

University of Hafr Al Batin
College of Applied Medical Sciences
Department of Clinical Nutrition

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1. Introduction This Quality Assurance (QA) Manual serves as the operational guide for implementing, monitoring, and continuously improving the quality assurance system of the Clinical Nutrition Program. It outlines clear procedures, defined roles, standardized templates, and tools that support the systematic application of QA practices in alignment with institutional, national, and international standards.

2. Program Mission and Objectives *Mission:*

Provide quality education with evidence-based knowledge and professional skills in clinical nutrition, research, and community services to improve nutritional healthcare.

Objectives:

1. Deliver high-quality education in clinical nutrition
 2. Promote evidence-based research
 3. Foster ethical judgment and inter-professional collaboration
 4. Participate in community services
 5. Support professional development through continuous education
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3. Quality Assurance Governance Structure

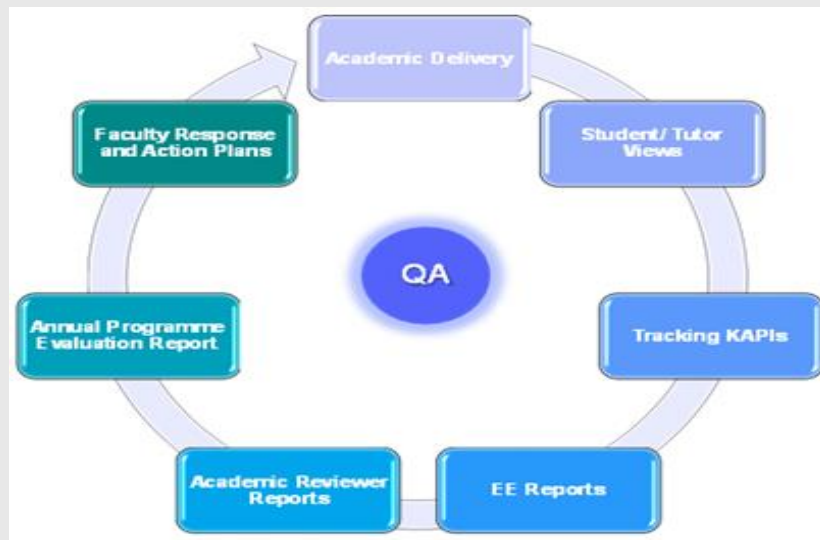
- **Department Quality Committee**
Chair: Dr. Nanis Hassanin Gomah
-

Members: Dr. Sara Ali Albishi, Dr. Abrar Turki, Ms. Yasmin Basher Ahmed, Ms. Malek Almutairi

- **Key Supporting Committees:**
 - Quality Management & Academic Accreditation Committee
 - Measurement and Evaluation Committee
 - Community Service Committee
 - Alumni Committee
 - Research Committee

4. Quality Assurance System and Cycle The QA cycle comprises four continuous phases:

- **Planning:** Setting objectives, timelines, and responsibilities
- **Implementation:** Executing QA activities
- **Evaluation:** Monitoring, collecting, and analyzing data
- **Improvement:** Acting on findings to enhance quality



QA Process Flowchart

5. Quality Assurance Procedures Detailed step-by-step procedures for key areas:

5.1 *Quality Orientation*

- Conduct orientation for new staff annually
- Responsible: Quality Committee Chair

5.2 *Course Portfolios & Reporting*

- Faculty prepares course portfolios using NCAAA templates
- Course reports submitted at term end to QA Committee
- Annual Program Report compiled and submitted

5.3 *Accreditation Preparation*

- Collect and maintain eligibility documents
- Prepare self-study and KPI reports

5.4 *Action Plan Development & Monitoring*

- Develop based on course reports, KPIs, and stakeholder feedback
- Implement using Gantt charts and follow-up evaluations

6. Assessment and Evaluation Assessment is done through both direct and indirect methods:

6.1 *Direct Methods*

- Exams (written, practical, oral)
- Projects, presentations, case studies

6.2 *Indirect Methods*

- Course Evaluation Surveys (CES)
- Student Experience Surveys (SES)
- Program Evaluation Surveys (PES)

7. Monitoring, Reporting, and Continuous Improvement

- Collect data (KPIs, survey feedback, benchmarking reports)
 - Compare performance with internal & external benchmarks
-

- Develop and implement improvement plans annually

8. Tools and Templates

Table 1: Common Surveys and Frequency

S.N	Survey	Filled by	Frequency
1	Academic Job Satisfaction Survey (AJS)	All Faculty members	Once a year
2	Course Evaluation Survey (CES)	All Students of each Course	Every term
3	Student Affairs Survey (SAS)	All students	Once a year

[Program Surveys links](#)

Table 2: QA Timeline & Responsibilities

(Abridged version; full table included in Appendix C)

Quality Indicators	End of semester	Beginning of semester	Annually	End of program cycle	In charge
Follow-up educational process	√	√	√	√	Program Coordinator & Head
Supervising tests	√	√	√	√	Program Coordinator & Head
Review annual program report	-	-	√	-	QA Committee

9. Appendices

Appendix A: QA Process Flowchart [Insert flowchart showing QA cycle: Planning → Implementation → Evaluation → Improvement → Repeat]

Appendix B: Sample Forms

- **Course Report Template**
- **Annual Program Report Template**
- **Action Plan Template**
- **Benchmarking Report Template**

- **KPI Report Template**

Appendix C: Full QA Timeline & Responsibilities Table

Timeline for quality assurance management procedures at the program level

Quality Indicators	End of the semester	Beginning of the semester	Annually	At the end of the program cycle	In charge
Follow up the educational process	√	√	√	√	Program Coordinator and Head of the department
Supervising tests	√	√	√	√	Program Coordinator and Head of the department
Follow up on academic advising (Monitoring)	√	√	---	---	Program Coordinator and Head of the department
Review and approve the annual program report	---	---	√	---	Quality Assurance Committee in the program, Program Coordinator and Head of the department
Faculty members survey	---	---	√	---	Head of the Department , Program Coordinator and Measurement coordinator
Alumni Questionnaire	---	---	√	---	Head of the Department , Program Coordinator and Measurement coordinator



Analysis of Program performance indicators	--	---	---	√	Head of the Department , Quality unit and measurement coordinator
Self-study report	---	---	---	√	All department members
Course quality evaluation questionnaire	√	---	---	---	Head of the Department ,Program coordinator and Measurement coordinator
Course professor evaluation questionnaire	√	---	---	---	Head of the Department , Program coordinator and Measurement coordinator
Ensure the integrity of Program and courses	---	√	---	---	Head of the Department
Quality Indicators	End of the semester	Beginning of the semester	Annually	At the end of the program cycle	In charge
descriptions Submitting program and course descriptions Approved for course coordinators	---	√	---	---	Planning and curriculum committee , Quality committee , Program Coordinator and Head of the Department
Review course reports	√	---	---	---	Program Coordinator

Writing a report on course improvement recommendations	√	---	---	---	Quality committee
Follow up on the implementation of improvement plans	---	---	√	---	Head of Department , program coordinator and the quality committee
Preparing the program for academic accreditation	---	---	---	√	Quality committee
Measuring graduates' attributes	√	---	---	---	Quality committee
Measuring program learning outcomes	√	---	---	---	Quality committee
Preparing, developing, and reviewing study plans program	---	---	√	---	Planning and Curriculum committee
Improving the study plan for the program according to the recommendations of the Deanship of Development and Quality	---	---	√	---	Planning and Curriculum committee
Program improvement according to internal audit committee recommendation	---	---	---	√	Planning and Curriculum committee
Unifying program activities for all program sections (Male, Female)	---	√	---	---	Program coordinator and Quality committee

The department has a rigorous quality assurance process in place to ensure that its programs are meeting high standards. This process includes the following steps:

Monitoring: The department uses appropriate evaluation mechanisms to monitor the quality of its programs and courses. This may include student surveys, faculty feedback, and analysis of student performance data.

Reporting: The program coordinator collects all course reports for the academic year and ensures they are complete. The program coordinator then sends the course reports to the Quality Assurance Committee for review.

Reviewing: The Quality Assurance Committee reviews the course reports and collects observations and recommendations (improvement plan). The committee then prepares an annual report that includes these reports.

Approving: The department council reviews and approves the annual report and the improvement plan.

Once the annual report and the improvement plan are approved by the department council, they are submitted to the Deanship of Development and Quality. This quality assurance process helps to ensure that the department's programs are meeting the needs of students and employers, and that they are aligned with the university's mission and goals.

Program Planning Matrix*

[Program%20learning%20outcomes%20measurement%20mode\(\(Unsaved-311297403230689152\)\).xlsb.xlsx](#)


Mapping of CLOs with PLOs & Teaching Strategies and Assessment methods

B. Course Learning Outcomes (CLOs), Teaching Strategies and Assessment Methods

Code	Course Learning Outcomes	Code of CLOs aligned with program	Teaching Strategies	Assessment Methods
1.0	Knowledge and understanding			
1.1				
2.0	Skills			
2.1				
3.0	Values, autonomy, and responsibility			
3.1				

From course specification

Examination Cover:

Depart	
Student	
Student	
Serial n	

Kingdom of Saudi Arabia
Ministry of Education
University of Hafr Al Batin

EXAM

DATE		Exam duration	
Course Title and code			
Course instructor			
Exam Grades			
Exam's number of pages		Number of questions	

General instructions:

1. Write clearly name and university ID number.
2. Use blue-ink pen to answer exam's questions and pencil for drawing.
1. The student is not allowed to leave exam's room before half an hour from the beginning of the exam.
- 2.

Question number	1	2	3	4	5	6	Final exam grades	Signature
CLOS code	Course learning outcomes (CLOS)						PLOS Code	
Knowledge and Understanding								
Checker								
Skills								
checkup								
Values								

CLOS code	Question number	Grades	Result	CLOS code	Question number	Grades	Result
Total							

Measuring course learning outcomes

[1-01 \(3\).xlsx](#) - قياس مخرجات تعلم مقرر (اسم المقرر) - للشعبة رقم 01-1445

Each staff member Must prepare a course folder for each group he is responsible for in the different courses the coordinator of the course must prepare the combined learning outcomes of a course.

Measuring the combined learning outcomes of a course

[2- 1\(.....\) جديد-1445- قياس مخرجات التعلم المجمع لمقرر \(3\).xlsx](#)

The content of course file are as following

[دليل ملف المقرر الموحد المحدث-2023\(1\).pdf](#)

Develop Key Performance Indicators (KPIs) based on the percentage of students who achieved the minimum threshold (60%) in Courses targeting each respective Program Learning Outcomes

Develop Key Performance Indicators (KPIs) for each PLO . KPI is recommended to monitor students learning outcomes achievement using Key Performance Indicators (KPIs). Accordingly, both minimum ‘threshold’ and the ‘target’ for successful accomplishment of each PLO is defined. Presently, we consider 60% and above as minimum threshold to be considered as successful accomplishment of each PLO. Thus, each KPI is defined as “the percentage of students who achieved the minimum threshold (i.e. 60%) in the respective learning outcomes of courses targeting each one of the Program learning outcomes- “higher the score, better is the performance’. Even though the minimum threshold is 60%; each year, based on achievement of PLOs by the students, the Program administration should modify the target and link it with the development of KPI to continuous monitor performance.

Fix target and internal benchmark for each PLO

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

Internal Benchmark: It is fixed based on the previous year performance, if the data available for one year or an average value can be taken if data of the past successive years (maximum 3 years) are available.

Obtain External benchmark with similar programs offered in other Saudi Universities

With official communication from the Deanship of Quality, the department selects another program where a comparable academic program is offered for the purpose of benchmarking. In order to select external benchmarking partner.

Compare actual performance with target, internal and external benchmark.

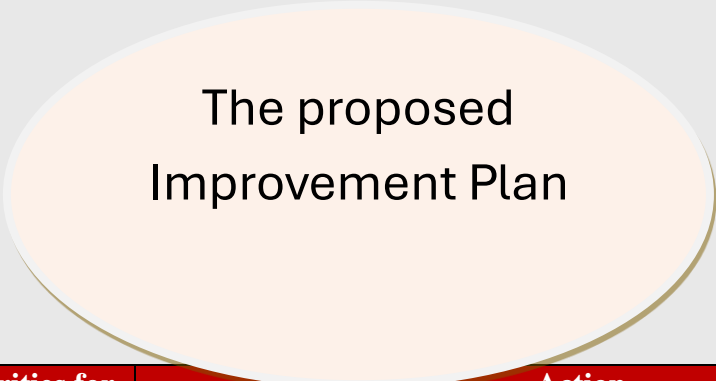
The actual performance of the program with regard to students' achievement of Program learning outcomes are compared against viz. (i) its previous year performance; (ii) its internal benchmark and (iii) its external benchmarking partner. While fixing target for the current academic year, it is important to note that it should not be less than the internal benchmark and the previous year performance. If the actual performance is better than its previous year, it is advisable to increase the target based on the opinion of the teaching staff and other important stakeholders. On the contrary, if the actual performance falls short of the target fixed for the particular academic year,

the current year target will be retained as new target benchmark for the next academic year after taking into consideration of the external benchmarking partner's performance.

[01 TP-114 Program profile & Kpis Eng \(1\).xlsx](#)

Develop action plan for identified improvements

After thorough analysis of the performance of program with regard to the achievement of learning outcomes by the students, the stakeholders responsible for quality and improvement (mostly Academic Quality coordinator) develop a list of priorities for improvement. From the list of priorities, a set of recommendations are developed.



Priorities for Improvement	Action	Action Responsibility	Time	Achievement Indicators

Implement Action plan

The implementation of action plan requires a coordinated effect of faculty members, course coordinators, Vice Deanship of Quality, Vice Dean of Academic affairs, Curriculum committee members, Program chair and the Dean of the College. In some occasions, it may extend up to the Vice President for Academic Affairs of the university in which any major change need to be carried out in the curriculum based on the achievement of students learning outcomes and to fulfil the external environmental requirements (i.e. employer's requirements, NQF and skills set required by the licensing and accreditation body). While implementing action plan, appropriate timelines are prepared for each one of the tasks using Gantt chart and designated personnel is allocated to monitor it in an effective manner. Further, it is the responsibility of the Program Chair and the Dean (at college level) to provide required resources in the form of money, manpower and materials for the smooth accomplishment of action plan.

Finally Continue the cycle every year and ascertain progress of the program towards its goals and objectives