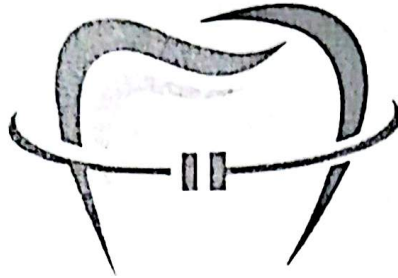


RAHBAR COLLEGE
OF DENTISTRY

QUALITY ASSURANCE POLICY RCoD

Quality Assurance Policy



**RAHBAR COLLEGE
OF DENTISTRY**

PRINCIPAL

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RAHBAR COLLEGE OF DENTISTRY**

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No.102/RCoD/ P111

Dated: 30 July 2024

To: Director Admin

Info: Medical Branch

TORs for Quality Assurance Cell (QAC)

1. **Establish Evaluation Timelines:** Develop a clear timeline for conducting program evaluations, ensuring they are carried out regularly and systematically.
2. **Curriculum Alignment:** Ensure that the curriculum adheres to established educational principles and standards.
3. **Learning Outcome Assessment:** Evaluate whether all students achieve the intended learning outcomes effectively.
4. **Development of Measurement Tools:** Create appropriate and reliable tools to collect data on the program's effectiveness.
5. **Satisfaction Assessment:** Evaluate the satisfaction levels of both students and staff regarding the educational environment.
6. **Data Collection and Analysis:** Collect and analyze data to assess the program's effectiveness. Generate reports and share findings with all relevant stakeholders, including the Principal, Heads of Departments, committees, faculty, and students.
7. **Addressing Compliance Issues:** Identify and address any areas of non-compliance with UHS/PM&DC standards for undergraduate medical education.
8. **Recommendations for Improvement:** Provide recommendations for improvement to all committees based on the evaluation results.

The Quality Assurance of RCoD comprises of two components,

A. Academics; will be conducted by QAC

The stakeholders of academic activities within RCoD are the following:

- Faculty
- Students

Standard Operating Procedures for Clinical Audits to Ensure Quality Assurance

B. Clinical Audits; evaluation will be conducted by HOD/ Clinical coordinators

1. The stakeholders of Clinical Audits within RCoD are the following:

- Clinical Instructors/ Faculty
- Trainees
- Students
- Patients

- A structured and comprehensive feedback form for evaluation will be distributed randomly among patients, students, clinical instructors, and trainees at regular intervals.
- The forms will be collected and assessed to evaluate clinical quality.
- Completed feedback forms will be submitted to the respective Clinical Heads and the Clinical Coordinator for review and analysis.
- A summary of the feedback analysis (identified problems and suggestions for improvement) will be submitted to the Academic Council for further review and action.
- The Academic Council will review the proposed solutions to address the issues, assess feasibility, and approve the necessary changes.
- Approved solutions and any changes will be communicated to the Heads of Departments (HoDs), clinical instructors, and students to ensure transparency and understanding.
- An implementation plan will be developed, including timelines, resources, and responsibilities. Faculty, students, and staff will be informed and supported during the adoption of the changes.
- The implementation progress will be monitored, and new feedback will be collected post-implementation. Adjustments will be made as necessary to further improve quality.

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Standard Operating Procedure for Quality Assurance Cell

Conducting Post-Block Result Meetings

- The Quality Assurance Cell will conduct the meetings after the declaration of every block result.

Collecting Faculty and Student Feedback on Curriculum and Assessment

- The feedback about the course (curriculum/assessment) will be collected by the faculty and students at the end of each block.

Annual Teacher Evaluation by Students

- The teacher's evaluation by students will be conducted once a year.

Gathering Students' Feedback on Clinical Rotations

- Students' feedback about clinical rotation will be conducted at the end of each rotation.

Evaluation and Communication of Feedback Recommendations

- The Quality Assurance Cell will thoroughly evaluate the recommendations derived from student and faculty feedback and will communicate them to the curriculum committee for potential curriculum revisions.

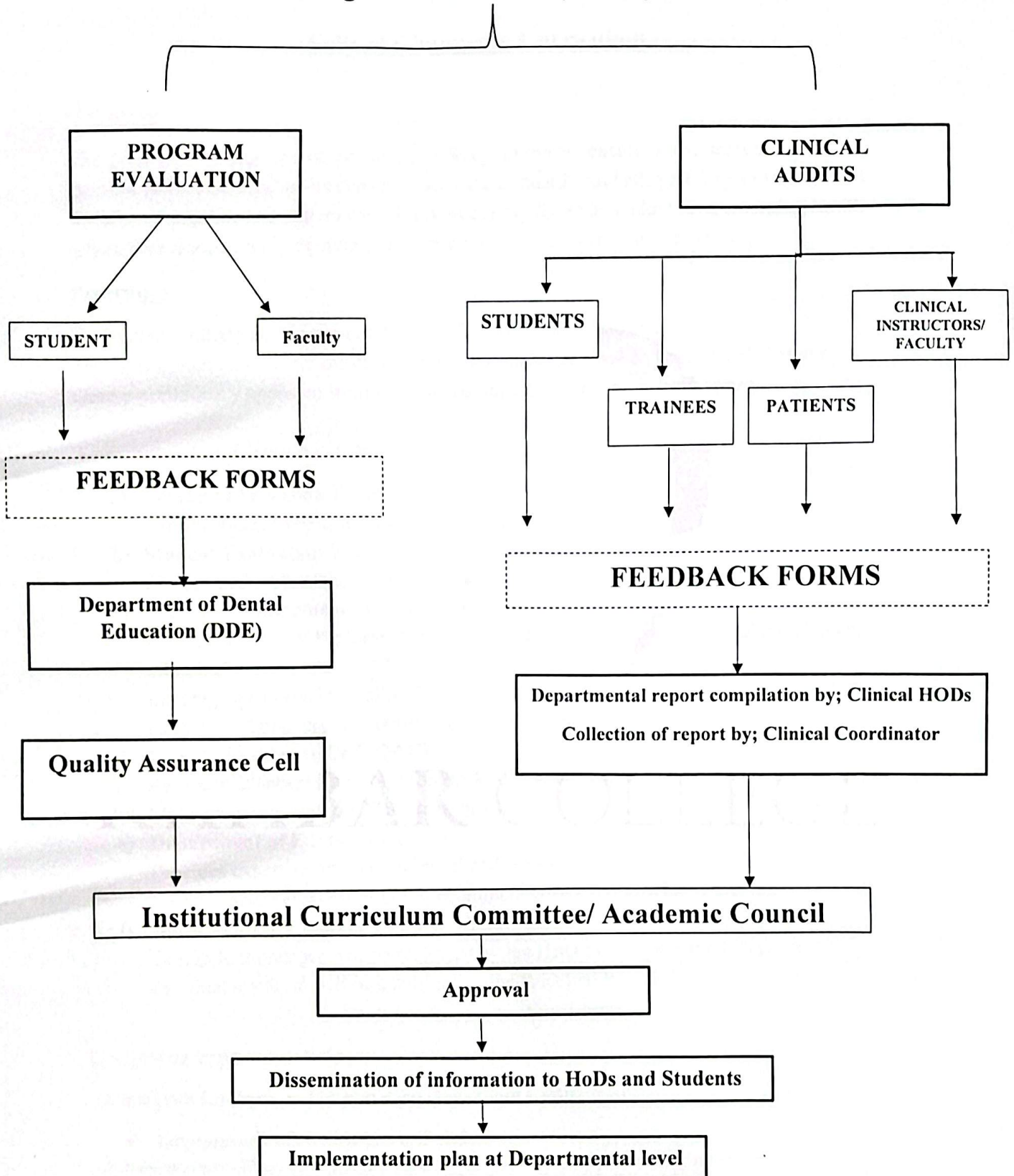
Ensuring Consideration of Faculty and Student Feedback for Curriculum Improvements

- Careful considerations will be given to feedback, both by the faculty and students in order to ensure well-informed decisions are made regarding the curriculum improvements.

Dissemination of Approved Recommendations via LMS

- The recommendations that have been thoroughly reviewed and approved will be disseminated through LMS. A notification will be posted on the portal and marked to the concerned faculty members, students, and demonstrators to ensure effective communication and delivery to all relevant individuals.

Mechanism for Program Evaluation (Quality Assurance Cell)



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SoPs of Changes in Curriculum

Objective

The purpose of changing a curriculum is to keep it relevant ensuring it reflects the latest medical advancements, meets current healthcare standards, and adequately prepares students for clinical practice and patient care. It involves integrating and addressing emerging health issues thus, continuously evolving the curriculum to stay current and effective.

Procedure

To formally initiate and document the need for curriculum changes.

The Curriculum Committee drafts a proposal outlining the need and suggested changes.

Obtain preliminary approval from the Curriculum Committee to move forward.

Tools Needed for Changes in Curriculum:

- a) **Teacher Evaluation Form**
Use self-assessments, student feedback and Peer reviews
- b) **Student Evaluation Form**
Collect student feedback through surveys and feedback forms
- c) **Feedback Proforma and Course Evaluation Form**
Utilize a Feedback Proforma for Faculty to document and address teaching challenges effectively.
Leverage a Course Evaluation Form to gather detailed feedback on course structure, content, and delivery for continuous improvement.
- d) **Quality Assurance Cell (QAC)**
Review evaluation Data from feedback forms and reports
Make recommendations in the curriculum
- e) **Department of Education (DDE)**
Provides expertise on curriculum-related issues
Ensure implementation of QAC recommendations and provide resources.
- f) **Implementing Changes**
Curriculum changes will be reviewed by the HoD of the concerned Department
For final approval will be submitted to the Principal RCoD

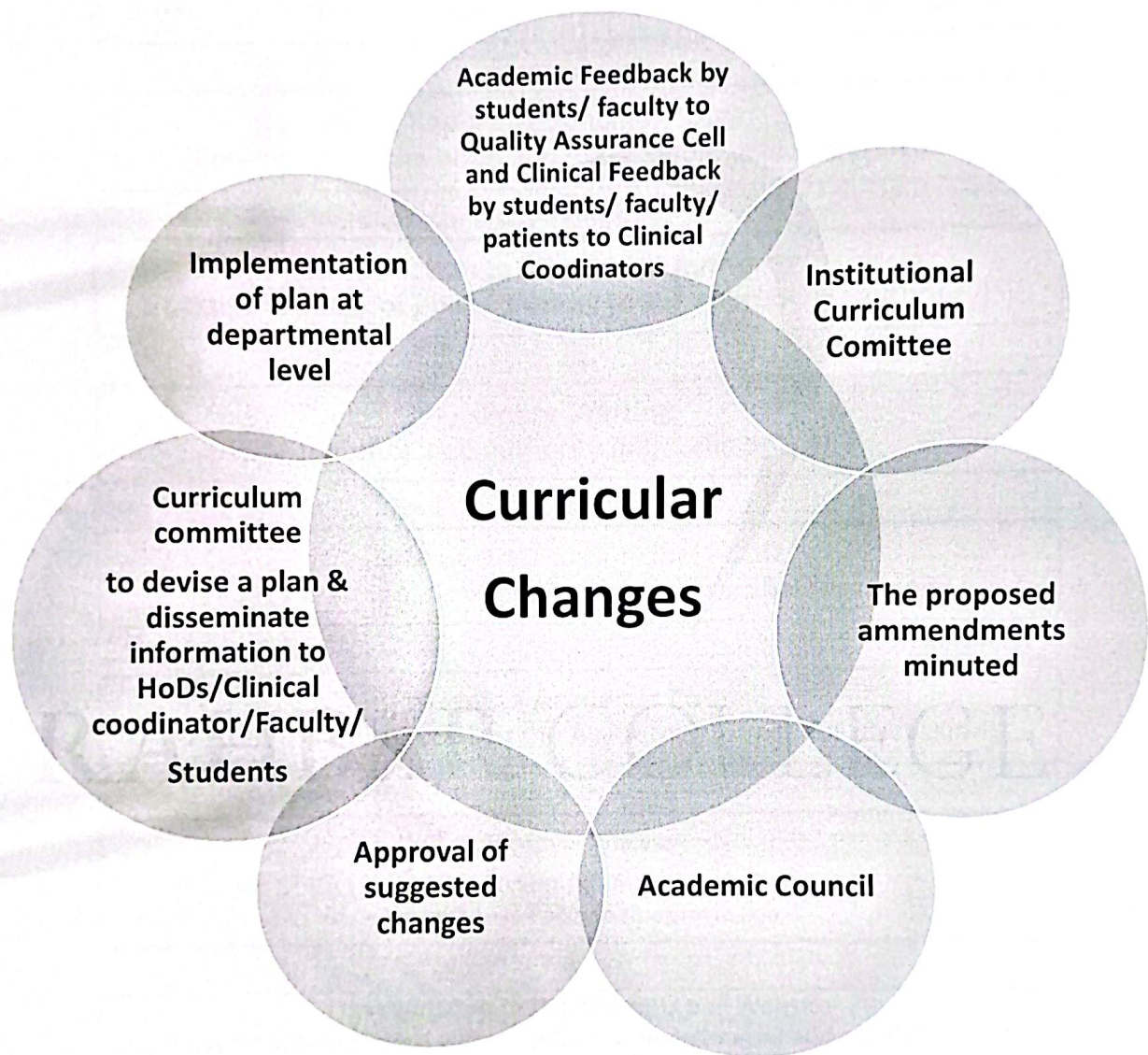
Continuous Improvement

To integrate feedback and improve the curriculum continuously.

- Keep records of all changes and updates.

Documentation: Maintain detailed records for transparency and accountability.

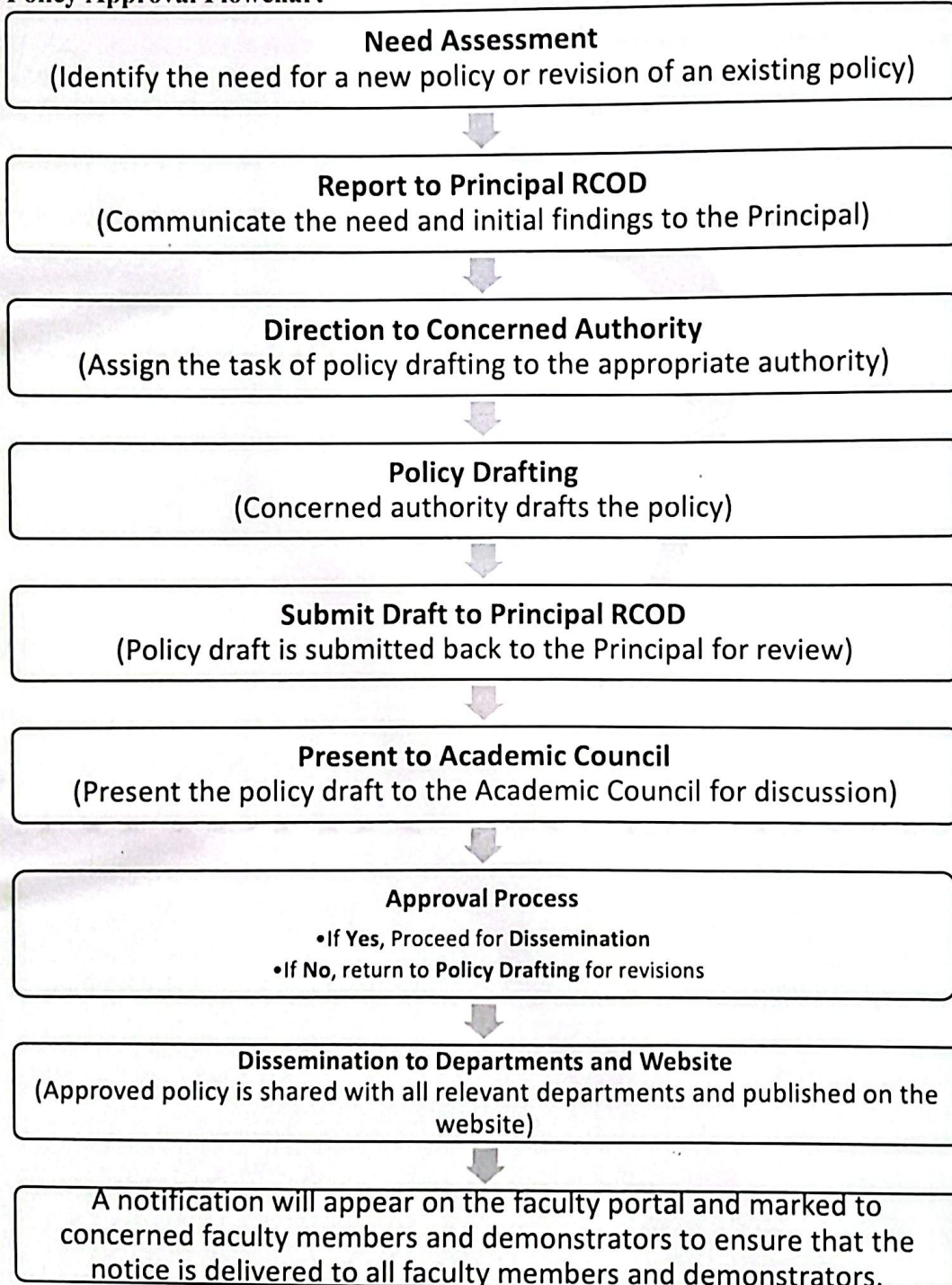
These SOPs will help ensure that curriculum changes are managed systematically and effectively, maintaining quality and consistency throughout the process.



Policy for Approval and Dissemination of Policies

Purpose: To oversee the approval, amendments, and distribution of college policies, ensuring that all current policies are readily accessible to those who need them, and that outdated policies are promptly removed from circulation and use.

1. Policy Approval Flowchart



2. Amendment of policies

Amendments to policies are made by recommendation of various committees, finally approved by the academic council and disseminated after being signed by the Principal.

3. Withdrawal of outdated policies

When a policy has been amended or discontinued, the quality assurance cell removes the old policy when disseminating the new/revised policy. One copy of obsolete policy is kept for historical record

4. Master list of Policies

The quality assurance cell will keep the master list of policies to aid in their control and administration

5. Data Back-up

All policies will be back-up twice a year on a computer in IT Department.