academic supervisor, given that there is no contradiction with repeat courses.

Criteria for progression from preclinical phase to the clinical phase:

- Students must pass all courses of the preclinical phase before moving on to the clinical clerkship phase. If a student has only one remaining block, he/she is considered an exception, and is allowed to re-sit the examination for that block at the end of the first semester. Passing this examination allows the student to join the clinical clerkship phase in the second semester.

Criteria for progression to next year in the clinical phase:

- Students in the fourth year automatically move to the fifth year, regardless of the number of courses passed. Students failing in any of the longitudinal courses are allowed to register for those courses and take their respective examinations during the fifth year. However, if a student fails in a rotational course, he/she has to repeat the course(s) after finishing the fifth year.
- It is the responsibility of all the students admitted to the of the College programs to acquire the required textbooks, training tools and resources required to fully participate on campus and / or in online subjects.

Who Should Read this Policy?

All students and faculty should be aware of this policy.

Responsibilities

Students Affairs Unit: Students not complying to aforementioned policy should not be registered in a course.

Enforcement

The College reserves the right to refuse the registration to any applicant based on an individual's inability to meet the educational requirements of the College.

Related Information/References

- Student Admission Policy

Frequency of Review & Update

This policy is subject to a five-year policy review cycle. The next review date is expected in 2027.

Policy History

- Policy Status: New.
- Date of Development: 2022

Policy Title	Academic Dishonesty and Discipline Policy
Headline Banner	Policy No. : ST 4.3 Type of Policy: Student Policies Effective Date: 27/Feb/2023 Policy Owner: The Vice Dean for Educational Affairs Policy Contact: mdc.vdaa@qu.edu.sa

Definitions

Students: Male and female students of the College of Medicine - Qassim University

Student Violation: Any word or action committed by students that violates the university's rules, regulations, and instructions, and that violates public order and morals, as stated in the Bylaws, Article 6.

Disciplinary Punishment: Every penalty stipulated in this regulation

Exam: Every assessment or measurement that students undergo

Disciplinary Committee: Each person granted by this regulation the authority to investigate and impose the disciplinary penalties mentioned therein

Reason for Policy/Purpose

The intent of this policy is to define the procedures and responsibilities that guide students to adapt to the university environment, and to follow the university's rules, regulations, and instructions, and maintain public order and morals

Policy Statement

All students of QUCOM are subject to this policy. Students shall maintain good behavior and ensure compliance with applicable laws and regulations of Qassim University . Students are not exempted from disciplinary punishment if they are not aware of the university's bylaws and regulations and the instructions issued by it. A detailed report shall be issued from the control of student violations committed by students and submitted to the Dean of the Faculty of Medicine, who is directed to refer the students to the Disciplinary Committee. Any action on the part of a student that involves academic dishonesty (such as plagiarism, collusion or cheating in examinations that are assessed as part of the requirements for an academic award) may be regarded as a disciplinary offence and subject to formal proceedings under the University's Student Discipline Procedure.

Scope

All students, faculty, and administrators at the QUCOM- or anyone working on behalf of the college.

Procedures

Students who commit student violations may not withdraw or vacate their party from Qassim University until after the decision of the competent disciplinary committee has been issued.

- Every violation of Islamic morals, regulations, bylaws and university instructions is considered a student violation that exposes its perpetrators to disciplinary penalties, for example:
 - Every act that affects honor and dignity, or violates good conduct and behavior inside or outside the college.
 - Acts that violate the university's regulations and instructions.
 - Refrain from attending lectures, exercises, scientific lessons, etc.
- Cheating in any test or attempting to do so, followed by cheating in reports
 - Violation of the examination system or the calm required for it.
 - Organizing activities or associations that violate the regulations in force at the university.
 - Every damage or attempt to damage university facilities, devices, materials, books, and all library holdings of the college or university.
 - Abuse of college or university facilities, annexes and contents.
 - Issuing or distributing bulletins or collecting funds or signatures without the approval of the college administration.
 - Students entering exams instead of others, or others entering instead of them.
 - Forgery in all its forms. Theft, drug use, or carrying dangerous materials.
 - Smoking inside the college or not maintaining cleanliness.
 - Students deviate from the manners of decency in their behavior with their colleagues, or employees of the College of Medicine, or workers of existing companies working in the college or its employees, or infringing on them by word or deed.
 - Gathering and organizing demonstrations inside or outside the college.
- Disciplinary penalties imposed on students who commit student offenses include:
 - Verbal alert
 - Footsteps alarm
 - Depriving students of some or all of the student's university benefits.
 - Assignment to perform some service or social work for no more than a month.
 - Deduction from the semester work grades.
 - Denial of registration in one or more courses for one or more semesters.
 - Cancel the registration of students for a semester and consider them failing in the registered courses.
 - Students' test cancellation in one or more courses and those failing in the registered courses.
 - Depriving students of entering the test in one or more courses.
 - Final dismissal from the university.
- In the event of committing an offense of cheating in any test or attempt, for example:

- Cheating in any test or initiating it, followed by cheating in the reports, or obtaining the test before it is held, or the students entering the tests instead of others, or the entry of others in their place. Violation of the test system or the calm required for him. Entering the test headquarters with smart phones and devices
 - The test observer has the right to remove the students from the examination hall or enable him to complete the examination.
 - A report is issued detailing the incident.
 - The report of the incident, along with the documentary documents, is submitted to the Dean of the College, who transmits it to the Disciplinary Committee of the College.
 - The committee summons the students and conducts the necessary investigation with them.
 - In the event that it is proven that a violation of cheating has been committed, the committee has the right to decide on the gradual imposition of penalties, according to the size of the violation committed by the students and the extent of their recurrence. The penalties include the following:
 - It is sufficient to cancel the students' test in that subject alone, and their result in the test is considered zero.
 - Cancel the students' test in one or more other subjects, in addition to canceling their test in the subject in which they cheated, and their score is considered zero.
 - Students' tests are canceled in all decisions of that semester, and their score is considered zero.
- In the event of cheating in practical exams, the committee chairperson prepares a report detailing the incident and submits it to the college dean, who refers it to the disciplinary committee in the college.
- In the event of committing a violation of the examination system or the calm required for him:
- The test proctor has the right to remove students from the examination hall.
 - A report is issued detailing the incident.
 - The incident report shall be submitted to the Dean of the College, who shall refer it to the Disciplinary Committee of the College.
 - The committee summons the students and conducts the necessary investigation with them.
 - After conducting the necessary investigation, the committee decides to cancel the students' test result in the course in which they were tested, and the students are considered to have failed that course.
- The student must be notified of the violation attributed to him and the time specified for his appearance before the Disciplinary Committee one working day before his due date by signing it with knowledge or sending a text message to his mobile phone registered in the college.

Who Should Read this Policy?

All students, faculty, and administrators at the QUCOM- or anyone working on behalf of the college.

Responsibilities

- ☞ **The Student Disciplinary Committee:** It is formed in the College of Medicine by a decision of the Dean of the College for a period of two years. It consists of: the Dean of the College or his deputy, the supervisor of the stage to which the student belongs or his representative, and a faculty member of the College. The Student Disciplinary Committee of the College is the committee responsible for inflicting the following penalties on those found guilty:
 - ☞ • All that is stipulated in Article 8 of the Bylaws
 - ☞ • Penalties 1, 2 and 3 in Article 7 of the Bylaws.

The rest of the penalties of Article 7 are carried out by the permanent disciplinary committee at the university.

- ☞ **Vice Dean of Student Affair :** Establish a task force to conduct the procedures
Conduct a thorough evaluation of the statement
- ☞ **Vice Dean for Quality and Development:** Revise the statement and plan priorities in light of quantitative and qualitative data representing the current conditions. Discuss, refine, approve the Policy
- ☞ **Dean of the College:** Approve and implement the policy.

Enforcement

Where a case of misconduct is made known to the Student Disciplinary Committee, the committee shall conduct an investigation of sufficient depth and breadth as necessary to ascertain the facts of the case.

Related Information/References

- University Policy link.
- The Student Disciplinary Committee Decision for the academic year 2021-2022
- Acknowledgment form of the students' right to object to the decision

Frequency of Review & Update

This policy is subject to a five-year policy review cycle. The next review date is expected in 2027.

Policy History

- Policy Status: New.
- Date of Development: 2022

Policy Title	Academic Advising Policy
Headline Banner	<p>Policy No. :ST 4.4 Type of Policy: Student Policies Effective Date: 27/Feb/2023 Policy Owner: The Vice Dean for Educational Affairs Policy Contact: mdc.vdaa@qu.edu.sa</p>

Definitions

Academic Advisor: Is a faculty member who provides academic guidance, and support for student personal and academic development.

Advisee: One of a group of students who is assigned to, and receives support from a faculty advisor.

Reason for Policy/Purpose

The main purpose of this policy is to increase the students and faculty awareness regarding the academic guidance and to encourage the students to communicate and visit their academic advisers on regular basis. It is also intended to support the development of study skills and provision of feedback and advice to enable students to become more effective learners.

Policy Statement

All QUCOM students, both in pre-clinical and clinical years must have a named Academic advisor who acts as a first point of contact for students to discuss issues affecting their academic progress, personal development, and welfare. In summary, the college expects an Academic advisor to:

- Discuss students` problems that may affect their educational performance given that the issue was raised by the actual academic adviser and to help finding solutions to those problems in coordination with the Vice Dean for Academic Affairs.
- identify and observe the performance of students with academic difficulties and search for causes for these difficulties and help in solving them.
- Identify the students with special talents and creative abilities in coordination with the academic advisers.
- When the students are in the clinical years, the academic advisers are asked to raise further discussion points regarding the student`s career choices and plans.

Scope

This policy is applying to all students and faculty members at QUCOM.

Procedures

For the students:

- By the start of the academic year the new students' lists are received from the students' affairs and they are distributed on the available academic advisers to keep a ratio of 7 students per academic adviser in the male side and 9 students per academic adviser in the female side.
- In the beginning of the academic year all first year students are given one hour lecture about their role in the academic guidance and what is expected from them also what is expected from the advisers. During that lecture, the Academic guidance and student's follow-up record booklet (Appendix 1) is distributed.
- It is required that every student visit his academic adviser for at least 4 times per year.
- Any students suffering from any medical or psychological illness are referred to the university medical clinics and the treating physician is asked to send annual follow-up reports about the student's health situation.
- Any reported students having a financial problem affecting the student's educational performance, the unit should raise his issue through the vice dean of the academic affairs to the university deanship of students affairs.

For the advisors:

- The unit helps academic advisers to overcome the difficulties they may face in coordination with the Vice Dean for Academic Affairs.
- The unit provides workshops for the academic advisers to introduce them to the required tasks and the organization of the implemented system of advising and how to deal with students' problems that they may encounter and need help.
- The unit members should have at least two meetings per academic year to discuss and try to improve the current counselling system and any measures that can be implemented and also any other related topic.

Who Should Read this Policy?

All academic advisers, and students at QUCOM .

Responsibilities

Academic Advising Unit:

- Arrange regular meetings to fulfill its purpose and objectives.
- Ensure matters are dealt with in an orderly and efficient manner.
- Ensure all discussion items end with decision, action or definite outcome.
- Review and approve decisions before distribution.

Academic Advisors:

- Keep a record of their students' follow-ups and forms.
- Send an annual report to the unit regarding his/her advisee students' academic performance and comments about their issues and or creative abilities.

- Send a case report to the unit regarding his/her advisee students' problem and suggested solutions.
- Fill for each of their critical students with low GPA of 2.5 or below a critical student form. This form should be filled with his/her student and sent to the Unit. The academic adviser indicates in the form whether they need the help from the Unit in dealing with the student's situation.
- Fill for each of their previous year excused students a follow-up form and to indicate the causes of the excuse and whether they are still present or not. This form should be filled with his/her student and sent to the Unit. The academic adviser indicates in the form whether they need the help from the Unit in dealing with the student's situation.
- Represent the students in the exam Re-checking committee and or college Appealing committee. (if not available a member of the unit may attend on his/her behalf).

The Students (Advisees):

- Take the initiative to contact their academic advisors. That should be during posted office hours. However, students may make other arrangements when necessary
- Be familiar with the academic advising booklet and instructions.
- Prepare a list of questions or concerns before each meeting with their advisor.
- Be knowledgeable about the college's policies, procedures and requirements
- Be familiar with the course/block registration requirements in the academic year and discuss with the advisor any relevant academic issues.
- Observe academic deadlines (e.g when to register and when to drop or withdraw) and set up appointments with their advisor well in advance of these deadlines when needed.
- Keep their advisor informed about changes in their academic progress, and academic/career goals
- Notify their advisor if their address or phone number changes .
- Inform the advisor or the Vice Dean of Academic Affairs immediately whenever a serious problem (medical, social, personal) disrupts their ability to attend classes or interferes with their ability to focus on their study.

Enforcement

Academic Advisors must not disclose information obtained from students without the prior consent of the student. Exceptions to this involve situations where it is considered that the student is in serious danger of committing self-harm , harming others, or where disclosure is required by the college regulations. In those cases disclosures should be made ONLY to the chairperson of the academic unit for further action.

All academic advisors (faculty) and advisees (students) shall agree to keep all contact, personal, academic, and any additional information obtained through their meetings confidential. The unauthorized sharing of personal information by advisors or advisees may be grounds for conducting an investigation of sufficient depth and breadth as necessary to ascertain the facts of the case.

Related Information/References

- The Academic guidance and student follow-up record booklet
- The annual Academic Advising report.

- Case report form.
- Critical student form
- Excused student form.

Frequency of Review & Update

This policy is subject to a five-year policy review cycle. The next review date is expected in 2027.

Policy History

- Policy Status: New.
- Date of Development: 2022

Policy Title	Student Awards Policy
Headline Banner	Policy No.: ST 4.5 Type of Policy: Student Policies Effective Date: 27/Feb/2023 Policy Owner: The Vice Dean for Educational Affairs Policy Contact: mdc.vdaa@qu.edu.sa

Definitions

Student Awards: Any monetary or non-monetary form of recognition made on the basis of outstanding academic achievement (merit) or any other criteria specified by QUCOM.

Reason for Policy/Purpose

The aim of this policy is to provide guidance on the governance and selection criteria of student awards at QUCOM.

Policy Statement

Recognizing students with awards and certificates make them and their work stand out, which again motivates them and attracts other students to work harder. QUCOM takes pride in rewarding its students for their hard work and achievement. The award recognizes outstanding individual achievements or contributions to an aspect of college or community life. Students can be nominated for the award for a number of reasons, including: Exceptional academic achievement, outstanding effort and significant contribution to the wider community.

The areas of excellence include (but not limited to) the following:

- Achieve academic excellence
- Demonstrate exemplary learning skills and work habits
- Exemplify leadership and teamwork
- Exemplify courage, generosity, community and perseverance
- Make outstanding contributions to community service and sport
- Portray personal qualities enabling them to overcome obstacles and setbacks

Scope

This policy applies to all student awards, that are awarded, managed or maintained by QUCOM.

Procedures

Students of the college are awarded for their exceptional performance in academic or non-academic issues. These awards are either scheduled during the annual appreciation day or just after the event according to the situation.

Eligibility Criteria: The following are the criteria for awarding the students.

- Students who got a GPA of 4.5 out of 5.
- Students who are high achievers in progress test.
- Students who shares in the designing and implementation of the activities of the student club.
- Students who participate in community services activities.
- Students who publish distinguished research.
- Students who represent the university in sports competitions.
- Students who represent the college in international students gathering events.
- Students who have a talent of some extracalicular activities such as photographing, painting, poetry.etc.

Who Should Read this Policy?

Selection Committees for the student awards , Research Committee , students and faculty at QUCOM.

Responsibilities

Selection Committee for awards/or the Research Committee:

- Approve new awards, including externally funded awards
- Approve eligibility and selection criteria.
- Establish any condition recipients must meet to remain eligible to continue receipt of the student award.
- Consider proposals for new or amended awards and make a recommendation to the responsible authorities.
- Ensure selection is in accordance with the stated selection and eligibility criteria.
- Oversee equity and transparency of allocation.
- Distribute the student awards according to afore mentioned criteria.

Enforcement

Selection Committees should abide by the terms of this policy. Any violation of this policy is considered a breach of the college`s regulations.

Related Information/References

- Academic Advising Policy
- Research Policy

Frequency of Review & Update

This policy is subject to a five-year policy review cycle. The next review date is expected in 2027.

Policy History

- Policy Status: New.
- Date of Development: 2022

Policy Title	Student Dress Code Policy
Headline Banner	Policy No. : ST4.6 Type of Policy: Student Policies Effective Date: 27/Feb/2023 Policy Owner: The Vice Dean for Educational Affairs Policy Contact: mdc.vdaa@qu.edu.sa

Definitions

Dress Code: Specifies what is appropriate for students to wear in the university premises as well as when representing the college outside the university vicinity.

Reason for Policy/Purpose

The purpose of this policy is to provide guidelines on the dress code at QUCOM, demonstrating a professional and positive appearance of its students.

Policy Statement

The dress code policy is designed to ensure a consistent professional appearance of QUCOM students within and outside the university. Students in both campuses (female campus and male campus) and at any time they see patients are expected to dress professionally and should adhere to the dress code of QUCOM. Dress code guidelines should be followed at all encounters with patients, standardized or real.

Scope

This policy applies to all students (undergraduate and graduate) at QUCOM.

Procedures

As a reputable institution it is expected from all students to abide by college dress code policy. Students must maintain an appropriate standard of dress and personal appearance and always conduct themselves in a professional manner both within the university premises or when representing the college on any external platform. Students are expected to dress appropriately in the following manner:

Male students

- 1. In the basic years a green shirt with green trouser shall be worn.
- 2 White coat should be worn in laboratory and clinical skill activities.
- In 4th and 5th year the student shall wear a blue shirt with blue trouser.
- In ward rotations and hospital the students shall wear a white coat.
- The shirt should display the monogram of Qassim university
- No jewelry such as neck chain, rings and earrings are allowed
- Shorts are not permitted.

- Chest Revealing clothes are not permitted.

Female students:

- In basic years a green shirt with green trouser shall be worn.
- White coat should be worn in laboratory and clinical skill activities.
- In 4th and 5th year the student shall wear a navy blue shirt with blue trouser.
- In ward rotations and hospital, the students shall wear a white coat.
- The shirt should display the monogram of Qassim university
- No high heels are allowed.
- Sleeveless shirts or short dresses/skirts are not permitted.
- All shirts and tops should cover the chest.
- Females should wear head coverings and abaya while entering and exiting the male campus and during meetings with male faculty and students.

Who Should Read this Policy?

Students as well as the faculty should be familiar with this policy.

Responsibilities

College Administration and Discipline Committee should make it sure that every student is following the dress code policy.

Enforcement

If a student is found in violation of the above dress code and can correct the garment error immediately, the student will be allowed to remain in class. Otherwise, the student will be sent home to correct the garment error. Repeatedly failing to comply with the dress code will result in the student being referred to the Discipline Committee.

Related Information/References

- Academic Dishonesty and Discipline.

Frequency of Review & Update

This policy is subject to a five-year policy review cycle. The next review date is expected in 2027.

Policy History

- Policy Status: New.
- Date of Development: 2022

Chapter 5: Faculty Policies

Policy Title	Faculty Development Policy
Headline Banner	Policy No. : FA 5.1 Type of Policy: Faculty Policies Effective Date: 27/Feb/2023 Policy Owner: The Vice Dean . Policy Contact: mdc.vdaa@qu.edu.sa

Definitions

Faculty Development: Is the process of providing professional development training to faculty members to help them improve their work performance,

Faculty Development Plan: Is a plan intended to act as a resource and guide for faculty in terms of career advancement considering the college's and university's goals.

Reason for Policy/Purpose

This policy aims to establish guidelines for professional development for faculty and staff within QUCOM. Professional development includes activities that promote the improvement or maintenance of knowledge and skills needed or desired to perform duties required to fulfill university responsibilities. Such activities include continuing profession-related education conferences, workshops; seminars, and lectures; courses; meetings; and memberships in professional groups and societies.

Policy Statement

QUCOM strives to support the continuous development of new knowledge that will enhance the professional and administrative skills of the faculty and staff in support of the college's mission in the most efficient and effective manner.

Scope

This policy applies to all full-time and part-time faculty at QUCOM.

Procedures

- At the beginning of the academic year, the Faculty Development Unit (FDU) conducts an online survey for all staff members to collect their topics of interest in faculty development. Non-fixed slots for grand meetings with the College administration are also utilized to discuss issues of interest to faculty.
- According to the survey results (besides deficiencies identified by faculty evaluation), the FDU writes its annual Faculty Development Plan (FDP), which aligns with University policy and the QUCOM Statutes and should not abridge the academic freedom rights or responsibilities of faculty members.

- The three main categories of the FDP agenda are:

Category 1: topics related to medical education and enhancement of the staff ability in innovative education like Problem-based Learning (PBL), Team-Based Learning (TBL), Education Technologies, and Evidence-Based Medicine (EBM). In addition to the students' group dynamics, exam processes, and exam tools.

Category 2: topics related to research design and research methodology.

Category 3: topics related to the health profession, specialty-oriented and addressed through journal club.

- Speakers are either from the qualified, expert staff in their area (area expertise) or international speakers.
- The timing of the activities is usually each Tuesday unless scheduled to fit with the international speakers.
- Each faculty must attend at least 60% of the activities hosted by FDU. This requirement is essential in the faculty evaluation for promotion and renewal of contracts.
- Participants' data and activity records are managed electronically for three years from the date of the activity.
- The college provides financial support for all FDU activities. When external speakers are invited, the college pays for travel, lodging, or other expenses related to their participation in the FDU activities.
- Resources for CPD activities include, but are not limited to, the following:
 - Multiple workshop rooms with a capacity of approximately 25 participants each.
 - A large auditorium with 400 seats suitable for significant events such as conferences and public seminars.
 - An educational management system (i.e., Blackboard) suitable for online webinars and training workshops that require breakout rooms. That system was the primary platform for FDU activities during the COVID-19 pandemic.
 - For all FDU activities, the college ensures adequate compliance with security and safety measures detailed on Qassim University website.

Who Should Read this Policy?

All faculty should read and be aware of this policy. In addition, prospective faculty may be interested in the contents of this policy.

Responsibilities

Faculty Development Unit: Design and evaluate the FDP, which includes:

- a. Specify goals or outcomes that would help the faculty member to improve their professions and skills and overcome identified deficiencies;
- b. Outline the activities that can be undertaken to achieve the goals or outcomes.

- c. Set appropriate times within which the goals or outcomes should be accomplished (which should not exceed one year); and,
- d. Indicate the criteria by which progress will be monitored.
- e. Revise and modify the FDP annually according to faculty and staff feedback and report to the Vice Dean for Quality and Development.

Vice Dean: Support FDP to enhance faculty skills related to education, research/scholarly achievement, and patient care. Financial arrangements associated with the FDP.

Dean: Supporting FDP to enhance faculty skills related to education, research/scholarly achievement, and patient care. Financial arrangements associated with the FDP.

Enforcement

Any violation of this policy is considered a breach of the college's regulations. It is the sole responsibility of the faculty member to ensure their participation in faculty development activities and should keep a record of these activities. Failure to provide evidence of participation may adversely influence the faculty annual evaluation.

Related Information/References

- Security and safety measures detailed on Qassim University website
- Faculty Development Unit website

Frequency of Review & Update

This policy is subject to a five-year policy review cycle. The next review date is expected in 2027.

Policy History

- Policy Status: Updated.
- Date of Revision: 2022

Policy Title	Faculty Awards Policy
Headline Banner	Policy No. : FA 5.2 Type of Policy: Faculty Policies Effective Date: 27/Feb/2023 Policy Owner: The Vice Dean . Policy Contact: mdc.vdaa@qu.edu.sa

Definitions:

A policy concerns about awarding outstanding faculty members and administrators.

Reason for Policy/Purpose

This policy is designed to provide guidance on awards offered to individual faculty and groups in recognition to their outstanding performance and to maximize their contributions to QUCOM. Providing awards would motivate faculty and enhance QUCOM's ability to hire and retain qualified faculty in competitive labor market conditions.

Policy Statement

QUCOM encourages the recognition of excellent performance and achievement through the use of rewards that are creative, flexible, and meaningful. These rewards recognize faculty whose performance are above and beyond the scope of their position and their achievements, add value to the vision and mission of QUCOM.

Scope

All full-time faculty including teaching, research faculty, clinical staff and technical staff are affected by this policy.

Procedures

A faculty member may be recommended for recognition and rewarding if the following criteria are met:

- Achieved a satisfactory performance evaluation for the most recent academic year.
- Exceptional performance beyond documented expectations of faculty member's position, such as:
 - Provides substantial contribution to the fulfillment of goals and objectives of the University, Office of the Dean, or Department.
 - Provides creative, innovative ideas or solutions using strategies, which increase efficiency and the effective use of resources or which strengthen the image of the University.
 - Demonstrates outstanding results in the areas of teaching, research, and Service

- Outstanding faculty members and outstanding administrators are awarded using check lists designed by the award committee.
- Outstanding faculty members and outstanding administrators are awarded in appreciation day.

Who Should Read this Policy?

All faculty, Department Head/Supervisor, Dean and Vice Dean should read and be aware of this policy.

Responsibilities

Faculty Award Committee is responsible for endorsement of standards of excellence and nomination of lists of faculty for the awards. It is formed by the Dean and membership of the Vice Dean, Head of Quality assurance unit, and Manager of administrator affairs .

Enforcement

Any violation of this policy is considered a breach of the college`s regulations.

Related Information/References

- Checklist for Well-timed Submission of Course Specifications and Report
- Checklist for awarding best course Organizer
- Check list for Awarding best administrator

Frequency of Review & Update

This policy is subject to a five-year policy review cycle. The next review date is expected in 2027.

Policy History

- Policy Status: Updated.
- Date of Revision: 2022

Policy Title	Faculty Recruitment Policy
Headline Banner	<p>Policy No. :FA 5.3 Type of Policy: Faculty Policies Effective Date: 27/Feb/2023 Policy Owner: The Vice Dean . Policy Contact: mdc.vdaa@qu.edu.sa</p>

Definitions:

Contract-based employment	A full-time employment for one-to-two years, renewable with no limitation on the number of years of service.
Full-time faculty	Those faculty who devote their full-time professional effort to direct University activities and who are compensated by the University. Employment may be either contract-based (one-to-two years, renewable), or regular (through each successive academic year).
Honorary titles	Are titles awarded to co-collaborators from outside the university (without any financial obligations associated with them) to reward colleagues who contribute in achieving the educational goals of the College of Medicine and the University through the cooperation in teaching, training and assessment of undergraduate and graduate students in collaboration with College faculty members.
Part-time faculty	Those faculty who are working (on collaborative bases) in clinical teaching and training when the position requires less than full-time service, or when the individual is not available full-time. Part-time faculty are compensated for their time and given honorary titles.
Regular employment	A full-time employment through each successive academic year.
The year	12 Hijri months unless something else is agreed on.

Reason for Policy/Purpose

The purpose of this document is to provide guidance on faculty recruitment . QUCOM has an institutional mission “Improving the health of the society by preparing competent health professionals who are able to respond to the changing health care needs and expectations of the community and are ready to excel in any field of medicine through high quality student-centered and community-oriented medical education, by conducting applied research, by providing evidence based health services, and by collaborating with national and international institutions”. This mission statement embraces (1) the generation of new knowledge, (2) the dissemination of both accumulated and new knowledge to professionals dedicated to improving the health status of populations, and (3) the provision of direct services as part of educational, demonstration, and/or service/practice activities. In furtherance of this mission, the College recognizes the specific involvement of the faculty with diversity of human talents and skills in the performance of these activities, and to this end, is committed to fostering a superior faculty.

Policy Statement

In order to ensure instructional service of high quality in an atmosphere of academic integrity and mutual confidence, it is the policy of Qassim University College of Medicine (QUCOM) to provide stable employment to every faculty member during the period of professional service to the University and to assure the opportunity for continuous employment to every qualified faculty member who possesses excellence in academic and clinical performance. The University is committed to creating an educational environment that encompasses fairness, respect, and trust that is free from mistreatment, discrimination and harassment.

Scope

All prospective faculty are affected by this policy.

Procedures

- Academic employment connects a qualified, authorized individual to an academic title for a designated period and set of responsibilities (or affiliation). Assignment of title is based on such criteria as academic responsibilities and professional achievement. Titles, required qualifications and promotion are clarified in Appendix 1 (Staff Handbook).
- Employment in QUCOM is for Full-time faculty (regular, and contract-based) as well as Part-time (*e.g.*, part-time clinical teaching/training).

Full-time faculty employment

A/ Regular Employment

Procedures are according to the University regulations.

B/ Contract-Based Employment

- The employment process is a multistep one:

Step 1: Initiation of Recruitment. Prior to initiating recruitment for a position, the department must receive approval for that position from the college. The College will review the need for all departments/units; positions will be distributed based on:

- Posted position from the University
- Available staff in department
- Teaching load
- Specialties of staff
- Clinical services (if any)
- Administrative responsibilities of staff

The college usually submits a 3-year plan for staff needs to University Administration.

Step 2: Posting and Advertising. Once the positions are approved, call for applications will be posted and advertised on:

- Website
- Saudi Cultural Attaché Offices
- Universities/Colleges
- Saudi Health Recruitment Attaché
- Hospitals
- Recruitment Agencies
- Newspapers, Journals
- Personal contacts

Step 3: Screening Process. After receiving the applications by the college, CVs or resumes are screened to select highly qualified candidates to be sent to the departments. Concerned departments or units will prepare a list of candidates eligible for interviews according to their qualifications, experiences, and specialties, and submit it to the Dean's Office. Short-listing should not exclude any eligible candidate.

Step 4: Interviews. Dean's Office will arrange the time and place of the interview, which may be:

- On-site (college or hospitals)
- Telephone
- Teleconference
- Out-side (International)

Out-side interviews should be approved by University Rector. Recruitment will be conducted by Dean, Vice-Deans and/or Chairmen of Department. Candidates should fill the employment form before the interview and should be submitted with the curriculum vitae or resumes. The interview process should be based on the attached Interview Form using the provided guidelines. Interviewers should consider the notes of departments on candidates. After the interview process, candidates will be scored based upon the criteria of Interview Form. Highly ranked candidates are selected for employment.

Step 5: Employment. Dean' Office will prepare primary and "stand-by" list according the Recruitment Forms of the Ministry of Higher Education. The list will be sent to the Recruitment Office in the University to initiate the contract process.

Step 6: Employee Health Screening. Health screening examinations of all new faculty members are required. The purpose of health screening is twofold:

- 1) to fulfill Qassim University commitment to preventive health measures, and
- 2) to provide for the faculty member's safety on the job as well as for the safety of those with whom the faculty member comes in contact.

The screening will be performed prior to the faculty member reporting for duty. The screening will be arranged by the Ministry of Health.

- Reappointment of an academic staff member holding a renewable term appointment is not a right and is not automatic. Reappointment depends on the quality of performance in the position, the availability of funds and space, and the continuation of the sponsoring program. Approval by the dean is required for reappointment.
- Written notice of a decision not to renew the appointment must be given to the staff member at least 60 days before the end of contract.
- In some situations no notice is required. These include
 - (1) an appointment clearly communicated as being non-renewable;
 - (2) the termination of a grant or contract that is the sole source of salary for the staff member and for which the staff member is the principal investigator;
 - (3) situations in which the staff member is not paid through Qassim University;
 - (4) cases in which the staff member is dismissed for cause.

Part-time faculty employment

- Faculty members, who are appointed primarily to perform clinical teaching/training will be granted one of the following **Honorary Titles** depending on their experience and/or academic credentials: Clinical Teacher, Clinical Assistant Professor, Clinical Associate Professor, and Clinical Professor. Promotion of the title holder of the honorary rank to other honorary rank should follow the regulations adopted by the Scientific Council of the University.
- To hold the **Honorary Titles**, applicants:
 - are required to attend a workshop on medical education and should preferably be about the current college curriculum.
 - must perform, at least, one of the following activities in the college of medicine or a recognized health facility (for example, a health center):
 - a. Teaching and assessment of undergraduate students, in collaboration with College faculty members, of at least two educational units weekly.
 - b. Participation in (or contribution in the organization of) the process of clinical assessment of Students.
 - c. Attend meetings of the department if asked to do so.
 - d. Attend and participate in the Department seminars.
 - are expected to comply with all policies of the University and College of Medicine.

- must be committed to continue to perform his duties and responsibilities in patient care of the institution in which he is employed.

▪ **Employment Procedures:**

New Employment:

- Candidate must complete and sign the application form to get the honorary title (Appendix 4) and attach the following documents:
 - i. Recent CV.
 - ii. Photocopies of scientific certificates.
 - iii. A copy of a currently valid registration at the Saudi Commission for Health Specialties
- Applications must be submitted to the College Committee for Granting honorary Titles three months before the date of commencement of the semester.
- Application is reviewed by the concerned Department, who submit recommendation to the College Committee for Granting Honorary Titles.
- College Committee for Granting Honorary Titles must:
 - 1- Ensure the:
 - Actual need of the Department to the number of collaborators candidate.
 - Eligibility of the applicant meets the conditions specified.
 - 2- Select between the candidates suggested by the department to give them the title and then submit its decision to College Council for the final approval.
- The Dean Sends a letter for final approval to each of:
 - 1. Head of the department of the College.
 - 2. The candidate for the title.
 - 3. Manager of the organization in which candidate for the title is employed.
- The duration of each honorary title will be up to one renewable academic year for an indefinite number of times.

Renewal Employment:

- Candidate must complete and sign the application form to renew the honorary title . Renewal of the grant must be applied to the College of Medicine, three months before the expiration date of the honorary title (If there is a break in the period of grant, the application shall be treated as a request the title again).
- Approval for the renewal of the title depends on:
 - i. Actual requirement of the department during the year, which would give it the title.
 - ii. A report on the performance of the candidate (submitted, with recommendation, from the department concerned to the College Committee for Granting Honorary Titles).

▪ **Pulling of the Title:**

- Department Council may recommend withdraw of the honorary title granted to a candidate before the end of the title if he failed to fulfill his duties and responsibilities.

- Department head should submit a confidential letter to the Dean stating the reasons and justifications that led to the recommendation to withdraw the title, and Dean issued a decision to do so.

Who Should Read this Policy?

All faculty, Department's Head/Supervisor; and members of the College Council at QUCOM should be aware of and understand this policy and procedures.

Responsibilities

Faculty Award Committee is responsible for endorsement of standards of excellence and nomination of lists of faculty for the awards. It is formed by the Dean and membership of the Vice Dean, Head of Quality assurance unit, and Manager of administrator affairs .

Enforcement

Any violation of this policy is considered a breach of the college`s regulations.

Related Information/References

- Qassim University Employment Regulations
- The employment forms.
- Interview Guidelines
- Application form to renew the honorary title.
- letter for final approval

Frequency of Review & Update

This policy is subject to a five-year policy review cycle. The next review date is expected in 2027.

Policy History

- Policy Status: Updated.
- Date of Revision: 2022

Policy Title	Research Policy
Headline Banner	Policy No. :FA 5.4 Type of Policy: Faculty Policies Effective Date: 27/Feb/2023 Policy Owner: The Vice Dean . Policy Contact: mdc.vdaa@qu.edu.sa

Definitions

Research: Is original investigation undertaken to contribute to knowledge and understanding in a certain area of science or clinical practice.

Reason for Policy/Purpose

The goal of this policy is to establish the Research Unit structure, and outline its tasks and strategy. This will help to clarify the role and activities of the Research Unit to the faculty, staff, and students.

Policy Statement

QUCOM represented by the Research Unit aims to create and maintain an excellent research environment that stimulates the faculty and students, and provide them with support and guidance, that leads to enhancement of the collage output of impactful research. Research Unit is a non-permanent academic unit established with the approval of the Dean of the College of Medicine-Qassim University. It provides a structure to support eminent interdisciplinary researches that complement the academic goals of departments and is crucial to achieve the college vision of becoming a leading educational institution nationally.

Scope

All students and faculty are affected by this policy.

Procedures

QUCOM aims to provide, assist, improve, and focus the work on three domains:

1. Research activity and productivity

- Encourage and arrange the activities that increase the awareness of research, as well as providing the support needed to enhance the research productivity. This includes but not limited to:
 - a) Promote responsible research practice in alignment with ethical principles and compliance regulation.

- b) Provide research supportive services, as well as administrative services that reduce the researchers burden and improve their productivity and satisfaction.
- c) Promote and encourage the cooperation and collaboration between departments, collages, and with other institutions inside and outside the KSA.
- d) Develop and maintain open and clear communication, and improve access to key information regarding research process and output.
- e) Enhance research activity and recognition by conducting seminars, conferences, annual research awards, and annual research day.
- f) Activate and maintain research laboratories.
- g) Coordinate and establish research center/chairs, and work on getting research funding from internal and external sources.

2. Faculty development.

- Provide training and assistance to the faculty to be more engaged and productive in research. This includes but not limited to:
 - a) Provide consultation and guidance.
 - b) Create a research mentoring program for junior faculty.
 - c) Conduct workshops and training courses.
 - d) Facilitate access to lab facility.
 - e) Increase publication rate in high impact journals.
 - f) Provide information related to funded research grants and encourage faculty members to apply.

3. Student involvement.

- Help the students to gain the basic research knowledge and skills, and encourage them to be actively involved in research projects. This includes but not limited to:
 - a) Create a research mentoring program.
 - b) Facilitate access to lab facility.
 - c) Encourage participation in the annual research day.
 - d) Increase publication rate of students' projects in high impact journals.
 - e) Participation in modifying and conducting the research methods courses, and in the elective course in the fifth year.
 - f) Support initiatives and programs that encourage student participation and enhance their skills in conducting research.

Who Should Read this Policy

All students and faculty at QUCOM should be aware of this policy.

Responsibilities

Research Unit:

- Review the Research Unit vision, mission, and objectives
- Prepare annual action plan after prioritizing the objectives that are more achievable, and ensure creation of performance indicators to monitor and assess the unit performance
- Provide timeline of the activities, and conduct them
- Prepare annual report that include activities, strengths, difficulties, and recommendation for improvement

The College's Vice Dean:

- Facilitate the Research Unit work if needed
- Supervise and approve the Research Unit annual plan and annual report

Enforcement

Any violation of this policy is considered a breach of the college's regulations.

Related Information/References

- Terms of Reference of the Research Unit

Frequency of Review & Update

This policy is subject to a five-year policy review cycle. The next review date is expected in 2027.

Policy History

- Policy Status: Updated.
- Date of Revision: 2022

Policy Title	Community Service Policy.
Headline Banner	Policy No. : FA 5.5 Type of Policy: Faculty Policies Effective Date: 27/Feb/2023 Policy Owner: The Vice Dean . Policy Contact: mdc.vdaa@qu.edu.sa

Definitions

- Collaboration** A process of participation through which people, groups and organizations work together to achieve desired results. It is informal relationship.
- Community** A group of people with a connection established through geographical proximity, special interests, or shared experiences, with the power to influence, and be influenced by, its members.
- Community participation** A range of activities that may assist the college to inform, consult, involve, collaborate with, or empower communities while undertaking a decision-making process.
- Partnership** Relationship between the individuals or groups that is characterized by mutual cooperation and responsibility, as for the achievement of a specialized goal. It is a legal relationship.
- Stakeholders** People who will be affected by a project, or who can influence it, but who are not directly involved in doing the work. Our key stakeholders are community organizations governmental and non-governmental, college staff, and college students.

Reason for Policy/Purpose

The policy of the community service unit is provided to define the roles and responsibilities of the unit members and college staff toward the community; to outline the relationships of the unit with the stakeholders; and to define the framework of its operations and the quality and feedback measures.

Policy Statement

QUCOM seeks to develop and maintain constructive relationship with the communities. QUCOM strengthens collaboration and partnership with community members and organizations to enhance community participation and implementation of community health services.

Community service unit aims to develop and promote interactive approaches for engagement with the community and enhance community participation. The unit is responsible of understanding and recognition of the health needs and expectations of the community, and assessment of the priorities in order to develop and implement health promotive interventions and services. Also, to document the activities, staff contributions and feedback from the stakeholders. QUCOM provides the unit with administrative services, financial support, and human resources. Furthermore, it monitors the compliance with intended mission.

Scope

The policy is applicable to all staff of the college, the students, and extends to include the leaders of community organizations and all community members. It provides information about policy and procedures to support the unit operations.

Procedures

A. Collaboration and partnership

1. Contact with the community organizations governmental and non- governmental through the official channels to create collaboration channels.
2. Create collaboration with the non-governmental organizations through the social.
3. Announce the unit activities and call for collaboration through the social media.

B. Encourage participation of stakeholders

1. Involve members represent stakeholders in the unit committee.
2. Hosting an annual meeting between unit members and stakeholders.
3. Facilitate communication between the unit committee and stakeholders through online social channels of the unit (emails, WhatsApp, and twitter).
4. Conduct three workshops introduce the unit policy and activities target the unit stakeholders (college staff, college students, and the community stakeholders).
5. Develop an official communication channel with the college departments.
6. Regularly invite one head or representative of the different college departments to the unit committee meetings.

C. Implementation of the activities

1. The unit committee in corporation with the college departments' head/ representative announce a list of the proposed activities among the stakeholders (college staff, community organizations) in relation to:
2. Community needs assessment surveys.
3. Health awareness programs among different community groups.
4. Scientific training workshops according the community needs.
5. Counselling and therapeutic medical services.
6. Health services to the vulnerable groups (child, pregnant, adolescents, elderly, and groups with special needs).
7. The stakeholders (community organizations and staff members) apply a proposal for the suggested activities.
8. Application for the activity either single or collaborated (staff and organization or community members).
9. The prepared protocols are presented in the unit meeting and agreed by the head of the unit and 50 % of the members before conduction.
10. The unit committee put a schedule for the year activities.
11. The head of the unit distributes the activities in between unit members for follow up.
12. Each participant is responsible for implementing the proposed activity within the schedule.
13. Monitor the implementation of activities through biweekly meeting of the unit members.

D. Outcome and impact

1. Publish the news on the activities through printed media and websites of the unit and university.
2. Document the activities in hard and soft copies.
3. Contribution of other stakeholders is recorded.
4. Collect and evaluate the feedback from the stakeholders using different ways.
5. Calculate the performance indicators:
6. Proportion of staff actively engaged in community service activity.
7. Proportion of the number of provided activities to the number of departments.
8. Calculate the overall satisfaction with the provided services.
9. Provide Community service award and documented certificates for stakeholders participated in the activities.

E. Staff contribution

1. Contribution of the staff is recorded by date, hours, and description of the activity for each participant.
2. QUCOM consider community services activities a part of the faculty member promotion.

F. Seek funding

1. The unit represented by its head announce for funding the community services protocols in the printed and online social media.
2. The unit represented by its head communicate with the key persons and non-governmental organizations for funding the community services protocols.

G. Data recording

The unit subdivision 'statistics and documentation' is responsible for data recording and analysis.

H. Availability of the college resources to external stakeholders

The head of the unit facilitate the use of the college facilities like labs, museums, halls..., to be used by the members of other colleges and by the community members within the available resources.

Who Should Read this Policy?

All the faculty and college council members at QUCOM, head and members of the quality assurance unit, head and members of the community service unit, all staff and students of the college of medicine, and community members or organizations that are working or planning to collaborate with the unit. All should be aware and understand this policy and its procedures.

Responsibilities

Community Service Unit

- Selection of community service activity and set the timetable for the implementation.
- Arrange the ways of contact channels and collaboration with the community organizations, members and the college staff and departments.

Community Service coordinators

- Organize the community service activities for male and female sections.
- Participate in the execution of the activities.
- Participate in the evaluation process.

Community Service Members

- Participate in planning and organizing the community service activities.
- Participate in the execution of the activities.
- Participate in the evaluation process.

Community Service Unit Secretary

- Organize the unit meeting.
- Document unit meeting minutes.
- Posting the news through emails and social channels to members after approval by unit head and coordinators.

Members of statistics and documentation subdivision

Statistician

- Data entry
- Data analysis

Registrar

Work with the organizer of the Document the date, hours, and description of the activity for each participant.

Media coordinator

Publish the reports on the unit activities through media channels.

Enforcement

Any violation of this policy is considered a breach of the college`s regulations.

Related Information/References

- Terms of Reference of the Community Service Unit.

Frequency of Review & Update

This policy is subject to a five-year policy review cycle. The next review date is expected in 2027.

Policy History

- Policy Status: Updated.
- Date of Revision: 2022

Chapter 6: Health & Safety Policies

Policy Title	Laboratory Biosafety Policy
Headline Banner	<p>Policy No. : HS 6.1 Type of Policy: Health & Safety Policies Effective Date: 27/Feb/2023 Policy Owner: The Vice Dean . Policy Contact: mdc.vdaa@qu.edu.sa</p>

Definitions

Laboratory (Lab) Biosafety: Is a concise set of practical guidelines for handling and disposing of biohazardous materials. A term ‘Lab Biosafety’ is used for protection of the lab workers and visitors including all employees, students, contractors and volunteers from a loss of biological integrity, focusing both on ecology and human health.

Reason for Policy/Purpose

The aim of this policy is to provide guidance on the basic rules of laboratory biosafety at QUCOM. This document demonstrates the common hazards in the laboratories, how to perform and supervise biosafety measures, including COVID-19 safety protocols and the proper responses to the incidents that may occur in the laboratories.

Policy Statement

- All lab workers, students, staff and faculty members working with biohazards at Qassim University College of Medicine (QUCOM) must be aware of, and comply with, the requirements of all relevant regulations governing dealings with biohazards.
- All QUCOM employees, students and others working with biological products such as drug, vaccine, pesticide, *etc.* must be ensured that biohazards are recognized with a proper plan to discard or, if this is not possible, mitigate the risks. The steps taken to identify biohazards and to eliminate risks must be recorded to establish credible data which enables measurement and improvement.
- All lab visitors are expected to create SAFE workplaces and SAFE laboratory practices by complying with Qassim University policies and procedures, taking responsibility for their own actions, and not putting themselves or others at risk.

Scope

Lab. biosafety policy applies to all QUCOM students, staff, faculty, visitors and volunteers who: (1) may handle or are potentially exposed to biological hazards; (2) work in or need to service facilities where biohazardous materials are used including teaching and research laboratories, animal laboratories); and/or, (3) supervise personnel who handle biological hazards or work in laboratories.

Procedures

The primary goal of the Lab biosafety unit is to provide safety and security of all lab visitors of QUCOM including all students, employees, volunteers and contractors who will handle or potentially be exposed to biohazardous materials. In order to do so, the following safety procedures should be taken by all lab workers:

1. Biosafety rule applies in all QUCOM Laboratories:

- Wear proper clothing to protect yourself and others from reagent spills. Long sleeve shirts, long jeans, pants, and long lab. coats are preferred.
- Use good housekeeping practices to ensure a safe workplace. Put all personal items such as backpacks and heavy coats in storage areas not in the lab.
- Clean glassware directly after finishing work and allow them to cool if they are hot before washing.
- Wear safety glasses wherever handling chemicals in the lab, to protect your eyes from any irritant that can damage eyes. You must wear them on prescription glasses. No contact lenses are allowed in labs.
- Do only authorize experiments and work only when the lab instructor/supervisor/manager is present. Doing unauthorized experiments may expose you and others to risk and waste time.
- Treat all lab reagents as poisonous and corrosive materials unless told otherwise. Wash your skin immediately from any spills and tell your lab instructor /supervisor about it. Wash your hand thoroughly during the lab and before leaving it.
- Dispense reagents carefully and dispose of them as directed. Do not use reagents from unidentified containers and double check reagents labels before dispensing. Never return the rest of the reagent to its original container to prevent contamination and return them to the proper provided container.
- Do not eat, drink, smoke or apply cosmetics in the lab. to prevent the introduction of poison into your body.
- Immediately report all incidents/emergencies to your lab. Supervisor/Instructor/Manager. You must report any situation in the lab that may threaten persons in the lab.
- Be familiar with the location and use of all safety equipment in the lab. All labs should have an eyewash station, fume hood, fire extinguisher and safety shower.
- Be familiar with experimental procedures before coming to the lab. Each lab experiment will give special hazards of the reagents used in it.

2. Common precautions taking in the laboratories:

- Never pipette any reagent by mouth, most of them are toxic
- Never use cracked glassware that may cause cuts or spills of its contents.
- In distillation, make sure that the apparatus has an opening. Do not heat closed apparatus because sudden release of pressure may cause reagents to propel to the nearby person.
- Lubricate and clamp ground glass joints to prevent freezing or spring opening in use. Use lubricant frequently.
- Do not point the end of the test tube during heating and boiling to a nearby person to avoid propelling the contents to his face.
- Place hot glassware or other hot objects on a suitable surface such as a ceramic pad.
- Use fume hood when working with reagents. Their vapors are harmful.

- When you smell the odor of the reagent gently fan the vapor towards your nose and then smell. Do not sniff directly the contents of the container.
- Do not use open flames in the presence of flammable compounds such as acetone, diethyl ether and petroleum ether. Use flameless heat sources such as hot plates and heated sand baths.
- Wear gloves when dispensing irritant reagents that can penetrate skin readily. Gloves should be inflated to check any breaks by whipping them into the air.
- Take care when working with strong acids and bases. When diluting conc. acid, add conc. acid slowly to a large volume of water with stirring.

3. Response to incidents in the laboratories

- Report all incidents to the lab Supervisor, Instructor and Biosafety Officer even if it is simple.
- Dispose broken glass as directed by the lab instructor in the provided container.
- Notify minor cuts and burns to the lab supervisor.
- Notify any reagents spills to the lab supervisor.
- In case of a small fire, immediately report your supervisor. The proper response for fire in person clothing is STOP, DROP and ROLL OVER
- In case of fire, use a Fire Extinguisher if possible for you.
- Immediately notify the lab supervisor if any person faints in the lab.
- In case of any emergency situations, TURN ON the Emergency Alarm and call immediately on the Emergency Telephone Numbers – The emergency telephone for the University Security and Safety Department – 0163800050 (Ext. 7866; 7852). Kingdom Emergency Numbers for Civil defense – 998 Emergency Number for Ambulance: 997.
- Exit from the building as early as possible, DO NOT run and do NOT use the elevators.

4. Biohazard Disposal - Procedure

Biohazardous substances are any potentially infectious biological materials which are capable of producing disease in humans and animals. Therefore, handling and disposing of biohazardous waste are extremely important for the safety of the lab workers and others.

4.1. Disposal of Biohazard Waste:

Biohazard waste that has not been sterilized must be disposed of by Environmental Health and Safety (EHS) or an authorized biohazard waste disposal vendor selected/approved by EHS. The biohazardous waste must be properly labeled, containerized, and stored prior to transport.

4.1.1. Packaging and Labels:

- Packaging and labels are provided by EHS or their authorized biohazard waste disposal vendor, with the exception of special packaging for articles that could potentially puncture bags or boxes.
- Articles that could puncture bags or boxes ("sharps") must be placed in puncture- proof containers available from commercial sources. The containers can then be picked up separately if liquid-free, or placed in the biohazard bags and boxes provided. NOTE: Leaking containers or improperly packaged sharps are not accepted by EHS or their authorized hazardous waste vendor.

4.1.2. Transporting Biohazards:

Transportation from individual laboratories is arranged by contacting EHS. Disposal of Biohazard Waste Containing Hazardous Chemicals or Radioactive Materials

- Biohazard waste that contains radioactive materials or hazardous chemicals must be picked up by EHS personnel. Disposal of biohazard waste containing these materials may require special handling procedures.
- Disposal of Sterilized or Treated Biohazard Waste
- Biohazard waste that has been sterilized or rendered innocuous and does not contain hazardous or radioactive materials may be disposed of directly into a sanitary landfill by placing it in the normal trash.
- All sterilized or treated bio waste must be placed in biohazard bags prior to disposal. Red bags or any materials marked as a biohazard will not be disposed of by custodial staff and will be reported to EHS.
- It is the responsibility of the Lab supervisor and Bio-safety officer or their authorized representative to make the determination that the biohazard waste has been sterilized or rendered innocuous and placed in biohazard bags.

4.1.3. Disposal of Human Tissue:

- Disposal of human biological samples must be carried out in a respectful manner. Exactly what constitutes a respectful manner will vary with the specimen type. The Human Tissue Authority (HTA) has issued a Code of Practice on this subject which is available from the Authority's website (Appendix 3).
- Disposal of liquid samples is unlikely to cause concern as long as misuse of samples or residues is made impossible.
- Solid tissue samples from surgical or biopsy specimens can usually be incinerated, but the samples and the process of destruction should not be visible to the public and they should not be mixed with other forms of waste.

5. COVID-19 safety protocols in the laboratories during pandemic

During COVID-19 pandemic, the lab biosafety unit is following the recommendations instructed by the Centers for Disease Control and Prevention (CDC) (Appendix 4) and the World Health Organization (WHO) (Appendix 5) for Laboratory Safety Practices. The four basic recommendations instructed by the CDC and the WHO to prevent the spread of COVID-19 transmission among lab workers such as (1) Face covering, (2) Social distancing, (3) Disinfection and hand hygiene and (4) Vaccination. In this regards following points have been undertaken by the biosafety committee:

- For maintaining the social distancing, it is important to analyze in ADVANCED the number of students or staff, which are willing to work in the lab and the lab space must be reconfigured in order to reduce crowding.
- It's important to open all doors of the lab and to place arrow guiding signs to guide students the way in one direction.
- Unnecessary instruments in the lab should be shifted to store rooms or other places.

- All equipment or desks should have a distance of 6 feet from each other.
- Overlapping of the meeting should NOT be done in regards. Virtual meetings are preferred
- Face covering is mandatory for lab attendees and workers and should be accomplished by wearing a face mask.
- Hand washing should be done frequently or use of alcohol based hand solutions are recommended.
- Personal protective equipment should be worn where it's necessary
- High touch areas should be properly disinfected in the lab.
- Increase the number of supplies in terms of alcohol sanitizers, face masks and gloves.
- Soap should be present on each washing area and the hand washing should be performed for at least 20 seconds.
- Visual reminders to emphasize the importance of prevention regarding COVID-19 should be displayed.
- Only those vaccinated people allowed in the lab who have completed both COVID-19 vaccine doses.

Who Should Read this Policy

Lab biosafety policy provides a framework for the safety and security of all lab visitors of QUCOM including all students, employees, volunteers and contractors who will handle or potentially be exposed to biohazardous materials.

Responsibilities

Dean / Vice Dean of the college: The Patron

Head of Lab Bio-Safety Unit:

- Function as the link between the lab bio-safety unit and users of bio hazardous material within the institution
- Prepare, review and upgrade the Bio-safety manual in consultation with the lab bio-safety unit
- Provide direction pertaining to Facility and equipment design
- Work practices and procedures
- Waste storage and disposal management
- Disciplinary action necessitated by non-compliance
- Arrange Bio-safety training for students and staff with the help of members of the unit
- Prepare in consultation with the lab bio-safety unit, an Annual report to be submitted to the Dean of the college
- All Lab Bio-Safety Managers as Coordinators Establish, implement and maintain safety control and assessment program in conjunction with lab bio-safety unit.
- Control the use and disposal of bio hazardous materials through the issuance of internal permits. Regarding purchasing of items, preparation of required items list is a responsibility of bio-safety unit, but the bio-safety unit is NOT responsible for planning an order and its follow up.

- Ensure appropriate bio-safety training is provided on a regular basis as part of ongoing bio safety protection awareness program for lab technologists and those who come into contact with the bio-hazardous material.
- Maintain required records
- Coordinate the development of plans to be used in case of an emergency involving bio hazardous material
- Investigate all over exposure, injuries and losses of bio hazardous materials and report to the appropriate authority
- Scheduling meetings and notifying committee members; Prepare agendas and issuing notices for meetings, and ensuring all necessary documents requiring discussion or comment are attached to the agenda. Taking notes of the proceedings and preparing minutes of meetings. Distributing the minutes to all committee members one week after the meeting.

Enforcement

Non-compliance with this policy may pose a real or potential threat to individuals, the college, or the environment. Any violation of this policy is considered a breach of the college's regulations and will be dealt with accordingly.

Related Information/References

- Terms of Reference of the Lab Biosafety Committee.

Frequency of Review & Update

This policy is subject to a five-year policy review cycle. The next review date is expected in 2027.

Policy History

- Policy Status: Updated.
- Date of Revision: 2022

Policy Title	College Safety Policy
Headline Banner	Policy No. : HS 6.2 Type of Policy: Health & Safety Policies Effective Date: 27/Feb/2023 Policy Owner: The Vice Dean . Policy Contact: mdc.vdaa@qu.edu.sa

Definitions

Safety: A college environment that is safe from risks, that meets the safety requirements according to the approved standards.

Evacuation: It is the transportation of working people from the places offered or it has been exposed to the dangers to safe places.

Refuge area: It is a protected area at the end of the exit path from reaching the effects of fire so that it is isolated from other areas in the building through insulators fire resistance of at least an hour.

Hazard: A potential source, condition, or action of the harm that may result in injury, illness or damage to property or possibly nothing

Risk: It is the sum of the probability of occurrence of the hazard with degree of severity of injury caused by the accident

Reason for Policy/Purpose

This purpose of this policy is to provide guidance on matters related to the prevention of hazards and minimizing risks to ensure a sustainable and safe environment for all students, faculty, employees and property.

Policy Statement

QUCOM has the task of verifying the validity of the alarms in coordination with the concerned authority, ensure the validity of the firefighting equipment and preparing a plan for evacuation of the college building during fire.

This plan outlines the requirements, instructions, and procedures to be followed in the event of an emergency declaration and includes the responsibilities and actions required of all employees of the college and the procedures to be followed in coordination with the competent authorities in dealing with emergencies. It also includes how to evacuate the buildings from its occupants and take all necessary measures to secure their safety.

Scope

The policy applies to all students, faculty, employees and workers in QUCOM to ensure their safety and their evacuation on need.

Procedures

Three groups are formed to implement the tasks required of the committee members regarding the evacuation plan for the college building in the male and female sections, which are the safety group, the warning group, and the rescue group in order to implement the evacuation plan sent by the General Administration of Safety and Risks

Safety group:

This group undertakes the following tasks:

1. He must follow up on everything that constitutes a danger to the workers and employees until protection is secured for them and the danger is removed.
2. Follow up on the maintenance of safety tools at the site and ensure that the alarm system and emergency exits are constantly ready.
3. Providing the building with directional boards, teaching aids and directional posters

Alarm group:

The alarm group operates the alarm when it notices smoke or the smell of fire, then informs the Civil Defense on the number 998, then opens the emergency exits, then calls the employees and auditors to vacate the building immediately, close the electric current, inform the head of the emergency committee and the control room of the accident and open the main site doors to facilitate the entry of civil defense and ambulance vehicles Closing the central gas valve and preparing the place for the assembly site and securing it with the necessary precautions

Rescue group:

This group assists the injured and detainees, takes them out of the building and provides first aid to them until the arrival of the Red Crescent vehicle. This group is divided into the roles of the building and has a chief for guidance and leadership.

Also, this group checks the number of employees and workers so that there is no worker or employee trapped inside the building

The work of this group is at the same time, and each group only performs its tasks entrusted to it, and its work continues until the arrival of the civil defense teams, which will undertake all tasks and duties after that.

The committee performs the following tasks in coordination with the University's Safety and Risks Department:

1. Check the validity of the alarms:
The committee checks the functioning of the alarms and addresses the University's Safety and Risks Department in case of any malfunction

2. Ensure the validity of the firefighting equipment:
 - Ensure that the University's Safety and Risks Department maintains fire extinguishers periodically to ensure that they are usable, and perform periodic maintenance twice a year (every six months) and place the renewal card to know the validity date with an authority approved by the Civissl Defense
 - Reviewing the expiry date of the extinguishing equipment and ensuring its suitability for work and addressing the University's Safety and Risks Department in case of any malfunction or the expiration of the fire extinguishers
3. Implementation of an evacuation plan for buildings during the fire:

This is done under the supervision of the University's Safety and Risks Department at least once a year after placing the guiding boards in the places designated for them by the university's Safety Department officials and training the committee members on the evacuation plan
4. Awareness of college employees about the importance of university safety:

Conducting lectures to educate college employees about the importance of university safety
5. Training college employees on the evacuation and rescue process in the event of a fire:

Clarify the requirements, instructions, and procedures that must be followed in the event of an emergency declaration. The University's Safety and Risks Department also trains the college's employees on the evacuation and rescue process in the event of a fire.
6. Carry out all safety and firefighting works:

In cooperation and coordination with the Department of Safety and Risks at the university, informing the Civil Defense and the Red Crescent immediately and handing them over the site upon their arrival
7. Cooperation with the Civil Defense and the Red Crescent
 - The committee follows up on the tasks entrusted to it and writes a report every 3 months on the work done
 - Correspond with the competent authorities in the event that there is a need to carry out the tasks required of the committee

Who Should Read this Policy?

All students, faculty, employees, and workers at QUCOM.

Responsibilities

The College Safety Committee with its three sub-groups is the chief responsible for college safety as described below:

- Head: Supervises all activities
- Safety group: Maintenance of safety
- Alarm group: Operates the alarm.
- Rescue group: Assists the injured people and check the exit of people outside the building

Enforcement

Non-compliance with this policy may pose a real or potential threat to individuals, the college, or the environment. Any violation of this policy is considered a breach of the college`s regulations and will be dealt with accordingly.

Related Information/References

- Evacuation plan
- Qassim University Safety & Risk Administration
- College safety Annual Plan.

Frequency of Review & Update

This policy is subject to a five-year policy review cycle. The next review date is expected in 2027.

Policy History

- Policy Status: New.
- Date of Development: 2022