**‘Evaluation of a Course’ (Inside Faculty of Medicine- YU)**

* Evaluation of courses in each department is a periodical process, starts by gathering feedback during the course from the students and teaching staff and confirmed by official surveys.
* Notes are discussed in the section meetings and departmental meetings.
* National and international changes in credentiality (i.e. international licensing exams like ECFMG requires periods of training in different disciplines) should be taken in consideration and registered in official meetings after these changes are confirmed.
* End of course surveys should include the notes gathered during the course.
* Surveys are done for graduates to take their opinions and experience after they finished the unrevised course.
* Data from surveys should be analysed statistically to extract conclusions that could support or deny the need of change to the course.
* If modification was decided according to research work, then the teaching staff of the course has to reach a consensus about the nature and details of the modification, fill the QA – Modification of a Course Form, then present it to the department council.
* The department council will refer this request to the curriculum committee in the department and in coordination with (the curriculum sub-team in Quality Assurance Committee), this form will be discussed in further councils.

**‘Modification of a Course’ Form (Inside Faculty of Medicine- YU)**

|  |  |  |
| --- | --- | --- |
| **1** | Course Title |  |
| **2** | Course Code |  |
| **3** | Awarding Institution  |  |
| **4** | Level of Study |  |
| **5** | Pre requisite Courses |  |
| **6** | Courses dependant on this course |  |
| **7** | Department |  |
| **8** | Duration of the course |  |
| **9** | Credit hours |  |
| **10** | Date of production/revision |  |
| **11** | Course Coordinator (name, position, and contact details) |  |
| **12** | Name of Faculties teaching the same Course |  |

13. Revision and Modification Type:

|  |  |
| --- | --- |
| [ ]  | *This is a major change to the course, involving duration and credit hours.*  |
| [ ]  | *This is a major change to the course, involving addition of a new course to the program?* |
| [ ]  | *This is a minor change to the course, involving the addition/revision of the curriculum content with preservation of the duration and credit hours*  |

**14. State a brief rationale for Modifying the program:**

|  |
| --- |
| *(e.g., change was requested in surveys of graduates of the program to meet workforce requirements, student needs, enrollment impact, key issues or topics that were missing from previous curriculum, or changes required for national standards or credentialing).* |

**15. Explain how this revision and modification relates to Job Market.**

**16. Explain how this revision and modification relates to the mission and strategic plan of the Faculty of medicine- YU and Yarmouk University.**

|  |
| --- |
|  |

17. Course Learning Outcomes (CLOs):

|  |
| --- |
| *If major change is requested, elaborate on how this change will affect the approved CLOs:*  |

18. Faculty Members:

|  |
| --- |
| *Identify whether additional faculty will be required for teaching the revised course and plan for faculty recruitment. If no new faculty are required and the revised course is adding classes, laboratories or extra clinical training , please identify how current faculty will be able to meet this change.* |

19. Facilities and Resources:

|  |
| --- |
| *Will the Course revision require additional facilities and equipment, space modification, or library services?* |
| [ ]  | No  |
| [ ]  | Yes, please identify the specific needs in each of these areas:  |

20. Effect on other courses in the Program.

|  |
| --- |
| *Will the whole program in the Faculty of Medicine or other programs in the university be affected by this course change?* |
| [ ]  | No  |
| [ ]  | Yes, indicate the programs affected:  |

**21. Current students:**

|  |
| --- |
| Will current students be required to change to the revised program? |
| [ ]  | No  |
| [ ]  | Yes, *if yes, what is your plan for notifying current students of this and how you plan the transition of the current students to the revised course.* |

22. Provide a list of modifications suggested:

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
| -- |  |

**23. Required attachments to this form**:

|  |  |
| --- | --- |
| [ ]  | An updated program specification form. |
| [ ]  | Course syllabi of new courses. |
| [ ]  | The modified program study plan. |

**Course Coordinator**: --------------------------------- Signature: --------------------------------- Date: ----------

**Head of curriculum committee/Department:** -------------------------------- Signature: ----------------

**Head of Department:** --------------------------------------------------------- Signature: --------------------------

**Dean**: ------------------------------------------------- -Signature: -----------------------------------------------