

ATTACHMENT 2 (g)

Course Report

Kingdom of Saudi Arabia

The National Commission for Academic Accreditation & Assessment

**COURSE REPORT
(CR)**

Ophthalmology

OPT 432

1434/1435 H
(2013/2014)

A separate Course Report (CR) should be submitted for every course and for each section or campus location where the course is taught, even if the course is taught by the same person. Each CR is to be completed by the course instructor at the end of each course and given to the program coordinator

A combined, comprehensive CR should be prepared by the course coordinator and the separate location reports are to be attached.

Course Report

For guidance on the completion of this template refer to the NCAAA handbooks or the NCAAA Accreditation System help buttons.

Institution King Saud University	Date of Course Report :
College/ Department College of Medicine / Medical Education Department	

A. Course Identification and General Information

1. Course title Ophthalmology Code # (OPT 432) Section # Fourth year																					
2. Name of course instructor Dr. Marwan Aboummoh Location: KAUH																					
3. Year and semester to which this report applies. 1434/1435H (2013/2014)																					
4. Number of students starting the course? <input type="text" value="265"/> Students completing the course? <input type="text" value="265"/>																					
5. Course components (actual total contact hours and credits per semester):																					
<table border="1"> <thead> <tr> <th></th> <th>Lecture</th> <th>Tutorial</th> <th>Laboratory</th> <th>Practical</th> <th>Other: Clinical Skills</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Contact Hours</td> <td>30</td> <td></td> <td></td> <td>15</td> <td>15</td> <td>60</td> </tr> <tr> <td>Credit</td> <td>2</td> <td></td> <td></td> <td>1</td> <td>1</td> <td>4</td> </tr> </tbody> </table>		Lecture	Tutorial	Laboratory	Practical	Other: Clinical Skills	Total	Contact Hours	30			15	15	60	Credit	2			1	1	4
	Lecture	Tutorial	Laboratory	Practical	Other: Clinical Skills	Total															
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B. - Course Delivery

1. Coverage of Planned Program			
Topics	Planned Contact Hours	Actual Contact Hours	Reason for Variations if there is a difference of more than 25% of the hours planned
VA-Ophthalmoscopy	2	2	
VF-Tonometry, Pupil	2	2	
External Exam - Motility & Alignment	2	2	
Orientation, History Taking and Exam	2	2	

Basic Anatomy& Physiology	2	2	
Lids, Lacrimal, and Orbitdisorder	2	2	
Neuro-Ophthalmology	2	2	
Strabismus, Amblyopia,Management and Leukocoria	2	2	
Ocular Emergencies and Red Eye	2	2	
Chronic Visual Loss	2	2	
Refractive Errors	2	2	
Ocular Manifestation ofSystemic Diseases	2	2	
Acute Visual Loss	2	2	
Ocular Pharmacologyand Toxicology	2	2	

2. Consequences of Non Coverage of Topics

For any topics where the topic was not taught or practically delivered, comment on how significant you believe the lack of coverage is for the course learning outcomes or for later courses in the program. Suggest possible compensating action.

Topics (if any) not Fully Covered	Effectted Learning Outcomes	Possible Compensating Action
NONE		

3. Course learning outcome assessment.

	List course learning outcomes	List methods of assessment	Summary analysis of assessment results
A	Knowledge :		
	Description of the knowledge to be acquired 1- Describe the basic embryology, anatomy, and physiology of the eye, orbit and periorbital adnexa	a. Feedback and discussion during lectures, clinical skill sessions, and clinical activities(formal evaluation)	

	<p>2- List different causes and describe the pathology, the clinical picture and treatment of various ophthalmic diseases affecting the children and adults</p> <p>3- Determine the appropriate diagnostic tools and therapeutic lines for the most important ophthalmic disorders including applicable recent modalities.</p> <p>4-Describe different ophthalmic emergencies.</p> <p>5- Identify simple ophthalmic diagnostic instruments.</p> <p>6- Describe principles of various ophthalmic simple operations</p>	<p>b. Continuous Assessment Examination (Multiple Choice Questions).</p> <p>c. Objective Structures Clinical Examination (OSCE).</p>	
B	Cognitive Skills:		
	<p>Description of cognitive skills to be developed:</p> <p>1- Plan important ophthalmic investigations (visual field, ultrasound biomicroscopy etc.).</p> <p>2- Integrate the data obtained from the symptoms, signs and investigations he/she collected into a meaningful diagnosis and construct appropriate management strategies.</p> <p>3- Explain different treatment strategies provided for common ophthalmic emergencies.</p> <p>4- Monitor the effectiveness of therapy and re-evaluate management plan accordingly.</p>	<p>a. Feedback and discussion during lectures, clinical skill sessions, and clinical activities(formal evaluation)</p> <p>b. Continuous Assessment Examination (Multiple Choice Questions).</p> <p>c. Objective Structures Clinical Examination (OSCE).</p>	
C	Interpersonal Skills and Responsibility		
	<p>Description of the interpersonal skills and capacity to carry responsibility to be developed :</p> <p>1- Work constructively in a group, cooperating with their student group leaders.</p> <p>2-Use means to find new information data</p>	<p>Discussion and feedback during clinical skill sessions and practical activities (Operating Room, Ophthalmology consultant Clinics, Ophthalmology primary screening clinic,</p>	

	<p>or technique analysis, for the best utilization of their lectures and clinical skill session.</p> <p>3-Be able to report to their colleagues a comprehensive information about patients in an oral or written manner.</p> <p>4- Design in certain situations, together with other specialties an appropriate treatment plan thus initiating the value of teamwork and compliance to work through systems</p> <p>5- Communicate properly and ethically with the patients in a serious and respectable manner to have relevant data to their complaints.</p>	<p>Diabetic retinopathy screening clinic).</p>	
D	Communication, Information Technology and Numerical Skills		
	<p>Description of the skills to be developed in this domain.</p> <ol style="list-style-type: none"> 1. Communicate in a facilitative, effective, efficient, and educational manner with patients and their families. 2. Communicate clearly and succinctly to colleagues and other members of the health care team. 3. Use modes of modern communication. 4. Access all the information of the scientific activities posted in the Department's web site e.g. seminars, courses, and conferences. 5. Exhibit empathy, tact and compassion during history taking and physical examination, maintaining a professional and ethical code of conduct. 6. Respect patient well, privacy, and dignity. 7. Conduct reliable and responsible behaviour 8. Discuss professional errors in an honest way. 	<p>Discussion and feedback during the lectures, clinical skill sessions and practical activities (Operating Room, Ophthalmology consultant Clinics, Ophthalmology primary screening clinic, Diabetic retinopathy screening clinic)</p>	

E	Psychomotor and Professional Skills		
	<p>Description of the psychomotor skills to be developed and the level of performance required</p> <ol style="list-style-type: none"> 1- Obtain and document accurate and complete ophthalmic history. Students should be familiar with patient's expressions dominant in our locality 2- Correctly handle and use the simple diagnostic instruments e.g. direct ophthalmoscope, torchetc 3- Practice a correct and comprehensive external ophthalmic examination and funduscopy using direct ophthalmoscope. 4- Request for a specific investigation for a particular disease (e.g. visual field, ultrasound biomicroscopy) 	<p>Assessment and observation during clinical skill sessions and practical activities (Operating Room, Ophthalmology consultant clinics, Ophthalmology primary screening clinic, Diabetic retinopathy screening clinic)</p>	

Summarize any actions you recommend for improving teaching strategies as a result of evaluations in table 3 above.

-Increase clinic exposure time without sacrificing time allocated to lectures or tutorials (which might be difficult due to the short duration of the cycle)

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4. Effectiveness of Planned Teaching Strategies for Intended Learning Outcomes set out in the Course Specification. (Refer to planned teaching strategies in Course Specification and description of Domains of Learning Outcomes in the National Qualifications Framework)

List Teaching Methods set out in Course Specification	Were these Effective?		Difficulties Experienced (if any) in Using the Strategy and Suggested Action to Deal with Those Difficulties.
	No	Yes	
<p>a. Knowledge :</p> <ul style="list-style-type: none"> • Lectures • Clinical teaching sessions • Attendance in clinics, OR 		✓	

<p>b. Cognitive Skills</p> <ul style="list-style-type: none"> • Clinical teaching sessions • Attendance in clinics, OR 		✓	
<p>c. Interpersonal Skills and Responsibility</p> <ul style="list-style-type: none"> • Clinical teaching sessions • Attendance in clinics, OR 		✓	
<p>d. Numerical and Communication Skills</p> <ul style="list-style-type: none"> • Clinical teaching sessions • Attendance in clinics, OR 		✓	
<p>e Psychomotor Skills (if applicable)</p> <ul style="list-style-type: none"> • Clinical teaching sessions • Attendance in clinics, OR 		✓	

Note: In order to analyze the assessment of student achievement for each course learning outcome, student performance results can be measured and assessed using a KPI, a rubric, or some grading system that aligns student work, exam scores, or other demonstration of successful learning.

C. Results

1. Distribution of Grades

Letter Grade	Number of Students	Student Percentage	Explanation of Distribution of Grades
A+	2	0.8 %	Normal distribution (Bell-shaped) curve
A	26	9.8 %	
B+	78	29.4 %	
B	72	27.2 %	
C+	50	18.9 %	
C	22	8.3 %	
D+	10	3.7 %	
D	2	0.8 %	
F	3	1.1 %	
DeniedEntry	0	0	
In Progress	0	0	
Incomplete	0	0	
Pass	262	98.9 %	
Fail	3	1.1 %	
Withdrawn	0	0	

2. Analyze special factors (if any) affecting the results

None, similar high passing rate as last 2 years

3. Variations from planned student assessment processes (if any) (see Course Specifications).

a. Variations (if any) from planned assessment schedule (see Course Specification)

Variation	Reason
NONE	

b. Variations (if any) from planned assessment processes in Domains of Learning (see Course Specification)	
Variation	Reason

4. Student Grade Achievement Verification (eg. cross-check of grade validity by independent evaluator).

Method(s) of Verification	Conclusion
<ul style="list-style-type: none"> Review written exams by a committee of 6 academic department staff members 	-done
<ul style="list-style-type: none"> Regular random re-evaluation of exam papers 	-done by course organizer

D. Resources and Facilities

1. Difficulties in access to resources or facilities (if any)	2. Consequences of any difficulties experienced for student learning in the course.
-Short cycle duration	-students are complaining more about lack of time and lack of clinic exposure

E. Administrative Issues

1 Organizational or administrative difficulties encountered (if any)	2. Consequences of any difficulties experienced for student learning in the course.
-none	-none

F Course Evaluation

1 Student evaluation of the course: (Attach survey results report)

- The students are satisfied by all items in the survey (4 stars).
- The students commended on staff cooperation and punctuality.
- 76.3% are happy with the course in general vs 75.1% in last group.
- The course achieved the required 4 stars level.

Strengths:

- The staff are cooperative and punctual.
- The clinical sessions were related to the lecture and were beneficial.
- The knowledge of residents was amazing.

Criticisms:

- Clinical sessions.
- SAQ is not a proper way to test students' knowledge.
- The exam was based on recalling information.
- Lack of enough clinics.

Students' Suggestions:

Females:

- Lengthen the time of the cycle.
- Change the mark distribution.
- More clinics.

Males:

- More time.
- Change the place.(no parking , no cafeteria)
- Replace the SAQ slide by paper
- Reduce the clinics&ER

The Academic Quality Unit Suggestions:

- To consider students comments.

a. List the most important recommendations for improvement and strengths

-Increase clinic exposure
-increase cycle duration

b. Response of instructor or course team to this evaluation

-Currently, the cycle utilizes the best of the time allocated for it. Suggestions are most welcome for better exploitation of cycle duration

2. Other Evaluation (e.g. by head of department, peer observations, accreditation review, other stakeholders)

-none

a. List the most important recommendations for improvement and strengths

b. Response of instructor or course team to this evaluation

G. Planning for Improvement

1. Progress on actions proposed for improving the course in previous course reports (if any).

Actions recommended from the most recent course report(s)	Actions Taken	Results	Analysis
a.increase number of OSCE modules	-none	-same number of OSCE modules as last year	-request academic staff to provide OSCE modules
b.Improve MCQ bank	-Done	-continuously improving	-

2. List what actions have been taken to improve the course (based on previous CR, surveys, independent opinion, or course evaluation).

-Continue to improve MCQ bank
-Request more OSCE modules
-

3. Action Plan for Improvement for Next Semester/Year

Actions Recommended	Intended Action Points and Process	Start Date	Completion Date	Person Responsible
a.increase OSCE modules				
b.				
c.				
d.				
e.				

Program Coordinator: Dr. Marwan Aboummoh

mabouammoh@ksu.edu.sa

Signature: _____



Date Received: _____