PROGRESS REPORT ON PROGRAMME REVIEW ACTION PLAN-2020 & 2021

Faculty of Medicine, University of Jaffna.

Criterion 1: Program Management

No.	Recommendation by QAC,UGC	Proposed activity/ Sub-activities	Annual targets for key performance indicator		Responsible officer
	¥		2020	2021	*
		1. FOMIS system implemented	55%	65%	
	4	2. Free wireless access points are installed	80%	95%	-
	Strengthen up ICT platform of the Faculty	3. Functional switches room established.	75%	85%	
1	to implement all key functions and link to the university MIS.	Local server purchased for the examination purpose	100%	-	IT Committee
		5. Proposal for the upgrading of the ICT centre.	85%	90%	
		6. Establishment of ICT centre.	75%	85%	
2	Upgrade the Faculty LMS and encourage staff to use LMS in teaching and learning by providing necessary technical and	1. All study materials are being uploaded by the lecturers.	100%	-	Heads of Departments
2		2. Students' user credentials have been created for 41 st , 42 nd , 43 rd and 44 th balches.	100%	-	Dean's office

	knowledge assistance.	3. Staff username and password created.	100%	-	
3	Issue work norms, duty lists and code of conduct to all staff and monitor regularly.	Assign Work norms for each staff category.	55%	65%	Heads of the departments
4	Implement a performance appraisal system. Provide training to improve performance of staff and link to a rewarding system.	To be implemented by the human resource development committee.	75%	100%	HRDC
		2. Criteria have to be developed.	70%%	100%	HRDC
a a	Measure and monitor implementation of the curriculum and the quality of degree program through multiple measures.	Curriculum development and evaluation committee formed.	100%	-	
		a) TOR approved by the faculty board and senate.	100%	- 0	
5		b) Meetings are conducted regularly.	100%	-	Dean's office and MEU
3		Minor changes in the curriculum approved by the faculty board.	100%	-	
		3. The first workshop of Curriculum revision was held on 12 th August 2021.	× _	100%	

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6	Considering the SBS as a reference point, develop and introduce OBE/ SCL approaches.	1. Circulate the final SBS among the staff and comments in the SBS document have already been sent. 55% 65%	CDEC
	*	Policy for differently abled students was developed. - developed	
7	Establish policies to support differently abled students and to deter SGBVs.	2. Declaration of disability and medical condition during enrollment by students – consent obtained from the students of the academic year 2019/2020.	Dean's office
		3. Recommendation for disability students developed and approved by the senate.	

Criterion 2: Human and Physical Resources

No.	Recommendation by QAC, UGC	Proposed activity/ Sub-activities Annual targets for key performance indicator		Responsible officer	
			2020	2021	
	vacant cadre positions in both academic and non- academic staff of the Faculty have to be filled urgently to cater teaching and learning requirements effectively and efficiently, and meet the emerging	1. Annually requesting cadre to the UGC	75%	80%	
1		2. No of cadre filled since PR	40%	55%	Dean's office
		3. Student and Teachers ratio	33%	40%	
	Implement a capacity development program for staff to ensure continuous professional development.	Lecturer(probationary) induction course	65%	75%	
2		2. Workshops for academic and non-academic staff regarding IT, communication skills, soft skills and laboratory skills.	30%	50%	Dean's office
		3. Foreign Training/Local Training	55%	65%	
3	Establish a staff performance appraisal system.	HRD Committee and FB established the system	65%	85%	HRD Committee

4	Obtain stakeholder feedback.	Public, Patients, Students and Teachers feedback collected	20%	55%	MEU and CDEC
5 Departm		Establish ICT Center Coordinate with DELT/Faculty of Arts	60%	70% 72%	
	training and Faculty ICT facilities.	3. Providing IT accessories with the help of Alumni	65%	70%	Dean's office/Alumni
		4. Fixing wireless access point to staff & students	80%	85%	

Criterion 3: Program Design and Development

No.	Recommendation by QAC, UGC	Proposed activity/ Sub-activities	Annual targets for key performance indicator		Responsible officer	
			2020	2021		
		Integrated tutorials.	-	30%		
		2. Multi-disciplinary seminars.	-	40%		
	Introduce a variety of teaching techniques for students of each phase to improve student interest in learning.	3. Debate.	-	20%		
1		4. Role play.	-	75%	CDEC	
		5. Group activities.	60%	85%		
		6. Zoom and LMS.	65%	85%		
		Differently able student policy developed.	50%	100%	Dean's office	
2	Consider to provide necessary facilities for differently abled students and allocate a quota from student intake for them	2. Declaration on disability is obtained during the enrolment	100%	-	Dean's office	
		3. The subcommittee will be formed to evaluate the special case in disability.	20%	40%	Dean's office	

Criterion 4: Course/Module Design and Development

No.	Recommendation by QAC, UGC	Proposed activity/ Sub-activities	Annual targets for key performance indicator		Responsible officer
			2020	2021	
1	Evidence on course development committee and Faculty course design policy.	1. Curriculum revision policy.	85%	90%	CDEC
-		Curriculum revision workshop was held on 12 th August 2021.	85%	90%	æ.
2	Conduct a comprehensive course evaluation regularly on its content, appropriateness, and effectiveness of teaching and achievement of learning outcomes.	 2. Time allocation was revised for Undergraduate curriculum Minor changes Anatomy: Section hours have reduced. Physiology: Practicals have reduced. Pathology: Slide projector has been used instead of OSCE. 	75%	80%	CDEC

		1. LMS based teaching and learning.	95%	95%	
	Enhance the use of ICT in the	2. Student feedback through LMS.	95%	95%	
3	delivery of courses, course evaluation, and obtaining student	3. Utilization of Zoom in Teaching.	95%	95%	CDEC
	feedback.	4. Evaluation forms (Student feedback, Lecturer evaluation, peer evaluation and course evaluation) in Google form.	80%	85%	

Criterion 5: Teaching and Learning

No.	Recommendation by QAC,UGC	Proposed activity/ Sub-activities Annual targets for key performance indicator		key performance		l activity/ Sub-activities key performance indicator kesponsit	Responsible officer
			2020	2021			
1	Closely align teaching and learning strategies with assessments and learning outcomes.	Not applicable (being practiced)	-	-	-		
		Usage of Information Technology. (LMS, Zoom)	70%	95%			
2	Encourage blended learning	2. Usage of video clips.	60%	70%	MEU and		
		3. Using group activities.	80%	90%	HOD		
		4. Teaching based on problem solving.	80%	90%			
3	Improve LMS to deliver a higher number of courses.	1. Introducing post-graduate courses through Faculty of Graduate Studies.	50%	60%	IT Committee		
		1. Developing the tools.	50%	65%			
4	Introduce a teacher appraisal system.	2. Getting approval.	40%	50%	HOD		
		3. Implementation.	30%	45%			
5	Use the information gained from assessment of student learning to improve teaching-learning.	Get the feedback of each academic activity.	65%	70%	HOD		

Criterion 6: Learning Environment, Student Support and Progression

No.	Recommendation by QAC,UGC	Proposed activity/ Sub-activities	Annual targets for key performance indicator		Responsible officer
	3		2020	2021	
		1. Mentoring programme initiated.	75%	90%	SWWC
		2. Dean's sub group formed.	80%	85%	Dean's office
1	Provide evidence of high level interaction between staff and students.	3. Forming a sub-committee on evaluating problems of students.	100%	-	SWWC
		4. Strengthening through extra-curricular activities. (Functions, Cricket match – MEDICOS week)	75%	80%	Dean's office
		5. Student wellbeing center established.	50%	70%	SWWC
		Distance conferencing system	-	10%	
	Conduct need analysis and provide	2. Financial support.	70%	85%	
2	evidence on use of data to improve the learning environment and support services for students.	3. Student wellbeing center established.	50%	70%	Dean's office
		4. Counseling and extra tutorials for failed students.	65%	80%	

	Develop a policy, strategies and activities	A disability Policy was developed.	100%	-	
3	aimed at facilitating students with special needs.	2. Fixing lift and ramp.	45%	55%	Dean's office
4	Maintain a database of students with up to date records on examination, assessment results, monitoring progression and evidence of feedback given.	1. FOMIS System implemented.	55%	65%	Dean's office
	Conduct student satisfaction surveys on	Introductive integrated module (IIM). 44 th batch completed.	75%	90%	
5	the degree program, courses offered and support services. Provide evidence on use of findings in improvements.	2. Student feedback forms developed. (phase 1,2 & 3)	50%	65%	CDEC
-		3. Subject evaluation forms developed.	45%	55%	,
6	Provide evidence of maintaining an effective counseling service to facilitate students' progression.	Counseling sessions were added to the introductory period sessions.	65%	75%	Doon?
U		2. Welfare and wellbeing facilities	40%	45%	Dean's office

7	Provide evidence of collaboration between academics and library staff, and teachers motivating students to use the library.	Conduct a workshop on BMJ case report.	-	70%	Dean's office
		The application in the UGC format has been placed to the senate.	45%	65%	
		2. Preparation of SOP for the ICT centre.	-	50%	
8	Improve ICT infrastructure, develop plans to enhance applications and usage.	3. ICT Laboratory established.	65%	75%	Dean's office
		4. NM & PCSA had been appointed.	-	20%	
		5. IT equipment donations from well wisher	45%	65%	
	Implement ongoing training programs for	Annual undergraduate research symposium.	100%	-	
9	students and staff on common learning resources and provide evidence on satisfaction survey reports.	Staff & student presentations in JSA session.	80%	90%	Dean's office
		3. Attending Jaffna medical Associations scientific session.	85%	90%	

Criterion 7: Student Assessment and Awards

No.	Recommendation by QAC, UGC	Proposed activity/ Sub-activities	Annual targets for key performance indicator		Responsible officer
			2020	2021	
	Improve mechanisms to monitor, review and amend the assessment strategies of the degree program periodically.	1. Establishment of Examination unit.	25%	35%	Dean's office
1		2. Developing examination standard operating procedure (SOP).	65%	75%	
		3. Allocating exam coordinators.	-	20%	
		4. Declaration of Conflict of interest.	100%	_	
2	Obtain reports from external examiners and incorporate their reports in program improvements.	1. Getting feedback from external examiners after the end of course exam.	55%	65%	CDEC
3	SDC needs to develop a training program schedule for staff involved in assessing students on their roles and responsibilities, and implement.	Not applicable (being practiced)	-	-	-
4	Make arrangements to release the examination results within 3 months.	Not applicable (being practiced)	/ -		-

:	5	Provide regular, appropriate and timely feedback to students on assessments and use the feedback to promote student learning.		Develop student feedback on examination results.	65%	70%	CDEC
Introduce appropriate facilities for the students who are disabled after entering the program.		** *		Implement a screening programme.	70%	85%	Dean's office
	1	Formation of sub-committee.	, -	20%	CDEC		

Criterion 8: Innovative and Healthy Practices

No.	Recommendation by QAC, UGC	Proposed activity/ Sub-activities	Annual targets for key performance indicator		Responsible officer
ø			2020	2021	,
1	The LMS facility needs to be upgraded in its capacity to cater current and future requirements.	Upgrade the space capacity to upload the large size documents.	75%	80%	IT
1		2. Training for academic staff for LMS usage.	70%	85%	Committee
2	Monitor LMS usage and train staff and students on using the LMS platform for teaching and learning.	Provide training by computer unit.	75%	85%	IT Committee
		2. Assign programmer cum system analyst.	50%	100%	
3	Introduce a reward system for academics to encourage achieving excellence in research and outreach activities.	1. The 375 th FB has approved the amended version of the dean's award for excellence in teaching by HRDC.	-	25%	Dean's office
4	Establish a policy and guidelines on credit transfer and provide evidence of students making use of this option.	Not applicable (being practiced)	-	-	, -