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FATIMA COLLEGE OF HEALTH SCIENCES

INSTITUTIONAL EFFECTIVENESS AND QUALITY ASSURANCE MANUAL

FCHS.IEM.2023

Version1-issue 2

Fatima College of Health Sciences
Abu Dhabi (UAE) - January 2023

Document Approval & Revision Form

APPROVALS				
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REVISION HISTORY				
Rev. #	**Date & Reason for Revision**	**Revised by**	**Approved by**	**Approval Date**
1	April 2022, periodical revision. Section 9, addition of dissemination of results.	IED		
2	Oct.2023, updated based on parts b, c, d, e, g, j, l and m of Annex 8 of the CAA standards 2019.	IED	Prof. Lisa Pratt	

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Definitions and Acronyms

#	Acronym	Definition
1	IAT	Institute Of Applied Technology
2	FCHS	Fatima College Of Health Sciences
3	QMS	Quality Management System
4	QAS	Quality Assurance System
5	IQA	Internal Quality Assurance
6	EQA	External Quality Assurance
7	IEF	Institutional Effectiveness Framework
8	ADAA	Associate Director Academic Affaires
9	DEC	Directors Executive Committee
10	IED	Institutional Effectiveness Department
11	CLOs	Course Learning Outcomes
12	PLOs	Program Learning Outcomes
13	ILOs	Institutional Learning Outcomes

1. Organization & Management Structure

1.1. Introduction

Fatima College of Health Sciences (FCHS) is a governmental higher education institution licensed by the United Arab Emirates (UAE) Ministry of Education. FCHS is a rapidly growing higher education institution, which uses English language as a medium of instruction. FCHS has four campuses with the directorate located in Abu Dhabi, the capital of UAE, and the others are in Al Ain, Ajman and Al Dhafra. Since its foundation in 2006, FCHS's student enrolment has substantially increased, including students from the UAE and other nationalities. FCHS offers a full range accredited programs through its seven academic departments: Nursing; Pharmacy; Physiotherapy; Radiography & Medical Imaging; Emergency Health (Paramedics); Psychology; and General Requirements.

With a distinguished knowledgeable and skillful multinational faculty, state-of-the art modern facilities in all campuses, and full range of student support services, FCHS offers an unmatched learning environment. FCHS's academic programs have been developed in collaboration and partnership with healthcare employers, which make FCHS work ready graduates in high demand. FCHS alumni hold key positions in healthcare industry, throughout the country. Continuous investments in facilities, services, faculty and staff ensure that FCHS will continue to serve as a role model in innovation and excellence. Hence, FCHS has been committed to highest quality standards and excellence since its inception. To meet this commitment, FCHS has established a significant number of effective processes in order to assure and improve the quality of academic programs and to enhance the performance of various supporting administrative units. Moreover, FCHS make every effort to achieve educational excellence in accordance with the national and international accreditation standards.

The purpose of this manual is to provide guidance to FCHS community and other interested parties on the different processes of planning and assessment. This manual clearly describes how all quality assurance activities are integrated into a single system to continually evaluate and improve the institution, its operations and programs, and to assist stakeholders to understand the context of Quality Assurance that results in continuous quality improvement. The Quality Assurance Manual is a critically important component of the Commission for Academic Accreditation (CAA) Standards for Licensure and Accreditation requirements.

1.2. FCHS Vision

"To be the leading provider of health sciences education and research in the region"

1.3. FCHS Mission

> *Offer flexible, dynamic and culturally sensitive curricula that foster student-centered learning and provide skillful and ethical healthcare graduates*

> *Conduct clinically relevant health research that promotes innovation, creativity, critical thinking and industrial impact*

> *Promote services that empower the population to make informed health decisions*

FCHS Core Values

In pursuit of its mission, Fatima College of Health Sciences maintains the following key values for its day-to-day operations and code of conduct:

- **Innovation:** Promote a culture of creativity that responds to the developing healthcare needs of the UAE.
- **Excellence:** Embed a culture of quality to deliver outstanding teaching, research and personal performance.
- **Professionalism:** Commitment to professional appearance, language and behavior. Promote tolerance, ethical values and goal oriented graduates.
- **Sustainability:** Integrate sustainable practices into all aspects of planning and operations.

1.4. FCHS Strategic Objectives

Strategic Objectives are derived from FCHS's Mission statements and include the following:

Objective 1: Increase number of UAE national students in health science disciplines.

Objective 2: Deliver high quality health science programs that empower graduates with the skills to excel as healthcare professionals.

Objective 3: Engage with partners in the healthcare sector to design and deliver academic, applied research, and training programs aligned with market needs.

Objective 4: Ensure quality study/work environment and effective, efficient and sustainable academic, student and support services.

Objective 5: Promote a culture of innovation and organizational excellence.

FCHS Vision, Mission, Core Values, Goals and Objectives are published in the FCHS Catalogue, Policies and Procedures Manual, Student Handbook, Faculty and Staff Handbook and website. They are echoed in the strategic and operational plans as well as the curriculum reviews to ensure alignment. The FCHS Director's Executive Committee (formerly known as the FCHS Board) is responsible for creating and updating Vision, Mission, Key Values, Goals and Objectives and to ensure their relevance. FCHS recommends changes to the Board of Trustees (BoT) for final approval. Once BoT approval is received, all official documentation (including the website) will be changed and all students, faculty and staff shall be notified.

1.5. Timetable for Review and Update of the Mission, Vision and Strategic Plans

The Board of Trustees (BOT) approves FCHS's mission, vision, and strategic plan, and evaluations are conducted every five years as part of a continuous improvement process based on frequent assessment and evaluation. However, opportunities or unforeseen circumstances may cause the review to be undertaken ahead of schedule.

Below is the timetable for the periodic review and update of FCHS's mission, vision and strategic plans:

1. **Years 1 and 2: Implementation, Continuous Monitoring and Assessment**:

Implementation and continuous assessment and evaluation of the current mission, vision, and strategic plan based on regular reviews and feedback.

2. **Year 3: Midpoint Evaluation**:

At the midpoint of the five-year cycle, halfway through year 3, a midpoint evaluation is conducted. This assessment helps identify opportunities for improvements or unforeseen circumstances that may necessitate an early review.

3. **Year 4: Assessment, Committee Establishment and Input Gathering**

In preparation for the next strategic plan, a thorough assessment process is initiated as the current strategic plan has been in place for four years. The College Director sets up an ad hoc or standing committee responsible for guiding the review of the mission, vision, and strategic

plan. The committee organizes comprehensive meetings and focus group discussions with all interested parties, including alumni, employers, partners, parents, faculty members, staff, and students to gather input.

4. **Year 5: Drafting, Finalizing and Approving the Document**

Based on the collected input, the committee drafts the updated mission, vision, and strategic plan document. The draft document is presented to the Board of Trustees (BOT) for approval. The document must be finalized and authorized by the College Director and the College Executive Council (DEC) before submission to the BOT for approval.

Further details of the process are retrievable within the FCHS' *Mission Development, Approval and Review Policy* (Ref. No: FCHS.PPM.1A.03).

1.6. Strategic Action Plan

To ensure that the Strategic Plan 2020 - 2024 will be achieved in 2025, a Strategic Action Plan was formulated to drive the process (Table 1). To evaluate the annual progression of the strategic plan (Appendix 1: Strategic Plan) to meet the vision and mission and strategic objectives, a set of Key Performance Indicators (KPIs) with associated initiatives were developed by the FCHS Director's Executive Committee (DEC) and approved by Board of Trustees (BoT).

1.6.1. KPIs for Performance Evaluation of all Units and Services

The strategic plan outlines annual performance targets through Strategic Key Performance Indicators (KPIs) to evaluate the effectiveness of all units and services (see Appendix 1). FCHS' Director collaborates with each Head of Department or Manager to determine departmental KPIs for their respective units, aligning them with the Strategic KPIs as general guidelines. This process is documented in the Individual Department Operation Plan (IDOP), and Program Effectiveness Reports (PER) as detailed in Appendices 2 and 3.

The IDOP, described in Appendix 10: Planning Policy, is the mechanism by which each Head of Department establishes the KPIs that their unit aims to achieve within the upcoming year. This approach permits Heads of Departments to tailor KPIs to their department's unique priorities for the forthcoming year. This decentralized approach allows units to select KPIs that

best reflect their specific needs and objectives, ensuring a more tailored and effective evaluation of their performance.

The Director is responsible for overseeing and approving the department-specific KPI contributions through the Individual Departmental Operation Plan (IDOP), as documented in IEM Appendices 4 and 5. Once KPIs are approved, baselines are established using data from the most recent completed year, and targets are set for the coming years. KPIs and their progress are comprehensively reported within the Program Effectiveness Reports, as outlined in Section 1.7.1.

The achievement of FCHS's Strategic KPIs is overseen by the BoT.

Objective	Initiative	Strategic KPI (SKPI)
Strategic Objective 1: Increase number of UAE national students	**Initiative 1A:** Expand Outreach and Admission **Initiative 1B:** Expand academic programs to meet market needs **Initiative 1C:** Enhance Marketing and branding of FCHS	**SKPI 1.1:** # of enrolled students in FCHS increasing to a target **SKPI 1.2:** # of graduates from health science programs **SKPI 1.3:** FCHS programs reviewed and new programs introduced **SKPI 1.4:** Target enhancing capacity of FCH
Strategic Objective 2: Deliver high quality health science programs that empower graduates with the skills to excel as healthcare professionals	**Initiative 2A:** Maintain 100% CAA accreditation for eligible programs **Initiative 2B:** Obtain international accreditation for eligible programs **Initiative 2C:** Incorporate required professional certifications for each program at FCHS **Initiative 2D:** Enhance student participation and involvement in decision making **Initiative 2E:** Facilitate the hiring of graduates through multiple engagement channels	**SKPI 2.1:** Benchmark reviews **SKPI 2.2:** % of programs accredited by CAA/NQA **SKPI 2.3**: # of programs Internationally accredited **SKPI 2.4:** Student completion ratio **SKPI 2.5:** Graduate employment **SKPI 2.6:** Graduate Licensing and Professional Certification **SKPI 2.7:** Employer Satisfaction
Strategic Objective 3: Engage with partners in the healthcare sector to design and deliver academic, applied research, and training programs aligned with market needs	**Initiative 3A:** Conduct annual stakeholder meetings with relevant industry partners, alumni and faculty and students of each program **Initiative 3B:** Organize regular Career Days to inform current and potential students and parents about careers and job opportunities. Invite alumni speakers **Initiative 3C:** Participate in other community outreach activities, national and international competitions **Initiative 3D:** Maintain academic advisory board meetings for each program to explore potential	**SKPI 3.1:** # of open house meetings/career days/outreach activities/engagements with industry organized **SKPI 3.2:** # of industry partners/potential students/parents participating **SKPI 3.3:** # training programs, applied research projects that are conducted, academic program recommendations implemented as a result of engagements **SKPI 3.4:** # of active MOU's/agreements with partners **SKPI 3.5:** % of students with sponsorships/ scholarships **SKPI 3.6:** # of medals won by students

	collaboration in all academic, training, and applied research activities **Initiative 3E:** Collaborate with government, private sector and alumni to increase student sponsorships	in (World/Asia/Emirates) Skills competitions. **SKPI 3.7:** # of other competitions/ medals/awards won by students (e.g. ThinkScience, TVET Innovation Week)
Strategic Objective 4: Ensure quality study/work environment and effective, efficient and sustainable academic, student and support services	**Initiative 4A:** Enhance efficiency and effectiveness of the recruitment process **Initiative 4B:** Establish a database for adjunct faculty **Initiative 4C:** Increase professional development opportunities for all staff **Initiative 4D:** Implement performance based incentive and reward scheme **Initiative 4E:** Increase Emirati staff and faculty **Initiative 4F:** Procurement targeted at Emirati SME's. **Initiative 4G:** Digitization of student services **Initiative 4H:** Integration of student Information systems with ERP system **Initiative 4I:** Cost optimization **Initiative 4J:** Revenue generation by leasing sport, meeting, and retail facilities	**SKPI 4.1:** % faculty and staff turnover **SKPI 4.2:** Staff/Faculty Satisfaction. **SKPI 4.3:** Student satisfaction **SKPI 4.4:** Staff Emiratization rate **SKPI 4.5:** Employee training and development **SKPI 4.6:** CPS and related financials
Strategic Objective 5: Promote a culture of innovation and organizational excellence	**Initiative 5A:** Conduct awareness campaigns and training programs to foster a culture of innovation and organizational excellence **Initiative 5B:** Enroll staff in relevant development programs **Initiative 5C:** Support applied research and innovation through the IAT Applied Research and Innovation Fund **Initiative 5D:** Support the establishment of a center / program for teaching and learning innovation **Initiative 5E:** Review policies and procedures to ensure appropriate alignment with innovation and organizational excellence	**SKPI5.1:** % of employees trained on innovation and OE **SKPI5.2:** # of innovative practices implemented **SKPI 5.3:** Annual increment in # of publications

Table 1: Strategic Action Plan 2020 – 2024 (Appendix 1)

1.7. Governance and Organizational Structure

The FCHS organization chart reflects and supports its mission, and facilitates its efficient operation. The multi-campus nature of the institution is aimed at achieving the mission and vision related to producing high quality health professionals for the UAE health sector. The use

of existing infrastructure supports expansion of the number of programs offered to achieve the mission. The organization of the institution is expressed in the organization charts for IAT and FCHS and clearly delineate current lines of authority and institutional relationships. The organizational chart articulates the roles and direct line management.

The Director of the college heads FCHS. Administrative staff under the supervision of the Director run the Director's Office. The Director chairs the Director's Executive Committee (DEC), which comprises of the Head of departments of all academic and administrative departments. The Students' Council are under the direct supervision and responsibility of the Director and the Head of Student Services Department. Currently, the college embraces the following seven academic departments: Nursing, Physiotherapy, Radiography & Medical Imaging, Emergency Health, Pharmacy, Psychology and General Requirements.

The organizational chart is approved by the Board of Trustees (BoT) and the below figure illustrates the internal organization of FCHS (Figure 1).
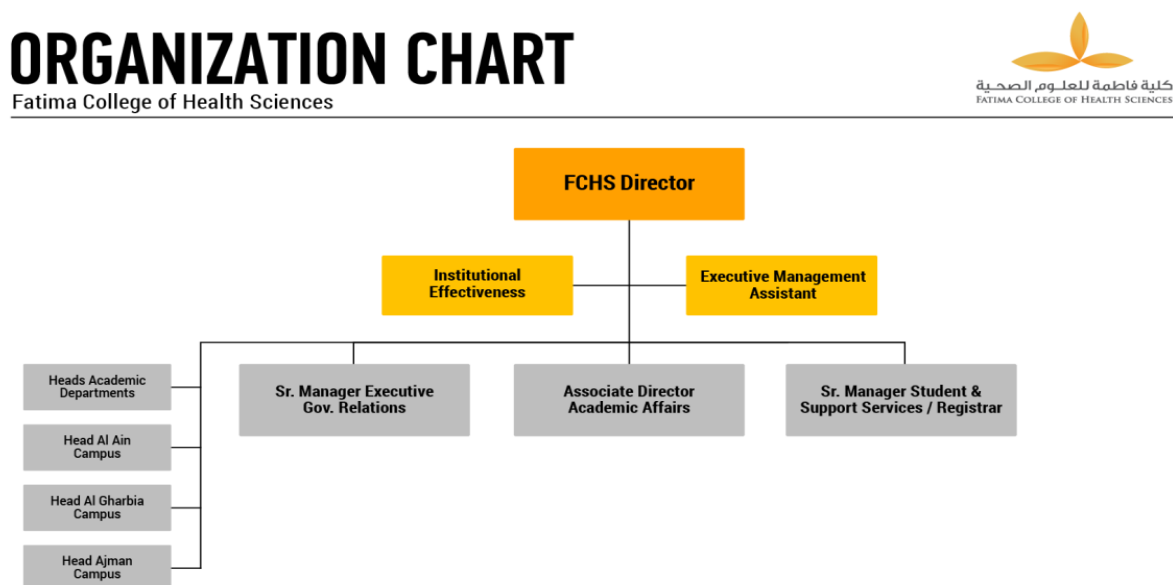
Figure 1: FCHS organization chart

FCHS is a higher education institution (HEI) under the managing directorate of the Institute of Applied Technology (IAT), the organization chart (OC) is depicted in Figure 1 above. The FCHS Director and IAT Managing Director both report to the same BoT governing body. The IAT managing directorate provides FCHS and its other HEI with support services consisting of Human Resources, Finance, Procurement, IT and Facilities. These services are

monitored by IAT's Institutional Effectiveness Department for IAT KPIs and under ISO 9001 Standards.

As depicted in the OC, the Institutional Effectiveness Department reports directly to the College Director.

1.8. Roles and Responsibilities

i. Director

The Director contributes to the development of college strategy and policy, working with college senior management to ensure an appropriate level of consistency of implementation of College policy. The Director also oversees the planning and implementation of quality assurance and quality enhancement activities within the College. The FCHS Director is responsible for the following:

1. To monitor the overall performance of the institution in accordance with its vision and mission, and to follow up the implementation of the adopted strategic plan.
2. To look into all external affairs, cultural relations, and the modernization and development affairs, as well as to maintain the institution's positive image and its privileges.
3. To oversee the institution's human and physical investments based on the recommendations of the board of trustees.
4. Supervising the implementation of the laws and by-laws and representing the College at public and private occasions.
5. Explore and verify the suitability of the needs assessment for new academic programs.
6. Approving appointments of faculty members, technicians, administrators and other personnel.
7. Oversight of department operational planning and contributions to strategic plan key performance indicators.
8. Preparing FCHS budget.
9. Submitting a detailed annual report to the Board of Trustees summarizing the achievements and future plans.
10. Monitoring of assessment, and quality assurance progress.

ii. Associate Director Academic Affairs

The Associate Director Academic Affairs (ADAA), monitors, engages and ensures compliance

with relevant CAA requirements. He/she, in collaboration with senior academic colleagues, leads the development, publication and timely implementation of FCHS Regulatory Framework and ensures that the requirements and expectations of regulatory bodies regarding academic standards and quality of higher education provision are met. The ADAA is the college Provost and Chief Academic Officer. As a senior member of the Director's Executive Committee (DEC), reporting to the director, ADAA is responsible for strategic leadership in:

1. Academic quality,
2. Developing a performance culture that promotes teaching excellence, program innovation and responsiveness to the opportunities of new learning technologies,
3. Growing the FCHS's research enterprise, and
4. All areas of student affairs, enrollment and registration, career planning and placement, and alumni engagement.
5. As a member of the senior management team, ADAA shares responsibility for strategic and operational planning, implementation and evaluation across the institution.
6. Oversee academic assessment activities
7. Work in collaboration with academic departments to develop and implement student learning assessment plans
8. Delegate responsibility for establishing the appropriate committees
9. Develop the annual academic assessment budget
10. Overseeing the College for national and international accreditation of its academic programs.

iii. Heads of Departments (HoDs)

Heads of Departments (HoDs) work together with the College educational leadership to ensure high standards of teaching and learning practice and processes. HoDs also ensures that quality management and enhancement processes operate within the Department in accordance with policies and procedures, etc., defined in the policies and procedure manual of FCHS and that staff and, where appropriate, students of the Department are informed of such processes. The responsibilities of the department head are as follows:

1. Ensure that teaching, research and academic activities are carried out professionally and in accordance with the policies and procedures.
2. Develop the department strategic and operation plans.
3. Follow up accomplishment of the performance indicators.
4. Prepare the department budget and submit it the college director.

5. Ensure the academic program maintains accreditation at all times.

6. Submit to the college director a full and detailed report at the end of each academic year on the academic and educational affairs of the Department and on academic research, publications and community service.

7. Suggest conditions and specifications required for vacant posts at the department, along with defining qualifications and experiences for each post.

8. Supervise faculty and staff recruitment in his/her department according to the faculty and staff recruitment process and in coordination with department faculty members.

9. Evaluate department staff and faculty members, taking into account their performance according to the evaluation criteria and systems implemented at the College.

10. Distribute students amongst academic advisors and follow up the progress of their study plans.

11. Propose the distribution of courses to be taught among staff members.

12. Coordinate and supervise all assessment activities in the department, including:

   ▪ Supervise and follow up all the assessment work done in his/her department.

   ▪ Evaluate the faculty members with regards to their role in the assessment process.

   ▪ Supervise completion of all data required and include them in the department annual report.

   ▪ Supervise implementation of recommendations for course and program improvement that result from the learning outcome assessment process.

   ▪ Maintain records for the activities of the department, records of institution documents relating to the department and supervision of their use in accordance with policies and procedures.

iv. <u>Quality Assurance Committee</u>

The committee is chaired by the HoD of IED and includes representatives from all departments in the College from different campuses. The committee shall be responsible for advising the FCHS senior management on all matters relating to the quality of education, research, administrative and academic supporting services and community engagement services undertaken by the College through:

1. Developing, overseeing and keeping under review the development and implementation of the College academic quality management system.

2. Making recommendations to the senior management in relation to quality and improvement activities.

3. Assessing good practices among all Departments and in all campuses.
4. Monitoring the external quality assurance and standards environment and ensure the College responds appropriately.

2. Institutional Effectiveness

2.1. Institutional Effectiveness Department (IED)

Institutional planning, assessment and research at FCHS is a continuing process integrating assessment, systematic data collection and analysis and interpretation of results in order to continuously enhance the academic programs as well as to improve the performance of non-academic supporting departments. To achieve these objectives FCHS had established the Institutional Effectiveness Department (IED), the Head of the IED reports directly to the FCHS Director. The IED is responsible mainly for promoting the culture of quality, assessment, evaluation, and research-based planning and continuous quality improvement for all academic and non-academic departments. The department supports short-term and long-term strategic planning; coordinates and leads institutional program and unit-based assessment; collects and maintains databases of FCHS institutional data for institutional research and reviews assessment and evaluation of academic and non-academic departments. The Registration Office is the main source for demographic and statistical data, in which IED utilizes for internal and external reporting.

The IED shall be responsible for collection, analyzing, and dissemination of authentic institutional data that support the FCHS management in making evidence-based decisions, effective planning, and efficient utilization of resources. Furthermore, the department is responsible for providing leadership in developing and overseeing assessment and evaluation processes to improve the effectiveness of academic programs, support services, and administrative operations. The IED also intend to enhance the quality of institutional documents and assist in the accreditation of academic programs.

2.2. IED Objectives:

- Develop an overall strategy for the application of quality in the institution
- Improve the quality culture and continuous quality enhancement in all FCHS departments

- Promote compliance with the CAA standards in all processes within the college (academic and administrative departments)

- Standardization of processes across the college departments to reduce time, cost and effort.

- Assist the college in obtaining national accreditation.

- Achieve the objectives of the college on issues relating to quality and academic accreditation.

- Monitor performance evaluation and quality assurance of administrative and academic departments.

- Promote quality, integrity, and security of information resources and allow easy and appropriate access to data and information.

- Deliver high-quality information and services for research, data analysis, decision support, and strategic planning for institutional effectiveness.

2.3. IED Duties and Responsibilities

The IED is responsible for assessing, improving, and ensuring the overall efficiency, quality, and effectiveness at FCHS. This department plays a central role in supporting the institution's strategic goals and compliance with accreditation standards. The IED's responsibilities typically include data collection, analysis, and reporting, as well as fostering a culture of continuous improvement. The IED works to align institutional activities with the college or university's mission, objectives, and values, often collaborating with various departments to ensure that the institution operates at its highest level of efficiency and effectiveness.

In order to accomplish its goals and objectives, the IED carries out a number of activities related to quality assurance including but not limited to the following:

2.3.1. Role of IED in Strategic Planning

- Review the current strategic plan and the develop the new strategic plan on the basis of feedback received from all relevant interested parties and meticulous review of KPI attainment.

- Establish an implement an institutional planning policy.

- Provide relevant, pertinent and timely information for the development and assessment of the strategic plan at institutional level and operational plans at departmental level.
- Suggest effectiveness actions to achieve the strategic objectives.
- Provide analytical and technical support to FCHS senior management to support strategic planning.
- Collaborate with the institution's leadership to align the strategic planning process with data and evidence.
- Oversee the process of formulating, implementing, and analyzing the outcomes of the College Strategic Planning Framework to ensure compatibility with the legal requirements, as well as the particular demands and evolving challenges of higher education.
- Identify strategic goals and objectives that are realistic and achievable based on the institution's current performance and capabilities.

2.3.2. Role of IED in Operational Planning

- Monitoring and evaluation of academic integrity
- Monitor the performance of academic programs and non-academic administrative support departments to ensure the achievement of the specified goals, objectives and outcomes
- Provide analytical and technical support to FCHS senior management to support operational decision-making.
- Assist the college with national and international accreditation processes, as well as benchmarking against national and international practices.
- Create a general plan at the college level to fulfil the needs and standards of quality assurance and academic accreditation at the educational program level, and contribute to the plan's execution.

2.3.3. Role of IED in Preparing Key Documents and Annual Reports

- Collect, analyze and disseminate institutional data.
- Assist in performing feedback surveys for academic and non-academic departments.

- To produce the Fact Book which shall be available for use by all members of the FCHS community.
- To provide timely data to the Center for Higher Education Data and Statistics (CHEDS).
- To produce and review key documents including the Student Handbook and Catalog.
- Create institutional answers to internal and/or external inquiries and requests for institutional data and statistics on a variety of topics.

2.3.4. Role of IED in Conducting Self-Studies

- Promote department self-studies of databases of student enrolment, academic performance, retention, attrition, and graduation rates.
- Coordination with academic departments and administrative units for the preparation of self-study report documents for college and/or academic programs and site visits for CAAs and other national and international reviewing teams.
- Creating an integrated system of self-evaluation and continual quality improvement.
- Initiate the process of self-study preparation with the Associate Director.
- Follow up with the process of self-study creation by disseminating relevant templates, guiding departments, providing feedback adherent to CAA's and other national and international accrediting bodies' standards and reviewing reports prior to submission.

2.4. Organization Setup of IED

In order to achieve the college's mission, goals and objectives, the IED is structured around three highly coordinated functions; namely Institutional Research, Institutional Planning and Effectiveness. Currently FCHS has one full time Institutional Effectiveness appointment at the level of Supervisor. A full-time secondment (as Senior QA IE Coordinator) and fractional appointments as per Directives from the FCHS Director support this position. In addition to this, each HoD and Manager is fully committed to supporting the IED by preparing the requisite documentation and submissions as they relate to their department.

A proposed IED organization chart was prepared and under approval process, the proposed IED organization structure comprised of four sections, which work together to advance the FCHS's mission. Five fulltime positions have been proposed: Head of IED (previously known

as 'IED Supervisor'), Senior QA IE Coordinator, Data management Coordinator, Institutional research Coordinator, Cross campus QA coordinator.

The principal Roles and Responsibilities of the appointed positions are the following:

2.4.1. Head of IED

The Head of IED is to lead and supervise Institutional Effectiveness at FCHS through coordinating reviews of academic and support departments, coordinating audit processes, quality promotion, institutional reviews and program approval processes, servicing College-wide IE structures, and assisting to monitor and improve the effectiveness of FCHS's Institutional Effectiveness Systems.

The Head of IED makes a significant contribution to all activities of the organizational unit or interdisciplinary area and plays a significant role within his/her profession or discipline. The principal Roles and Responsibilities of the Head of Institutional Effectiveness include:

- Comply with EHS Policies, Programs and Procedures as per IAT/ADVETI EHSMS-General Framework and take responsibility for any aspect of EHS that they are involved in
- Oversee compliance with Ministry of Education Standards across all departments
- Data Collection and Research
- Oversee external review processes across FCHS and managing the internal Institutional Effectiveness Processes
- Provide a professional service to FCHS-wide Institutional Effectiveness structures
- Oversee the maintenance of FCHS's document management system and the QA component of the Institutional Effectiveness Unit's shared folder
- Review an annual reports on the activities of the FCHS-wide Institutional Effectiveness structures
- Liaise with national QA bodies and responding to requests for information on QA at FCHS in conjunction with the Director
- Contribute to quality development activities through identifying good practices and development needs arising from the reviews for attention

- Collect and analyze internal and external data, perform a wide range of statistical analyses, validation studies, reports, and surveys including student satisfaction, campus climate and community surveys and ad hoc reports as requested by the Director

- Prepare and distribute reports and recommendations as required

- Coordinate and develop College data bases related to program effectiveness, student outcomes and other areas; assure accuracy and integrity of college data

- Maintain current knowledge of laws, codes, ordinances, regulations and pending legislation related to institutional assessment, planning and accreditation; modify projects, studies, functions and procedures to assure compliance with CAA

- Develop and coordinate a systematic and integrated institutional planning process that is aligned with accreditation, in collaboration with Associate Director of Academic Affairs

- Update College core documents annually or as directed

- Assure accuracy of data used for planning and decision making

- Monitor development, implementation and evaluation of all institutional plans and provide progress reports as required.

- Develop and implement tools to measure and communicate institutional effectiveness in relation to accreditation standards and best practices

- Provide when necessary training and assistance for Faculty and Staff in the development, implementation, assessment and evaluation of institutional effectiveness measures

- Recommend and implement techniques to improve department policies and practices, increase efficiency, take advantage of opportunities and maintain state of the art practices, keeping abreast of current trends and practices in the field

- Assure smooth operations within the areas of responsibility

- Collaborate with the Registration department to oversee submission of CHEDS

- Advise Director on regulatory compliance on all FCHS educational activities and projects

2.4.2. Senior QA IE Coordinator

The senior QA IE coordinator coordinates the implementation, revision, monitoring, developing and assessment of KPIs. Supports the development of Quality Assurance Systems throughout AD Poly. Supports academic and administrative accreditation initiatives. Provides accurate institutional reports both internally and externally. The Principle Roles and Responsibilities of the Senior Coordinator Quality Assurance include:

The senior QA IE coordinator is to comply with EHS Policies, Programs and Procedures as per IAT/ADVETI EHSMS-General Framework and take responsibility for any aspect of EHS that they are involved in:

- Provide, planning and analytical support for programmatic and institutional accreditation initiatives.
- Manage development of innovative ways of integrating information and reporting for management decision-making and planning.
- Support development and implementation of all IAT QA systems, policies and procedures.
- Coordinate and support the development of new databases and the integration of existing databases in support of QA and SP.
- Uphold the Institute's code of conduct and all policies.
- Coordinate research and data analysis efforts in support of performance assessment.
- Conduct assessment of organizational effectiveness and improvement.
- Support the training and development of academic and non-academic staff in conjunction with HR.
- Coordinate analysis and interpretation of UAE social, economic and demographic data to guide IAT academic program development.
- Provide data research and analysis in support of program creation/expansion to meet the nation's employment needs

2.4.3. Institutional Research Coordinator

This role is in charge of conducting institutional research and reporting institutional research results to senior management and the IED. It will also collect data, analyse it, and create the Fact Book on a yearly basis. In addition, the IR Coordinator is in charge of generating and

reporting CHEDS data to the Ministry of Education. The Institutional Research Section provides a variety of data-gathering, analysis and reporting services directed at empirically evaluating the institution's administrative and service functions, and supporting the evaluation of academic quality.

2.4.4. Data Management Coordinator

Data Management Coordinator fulfills a pivotal role in collecting, managing, and analyzing data to support the college's strategic objectives, operational improvements, and regulatory compliance. They are responsible for ensuring data accuracy and completeness, conducting analyses to identify trends, and generating reports to communicate findings, especially for accreditation purposes. The DM Coordinator establishes data quality control measures, maintains data repositories, and safeguards data security. They stay vigilant about data privacy regulations, create data governance policies, and collaborate with various college departments to meet their data needs. By promoting data-driven decision-making, this role helps the institution enhance its overall effectiveness.

2.4.5. Cross-Campus QA Coordinator

The Cross-Campus QA Coordinator's role is to ensure the efficiency and consistency of FCHS' QA processes and standards across all FCHS campuses (AD, AA, AJ, AG). They will work to ensure that the institution meets accreditation requirements, continuously improves its educational services, and provides a high-quality learning experience for students at all locations.

2.5. Assessment Mechanism of IED

FCHS is committed to excellence and is fully engaged in on going quest for continuous assessment, evaluation and improvement of academic programs and non-academic departments. The crucial and central purpose of IED is to document quality and effectiveness by employing a comprehensive quality assurance system of assessment of all departments, dissemination of evaluation results and following up corrective actions. To put into effect a comprehensive evaluation system, the IED is subject to equal assessment using different measurable factors such as feedback from top management, program heads, senior faculty,

senior managers, and national / international academic accreditation bodies. Accordingly, similar to other academic and administrative non-academic department, IED will be engaged in planning and assessment process and will be subject to internal and external evaluation annually.

A. Internal evaluation

IED is working with clear objectives, specified tasks and outcomes and following organizational thinking approach, IED activities will be subject to internal evaluation by regularly surveying top management, program heads, senior faculty, and senior managers on annual basis. The survey rests around feedback on IED capability to provide professional support in preparing academic programs, effectiveness reports and accreditation documents as well as quality of reports. Top management shall evaluate the results of the survey as reported by IED along with the other reported feedback from academic, non- academic units, and other personnel. The IED annual action plan is subject to the approval of top management of the FCHS. The action plan will provide a framework for timely, interim and annual evaluation of IED activities. Furthermore, the mission, vision and goals of FCHS guide the IED. The IED HoD who is also a member of the Directors Executive Committee (DEC), reports directly to the College Director. Moreover, all documents, manuals and reports produced by IED are subject to quality control and internal assessment system. Hence, all documents and reports produced by IED shall pass through the director's office for the purpose of validation and verification before their final approval and submission to any organization, government agency, or any accreditation body within or outside UAE. The internal assessment of IED activities is an integral part of closing assessment loop process similar to other departments, IED shall engage in planning, assessment and reporting process.

B. External Evaluation

FCHS is embarking on internationalization and accreditation as exemplified by national and international accreditation of its academic programs. IED is involved in by providing data to national and/or international accreditation bodies. Thus, accreditation bodies' feedback is as an integral part of IED evaluation. Furthermore, IED is in charge of conducting and analyzing different types of surveys, compilation of reports, publication and dissemination of policy and procedures, manuals and other documents, more importantly feedback from CAA and External Review Teams as well as professional staff involved in CHED's data analysis. Institutional

cooperation with strategic stakeholders considered one of the strategies of external evaluation. Therefore, the internal and external evaluation results will utilized to improve and modify the IED effectiveness in implementing the institutional research and other IED activities.

3. Quality Assurance System at FCHS

3.1. Introduction

FCHS with a view to maintain and achieve the quality goals and objectives has established an effective measurable Quality Assurance System (QAS) to achieve the quality objectives. The QAS incorporates Quality Management, Quality Assurance as well as continuous Quality Enhancement. It proposes a structure for effective control, evaluation and improvement of teaching and learning quality, quality of service, and ensures that QAS procedures are applied within a framework that is to examine and enhance performance in education, research, community engagement and quality management.

However, the involvement, commitment and effective collaborative work of all FCHS staff is a major key component of the QAS. In this regard, measurable steps are taken to affirm programs' effectiveness for a range of key activities in each department in order to achieve and assure the achievement and reliability of QA critical tasks. These measurable objectives are consistent with FCHS's vision, mission, objectives and values leading to the achievement of the institutional strategic objectives and plans.

3.2. Features of the Quality Assurance System

The Quality Assurance System Features at FCHS comprises:

o *Internal Quality Assurance (IQA):* This includes internally monitoring and the evaluation of instruments and activities aiming at improvement in teaching, learning and services.

o *External Quality Assurance (EQA):* The term refers to benchmarking activities, external audit and/or external quality assessment.

o *Stakeholder's Satisfaction and Accreditation (SSA):* An important feature in the quality assurance system denotes to specific interests, and services provided by FCHS to students and community.

These three important features are interlinked, and implemented in a complementary manner as illustrated in figure 2.
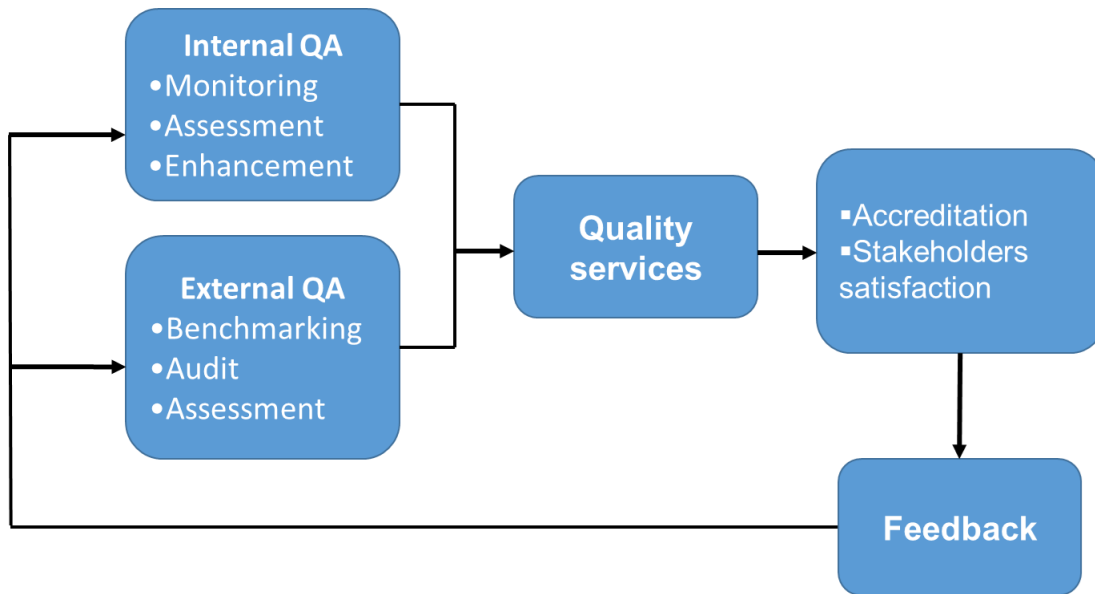
Figure 2: QA system at FCHS

3.2.1. Internal Quality Assurance (IQA)

The Internal Quality Assurance is the responsibility of the institution management, faculty, staff and students. They are responsible for providing and assuring quality work and practices.

4.1.3.2. Purposes of IQA Process

The Internal Quality Assurance Process aims to:

- Improvement and development of the educational process.
- Ensuring effectiveness in achieving the institution missions and goals.
- Enhancing the credibility of the institution and enhance its image.

The IQA system utilizes certain parameters to measure the level of compliance with, and adherence to predefined standards or requirements, in order to demonstrate the capacity of the institution and to assure and develop its services quality for continuous improvement of education.

4.1.3.2. IQA Management system

FCHS IQA system adopted the basic elements of the Deming Cycle of Plan, Do, Check and Act for monitoring, evaluation and improvement (Figure 4). The IED is the dedicated department assigned to handle the development and implementation of the quality assurance system and institution effectiveness framework in the educational and administrative

processes, as well as the co-ordination of overall FCHS's quality operations and activities. The IED drives the IQA activities by means of the following measurable steps:

o Monitoring and improving standards of teaching, learning, student experience, research, and community engagement services.

o Provide the Associate Director of Academic Affairs the means to assist the academic programs with their implementation and achievement of their own quality assurance work related to teaching, learning, physical resources and services, and the national and International Accreditation.

o Receiving, processing and responding to the reviews and feedback coming from internal / external stakeholders and Advisory Committees.

o Conducting Quality review and audit process at all levels.

identify and define what we want to achieve, and develop an approach for achieving those objectives.

develop and implement specific strategies and actions for achieving these objectives.

plan

Do

Act

Study

identify changes that need to be made so that we can better meet our objectives and, possibly, reconsider the appropriateness of our objectives.

identify outcomes and monitor how we are progressing towards achieving our objectives.

Figure 3: PDCA Cycle

4.1.3.2. Quality improvement

The quality improvement requires precise arrangement and structuring of the existing IQA system to deal with the planning of teaching and learning processes, the evaluation and review, and decision-making processes to improve quality of education and services. The IQA system at FCHS focuses on the enhancement of quality through several aspects as follows:

- Curricula and programs enhancement by using feedback from teaching staff, students, alumni and advisory boards and other interested parties.
- Students' competencies and learning outcomes assessment.
- Enhancement of the existing QAS by means of well-defined structured standards in which strengths, weaknesses and prospects are aligned with both national and international standards of quality assurance in higher education.
- Enhancement of quality management by issuing reports highlighting significant risk and control issues, and including other matters that require the attention of senior management and decision-makers.

4.1.3.2. Internal Quality Audit

The internal quality audit at FCHS is a systematic and independent investigation with the aim of determining whether the actions and results relating to quality complies with the policies, procedures and regulations of the FCHS, and whether these regulations are appropriate for the achievement of institutional and departmental objectives and are actually being implemented. Each academic year, IED staff will carry out auditing activities to review the documentation, the ongoing education process, other activities and the workflow of the quality assurance system (see FCHS Planning Policy).

4.1.3.2. Internal Evaluation Areas: Indicators and Guidelines

Basic features will be evaluated according to the FCHS internal quality assurance system and auditing process. In addition to other conditions that shall be met in the following areas:

- o Area 1: Academic Standards.
- o Area 2: Quality of Learning Opportunities.
- o Area 3: Research & Scholarly Activities.
- o Area 4: Community Engagement.
- o Area 5: Quality Management Effectiveness.

Area 1: Academic Standards

The clarity of concepts on academic standards will be followed by developing a common understanding on quality of learning outcomes, which is one of the key objectives of whole process of quality assurance.

1. Learning Outcomes (LOCs) include the knowledge, understanding and skills which FCHS students and/ or graduates intends to gain by completing a course and/or program, that shall be mission-related at appropriate level (Figure:5) illustrate FCHS LOCs structure.
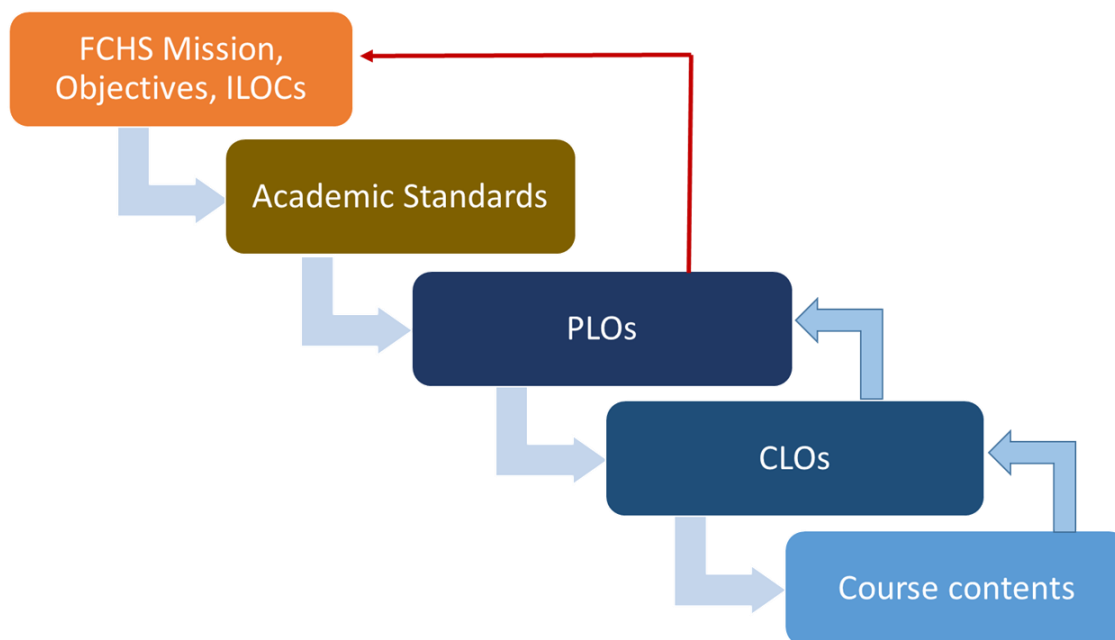
Figure 4: FCHS LOCs structure

2. Learning Outcomes are written statements describing what the student is expected to know, understand and be able to do after completion of a learning section, and shall be written at the institution level, program level and course level.

3. Learning Outcomes should have applications in various settings for the purpose of:
   - Quality assurance and National, International recognition and accreditation for qualifications;
   - Society Understanding of qualifications, for example by learner and employer.

4. Learning Outcomes (LOCs) shall focus on the outcomes of learning, regardless of how and/or where that learning has occurred, LOCs shall be link together and align teaching, learning and assessment processes. Moreover, LOCs can aid and offer the potential for increased access to Educational resources; Teaching methods; Course evaluation; and Student's assessment. (Figure: 6) illustrate FCHS LOCs context process.
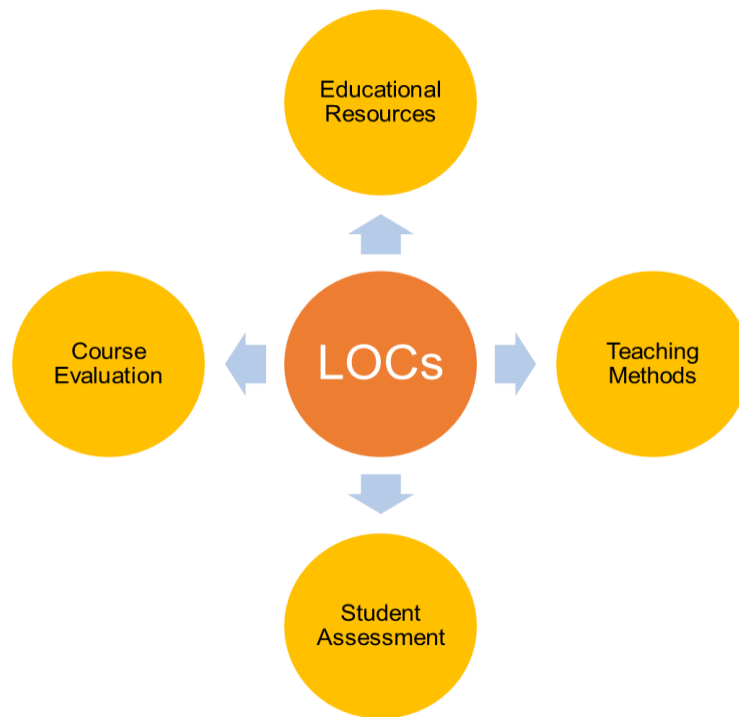
Figure 5: Learning Outcomes context process

5. Learning Outcomes (LOCs) shall be Specific; Measurable; Attainable\Appropriate; Realistic; and Time bound (SMART).

6. Learning Outcomes (LOCs) shall exemplify the minimum acceptable level of performance that a student needs to demonstrate in order to be considered successful. LOCs shall:

   o Reflect wide-ranging conceptual knowledge and adaptive vocational and transferable skills;

   o Reflect critical knowledge, skills or attitudes;

   o Reflect the required end of the learning experience, not the means or the process;

   o Focus on results of the learning experiences;

   o Represent the minimum performances that must be achieved to successfully complete a course and/or program;

   o Answer the question, "Why" should a student take this particular course and/or program.

   o LOCs shall encompass an "action verb" describing an identifiable or an observable action.

7. Learning Outcomes (LOCs) at FCHS are classified into Knowledge and Understanding; Intellectual Skills; Competency and Practical Skills; Communication Skills (see table 2):

Learning Outcome	Its meaning?	How to express it?
Knowledge & Understanding	The basic information and understanding that student/graduate should have gained upon completing the course/program.	Define, list, illustrate, write, mention, describe, tell, explain, say, draw, trace, etc.
Intellectual Skills	The intellectual capabilities gained by the student/graduate after completing the course/program such as: the ability to select from different choices, to conclude and discuss issues, solve problems.	Apply, analysis, reconstruct (synthesis), evaluate, conclude, formulate, criticize, measure, integrate, link, plan, interpret, suggest, compare, create, modify, …etc.
Competency and Practical Skills	The capability to use academic material in professional applications	Collect, store, preserve, dissect, inject, design, perform, diagnose, …etc.
Communication Skills	The ability to communicate information effectively in writing, orally, and graphically The ability to Provide an effective and efficient presentation on specified topic	Communicate, present, Explain, Summarize, articulate, …etc.

Table 2 : Learning Outcomes Categories

8. Learning Outcomes (LOCs) shall be measured by using a mapping matrix to document the correspondence between the LOCs in the institution, program and course level.

Indicator 2: Program Curriculum Design

1. The curriculum shall be designed in a way that meets the program objectives and/or goals, the PLOs and CLOS shall be aligned with FCHS institutional learning outcomes (ILOCS), in order to achieve the institution's mission.

2. All academic Programs shall describe the essential knowledge, skills, competencies and attitudes required by graduates.

3. The curriculum shall be designed in a way that ensure alignment of teaching methods and assessment tasks with the learning outcomes in the course and program level.

4. Developing a new curriculum or program or modifying an existing one, should be accomplished in consultation with advisory committees, stakeholders and relevant departmental and/or college committees.

Indicator 3: Student-Based Learning approach (Student-Centered Learning & Teaching)

1. Student-based teaching & learning approach shall be implemented with the intention of inspiring students' motivation, self-reflection and engagement in the learning process. The approach shall also meet students' needs and enabling flexible learning paths.
2. Faculty shall work toward promoting a sense of autonomy in their students, although ensuring sufficient guidance and advising.

Indicator 4: Assessment and Evaluation

1. Faculty and/or course instructor(s) as examiners shall be familiar with testing and examination methods, and shall comply with FCHS policies, procedures, regulations and methods of assessment, as well as marking criteria and Guidelines for effective student assessment (see FCHS Policies & Procedure Manual Assessment Policies).
2. Assessments also shall allow the students to demonstrate the extent to which the LOCs have been accomplished.
3. In case more than one examiner carrying out the same assessment, a moderation process shall be employed to insure consistency and fairness of judgments and grading. External examiner from other department or faculty from outside the institution may be utilized. (see FCHS Policies & Procedure Manual Assessment Policies).

Indicator 5: Student Performance, Achievement and Progression

1. Academic programs shall monitor, collect, and analyze data concerning student progression and LOCs achievement.
2. Academic programs shall articulate the learning process towards specific program requirements.
3. Academic programs and/or curriculum shall be designed in a way that enables smooth student progression.
4. Bloom's Taxonomy of Learning is a useful guidance tool in understanding the role of different educational activities, from lower order thinking skills (LOTS) to higher order thinking skills (HOTS). Figure: 7.
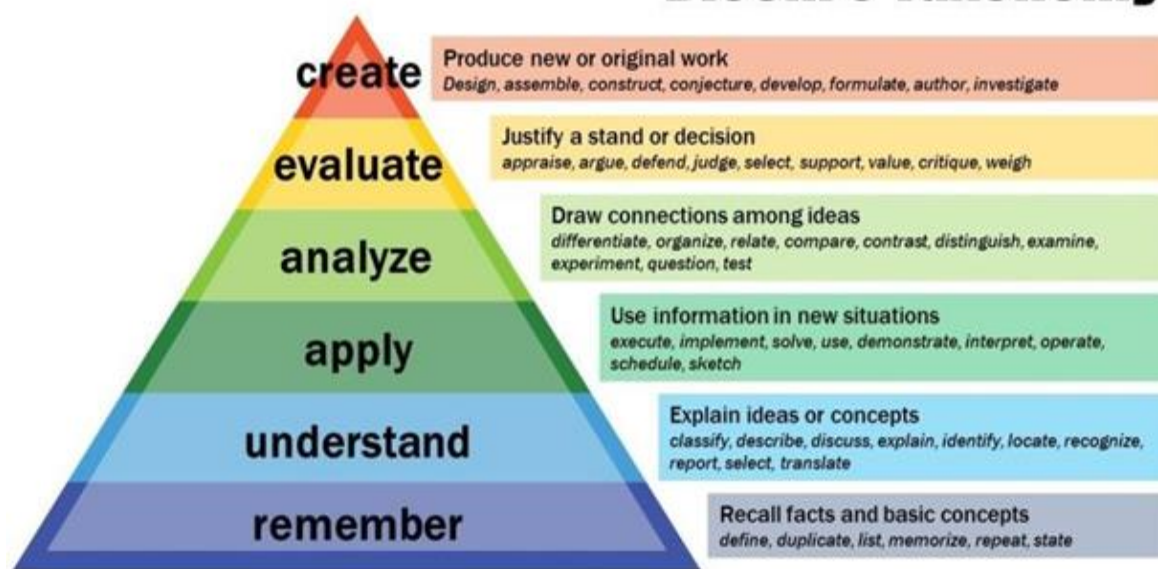
Figure 6: Bloom's Taxonomy of Learning (adopted from Jessica Shabatura)

Bloom's Taxonomy

- Is an approach for classification of educational objectives and outcomes by using action verbs?
- It can be used from lesson planning and rubric making to curriculum mapping.
- A Rubric is a guide listing specific criteria for grading or scoring student work including academic papers, projects, etc.
- Bloom's Taxonomy begins with lower-order thinking skills (LOTS) with Remembering, and ends with higher-order thinking skills (HOTS) with Creating.

Area 2: Quality of Learning Opportunities

FCHS striving to provide effective teaching and learning systems in line with its strategic plan that ensures the selection of appropriate teaching methods. The quality of learning opportunities at FCHS shall be evaluated against standards that need to be fulfilled to meet the national and/or international accreditation standards:

Indicator 1: Academic Staff

1. FCHS assures its commitment that teaching staff in all disciplines have a full knowledge, and understanding of the subject they are teaching, in addition to the necessary skills and experience to transmit their knowledge effectively to students.

2. FCHS provides teaching staff with the needed professional development opportunities to improve and extend their teaching capacity, and to improve their skills to a high level.

3. FCHS offers various forms of professional development, and encourages its teaching staff to participate in: (see FCHS Research Policy)

- Workshops and/or specialty courses (e.g. on subject matter, teaching methods and other higher education-related topics);

- National and international conferences or seminars in which academic staff and researchers present their research results and discuss higher education matters;

- Individual or collaborative research on a topic of professional interest.

<u>Indicator 2: Student Support Services and Learning Resources</u>

1. FCHS shall provide students with academic and student support services to aid them in dealing with potential academic problems, and to ensure that they can satisfactorily make progress through their programs and degrees.

2. FCHS shall ensure that all the essential resources to support the student learning process are available, adequate and appropriate for each offered program (e.g. libraries, laboratories, clinics, IT facilities, etc.).

3. FCHS shall ensure that the teaching staff is competent to effectively teach, facilitate learning, and maintain a scholarly approach to teaching in their discipline.

4. FCHS shall ensure that staff of all types (academic, support, technical and administrative) fulfill the requirements of academic standards.

Area 3: Research & Scholarly Activities

1. FCHS shall be responsible to assure that the system, which organizes scientific research and other scholarly activities is relevant to the institution's mission.

2. Teaching staff shall focus on the research and scholarly activities in the following potential areas:

- Effectiveness of plans and scientific research and scholarly activity;

- How the scholarly activities relate to the other academic activities.

Area 4: Community Engagement

1. To achieve the desired level of quality assurance, FCHS management and academic / non-academic staff shall adopt the concept of integrated community engagement in all learning and teaching process.

2. The quality assurance system at FCHS shall ensure that all academic departments and/or programs, academic and non-academic staff are well informed by FCHS mission, makes a significant contribution to the community and to the wider society it serves.

3. FCHS shall assess the level of success in community engagement in the following areas:

- The contribution that departments and/or staff makes;
- The range of activities relevance to the FCHS's mission, values and strategic plan;

Area 5: Quality Management Effectiveness

The quality management improvement and effectiveness systems at FCHS focuses on the following areas:

A. **Governance and Leadership:** quality assurance system at FCHS shall be capable to manage existing academic activities and respond to development and improvement requirements.

B. **Academic Leadership:** The academic leadership in FCHS provides strong and sustainable basis for academic activities to grow in a conducive environment for teaching and learning.

C. **Self-Planning, Evaluation and Reporting:** Self–planning (e.g. IDOPs), evaluation (assessment plans), reporting and improvement plans (correction action plans) shall be open, transparent, focused and supportive to continuous enhancement.

D. **Stakeholders' Feedback Management:** FCHS shall have mechanism for receiving, processing and responding to the reviews and feedback coming from stakeholders (Internal and external). The feedback management system ensure that effective and regularly action is taken to promote strengths, address weaknesses and demonstrate responsibility and accountability.

3.2.2. External Quality Assurance (EQA)

External quality assurance acts as a catalyst to improve the institution accountability for its performance, and offers the institution with new quality assurance perspectives. FCHS seeks External Quality Assurance (EQA), which will evaluate and accredit all its academic programs, in addition to evaluation, licensure and accreditation of the institution. FCHS will maintain licensure and accreditation of all its academic programs from the Commission of Academic Accreditation (CAA), UAE's Ministry of Education. Moreover, FCHS will seek international

accreditation (Appendix 1) approved by the CAA as part of EQA to ensure the process of benchmarking its quality and performance against best local and international practices.

4.1.3.2. Purposes of External Quality Assurance

External Quality assurance is a tool that FCHS use to serve different purposes such as:

1. To assist FCHS in assuring and enhancing its quality in developing its internal policies and procedures.
2. To assess effectiveness and success of processes, policies and procedures.
3. To provide independent information about quality of FCHS programs.
4. To provide an explicit comparison (benchmarking) between FCHS and other higher education institutions, either nationally or internationally.

4.1.3.2. External Audits

External audits is a process that make use of certain parameters to measure the level of compliance with and/or adherence to predefined standards or requirements, in order to demonstrate the capacity of the institution to assure and develop its own quality. The results of an audit gives the institutions more autonomy in its provisions. External audits is a tool which contributes towards the recognition of the institution's Internal Quality Assurance (IQA) system and its study programs. National and/or International accreditation bodies or agencies carry out the external assessment at the institutional level as well as at the programs level.

4.1.3.2. External Evaluation at the Institutional Level

FCHS is currently adopt its own internal quality assurance system taking into consideration the requirements of the external national and international accreditation bodies in the following areas:

- o Area 1: Management and leadership.
- o Area 2: Partnerships, affiliation and Cooperation.
- o Area 3: Teaching, Learning and Research including:
- o Area 4: the institution Dynamics.

Area 1: Management and leadership.

Indicator 1: Mission, Vision and Objectives

1. FCHS has its respective vision, mission statements, which states its educational, research, and social responsibility.

2. The Board of Trustees approves the mission and vision statements.

3. The mission, vision and objectives statements are subject to periodically review (See FCHS Vision, Mission review policy).

Indicator 2: Strategic Planning

1. FCHS has its respective strategic plan.

2. FCHS shall be regularly engaged in reflection that allow it to determine priorities, align its activities according to the available resources, and to be aware of future challenges, opportunities and directions (See FCHS Planning Policy – Appendix 10).

3. FCHS monitors the effectiveness of the implementation of its strategic plan and revise it regularly.

4. FCHS has a plan to assess the attainment of the institution's objectives.

5. Evidence of planning and assessment activities are documented.

Indicator 3: Decision-Making and Governance

1. FCHS has a governance system that consist of Board of Trustees; Director's Executive Committee (DEC); and Advisory Boards, etc.

2. FCHS's governance and administrative organization structures promote effective leadership and support collaborative processes that enable it to achieve its mission.

3. FCHS has a decision-making processes where responsibilities have been determined according to the organization structure.

4. FCHS mission is governed by the principles of transparency and mutual trust in its academic and non-academic departments.

5. FCHS has a set of manuals and handbooks explaining policies and procedures; IE\QA Manual, Student Handbook, Job descriptions, etc.).

6. The academic staff members through committees effectively participate in decision-making processes concerning teaching, learning and research activities.

7. The students at FCHS through the student's council participate in decision-making processes concerning their education and other tracks that need student's contribution.

Indicator 4: Quality Assurance and Institutional Effectiveness Policy

1. FCHS has a quality assurance policy (Appendix 12) that forms part of its strategic management. The policy has a formal status and is publicly available.

2. The policy is monitored and revised periodically by the interested party.

3. The policy is translated into practice through a variety of internal quality assurance processes at each level of the institution operations.

4. FCHS uses the results from quality assurance processes to effectively revise and enhance structures, processes, policies, procedures, curricula, and pedagogy.

5. All FCHS internal stakeholders assume responsibility for quality assurance and continuous improvement and are involved in quality assurance processes at all levels.

Indicator 5: Management Principles

1. FCHS follows clear and pre-determined management objectives.

2. FCHS has clear policies, procedures and guidelines for managerial actions that covers: division of work, teamwork, responsibilities, authority and accountability, transparency, justice-based management, balance between centralization and decentralization, appropriate systems of appraisal and reward.

Indicator 6: Promotion of Innovation by the Management

FCHS ensures that its management system can respond rapidly to initiatives of external needs through research activities, policies and procedures in the administrative and workflow process, knowledge transfer, teaching and learning methods, community engagement, and entrepreneurial thoughts.

Indicator 7: Focus on Future

FCHS allocates resources and designs evaluation processes of forecasts. These processes include education, research, and community engagement services.

Indicator 8: Human Resources

1. FCHS human resources (HR) is managed by the Institute of Applied Technology (IAT) managing directorate which has HR policies for managing human resources, career paths, staff mobility and conditions of service. IAT's HR departments follows ISO 9001 with support from IAT Institutional Effectiveness.

2. IAT Human Resources policy promotes the teaching, technical and administrative staff training and professional development.

Indicator 9: Financial Management System

1. FCHS Finance and Procurement is managed by the Institute of Applied Technology (IAT) managing directorate, which has finance and procurement policies. IAT's finance and

procurement departments follows ISO 9001 with support from IAT Institutional Effectiveness.

2. FCHS has a clear and transparent system for the distribution of internal and external resources.

3. FCHS has budgeting, monitoring and auditing procedures. And regularly evaluates its financial management and use the results to improve its financial management system.

4. FCHS has policies for fund and budget raising in addition to plans to maintain financial stability.

Area 2: Partnerships, affiliation and Cooperation.

Indicator 1: Partnership, Affiliation and Network Strategy

1. FCHS has a clear process to scan its environment to be aware of the national, regional and international healthcare developments on a regular basis.

2. FCHS has set up a clear vision to define priorities for relationship with national and international organizations in order to promote curriculum development, internship, job training, students exchange and transfer of credits, academic and non-academic staff exchange, research, publication, consultancy, etc.

Indicator 2: Partnerships, Affiliation and Cooperation Sustainability

1. FCHS has a clear process to maintain its network of partnerships, affiliation and cooperation relations via memoranda of understanding.

2. FCHS updates, on a regular basis, its website in order to ensure dissemination of latest news for the public.

3. FCHS presents in continuous bases to its networks the significance of their feedback and participation in serving the general interest of the institution and assisting in its development.

Indicator 3: Networking Activities' Outcomes Assessment

1. FCHS through various committees and councils holds regular meetings with its network to deliberate the outcomes of its networks activities.

2. To propose potential corrective actions FCHS holds meetings with concerned partners in order to evaluate the status of the institution activities and operations.

3. FCHS use of the feedback collected from department advisory committees, advisory boards and other interested parties to improve its operations and functions and analyzes the impact of its networking activities on the sectors that they work in.

Indicator 4: Exchange of students, academic and non-academic staff

1. FCHS has a policy that encourages international mobility of students, academic and non-academic staff.
2. FCHS has a policy for the integration of international students and teaching staff as well as researchers.

Indicator 5: National and International Accreditation

1. FCHS has a strategic objective for national and international accreditation recognition.
2. FCHS shall participate in national and international accreditation process.

Area 3: Teaching, Learning and Research including:

Indicator 1: Programs and Curricula Design

1. FCHS has policies, procedures and processes for the design, review and approval of academic programs and curricula.
2. FCHS programs are designed with overall educational objectives and learning outcomes that are in line with the institutional strategy, mission, vision and objectives including the learning outcomes in the course, program and institutional level.
3. FCHS programs are designed with stakeholders and experts involvement, in a way that define the expected student workload, learning outcomes and enable smooth student progression.

Indicator 2: Student-Centered Teaching and Learning

2. FCHS ensures that the programs are delivered in a way that encourages students to take an active role in creating the learning process, and that the assessment of students reflects this approach.
3. FCHS considers uses a variety of pedagogical methods and uses different styles of course delivery and teaching methods.
4. FCHS encourages and promotes mutual respect within the learner-teacher relationship.
5. FCHS has appropriate procedures for dealing with students' complaints.

Indicator 3: Students' Progression Assessment

1. FCHS considers the importance of the students' progression assessment.

2. FCHS ensures that examiners (internal and/or external) are familiar with existing testing and examination methods, policies, procedures and receive sufficient support in developing their skills in this field.

3. The criteria for assessment methods as well as criteria for grading and marking are published in advance.

4. The assessment items allows students to demonstrate the extent to which the learning outcomes have been achieved. Students also are given feedback, which is linked to advice on the learning process.

5. If needed and wherever possible, assessments are carried out by more than one examiner. In addition, assessments graded by deferent examiners are moderated.

6. FCHS ensure that assessments are consistent, fairly applied to all students and carried out in accordance with the stated guideline and procedures (See FCHS Assessment and Exams Policy).

Indicator 4: Student Policies, Procedures and Regulations

1. FCHS has published policies, procedures and regulations covering all phases of student life cycle including: admission, assessment, progression, completion, graduation recognition and certification.

2. FCHS puts in place processes and tools to monitor, collect, analyze and act on information of student progression.

3. FCHS provides students with documentation which explain the qualification gained and the status of courses that was pursued and successfully completed.

Indicator 5: Academic Staff Qualifications

1. FCHS has committed to employ a sufficient and competent faculty members with equitable and fair workload reasonable to support the delivery of academic programs effectively and efficiently.

2. FCHS follows clear, transparent and fair policies, procedure and processes for staff recruitment and conditions of employment which recognize the reputation of effective teaching.

3. FCHS offers opportunities and promotes the professional development of teaching staff. And encourages innovation in teaching methods and the use of new technologies.

4. FCHS encourages research and scholarly activities to strengthen the link between education and research.

5. FCHS considers maintaining reasonable Faculty/student ratio according to the national standards.

Indicator 6: Research Strategy

1. FCHS has a policy supporting the research and scholarly activities that ensures the successful implementation of the research policy.

2. FCHS promotes the development of research projects teams.

3. FCHS ensures the implementation of collaborative research structures, and the implementation of a policy supporting innovation.

4. FCHS supports the publication of research in well-known peer-reviewed journals and conferences.

5. Quality of the research are evaluated and ensured via committees and industrial collaboratons.

Indicator 6: Student Support Services and Learning Resources

1. FCHS has appropriate funding for extracurricular teaching and learning activities and ensure that adequate and readily accessible learning resources and student support services are available and provided.

2. FCHS has sufficient physical resources such as libraries, laboratories, sports halls, gyms, clinics, study facilities and Information Technology (IT) infrastructure.

3. All FCHS resources are fit for purpose, accessible, and students are informed about the facilities and services available to them.

Indicator 8: Information Management

1. FCHS has set up clear processes, policies and procedures that ensures the collection, analyzing and use of relevant data for the effective management of its operations and programs and other activities.

2. FCHS recognize that reliable data is critical for informed decision-making and for knowing what is working well and what needs attention.

3. The data collected include key performance indicators (KPIs), students progression/success rates, student drop-out rates, student's retention and attrition rate, students' satisfaction with learning resources; support services; career paths, etc.

Indicator 9: Publication of Information

1. FCHS regularly publishes clear, accurate and up-to date information about its activities, and academic programs.
2. FCHS' published information are useful for, staff, prospective and current students as well as for graduates and other interested parties and the public.

Indicator 10: On-going Monitoring and Evaluation of Programs

1. FCHS has set up the needed policies and procedures to monitor and periodically evaluate and review its programs to ensure that they are aligned with the institution mission and objectives, they achieved their objectives and respond to the needs of students and community.
2. Regular monitoring includes the evaluation of the programs curricula, program learning outcomes, course learning outcomes and content, in the light of the latest research in the given discipline. Thus ensuring that the programs are up-to date; the students' workload is fair, progression and completion; the effectiveness of procedures for assessment of students; the student expectations, needs and satisfaction in relation to the programs; the learning environment and support services and their fitness for purpose.
3. FCHS programs are reviewed and revised regularly with the involvement of faculties, staff students and other interested parties. Any correction and/or corrective action planned or taken as a result will be communicated to all the concerned parties.

Indicator 11: Graduates and Alumni

1. FCHS has an Alumni and Career services and government relation office to support the employability of its graduates.
2. FCHS participates in job fair activities to introduce senior students to prospective employers.
3. The government relation office has links with employers that provide assistance in the process of providing job opportunities for FCHS graduates.
4. The government relation office conducts follow-up of graduates, gathers alumni data and issues reports or summaries on employment status.

Area 4: The Institution's Dynamics

Indicator 1: Community Approaches

1. FCHS actively monitors the community needs, pursues several approaches to deal with changes within its environment, response to surrounding environment demands of and interacts dynamically to achieve the community demands.

2. FCHS establishes new undergraduate programs, based on community's needs and feedback gathered from different advisory boards and all interested parties.

3. FCHS deploys its available resources and capabilities to offer various services, including consultancy, training courses, continuing education programs, professional education, etc, in order to create a link between the institution and all stakeholders within the UAE community.

Indicator 2: Continuous Development

1. FCHS established a dynamic quality assurance system to monitor and evaluate the academic programs and administrative support performance.

2. FCHS ensures that it copes with the breadth of human knowledge and up-to-date technologies and national and international higher education standards, in order to make its graduates able to compete for the best employment opportunities.

3. FCHS promotes the development of intellectual skills and abilities of its academic and non-academic staff members, to enhance their knowledge and skills to get familiar with new concepts and ideas by offering professional development programs and training courses.

Indicator 4: Diversity within the Strategic plan

1. FCHS has a strategic objective, which supports the diversity throughout the institution. Diversity at FCHS encompasses differences in culture, background, geographical locations, colors, gender, race, religion, language, and physical ability.

2. FCHS is committed to assure intellectual freedom, equality of people, employability based on non-biased selection of academic and non-academic staff members.

4.1.3.2. External Evaluation at the Program Level

Area 1: Accreditation and Quality Assurance Agencies

National and international accreditation dealing with higher education accreditation processes carry out a number of processes and actions to assure and improve the quality of higher education both in the institution and at program level. Some of the accreditation bodies are virtually involved in accreditation process at program level, and directly deal with setting of academic standards, benchmarks, assessment and/or final decisions. More or less variations

are evident in procedural details, assessment techniques and protocols followed by different agencies, and the standards and criteria differ from discipline to another.

As a higher education institution, program accreditation is one of the FCHS goals. The success of the accreditation process in FCHS programs, illustrate the institution's approval to offer specific academic programs approved by the CAA as national regulatory and accreditation authority.

Indicator 1: Activities and Processes for Quality Assurance

1. Accreditation bodies and regulatory authorities undertake external quality assurance activities on a regular basis which shall include evaluation, review, audit, assessment, or other similar activities at program and/or institutional level.

Indicator 2: Official Status

1. Accreditation and licensing bodies should have an established legal basis, and should be formally recognized as regulating agency by federal authorities.

Indicator 3: Independence

1. Accreditation bodies shall be independent bodies and act autonomously.

2. Accreditation and licensing bodies shall be fully responsible for their operations and the outcomes of those operations without any third party influence.

Area 2: Accreditation Procedures

1. **Request for accreditation:** The concerned program shall send a request of initial / re-accreditation to the accreditation body;

2. **Self-study report preparation:** The concerned program shall carry out and prepare a self-assessment report. A good self-assessment, critically and analytically offers the program a good view on its quality;

3. **Nomination of expert team:** The accreditation body shall nominates experts surveyors team. The proposed names shall be sent to FCHS to see if there is a serious objection against anyone of the candidates.

4. **Submitting the self-assessment report:** The program shall submit the self-assessment report to the relevant accreditation body;

5. **Site-visit:** The chairperson of the team shall confirm the site-visit in consultation with the program HoD, Associate Director of Academic Affairs, College Director and IED according

to given schedule. During the site-visit, appointments will be made with whoever staff members and students the team would like to talk to;

6. **The evaluation process results:**

o A report shall be prepared and sent to the program for response and comments. The response and/or comments shall concern only factual errors and inaccuracies.

o After the feedback from the program, the chairperson of the expert team shall send the final report to the accrediting body's commission.

7. **Granting accreditation:**

If the Program meets all conditions, the accreditation is valid for a definite number of years**.**

8. **Accreditation with conditions:** If the Program has not met some requirements, the accreditation is granted with conditions.

9. **Non- Accreditation/ Rejection:** A Program Accreditation is rejected if the Program does not meet the quality requirements**.**

10. **Certificate, Seal, Publication:** If the accreditation is granted, the Agency shall awards a certificate with its quality seal.

4. Institutional Effectiveness Framework

4.1. Quality Assurance and Institutional Effectiveness

FCHS describes quality as combining productive processes as well as high-quality performance. Quality initiatives are set out in the context of FCHS mission. Whereas the policies, procedures, guidelines, manuals, and procedures leads to the achievement of efficient operations and high quality outcomes. Quality assurance requires the commitment of all FCHS stakeholders including faculty, staff, students, partner organizations and other interested parties. The process of institutional effectiveness is a central component of the ongoing institutional planning process. In addition, the process includes a systematic review of College's mission, strategic objectives, key performance indicators to assist in decision-making and improvement process (Appendix 11: Quality Assurance and Institutional Effectiveness Policy). Generally, there are two vital objectives for institutional efficiency and effectiveness: improvement and accountability. The Commission for Academic Accreditation (CAA) expects higher education institutions to demonstrate their dedication to quality assurance and enhancement by regularly reviewing the performance of all aspects of its

operations, including academic programs and administrative departments. The Institutional Effectiveness Framework (IEF) defines the quality assurance processes in place at FCHS. It also defines the College Quality Assurance processes for measurement, assessment, evaluation, and accountability. Quality Assurance processes encompass all programs and services provided by FCHS. It is based on a regular cycle of planning and evaluating of teaching, learning, research scholarly activities, and support services for education. Given these activities are carried out by a wide range of different organizational departments, IEF is essential to road map for planning, program assessment and review, learning outcomes assessment and accreditation. FCHS seeks to establish QA processes that meet the expectations of national and international standards for quality management systems. The quality improvement system is based on common models of continuous improvement, professionally known as: Plan, Do, Check, Act (PDCA) Figure 4 and the European Foundation for Quality Management (EFQM) RADAR: Results; Approaches; Deploy; Assess; Refine model (see figure: 7).
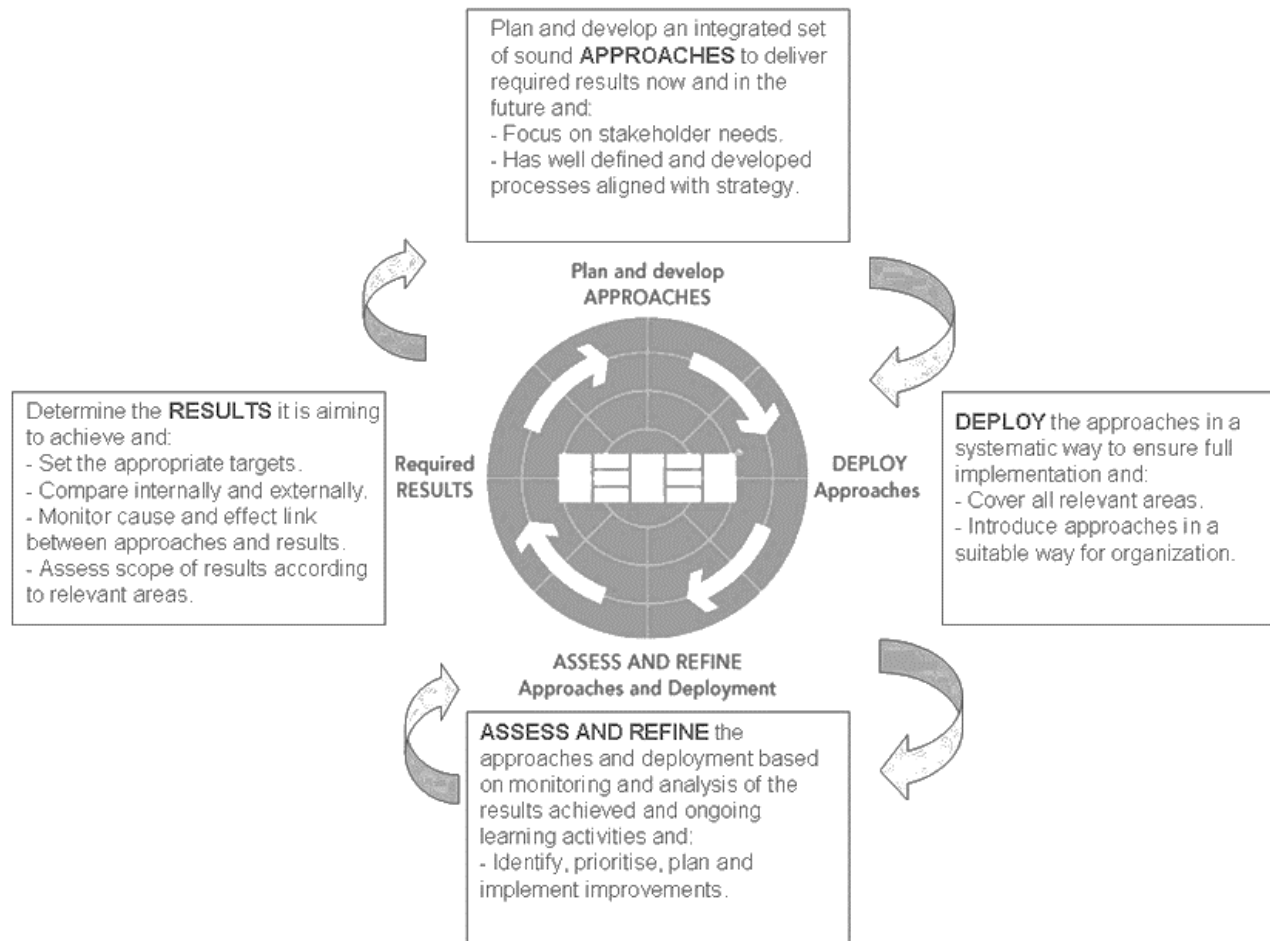
Figure 7: The-RADAR-matrix-cycle-as-a-methodology-of-EFQM-Excellence-model

Firstly, Plan

A clear identification of objectives is a key starting point for both models. This includes each of FCHS unit (academic and non-academic); where these objectives must be aligned with the strategic plan and strategic objectives of the college. The operational plan of the unit is an annual plan indicating what will be done to achieve the objectives of the unit over the coming year, how the proposed actions will be carried out, who will be responsible, and what will be measured to assess progress, KPIs for example.

Secondly, Do

The implementation of the planned actions.

Thirdly, Check

Effective quality team management depends on regular assessment or monitoring of progress, identifying anything that does not follow the plan or timetable, and exploring why delays or inaction have occurred.

Fourthly

At the end of the year, efforts will focus on the issues identified in the assessment step, and either removing obstacles for progress or refining expectations, in the run-up to the next iteration of the cycle, with a revised operational plan for the next year.

Institutional effectiveness in FCHS is divided to two main assessment processes: Academic programs assessment process and Administrative and support non-academic departments' assessment process. More specifically, FCHS periodically review and update both short-term operational and long-term strategic plans that are mission-driven; include objectives and performance indicators; and are linked to the institutional budget. In addition, FCHS documents its planning policies and procedures to ensure that the results of institutional research are used to guide planning, budgeting, resource allocation and the improvement of both institutional and departmental levels. Furthermore, FCHS demonstrates that the results of institutional research are used to improve academic programs, resources and services; as well as benchmarking against best local and international practices that is used as part of a continuous process of the quality improvement; so that these improvements are monitored and evaluated.

The planning policy (Appendix 10) and Quality Assurance/Institutional Effectiveness Policy (Appendix 12) at FCHS is designed to comply with the CAA Standards and to cover every academic and administrative department's plans, demands and actions. The policy combines four critical integrating processes:

- **Strategic long term planning** (at the institutional level)
- **Short term planning** (program/department level)
- **Assessment** (Institutional and program/department level)
- **Budget Process** (at both the institutional and program/department level)

Given that the college strategic plan depends on the activities of each department, the performance of these departments together provides data on the performance of the college which in turn reflects on next academic year plans. Therefore, in order to monitor the performance annually, each department shall develop an annual assessment plan to measure

its performance during the academic year and develop an annual action plan reflecting the performance of the previous year and adjusting the actions accordingly.

The results of the academic and administrative department outcomes assessment provides data to develop their own annual operational and long-term strategic plans. Whereas, at the institutional level, this information, as well as other gathered information from institutional outcomes assessment, is used to determine the college priorities and, as a result, to assist in the allocation of resources and long-term planning. Figure 9 below describes the process of institutional effectiveness and quality assurance in details and illustrates its cyclical nature together with the information provided by a single assessment cycle that is used to refine results, assessment tools, learning experiences. Furthermore, in the next cycle towards the achievement of the college mission.
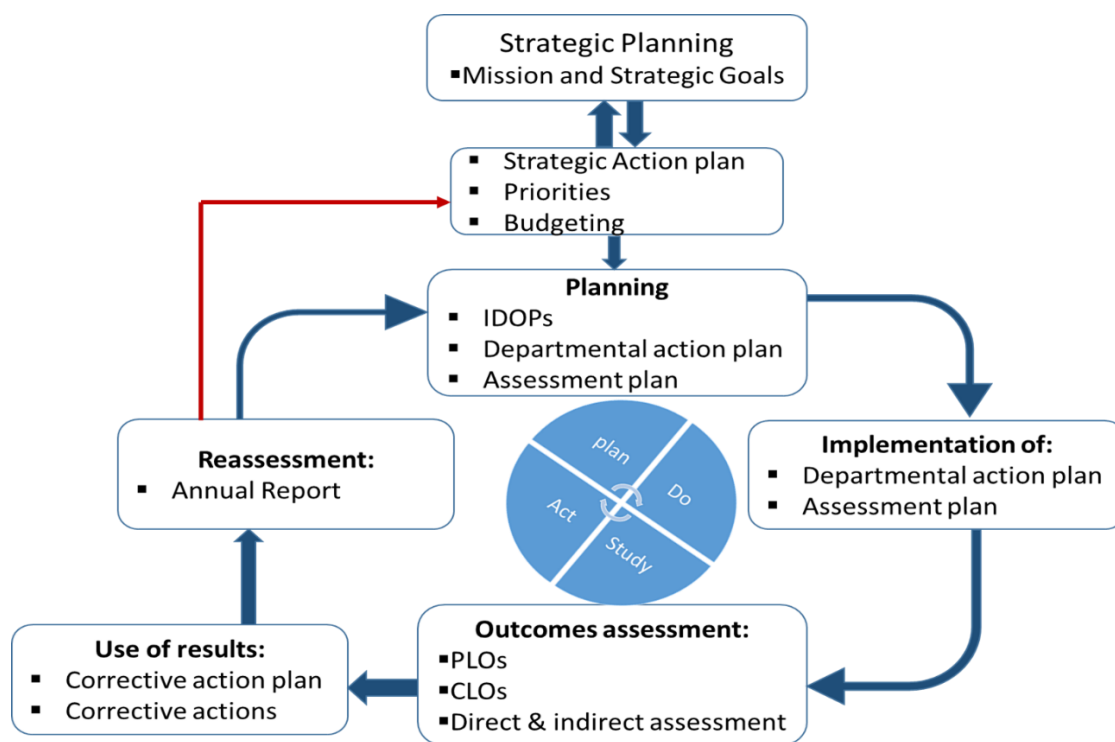

Figure 8: Institutional effectiveness and quality assurance process

4.1.1. Branch Campus Quality Assurance

It is an expectation of FCHS that students taking classes at any campus will receive an equivalent educational experience and achieve the same learning outcomes (See Multiple Campus Policy, FCHS Policies & Procedures Manual). The primary purpose of FCHS coordination between campuses is to ensure that students, irrespective of the campus attended by them, have similar learning experience and achieve identical program outcomes. The extent to which students achieve their learning outcomes, both at the course and program levels, is determined for all campuses by following the same policies, processes and procedures (See Multiple Campus Policy, FCHS Policies & Procedures Manual). The purpose of FCHS's Multiple Campus Policy is to provide guidelines for off-campus academic and administrative cooperation to ensure that each location provides the same level of services and facilities to all stakeholders, and the same level of support and equivalent learning environment for all students. This is done under the supervision of the ADAA in collaboration of IED. At the end of each academic year a Program Effectiveness Report (Appendix 6) is submitted which utilizes institutional research to identify student achievement in each campus.

4.1.2. Strategic Planning

Strategic Planning focuses on the actions taken by the institution to carry out its mission through the improvement of academic and non-academic processes with available resources. FCHS's long-range strategic planning takes place every 5 years. A thorough assessment of the strengths and weaknesses as well as a review of the mission, forms the basis for the five-year planning, implementation and evaluation cycle. With reference to this strategic plan, the academic and non-academic departments shall develop their specialized individual departmental plans for the five-year cycle.

The FCHS strategic plan consists of a vision statement, mission statement, and a set of strategic goals designed to enable the College to achieve its vision (see Appendix 1: FCHS strategic plan). This strategic plan sets out the overall direction for the College and serves as the basis for planning at all levels over the five-year time frame. FCHS conducts periodical reviews of its strategic plan (see Policies and Procedures Manual – Mission development, approval and review policy) based on the institutional effectiveness results by IAT IE. The

development of the strategic plan is the shared responsibility of both FCHS Director and the Director's Executive Committee (DEC). FCHS's managing directorate, the Institute of Applied Technology's Managing Director and Board of Trustees shall be responsible for the final revision and approval of the strategic plan (see FCHS planning policy).

4.1.3. Assessment

Assessment is an ongoing institutional process through systematic collection and analysis of data in order to determine how well the institutional mission is being carried out. FCHS institutional effectiveness and quality assurance assessment is divided into two main assessment processes: Academic programs assessment process by measuring how well students are learning. And Administrative and support non-academic department' assessment process by determining how administrative and supporting units are operating. The process is based on:

o Identifying expected outcomes of the academic programs and/or administrative departments,

o Continuously monitoring progress towards those outcomes, communicating results among all institutional levels, and

o Using those results to enable improvement of teaching, learning, services and processes.

The quality assurance and Institutional Effectiveness Framework, the Planning policy and the QA\IE policy is a roadmap guiding continuous enhancement and constitutes a means for measuring how well the institution pursues its mission.

4.1.3.2. Assessment Aim

The purpose of outcomes assessment is to effectively engage FCHS community (management, faculty, students and interested parties) in the evaluation process towards the achievement of the mission and strategic goals. The assessment process will provide advantage to all concerned and other related parties as follow:

1. The management will be benefited from the assessment process by using the results:

    i. As an evidence of quality of teaching and learning, promotion decisions, research grants and other funding, as well as for national and international accreditation from professional associations.

ii. To ensure that the strategic plan is being integrated into student learning outcomes experiences.

iii. To document the academic program success, administrative departments and/or the institution and use this success for employers, government agencies, and accrediting bodies.

iv. To help in making informed-decisions about budgeting, development of new programs, change current program and/or curriculum, faculty or staff hiring, the need to improve or expand services, etc.

v. To ensure that resources are being allocated in the most effective and efficient manner.

2. The outcomes assessment can benefit faculty by:

i. Helping them to clarify the program learning outcomes and identify the knowledge, skills, values, and perspectives that are critical for students' learning.

ii. Ensuring that graduates have acquired all the essential knowledge, skills and values and have achieved all key outcomes.

iii. Improving communication, coordination, and cooperation among faculty members in the program or department and across the college in general.

iv. Providing better information about what students understand and how they learn so that faculty can adjust their teaching methods, improve their skills as instructors, and build a knowledge base of scholarly research on learning within the discipline.

3. The students' can benefit from the assessment process by:

i. Providing them with clear prospects, which help them to better understand how their work will be assessed.

ii. Helping the students to identify their strengths and weaknesses and set priorities for self-improvement.

4.1.3.2. Assessment Model

FCHS committed to follows the best practice model of outcomes assessment. At the most basic level this was represented as Plan-Do-Check-Act which was built around the mindset of continuous improvement and includes an annual planning and reporting mechanism. The assessment cycle employed by FCHS is the following standardized method:

Plan: identify and define what to achieve, and develop an approach for achieving these objectives.

Do: develop and implement specific plans and actions for achieving these objectives.

Check (Review): identify outcomes and monitor they are progressing towards achieving objectives; and.

Act (Improve): identify changes that need to be made so that it can effectively meet objectives and, possibly, reconsider the appropriateness of objectives.

FCHS has developed a uniform process for planning, implementation and reporting of assessment activities across all academic and administrative departments (see Figure 9: *the institutional effectiveness and quality assurance process*). All academic and administrative departments shall use a model for planning, assessment and reporting that includes: expected outcomes, methods of assessment, success targets, results and findings, and use of results for improvement (see FCHS Outcomes Assessment Guidelines). The model is supported by assessment planning and reporting forms that describe the all items that must be addressed by all departments academic and administrative (Appendices 2- 7).

4.1.4. Budgeting Process

The budgeting process is closely linked to the institution's mission and strategic objectives and is being conducted in collaboration between senior management of academic and administrative departments in order to prepare a detailed budget at departmental and institutional level. All heads of departments shall include in the IDOP the budgetary needs of their departments and shall provide the finance department with any information requested to prepare the college budget. It is the responsibility of each department to review its strategic plan performance and to integrate assessment findings with budgeting requests.

The Director of the FCHS, in collaboration with the DEC, shall review the budget of each department and prepare the budget of the institution based on the results of the previous year's assessment and the strategic priorities set for the upcoming year. The Director shall submit the budget to the Board of Trustees for approval.

Generally, the FCHS quality assurance and institutional effectiveness cycle works as follows:

1. All academic and administrative departments shall conduct an annual individual departmental operational plan (IDOP) that are informed by the Quality Framework and are aligned with the strategic key performance indicators and budget processes. The IDOP shall contain departmental goals, desired outcomes and objectives that the department

intends to accomplish in the upcoming academic year, projected budget and resources, summary of outcomes assessment tools and specific plans for Community Engagement, Research and Scholarly Activity and Sustainability. All IDOPs shall be submitted to the Director's office not later than the 15th of June each academic year. All IDOPs shall be reviewed, discussed and approved by the FCHS director not later than week 7 of the summer term.

2. All academic programs and administrative departments shall develop outcomes assessment plans and individual departmental outcomes assessment process (es) Individual Department Outcomes Assessment Plan (IDOAP) derived from their IDOPs. The plan shall include outcomes, objectives and assessment tools to measure the unit performance during the current academic year, and accordingly develop correction and corrective action plans to maintain continuous improvement in the unit performance. The outcomes assessment is an ongoing process that shall be implemented from the first day of the academic year, and then desired outcomes and/ or objectives are assessed throughout the academic year.

3. Outcomes assessment plans are implemented and then outcomes are assessed throughout the academic year. The academic programs and/or administrative support departments conduct the assessment in cooperation with the IED and college Directors.

4. All academic programs and/or administrative departments shall report their findings and any action plan(s) to the Associate Director for Academic Affairs (ADAA) and/or director with a copy to IED. All academic and administrative departments shall develop an annual departmental report (ADR) that shall include Department Name, Executive Summary, Department Profile Summary, Goals for Current Academic Year, Budget for current academic year, Department Outcome Assessment results, Risk Assessment, Community Engagement Activities, and Summary of Achievements along with supporting documents. All shall be submitted to the ADAA and/or the FCHS Director office.

5. The results of the assessments shall be compiled into annual departmental reports (ADR). The reports will be forwarded to the Office of the Director for further follow-up. The ADR and the outcomes assessment results and findings along with the action plans shall be submitted to the Director's Office not later than the 15th of September of each academic year.

6. The Director will discuss the departmental reports with the Director Executive committee (DEC) and generate approved action plans together with the required budget and resources in order to implement these plans.

7. On an annual basis, each academic and administrative department shall evaluate the previous year's activities and shall use the evaluation results in planning for the next year.

5. Academic Program Quality Assurance and Effectiveness

5.1. Program Quality Assurance Process

FCHS's core business is its academic functions of teaching, learning, research, and service provided to the institutional community, stakeholders, as well as the society in general. The Associate Director of Academic Affairs with the support of the Institutional Effectiveness Department oversees the academic programs quality assurance in the College.

Each academic department is required to engage in the strategic planning process and the quality assurance steps outlined in the Institutional Effectiveness and Quality Assurance Framework.

The QA\IE Components for Academic Programs includes:

1. Development of departmental objectives that are aligned to FCHS mission, objectives and values.

2. Development of academic programs learning outcomes (PLOs).

3. Ensuring that the PLOs are aligned to Qualifications Framework Emirates (QFEmirates) and consistent with CAA Standards.

4. Developing course learning outcomes (CLOs) and use a mapping matrix to the PLOs

5. Selecting and designing assessment instruments for program goals, PLOs and CLOs, which include both direct and indirect assessment instruments.

6. Setting internal and external benchmarking criteria for the achievement of program goals, PLOs and CLOs.

7. Detailed assessment cycle based on data analysis and assessment results.

8. The process of reviewing assessment results and developing approved remedial and improvement actions as well as highlighting best practices to be adopted. Moreover, setting a detailed plan for implementing improvement and remedial actions.

9. Monitoring and documenting the implementation of improvement actions.

Whereas, academic quality assurance related to student success at FCHS includes the following components:

1. Assuring that the quality of existing programs is maintained and that new degree programs are of high quality.
2. Confirm and maintain the reliability of teaching at a high standard.
3. Assuring that students are accomplishing the institutional and program learning outcomes.

Therefore, FCHS' academic affairs quality assurance process has a well-defined requirements derived from the strategic planning process as they are part of its core business. These requirements are specifically related to teaching and learning. It should basically cover the following:

o Approval of new degree and/or programs in accordance to QFEmirates and CAA requirements;
o Assuring the quality of the existing degrees and/or programs, including assessment of student learning.
o Teaching faculty performance evaluation.

Quality assurance in these areas, like the strategic planning process, is a cycle. The key elements include:

1. Close and efficient communication between the IED, HODs and the Associate Director of Academic Affairs;
2. Learning outcomes assessment, and faculty promotion.
3. Biannual program review cycles linked to each of these processes.

FCHS Vision, Mission, and Strategic Goals drives the mission and objectives of academic department and/or program and non-academic departments as well. Regular review and success assessment in all departments shall be performed using a range of measurement methods. The assessment findings will in turn lead to the identification of interventions for solutions and enhancements. These initiatives would help to strengthen both instructional programs and institutional support services. They can also contribute, as necessary, to revising the college mission, vision, objectives and values. The development cycle is derived in the following flowchart:
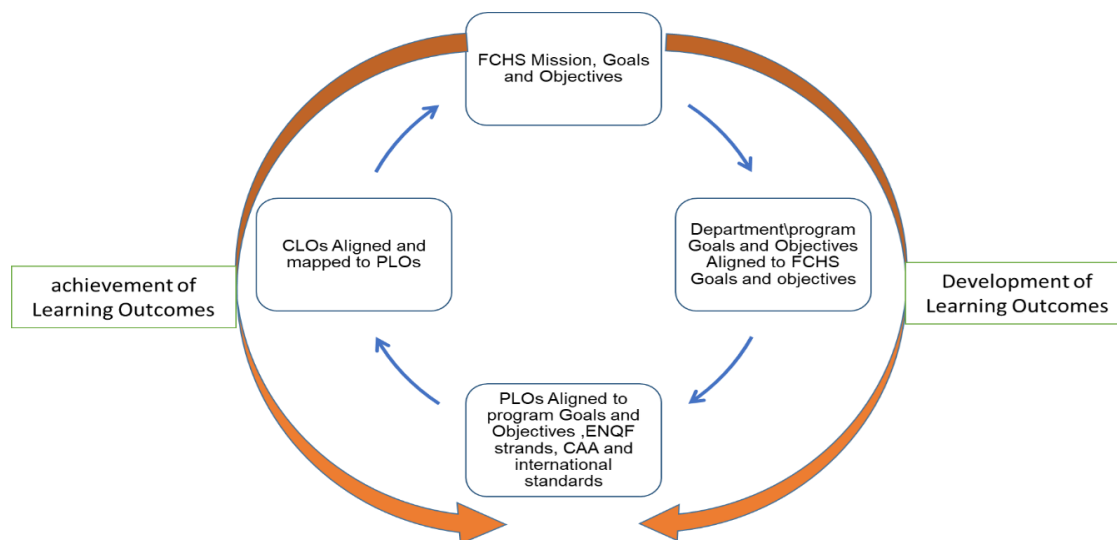
Figure 9: Developing Goals, Objectives and Learning Outcomes Flowchart

The institutional effectiveness process requires FCHS to establish program-learning outcomes (PLOs) based on its mission and goals. HoDs, faculty members, and staff shall align the academic programs PLOs, objectives and values to College's ILOs, goals and mission statement. At FCHS objectives and learning outcomes that are most appropriate and meaningful are identified, assessed and reported to faculty, staff, students and other interested parties. Continuous improvement is conducted using assessment results for closing delivery gaps of learning and services. The flowchart above show the sequence for developing goals, objectives and learning outcomes.

5.1.1. Benchmarking Process

Benchmarking academic program outcomes results is a systematic process that involves comparing an institution's program outcomes against external benchmarks. This process helps institutions and programs to identify areas of strength and areas for improvement. The process of benchmarking its quality and performance against best local and international practices is as follows:

1.   Selection of Benchmarking Partners or Data Sources:

- Identify benchmarking partners or data sources. These can be other educational institutions, professional organizations, internally with other department, or publicly available data.
- Ensure that the selected partners or data sources are relevant to the specific academic program you are benchmarking

2. Determination of Key Performance Indicators (KPIs):
   - Define the key performance indicators that will be used to measure program outcomes. These may include student achievement, retention rates, graduation rates, job placement, and student satisfaction.

3. Data Collection and Analysis:
   - Collect relevant data related to the chosen KPIs. This data may come from internal sources (e.g., institutional records) or external sources (e.g., national education databases).

4. Establishing a Baseline:
   - Establish a baseline for your program's outcomes based on your internal data.
   - Compare this baseline with the benchmarking data to identify performance gaps.
   - Compare your program's outcomes with those of your benchmarking partners or industry standards.
   - Identify areas where your program excels and where it falls behind in comparison

5. Identifying Best Practices:
   - Study the benchmarking partners or institutions that excel in areas where you want to improve.
   - Identify best practices and strategies that contribute to their success.

6. Set Improvement Goals and actions:
   - Establish specific, measurable, and realistic improvement goals based on the benchmarking results.
   - Consider creating an action plan to address the identified performance gaps.

7. Implementation of Improvement Initiatives:

- Implement the improvement initiatives and actions based on the action plan.

8. Monitoring of Progress:
   - Continuously monitor the progress of your program using the same KPIs.

9. Adjustment and Refinement of actions:
   - Based on ongoing monitoring, make adjustments and refinements to the improvement actions as needed.

5.2. Missions, Objectives, Goals and Learning Outcomes

1. Department goals or objectives are statements that describe the professional skills and career accomplishments that the program graduates are expected to achieve. Goals/objectives assessment occurs after graduation in the workplace.

2. Program Learning Outcomes are statements that describe what students are expected to know and be able to do by the time of graduation. PLOs describes the career-associated professional behaviors that students shall demonstrate after completing the program. PLOs' focus on the intended knowledge, skills, and competencies of the student after completing the program. PLOs shall be assessed as the student progresses in the program and immediately when they finish the program. The following questions help in developing PLOs:

   - What the student should know? (cognitive)

   - What the student should be able to do? (psychomotor/behavior/ skills/competencies)

   - What students should care about? (ethics and values)

Action verbs shall be used when writing the PLOs such as: Analyze, Demonstrate, Prepare, Apply, Design, Rate, Compare, Develop, etc.

3. Course learning outcomes are statements that describe what students are expected to know and be able to do upon completing a course. The following table illustrate the Common learning outcome action verbs based on the Bloom's taxonomy of the level of cognition.

Cognition	Meaning	Action Verbs
Knowledge	To recall or remember facts, basic concepts, and terms.	List, state, tabulate, write, recall, quote, label, outline, define, describe, draw, enumerate, present, recollect, show, tell, list, match, name
Comprehension		Associate, clarify, contrast, convert, defend, describe, differentiate, discuss, distinguish, estimate, explain, express, extend, extrapolate, generalize, give examples, illustrate, infer,

	To understand and interpret what is learned.	interpret, paraphrase, predict, recognize, restate, rewrite, review, select, specify, summarize
Application	To put ideas and concepts to work in solving problems.	Apply, calculate, demonstrate, compute, develop, employ, examine, experiment, find, manipulate, modify, organize, plot, prepare, sketch, use, solve
Analysis	To break information into its components to make inferences and find evidence.	Analyze, appraise, correlate, arrange, categorize, criticize, deduce, determine, draw conclusions, experiment, illustrate, investigate, relate, simplify, subdivide, separate, order
Synthesis	To use creativity to compose and design something original.	Arrange, assemble, collect, compose, construct, create, design, formulate, generate, organize, plan, prepare, propose, set up, synthesize
Evaluation	To judge the value of information or the quality of work.	Appraise, assess, defend, judge, predict, rate, support, evaluate, recommend, convince, conclude, compare, summarize, test, validate, verify
Creative Learning	What should the student care about	Appreciate, accept, acknowledge, attempt, cooperate, defend, dispute, join, judge, participate, question, share, initiate, listen, justify

Table 3: Common action verbs based on the Bloom's taxonomy of the level of cognition.

4. Success Criteria (SC)\Outcomes Performance Criteria (OPC) are specific and measurable statements that identify the minimum performance(s) required for the courses and program outcomes to be meet or achieved.

5.3. Outcomes Assessment Overview

Outcome assessment is an ongoing process of systematically collecting and analyzing information to help the institution determine how well it succeeds in achieving its mission and objectives. Each academic department and/or program shall identify its goals and objectives which shall be consistent with the college mission and strategic goals. Therefore, Program learning outcomes (PLOs) shall be developed from the college goals and objectives and course learning outcomes (CLOs) shall be derived from PLOs. All goals and outcomes shall be designed to achieve the college's strategic goals. The courses provide students with the opportunity to achieve program outcomes towards the college goals and finally to achieve the

college goals. Figure 10 illustrates the interconnected nature of outcomes development and achievement.

FCHS has adopted three main levels in its learning outcomes strategy: course learning outcomes (CLOs), program learning outcomes (PLOs) and institutional learning outcomes (ILOs). It is important to know and understand the language and abbreviations of learning outcomes in order to navigate through the learning outcomes assessment process.

5.3.1. Course Learning Outcomes (CLOs)

As a part of each course design and approval, each course should include a set of clearly written, focused learning outcomes that outline what students should be able to do when the course is completed. Usually 4-7 is a good number of CLOs as less than 4 may signify that not enough is being accomplished in a course and more than 7 is often indicative of learning outcomes that are too granular and do not focus on the essential learning in a course. Idealistically, the overabundance of CLOs can make the process of aligning them with program learning outcomes perhaps too complicated to be meaningful or effective. Good CLOs shall:

✓ begin with an introductory phrase indicating what students will be able to do at course completion;

✓ can be assessed by course assessment strategies;

✓ are understandable to students;

✓ use an appropriate action verb;

✓ contain the key course content which is the focus of the learning;

✓ are written to the appropriate level of accomplishment.

These CLOs are expected to be aligned with some or all the PLOs.

5.3.2. Program Learning Outcomes (PLOs)

To maintain high levels of student learning and ensure that academic programs activities are aligned with the institutional vision, mission and goals, each academic program has its own set of PLOs which represent the discipline-specific learning outcomes and rest a level up from CLOs. Those PLOs are aligned to the ILOs and to the Qualifications Framework Emirates (QFE) and reflect the knowledge, skills and attitudes that students are expected to gain as part of their program experience. A reliable PLO shall:

✓ Be related to the college mission and goals.

✓ Reflect the specific knowledge and skills which students are expected to acquire.

- ✓ Focus on demonstrable behaviors that can be easily observed and measured.
- ✓ Be written to communicate a single aspect rather than combine multiple aspects into one statement.

5.3.3. Institutional Learning Outcomes (ILOs)

Institutional Learning Outcomes (ILOs) include the knowledge, skills and competencies embedded within every aspect of the college to inspire and enhance each student's transferable learning skills. The ILOs represent the broad categories of competence that enable students to be successful in further education, careers, as citizens and in their personal lives. ILOs represent the knowledge, skills and attitudes that all FCHS students are expected to acquire upon completion of their degree from FCHS. ILOs are designed to help guide academic departments in the development of their program learning outcomes. Student achievement of ILOs are assessed within their programs, courses and co-curricular experiences via the mapping of all program learning outcomes to the ILOs. The results of those assessments are used to improve the learning experiences at FCHS. ILOs are the collective expression of the learning environment at FCHS. Each program must contribute to at least one ILO. ILOs should cover the following aspects: Knowledge, Communication skills; Critical Thinking skills; Competency; Research skills; Information Literacy; Quantitative Reasoning skills; Personal Responsibility; and Social Responsibility. FCHS based its ILOs on the basis that its graduates shall:

1. Demonstrate professional attitudes, high ethical standards and values in all settings.
2. Apply scientific and safety principles to patient care.
3. Communicate effectively with patients, healthcare team members and healthcare providers.
4. Work cooperatively in multi-disciplinary teams.
5. Engage in self-directed lifelong learning.
6. Apply evidenced-based research to patient care and management.
7. Engage in innovation and entrepreneurship.

5.4. Learning Outcomes Assessment Model

FCHS committed to follows the best practice model of outcomes assessment. At the most basic level this was represented as Plan-Do-Check Act which was built around the mindset of

continuous improvement and includes an annual planning and reporting mechanism. The assessment cycle employed by FCHS is the following standardized method:

Figure 2: Learning Outcomes Assessment Model

5.5. Outcomes Assessment Process

The outcomes assessment process at FCHS is a cyclic sub-process in the Institutional Effectiveness Process. The HoDs are responsible for establishing and continuously changing the course expected Outcomes Performance Criteria (OPC) scores to ensure that the continuous improvement process is sustained. For example, the minimum projected score can be set at 70% or 75% for all CLOs across FCHS. The scheme of the process is presented in Figure 11 above and works as follows (see outcomes assessment guidelines):

5.5.1. Course Learning Outcomes (CLOs) assessment process

Course Learning Outcomes (CLOs) articulation and alignment:

Consistent with the FCHS QA\IE and the Planning policies, each course offered shall yield a series of learning outcomes, that show the students abilities to demonstrate' knowledge, skills and competencies after they have successfully completed the course.

The products of the CLOs shall help achieve the program's outcomes (PLOs), every course does so in a different manner. Different courses are therefore intended to be used for various purposes and cumulative knowledge across all courses so that to enable the student to attain the particular PLOs. Hence, CLOs shall be defined, aligned and regularly assessed as per the guidelines provided by the QA\IE and the Planning policies.

In order to see how individual program courses relate to program learning outcomes, program courses and their learning outcomes shall be mapped to program learning outcomes using a mapping matrixes the following table, labels the contribution of each course to the program learning outcomes as (F) for full contribution and (P) for partial contribution. Such mappings show how program courses cover different program learning outcomes and help to identify lay-offs or program gaps.

Course Title	Course Code	Program Learning Outcomes								
		PLO1	PLO2	PLO3	PLO4	PLO 5	PLO 6	PLO 7	PLO 8	PLO 9

Table 4; Mapping Course Learning Outcomes with Program Learning Outcomes

Achievement of Targets

Once the assessment method and measurement tool has been determined, the criteria for success or achievement of targets (Outcomes Performance Criteria (OPC) score) for each CLO should be established. An achievement target specifies quantitatively the acceptable level of student's work for the CLO. This achievement target could be a passing score for an exam, a rubric rating of a student's paper, presentation in class, or practice in a clinic. Therefore, setting achievement targets allows the program faculty to determine exactly the expectations for students should be in particular and thus determine what constitutes student success.

Collecting and reporting assessment data

At the end of each semester, course coordinator and course instructor(s) shall collect direct and indirect assessment information that assesses the achievement of the desired CLOs for the course and/or section they teach. A unified course assessment report for each of the offered courses shall be prepared by the course coordinator and submitted to the Head of Department and/or the Departmental Quality Assurance committee (DQAC)\ Departmental Curriculum Committee (DCC) or any other committee according to the approved College / department assessment process. The course assessment file shall comprises of three major sections.

- The first section provides information on the course (course code, semester\term, section number, number of students enrolled, etc.).

- The second section shall provide comments from all instructors on the following points related to his / her experience with the course offering:

  o The appropriateness and compatibility of the CLOs

  o The appropriateness of the textbook and other learning resources

  o The appropriateness of the utilized assessment instruments

  o The appropriateness of the course prerequisites

  o The extent to which the syllabus was covered

  o Any comments about problems faced with the course delivery

- The third section shall include assessment data collected for each CLO. The following data shall be recorded for each evaluation tool used:
  - The assessed CLO
  - The assessment method (direct, indirect)
  - The tool's weight
  - The tool's maximum score
  - The score for each student

Achievement scores calculation

After collecting the course assessment files for the entire academic semester, the Course coordinator in collaboration with all course instructors shall verify the submitted assessment report, and calculate the actual achievement score for each CLO using the calculation formulas (FCHS Assessment Guidelines). The calculated scores are then aggregated to generate the

actual scores at the course level. To calculate the Achievement scores refer to Outcomes Assessment Guidelines.

Achievement scores analyzing and generating the assessment report

After completing the actual score calculation, the course coordinators and/or instructors shall meet together to analyze the obtained assessment results and recommend remedial actions to address any discovered deficiencies.

The course evaluation report shows the actual accomplishments of the CLOs for each segment given together with the accompanying expected and weighted outcomes. Hence the correct and practical arrangement of the Outcomes Performance Criteria (OPC) score greatly impacts the process of CLO continuous improvement.

The CLO projected OPC score can be used to measure the achievement percentage of the CLO. For course-level assessment, it shall determine the attainment of CLOs for individual courses and compare with the specified achievement criterion OPC.

General Education Courses Learning outcomes Assessment Process

General Education courses are an important part of each academic department and incorporated into the curriculum of all academic programs. Each study plan has a proportion of General Education Courses in their first year of study taught by the General Requirements Department (GRD). The GRD has its own learning outcomes for General Education Courses that is aligned with the Institutional Learning Outcomes (ILOs). Hence, each semester each academic department for offered program(s) shall complete the CLOs to PLOs articulation and map its PLOs to the ILOs, inclusive of GRD. The assessments and reporting shall be included in the IDOP, Annual and Program Effectiveness Reports. To assess and ensure the effectiveness of General Education, the GRD teaching staff will complete the assessment process for general education courses by mapping general education CLOs to general education PLOs that are mapped to the ILOs according to the standard process explained in the previous section. GRD in collaboration with other academic departments shall map and assess their overlapping PLOs.

5.5.2. Program Outcomes Assessment Process

The program outcomes assessment process at the program level in FCHS is a sub-process cycle in the Institutional Effectiveness Process. The scheme of the process is presented in Figure 12 and works as follows:
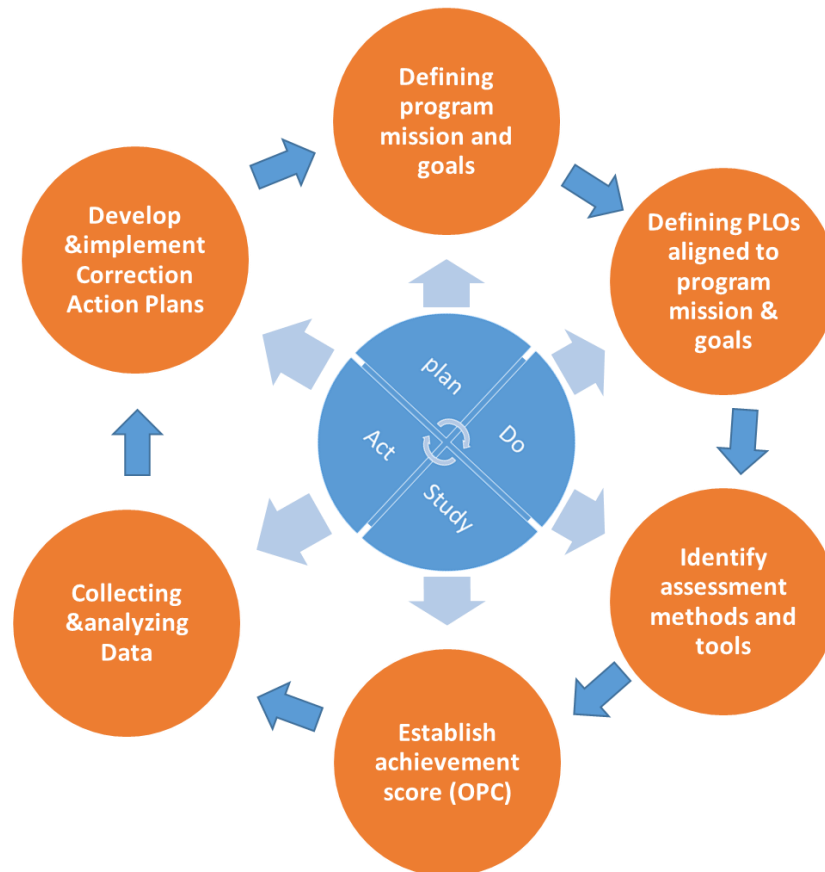
Figure 3: PLOs Assessment Process

1. Defining program goals in line with college vision, mission, objectives and institutional learning outcomes.
2. Defining the program learning outcomes.
3. Identifying and designing appropriate assessment methods and tools that measure the program learning outcomes.
4. Establishing an achievement target Outcomes Performance Criteria (OPC) for each assessment measure.
5. Collecting and analyzing the data to determine major findings.
6. Developing and implementing a correction action plan based on assessment results to improve achievement of learning outcomes.

Program Goals Development

Academic departments and/or programs ultimately are expected to support the College's mission, and goals by development of departmental goals. Therefore, the established program mission statement and goals shall reflect the College mission statement and demonstrate how it supports or complements the College goals. The mission and goals shall serve as the foundation for assessment planning and shall be concise and thereby focused on the program purpose and present the general values and principles that guide the program curriculum and study plan. On the other hand, the program goals are wide and diverse statements so that to reflect the long-term objectives of the program. They should focus on activities that faculty members should be engage in and outline what the program intends to do in the fields of teaching, research and community services. The main function of the program goals is to provide a link between the program learning outcomes and the program mission statement.

Defining Program Learning Outcomes

After defining the program goals, specific PLOs shall be developed to reflect the objectives of the program mission. In contrast to program objectives, PLOs shall be Specific, Measurable, Achievable, Realistic, and Timely (SMART) and clear. They should include expectations about the knowledge that students shall acquire, skills demonstrated by them and attitudes and/or behavior that students shall develop by successfully completing the program. The number of PLOs is typically between 3 and 8. The PLOs shall be aligned to the program goals (PGs), the following table is an example labels the alignment matrix of the program learning outcomes with program goals.

Program Learning Outcome (PLO)	Program Goal (PG)			
	PG1	PG2	PG3	PG4
PLO1	X			
PLO2		X	X	
PLO3	X			
PLO4			X	
PLO5				X
PLO6		X		X

Table 5: Program Outcomes with Program Goals mapping

Finally, it is essential to share the program and course learning outcomes with faculty and students. This will assist faculty members to concentrate on what is most important to the students. Moreover, it helps students to recognize the importance of the course and program in their future career, understand how individual courses fits with the goals of the program, and effectively participate in the assessment process. Program outcomes shall be announced on the website, and course outcomes should be listed in the course syllabi.

Learning Outcomes (CLOs) articulation and alignment:

The Emirates Qualifications Framework (QFEmirates) has established a clearly defined standards about the quality of qualifications and about what a learner is expected to achieve for each award degree. The framework has a structure of different levels. Each level is based on specified standards including knowledge, skills and competence. These standards define the outcomes to be achieved by learners seeking to gain an award at each level. Levels relevant to higher education are offered by FCHS. In addition, the Quality Framework Emirates (QFE) further divides competence into three sub-strands, autonomy and responsibility, self-development and role in context that make up the framework, which any program learning outcomes need to address. Therefore, all programs offered by FCHS shall be designed and delivered in a manner that ensures all PLOs are aligned with QFE and are properly addressed. The following table, shall be used by all academic programs to label the alignment matrix of each PLOs with QFE based on the degree level.

Program Learning Outcome (PLO)	QF-Emirates Strands								
	Knowledge			Skills			Competencies		
							Autonomy and responsibility	Role in context	Self-development
	K1	K2	K3	S1	S2	S3	C1	C2	C3
PLO1									
PLO2									
PLO3									
PLO4									
PLO5									
PLO6									

Table 6: PLOs\QFE Mapping

Assessment Tools and Methods

After developing and approving the PLOs, assessment methods (tools and measures) shall be carefully prepared to measure the students' achievement of the program learning outcomes and provide data that contribute to the program improvement. An assessment method and tools is the means for determining the degree of success that the program has achieved in the way toward meeting its learning outcome(s).

FCHS QA\IE system understands that assessment is not an evaluation of particular course(s) and/or individual faculty or student. Likewise, the course grades, although is considered one source of information about student achievement, they are commonly insufficient measures of PLOs. However, the departmental outcomes assessment plan shall deliver information on students' achievement of learning outcomes and at the same time identify strengths and weaknesses for the entire program.

Therefore, there are two basic approaches to measure student learning, direct and indirect. Ideally, a combination of direct and indirect approach of evaluation can be used to evaluate the same outcome, in addition effective assessment plans require a mix of direct and indirect methods of assessment.

Direct Assessment Instruments:

Direct measures are methods used to assess the quality of student work to provide evidence of student performance relative to the program learning outcome(s). They include:

1. Homework, assignments, exams and quizzes, essay papers and case studies
2. Presentations

3. Capstone projects
4. Exit Exams/interviews
5. Portfolios and e-portfolios
6. Evaluations of student performance in internships, research projects, clinical work, or service learning
7. Course-embedded assessment
8. Pre-/Post- tests and evaluation

Indirect Assessment Instruments:

Indirect measures are methods for assessing secondary information on student learning that do not rely on actual samples of student work. This may include:

1. Exit survey
2. Alumni survey
3. Employers' survey
4. Graduate follow-up survey
5. Course assessment by the instructor
6. Course portfolio review
7. Peer review reports
8. Retention and graduation statistics
9. Student course and instructor surveys

Achievement Targets

Once the assessment method and measurement tool has been determined, the criteria for success or achievement targets (Outcomes Performance Criteria (OPC) score) for each PLO should be established. An achievement target specifies quantitatively the acceptable level of student work for the learning outcome. This achievement target may be a passing score on an exam, a rubric rating of "meeting program standards" on a student paper or another indicator for the quality of a student's work. Therefore, setting achievement targets allows the program faculty to determine exactly what the expectations for students should be; hence determining what constitutes student success. The following are some examples of achievement targets:

o E.g. 80% of students completing the program will achieve at least a score of 60% or above on the Exit Exam.

- o E.g. 80% of the students agree or strongly agree that they can design a patient care plan using the nursing process In the Exit survey.
- o E.g. 65% or more of alumni indicate that they are confident of their ability to define, analyze and evaluate ethical issues and the need for socially responsible organizations.
- o E.g. 75% to achieve a result of C or above in course assignments related to this outcome.
- o E.g. 4.0 or better on 5-point survey scales on items relating to learning outcome.

These steps form the department and/or program assessment plan. HoDs and/or their Departmental Quality Assurance Committees shall develop the department assessment plans. Then, the assessment plans shall be submitted to the ADAA (see FCHS Planning policy). ADAA will review and discuss all Assessment Plans for all academic programs.

It is important to highlight that not all outcomes needed to be assessed and similarly, not all outcomes must be assessed each year. Programs can schedule assessment of outcomes over several years if needed. At FCHS every academic program leading to a FCHS credential:

- Each program learning outcome shall be assessed at least once over a five year cycle.
- A minimum of 25% of program learning outcomes shall be assessed every AY.

Action	Responsibility	When
Annual Assessment Plan		
Endorsement of plan		
Assessment of student learning		
Analysis, Evaluation of action plan & New Actions		
Implementation of action plan		

Table 7: Department assessment Actions and Responsibilities

PLO Assessment Plan

Each Academic program shall provide details of a PLO assessment plan in its IDOP including 'Success Target' as illustrated in the table below with examples.

PLO No.	PLO wording	Course code	Assessment	Evidence	Target
1	Develop insights into the sciences and humanities in order to apply this knowledge to a range of health professional programs.	NRS 3003	Final Written Exam	Entire exam	80% of students will be awarded 'Satisfactory' (Grade C)

| 2 | Critically reflect upon historical, philosophical, social, political, economic, ecological, ethical, legal, structural, institutional and other factors which have affected nursing and health care practices. | NRS 4103 | Poster Presentation & Oral Defense Individual assessment | | 80% of students will be awarded 'Satisfactory' (Grade C) |

Table 8: Example of PLO assessment plan

Notes

1. *Evidence*: if it is not possible to specify which components of the assessment will be used, enter 'TBC' (to be confirmed). Update ADAA when the components are determined.
2. *Target*: the same target applies across all campuses to ensure consistency of standard, Changes from the default target require a rationale and approval.

Each program and/or major shall:

- Develop a long-term assessment plan to provide evidence of student achievement of each program learning outcome over a 5-years period.
- Submits the plan to ADAA and/or Director for approval, copy IED for auditing, and follow up at least one month prior to implementation.

Any subsequent changes to the proposed assessment plans require a prior approval from the Director and/or ADAA.

Assessment Implementation

Once the plan is established, the assessment process needs to be implemented. Steps 1 through 4 are components of the Assessment Plan while steps 5 and 6 are components of the assessment report. HoDs and the departmental quality committees, will manage the program's assessment process and will prepare a detailed timeline for the assessment cycle. The timeline shall include dates for when data will be collected, when results will be analyzed, and when departmental curriculum and /or departmental quality committee will meet to discuss the findings to develop the proposed changes and remedies. The department shall, in advance identify, which courses and learning experiences (e.g., papers, exams, presentations, case studies, etc.) are best suited the assessment, and shall decide whether all students should be assessed or only a sample of students.

If the course is taught or administered by another department and/or program other than the program and/or department such as GRD, the results of Final Exams shall be forwarded to the concerned program HoD to use in the assessment process. In case of indirect measures are used as an assessment method, the results of the survey results shall be forwarded to the program HoD as supporting evidence in the assessment process.

However, it is important to declare that using rubrics is one of the most effective ways to evaluate student work quality in learning outcomes assessment especially in practical courses. A rubric is a scoring guide used in assessment process to provide a clear description of the student learning or performance being measured.

After the completion of data collecting for the actual students work performance scoring, the results shall be summarized and presented in useful ways to the HoD and teaching faculty, who shall consider changes to teaching methods, curriculum, course contents and other factors. The analysis should be simple and meaningful; descriptive statistics such as graphs, frequencies, percentages and means may be used. It may also be possible to go beyond that by analyzing the assessment data to predict or implement statistical tests. Furthermore, the findings shall be reported in a mean that specifies if the achievement target is met and is aligns with the corrective actions proposed to improve student learning and the program. For program-level assessment, the program will analyze the data for the selected courses, as determined by the department, and determine the extent to which PLOs have been attained for a particular academic program.

In case the program is offered in different campuses, it is recommended to effectively coordinate the assessment process at all campuses by using, as close as possible, the same outcomes, measures, and targets. Such coordination will ensure coherent assessment process that supports the program credibility. Although the same assessment plan shall be used in all campuses, it is essential that the data be reported at program level and separately at campus level to provide a valid assessment of the learning process.

5.5.3. Institution Learning Outcomes (ILOs) Assessment

5.5.3.1. Overview of FCHS ILOs and Assessment

Higher education institutions (HEIs) have the responsibility to educate students who will contribute to the social and cultural growth of their community. HEIs accountability are to

students, parents, governing bodies, employers, all stakeholders and accreditation organizations. HEIs must be transparent about their educational objectives, the methods they use to achieve these objectives, such as teaching methods and student learning experiences, and most importantly the tools they use to assess the achievement of these objectives by the students. Starting from this vision, FCHS developed an institutional assessment strategy that not only assesses the achievement of the intended learning outcomes in every academic program, but also the achievement of the Institutional Learning Outcomes (ILOs). As an integral part of the FCHS Institutional Effectiveness Management Model, the ILOs Assessment is a comprehensive process that focuses on the contentious improvement of student learning. Every component of the FCHS Institutional Effectiveness Model is designed to facilitate the institution's accomplishment of its mission. Assessment at FCHS is a systematic, proactive, data informed, evidence-based and a collaborative process. This process occurs at different levels course, program\department, and institutional level. Direct and indirect measures used include strategic operational plan outcomes, student learning, and program accreditation outcomes measures.

ILOs assessment process involves systematic collection and analysis of program assessment data within the major and in General Education. The assessment of the achievement of the program learning outcomes are used to directly determine the students achievement of the ILOs, in addition to other indirect tools such as the employers' survey and the graduate survey. The ILOs are assessed annually through an annual assessment reporting process. Every academic program offered by FCHS develop an assessment plan that includes department goals/objectives and program learning outcomes with a clear process for measuring them and using the results to improve the teaching and learning process. The academic program learning outcomes is where the learning outcomes are defined to meet the requirements of the field of study in addition to the institutional characteristics of the graduates. The program learning outcomes are linked to the course learning outcomes in order to implement the intended program learning outcomes through the courses of the program. The program learning outcomes are assessed every year through the annual assessment process. Furthermore, the course learning outcomes directly implements the program learning outcomes through courses. The course learning outcomes are implemented and assessed in

every course and every semester. The achievement of the course learning outcomes is used to determine the achievement of the program learning outcomes.

FCHS provide students an equitable and inclusive education by building a foundation of knowledge, values, attitudes, and skills necessary to become responsible and concerned citizens and lifelong learners possessing the ability to think critically, communicate effectively, and solve problems in a diverse global society.

Moreover, FCHS study plans are adequately structured and mandated to include General Education courses that covers different curriculum areas such as: Arts and Humanities, Social and Behavioral Sciences, Biological and Physical Sciences, and Mathematics. The process of assessing ILOs is analyzed under two-sections for improvement, General Education assessment and assessment of student learning in the programs/majors.

The ILOs assessment processes, measures, support systems, and activities related to the annual assessment of student learning at FCHS. The process support a continuous cycle based on planning, implementing, assessing, analyzing the results, reporting, making institutional adjustments as well as enhancements, and commencing the next cycle. The assessment results for the ILOs will be used to ensure that proposed and actual changes for the coming academic year with clear alignment of FCHS's mission of providing high-quality, innovative educational programs.

With its commitment to achieving higher levels of student learning, FCHS implemented a set of ILOs, which serve as a measurable set of expectations of knowledge, skills, abilities, attitudes, values, and competencies for students. These broad categories of competence enable FCHS students to be successful in their education and career and contribute to their broader communities and serve as a shared, college-wide articulation of expectations for all degree recipients.

Learning outcomes are intended to be "student-centered" and are flexible enough to be measured using multiple forms of assessment. In addition, the ILOs are aligned with the FCHS mission while addressing the national and international accreditation requirements and are linked to strategic planning and institutional effectiveness at the highest level. Those requirements are known as the "core competencies" and include oral communication, written communication, critical thinking, quantitative reasoning, and information literacy. The ILOs contain very contemporary thinking about curriculum including foundational concepts of each

discipline upon which thinking and practices are built, and an emphasis on a broad range of cultural understandings, awareness, and ongoing readiness to learn about others. FCHS assesses its ILOs on a regular basis in order to assure institutional effectiveness and promote continuous improvement. The college uses various means of assessment such as data from the stakeholder survey, the graduates exit survey, number of degrees/certificates earned and analysis of student portfolios. Assessment of ILOs occurs on cyclic basis parallel with PLOs assessment and follow the sequences. ILOs are reviewed and/or revised each time the college mission statement is reviewed. FCHS higher management discusses the results of these assessments with regulatory bodies and the concerned budgeting authorities, and appropriate action plans are developed implemented accordingly. FCHS publishes Institutional Learning Outcomes in the college catalogue, student handbook, QA\IE manual and the FCHS website.

5.5.3.2. ILOs Assessment Process

The ILOs assessment process in FCHS is a sub-process cycle in the Institutional Effectiveness Process and occurred at the program level. The scheme of the process is presented in Figure 13 and works as follows:

1. Defining ILOs in line with college vision, mission, and goals.
2. Establishing an achievement target Outcomes Performance Criteria (OPC) for each assessment measure
3. Identifying the program and ILOs need to be assessed, and the scheduled time.
4. Identifying and designing appropriate assessment methods and tools.
5. Collecting and analyzing the data to determine major findings.
6. Developing and implementing a correction action plan based on assessment results to improve achievement of ILOs.
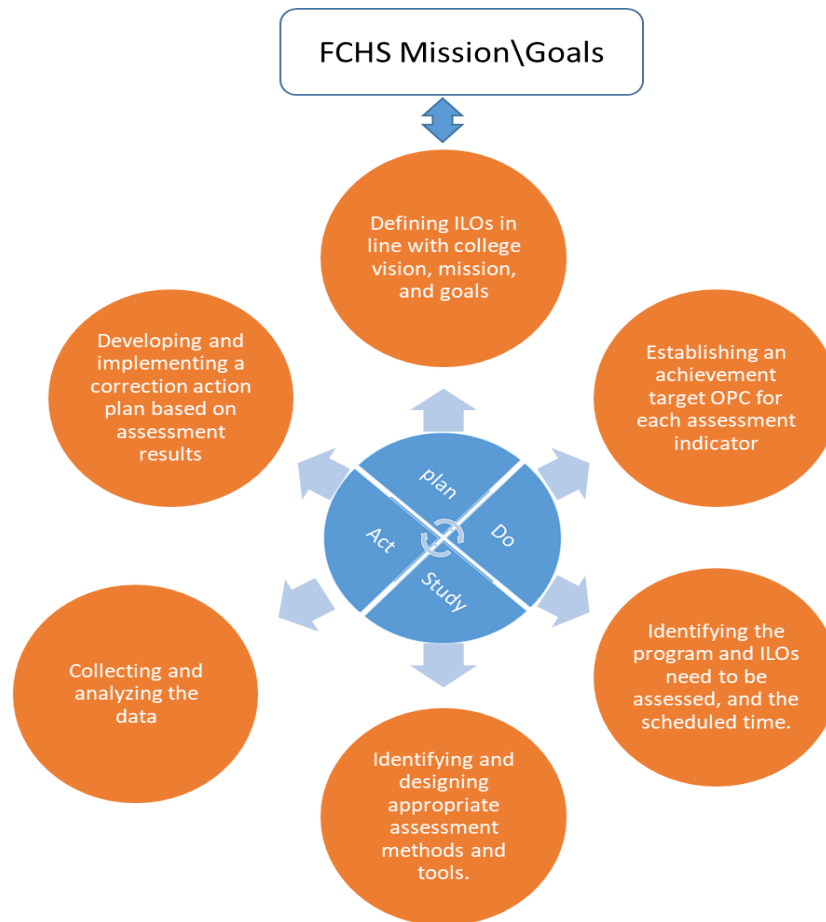
Figure 4: ILOs Assessment Process

Defining ILOs in line with college vision, mission, and goals

The first step in the assessment process is define ILOs that are aligned with the FCHS mission while addressing the national and international accreditation requirements and are linked to strategic planning and institutional effectiveness at the highest level. FCHS has developed ILOs that operationally defines deferent competencies including written and oral communication, critical thinking and analysis, scientific and quantitative reasoning, and information literacy and has developed a course-mapping matrix that identifies in which courses these competencies are taught.

All academic programs to label the alignment matrix of each PLOs with ILOs shall use the following table:

Program PLOs	FCHS ILOs				
	ILO 1	ILO 2	ILO 3	ILO 4	ILO 5
PLO 1					
PLO 2					
PLO 3					
PLO 4					
PLO 5					
PLO 6					

Table 9: PLOs to ILOs mapping

Establishing an achievement target OPC for each assessment measure

Once the ILOs has been determined, the criteria for success or achievement targets (Outcomes Performance Criteria (OPC) score) for each ILO should be established. An achievement target specifies quantitatively the acceptable level of student learning achievement for the ILO. This achievement target may be a rubric rating of "meeting program standards" or another indicators such as KPIs. Therefore, setting achievement targets allows the program faculty to determine exactly what constitutes student success.

Identifying the program and ILOs needs to be assessed, and the scheduled time.

This step form the department and/or program ILO assessment responsibility. Generally, each ILO shall be assessed at least once over a five year cycle by each department and/or program. The assessment process shall be completed by the end of each academic year, and results shall be reported to Director and/or ADAA, copying the IED by the last week of summer term. HoDs and/or the Departmental Quality Assurance Committees shall develop the ILO departmental assessment plans. The table below illustrates the ILOs assessment schedule.

Department	FCHS ILOs				
	ILO1	ILO2	ILO3	ILO4	ILO5
Nursing	AY20-21	AY21-22	AY22-23	AY23-24	AY24-25
Pharmacy	AY24-25	AY20-21	AY21-22	AY22-23	AY23-24
Physiotherapy	AY23-24	AY24-25	AY20-21	AY21-22	AY22-23
RMI	AY22-23	AY23-24	AY24-25	AY20-21	AY21-22
Emergency Health	AY21-22	AY22-23	AY23-24	AY24-25	AY20-21
Psychology	AY20-21	AY21-22	AY22-23	AY23-24	AY24-25
General Requirement	AY21-22	AY22-23	AY23-24	AY24-25	AY20-21

Table 2: ILOs assessment schedule.

Any subsequent changes to the proposed assessment plans require a prior approval from the ADAA, IED, and the Director.

Identifying and designing appropriate assessment methods and tools.

After developing and approving the ILOs, assessment methods, tools and measures shall be carefully prepared to measure the students' achievement of the ILOs and provide data that contribute to the programs and institution improvement. An assessment method and tools is the means for determining the degree of success that the program and the institution has achieved in the way toward meeting the ILO(s). Therefore, similar to PLO assessment, there are two basic approaches to measure student learning, direct and indirect. Ideally, a combination of both approaches of evaluation can be used to evaluate the same outcome, as effective assessment plans require a mix of direct and indirect methods of assessment.

Collecting and analyzing the data to determine major findings.

At the start of each academic year, HoDs and the departmental quality committees, shall manage the program's ILOs assessment process and shall prepare a detailed timeline for the assessment cycle. The timeline shall include what data will be collected, dates for when data will be collected, when results will be analyzed, and when departmental quality committee will meet to discuss the findings and develop the proposed changes and remedies. Therefore, each programs shall ensures that all PLOs are aligned with ILOs and are properly addressed.

At the end of the academic year, the departmental quality assurance committee shall collect direct and indirect assessment information that assesses the achievement of the desired ILO

that the department assigned to assess. Then report to the findings with proposed recommendations for change and improvement to ADAA and/or Director.

Developing and implementing a correction action plan based on assessment results to improve achievement of ILOs.

Once the plan is established, the data is collected and analyzed, the ADAA in collaboration with IED and HoDs shall discuss the proposed changes and develop an action plan to implement the correction action. The plan shall include the correction action statement, the responsible department and/or personnel, time frame for implementation, and date of re-evaluation. The plan also shall be included in the next year evaluation cycle.

5.6. Elements of the Assessment Process

A. **Learning Levels:** When addressing the achievement of the PLOs, the objective is not simply to achieve them, but to ensure that the PLOs have managed to reach the required level of learning. In order to define the levels of learning, FCHS follows the national framework of qualifications established by the Emirates Qualifications Framework (QFEmriates) which has established clearly defined standards about the quality of qualifications and about what a learner is expected to achieve for each award degree. The framework has a structure of ten levels, with each level based on specified standards of knowledge, skills and competence. These standards define the outcomes to be achieved by learners seeking to gain an award degree at each level. Levels relevant to higher education are offered by FCHS. Each of these levels is defined by a set of learning outcomes which are categorized into three strands, knowledge, skills, and competence. Quality Framework Emirates (QFE) further divides competence into three sub-strands, autonomy and responsibility, self-development and role in context which indicate the program learning outcomes need to be addressed.

B. **Formative and Summative Assessment:** Formative Assessment, carried out during the initial years of a program, the process designed to assess the ongoing performance activities and obtain feedback for improvement of relevant processes, teaching and learning methodologies. On the other hand, Summative Assessment is carried out at or near the end of a program in order to determine the extent to which PLOs have been attained.

C. **Performance Indicators (PIs):** In assessing the PLOs using rubrics-based assessment, it is quite helpful if each PLO can be expressed in terms of some Performance Indicators (PIs). The PLOs are broadly stated and provide general information about the focus of student learning while the PIs are specific measurable performances that students shall demonstrate to indicate the attainment of a particular PLO.

D. **Rubrics:** Performance Indicators (PIs) can be achieved at different levels of performance. Rubrics clearly define what is expected of students in order to achieve a particular level of performance. In other words, rubrics explicitly state the expectations for students' performance for each of the PIs for a given PLO. Well-defined rubrics provide a common and uniform platform to all faculty members to score students' performance. The analytic rubrics, in which each PI is rated separately, may be defined as five-level rubrics with scores 1 to 5, as Poor, Developing, Satisfactory, Good, and Excellent.

6. Closing the Loop: Dissemination and Follow-Up of Results

The final step in the assessment process is often referred to as "closing the loop." Closing the loop actions are the most critical element in the assessment cycle, and shall be documented in the annual assessment plans and reports.

The improvement of educational programs are considered as the product of the assessment process, which shall be conducted based on the assessment results. Closing the assessment loop must include the planning and evaluation process of the courses, academic programs, and College. This must have completed a full cycle from establishing a mission, goals, outcomes, priorities, KPIs, critical success factors, OPCs, budget request, and results of assessment to be used in continuous improvement are reflected in the next planning and assessment cycle. Without effective use of assessment results, all previous activities fall short of their intended purpose, including closing the loop.

6.1. Closing the Loop at Course level

At the end of each semester, course coordinator(s) shall complete course assessment report, stating each course's learning outcomes, CLOs to PLOs mapping matrix, assessment measures used, results of the assessment, and how the results will be used to make changes

in the course syllabi, course contents and teaching methods to improve student learning (see Course File and Curricula Approval & Revision Policies – Policies and Procedures Manual).

6.2. Closing the Loop at Program level

FCHS has developed an assessment strategies and processes to regularly assess and evaluate the Program Learning Outcomes (PLOs) of its academic programs. Each PLO shall be assessed at least once over a five year cycle, and a minimum of 25% of program learning outcomes shall be assessed every academic year. In this regard, relevant direct, and indirect, quantitative and qualitative measures shall be taken to assess, evaluate, and continuously improve the academic programs. The triangulation concept shall be adopted for the sake of enhancing the validity of the assessment findings and to minimize any associated bias with any single assessment method. This means that at least two different methods (usually one direct and two indirect) are employed in the assessment of PLOs. The data acquired through the assessment process shall be evaluated to determine the extent to which the PLOs have been attained and what actions need to be taken for continuous improvement of the program. At FCHS the extent to which PLOs have been achieved can be determined in at least two different approaches. The first approach referred to as CLOs-based assessment which is based on determining the achievement of CLOs and utilizing these results to determine the extent to which PLOs have been achieved. The second approach is to represent each PLO as a number of key Performance Indicators (KPIs), then assess the achievement of all KPIs in accordance with well-defined rubrics (proposed OPC) and accordingly determine the attainment of PLOs. This approach will be referred to as the rubrics-based assessment. Both approaches have its own advantages and disadvantages.

The CLOs describe the abilities of students to attain an acceptable level of knowledge and skills by completion a course. Accordingly, the course syllabus is developed, teaching and assessment methodologies are defined to ensure that the specified CLOs achieved. It is the responsibility of the faculty members to focus on the achievement of specified CLOs. Thus, even if the content of a course taught by different faculty members may differ to a certain extent from one faculty to another, the goal of achieving all CLOs remains the same. Correspondingly, in CLOs-based assessment, marks for performance not related to student learning (such as attendance) does not affect the assessment as the marks used are not the overall course marks but they are based on marks obtained by students for specific course learning

outcomes. Likewise, the difference in grades due to use of a curve or a fixed standard by different faculty teaching the same course does not arise since CLOs-based assessment is not dependent on overall grades of students in a course. On the other hand, the concern is also applicable, to a certain extent, on rubrics-based assessment. Effective CLOs-based assessment requires well-defined CLOs and a common policy on grading guidelines.

Furthermore, in rubrics-based assessment inter-rater reliability is an important issue. According to this approach it is vital to carry out rubric calibration and inter-rater reliability processes. Nevertheless, rubrics-based assessment, that directly determines the extent to which program learning outcomes or their performance indicators have been attained, is associated with the increased consistency of scoring, especially when multiple instructors are teaching the same course, as this is often the case for basic courses offered by some programs. Academic departments and/or program shall determine the preferred method for assessment for the department and/or program.

To close the loop; at the end of each academic year, HoDs and the departmental academic committee, the departmental curriculum committee and/or the departmental quality assurance committee in all academic departments and/or program shall determine the PLOs to be assessed, assessment approach and tools to be utilized, in addition to budgetary needs. Also to include the departmental IDOP, assessment plan and the departmental annual report (DAR). Therefore, it is very important to know that for any unachieved or partially achieved PLO Outcomes Performance Criteria (OPC) score, a corrective action plan shall be prepared which shall be included in the next academic year IDOP and assessment plans. Moreover, courses taught by another department such as General Requirements Department GER courses shall be considered as a part of the concerned department assessment plan keeping in mind that the assessment is not about one course, one faculty member, or one student, but rather about a program and its learning goals and learning outcomes as a whole. Assessment results shall be evaluated thoroughly, disseminated, and used to improve the program.

The results should be communicated along with the assessment plan to program faculty, ADAA and/or Director. For planning purposes, it is essential to share the successes and the deficiencies as well in order to create effective action plans supporting the program strengths and proposing remedial measures for the areas in which improvement is required. The action plan shall include recommendations for increasing the likelihood of meeting outcomes during

the next assessment cycle. An action plan should include an estimated cost, if applicable, and should be listed by order of priority. Unmet goals may indicate a need for changes in instructions, services, policies, procedures, etc. Examples on some of the changes might include but not limited to this are:

- Development of a capstone course
- Hiring new faculty or re-assigning a faculty
- Increase and/or change classroom space
- Adding new courses and/or removing an existing one.
- Re-designing the curriculum and/or the study plan
- Providing training to faculty and staff
- Change in course contents
- Change of teaching methodology
- Change of textbooks and references.
- Refinement of the assessment methods and tools
- Changes and/or development of new internship program
- Changes in the academic advising processes

It is important to mention that discovering the need for additional course sections and/or courses may require resources for future budgets. The assessment loop is only closed if actions are taken to make modifications where necessary. The implementation of the proposed corrective action plans is a shared responsibility between the HoDs and department faculty, staff and ADAA.

Once the assessment reports are completed and submitted, then the ADAA shall compile all reports in the college annual report and forward it to FCHS Director. The director and DEC are to review, discuss and approve the annual report together with the proposed action plans. The approved action plan shall include a detailed timeline and the responsible party for the implementation. The ADAA is responsible for monitoring the implementation process and review any corrective and/or correction action plans.

6.3. Dissemination of Evaluation Results

Once the different departments have submitted their annual reports the IED, shall commence the process for disseminating the results of evaluation, including what will be disseminated

and to whom. The IED shall compile and analyze the data collected during the learning outcomes evaluation. This may include information on student performance, assessment results, and other relevant metrics. The IED shall also prepare a comprehensive institutional annual report summarizing the evaluation findings. This report should be structured, clear, and easily understandable by a broad audience, Include both qualitative and quantitative data, as well as any relevant recommendations for improvement. Information will be disseminated to FCHS community and other interested parties including faculties, staff, employers, and advisory boards by publishing the report in the College website.

7. Administrative Quality Assurance: Assessment of Non-Academic Administrative Support Departments

7.1. Administrative Assessment Overview

The core focus of institutional effectiveness in academic programs is naturally on student learning outcomes, however, those programs are inextricably linked with the activities and services of administrative and support departments. Integrated assessment should provide the means of regular evaluation and improvement of activities and services in these departments. The assessment process for administrative departments shall be completed annually and follows a scheme similar to that of the program learning outcomes assessment process. This process is implemented mainly to support FCHS's mission and to abide by the institutional commitment on institutional effectiveness and ultimately to promote an environment that fosters students' learning. FCHS IED, in cooperation with the Quality Assurance Committee, HODs and Directors, supervises the process.

7.2. Administrative and Support Departments' Effectiveness Plan Components

The following are the main components of the assessment of Administrative and Support services departments:

- Development of department objectives.
- Mapping the department's objectives with FCHS objectives.
- Selecting the key performance indicators (KPIs).
- Selecting and designing instruments for performance measurement (direct and indirect).
- Setting assessment target success.

- Collecting and analyzing data, and compilation of assessment results.
- Reviewing assessment results, developing remedial corrective and correction actions, and improvement these actions.
- Setting a plan for implementing improvement and remedial actions.
- Monitoring the implementation results of the actions.

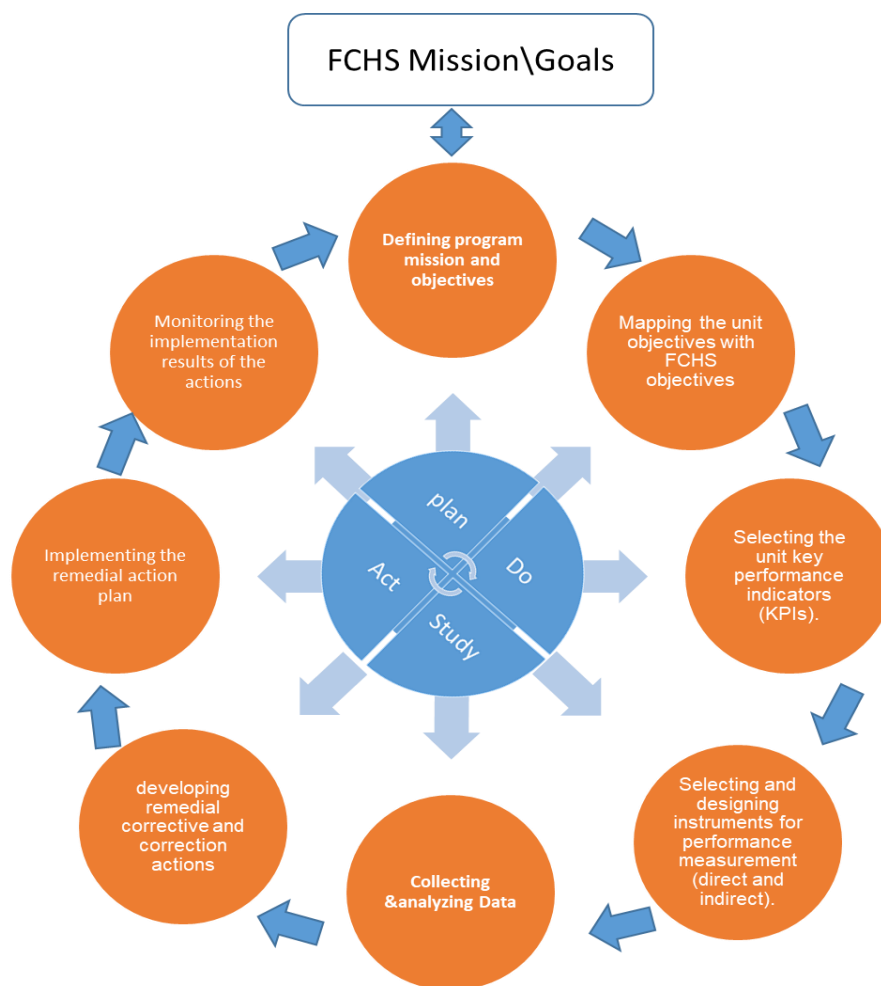Figure 13: illustrate the Administrative and Support Units Assessment process:

Figure 5: Administrative and Support Departments Assessment process

At the start of every academic year, each individual nonacademic and/or administrative departments shall create their own IDOP and assessment plan. During the academic year, the administrative department shall collect and analyze data, and utilize this information to make changes, updates and improvement as appropriate. To guide this process, administrative departments shall develop annual assessment plans and reports. These documents shall be

submitted to the IED for review and feedback and then to the Director(s) for review and approval.

Administrative support services at FCHS include Information Technology Services, Library, Administrative and Financial Services, Human Resources, Facility Management, Student Services and Registration. These departments ensure that facilities, finances, and personnel supporting the learning environment are dedicated to serve the student body and focus on the improvement of the basic operations necessary to the institution's infrastructure. The procurement, finance, facilities, recruitment and human resources are centralized services provided by the Institute of Applied Technology (IAT) managing directorate, under the management of the IAT Director of Support Services. These support services are under ISO:9001 Quality Management System, and are audited annually by IAT's Institutional Effectiveness Department.

7.3. Administrative Outcomes Assessment Process

The administrative outcomes assessment process is a cyclic sub-process in FCHS Institutional Effectiveness Process. The cycle works as follows:

1. Defining department's objectives in line with FCHS mission and goals.
2. Defining the department's outcomes
3. Identifying and designing appropriate assessment methods and tools that measure the unit outcomes.
4. Establishing an achievement target for each assessment measure.
5. Collecting and analyzing data to determine major findings.
6. Developing and implementing an action plan based on assessment results to improve attainment of expected outcomes.

7.3.1. Defining Department's Objectives

Administrative support department's objectives links the functions of the department to the FCHS vision and mission. FCHS's mission indicates the primary function, core activities and the expected satisfaction by the stakeholders. Each department should reflect how the it contributes to the education, development, and experiences of students and other stakeholders at the institution. The objectives describes how the services provided by the department contribute to the Strategic Plan KPIs. Administrative departments should support

the institution's mission by working collaboratively with other academic and non-academic departments.

The objectives of an administrative department should be aligned with the objectives of the institution and provide the basis for assessment and, therefore, should be defined adequately and clearly. The best starting point to establish the departmental objectives is the alignment the FCHS Strategic Plan. The department's goals and/or objectives should cover the following three aspects:

- o Outcome statements.
- o The efficiency of processes and activities.
- o Satisfaction level expected from stakeholders.

Finally, the department's goals and/or objectives should be shared with staff and with the concerned FCHS community.

7.3.2. Defining Department Outcomes

While goals and/or objectives represent the major priorities of the department, outcomes are more specific statements that reflect the expected results that support the broader goals and/or objectives. Accordingly, every goal statement has several outcomes which are drawn from the activities and services and support and promote it. It is necessary for the unit to have outcomes relating to every goal noting that a given outcome may fall under several goals. Similar to academic assessment, linking the outcomes to the goals and/or objectives facilitates the outcomes assessment process and synthesizes the assessment results into a comprehensive analysis of progress toward meeting the desired goals. The outcomes of an administrative department, because of being more of students and faculty support entity, usually focuses more on processes and faculty and student development than on learning. Therefore, outcomes will primarily describe what the unit is going to do and what its impact will be on students and other key stakeholders (alumni, parents, employers, etc.).

7.3.3. Identifying Assessment Methods and Measurement tools

Numerous outcomes assessment methods and measures can be employed in the assessment of administrative departments. Assessment measures can be classified as direct or indirect or external review and evaluation by top management and/or neutral party or auditors based on how they relate to the outcomes. While some outcomes may only require one measure to

evaluate the unit's effectiveness, in general, it is better to develop and use multiple measures for each outcome. Varying the types of measures applied to an outcome provides a full and a more reliable picture of overall effectiveness.

7.3.1.1. Assessment Instruments

2. Direct Measures:

Similar Assessments shall analyze the actual results of the department's successes or indicators of information or skill to be obtained by the client after completion of the department's services. The evidence to be collected and analyzed from these instruments include numbers, ratios and/or averages. Below are some examples of such measures:

o Use of a Service (e.g. hits on a website, use of computer technology, use of library recourses)

o Graduation and employment numbers

o Recruiting results

o Tracking number of complaints and how they are resolved

o Count of program participants

o Average of waiting, service, processing time

o Number of applications (Students, faculty or staff)

o Number of events and attendance at events

1. Indirect Measures:

Indirect measures examine clients' attitudes and perceptions related to the outcome. These measures are typically based on surveys and focus groups interviews, producing both quantitative and qualitative evidence to be analyzed. Examples include:

o Student Satisfaction Survey

o Feedback of Graduating Student Survey (Exit Survey)

o Faculty and Staff Satisfaction Survey

o Employer Satisfaction Survey

o Alumni Survey

When indirect measures are used, the administrative department should coordinate with IED regarding the questions to be embedded in the conducted surveys to ensure that such surveys provide relevant and evidential data on the outcomes under evaluation. Generally, the IED in

cooperation with Academic and administrative Department administers a series of faculty, staff, students and alumni surveys for purposes of assessment. The administration schedule for the various surveys is provided in in the planning policy. This schedule is subject to change based on the college's needs.

This section, as well as the program effectiveness report (IEM appendix 6) denote the direct and indirect instruments to be used and the type of evidence to be collected and analysed. However, depending upon a particular program, a variety of assessment instruments are specified by the concerned department. These include Written Examinations, Lab or Clinical Examinations, Computer Simulations, Course Projects, Oral Presentations, Research Reports, Case Studies, Assignments, etc. For indirect assessment, a variety of instruments are used to determine the attainment of PLOs of an academic program. These include feedback obtained from alumni, employers and senior students.

i. Establishing Achievement Targets (Criteria or Targets for Success)

Once the department has determined assessment method and measurement tool, the achievement targets for each administrative department's outcomes shall be created. An achievement target identifies standards expected from services provided by the administrative department. Therefore, setting achievement targets allows the administrative department's manager and/or Head to determine exactly the stakeholder's expectations. It is vital to prepare quantitative targets so that it is clear whether an outcome is achieved or not. Moreover, the achievement target on a given assessment measure should be determined before data on that measure being collected. At all times target for a criterion level shall be defined based on the FCHS Strategic Plan KPIs (Appendix 1) and on enhancing a department's performance. The following are some examples of achievement targets:

- o E.g. 90% of our users will be "very satisfied or satisfied" with our services.
- o E.g. At least 80 % of employees will participate in training courses and workshops.
- o E.g. 90% of the transcripts will be sent within five working days.

It is noteworthy to emphasize that not all outcomes need to be assessed; only those that are the most important. In addition, not all outcomes must be assessed each year. Administrative departments can schedule assessment of outcomes over five years, if needed.

ii. Assessment Planning and Implementation

Once previous steps has been accomplished, a time plan should be set for conducting the various assessment activities. Some assessments may take place at the end of each semester, others annually or at the end of the academic year. At the end of the year, each department shall complete the annual report, which consists of the findings, analysis, and action plan(s). The first step is to collect the relevant data associated with each measure as described in the assessment plan. If the evaluation plan has been approved, mapping roles and responsibilities will provide a simple monitoring system and help ensure that high quality data is collected. One of the main difficulties that departments may encounter when writing reports is the awareness that the interventions have not been fully applied and that incomplete or unreliable evidence that can only potentially relate to the result has been obtained.

The department's head and/or manger shall be responsible for the management of the assessment process and shall prepare a detailed timeline plan for the assessment cycle. The plan might include dates for when work will be collected, when results will be tabulated and analyzed, and when department's staff will meet to discuss the findings and propose changes and remedies. In case direct measures are used for assessment, it is necessary to coordinate with the department's staff to ensure the relevant indicators are collected and prepared for assessment. When indirect measures are employed, the results of the survey shall be forwarded to the department's head or manager as supporting evidence in assessment process.

Once the data collection is completed, the next phase of the assessment process is analyzing the data. Analysis of the collected data is primarily the responsibility of the department with collaboration and assistance from the IED. This methodology ensures that competent staff who is familiar with the department's work and services have conducted analysis and interpretation of the results. The analysis should clearly state if the achievement target is met, partially met, or not met to determine the department's achievements and shortcomings. Therefore, this self-assessment approach provides the units with quantitative evidence to decide what might be done differently to make improvements and help preparing appropriate action plan as part of the improvement plan for the next year.

Due to the multi-campus nature of FCHS, some departments have a presence in multiple campuses. College and campus level data for the outcome should be described. Although

each campus will probably use the same assessment plan, it is important that the results be reported in unified report to provide valid and reliable assessment of the services.

iii. Closing the Loop: Results Dissemination and Follow-Up

The main purpose of assessment is to determine the effectiveness of non-academic and administrative support departments, and to allow documenting and demonstrating continuous improvement based on the use of assessment results. Therefore, "closing the loop" indicates that the planning and evaluation process of the institution and the individual administrative departments have completed a full cycle from establishing their objectives to using assessment results in the next planning and assessment cycle.

Assessment results should be evaluated thoroughly, disseminated, and used to improve the services and processes at the department level and institution in general. The results should be communicated along with the assessment plan to the concerned department staff and FCHS management, since the implementation of the next step would involve the collaborative efforts of all parties. For planning purposes, it is vigorous to share the successes and the deficiencies as well in order to create effective action plans supporting the department's strengths and proposing remedial measures for the areas in which improvement is needed. The action plan shall include precise suggestions for increasing the prospect of success during the next assessment cycle. Moreover, an action plan might involve inter-department cooperation and collaboration, including an estimated cost, if applicable, and should be listed by order of priority. At administrative department level, unmet goals and/or objectives may point out a need for changes in services, policies, and/or procedures.

It is noteworthy that closing the assessment loop may require the use of additional resources beyond current budgets. The assessment loop is only closed if actions are taken to make modifications where necessary. The implementation of the proposed action plans is a shared responsibility of the department head and/or manger and the FCHS director. At the end of the year each department shall complete an assessment report, similar in format to the assessment plan, stating expected outcomes, assessment measures used, a brief discussion of the results, and how the results were used to make changes and improve services and processes (see the planning policy).

The department's head and/or manager shall submit the assessment report to the FCHS director who will provide timely feedback and comments and will review and discuss the annual report and the proposed action plans and produce Approved Action Plans. Upon approval, the FCHS director shall compile all reports in an administrative annual report and forward the approved action plans which shall include a detailed timeline and the responsible party for the implementation to the finance department to use as an input in the next budgeting planning. The ADAA and IED shall be responsible to monitor the implementation and review of any remedial action plans.

8. College and Departmental Committees

FCHS has several committees on a departmental and college level. FCHS has a Committees Formation Policy that identifies standing and ad-hoc committees. There are four levels (L1 to L4) stipulated in the Committees Formation Policy. The Director's Executive Committee (DEC) is the only Level 1 committee. All other committees report their recommendations to the DEC. It is expected that evidenced-based decisions or recommendations from committees shall enhance the quality improvement process in FCHS.

Each HoD is expected to establish the appropriate committees for their department, including but not limited to Quality Assurance Committee, Curriculum Committee, Advisory Boards, etc.

9. Institutional Planning and Activities

FCHS has an implemented a planning policy for institutional activities (Appendix 10). The planned institutional activities further support the achievement of quality assurance and enhancement. Academic and non-academic programs submit an Individual Department Operational Plan (IDOP), Appendices 3 and 4 respectively, at the start of the academic year. IDOPs are then evaluated when submitted at the end of the academic year with the academic and non-academic annual reports, Appendices 3 and 4 respectively. Academic departments must additionally submit a Program Effectiveness Report (Appendix 6). It is ultimately the responsibility of the FCHS Director(s) to approve the IDOPS, Program Effectiveness and Annual reports. Course files must be submitted using the standard FCHS format (Appendix 7). HoDs must also submit a course file checklist (Appendix 8) at the end of each semester. The

dissemination of results within 2 weeks approval of the finalized document (Appendices 2-6) to the appropriate FCHS community are the responsibility of all line managers.

The planning policy (Appendix 10) also identifies the survey types and when surveys should be distributed. Moreover, the planning policy identifies all other institutional activities that must conducted during the academic and calendar year.

10. References

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11. Appendices

Appendix 1: FCHS Strategic Plan 2020-2024

Appendix 2: Academic - Individual Departmental Operation Plan (IDOP) template

Appendix 3: Non-Academic - Individual Departmental Operation Plan (IDOP) template

Appendix 4: Academic - Annual Report template

Appendix 5: Non-Academic - Annual Report template

Appendix 6: Program Effectiveness Report template

Appendix 7: Course File Submission template

Appendix 8: Course File Checklist template

Appendix 9: Program Specification template

Appendix 10: Planning Policy

Appendix 11: Quality Assurance and Institutional Effectiveness Policy