

Republic of Yemen
Ministry of Higher
Education & Scientific Research
21 September University – for Medical and
Applied Science
Faculty of Medical Applied Science
Master of Science in Respiratory Care Program



الجمهورية اليمنية
وزارة التعليم العالي والبحث العلمي
جامعة 21 سبتمبر للعلوم الطبية والتطبيقية
كلية العلوم الطبية التطبيقية
برنامج ماجستير العلوم في رعاية الجهاز
التنفسي

21 September University – for Medical and Applied Science



Curriculum Master of Science in Respiratory Care (MSRC) Academic Program

Prepared Committee Mbers:

1. Ass. Prof. Dr. Yahia Al-Huraibi, MD
2. prof. Nour El-Din Al-Jaber , MD
3. Prof. Faker Al-Qubati, MD

August 2021-2022

Head of Department

prof. Nour El-Din Al-Jaber

Quality Unit

Dr. Fadl Shujaa Al-deen

Dean of the Faculty

prof. Abdulsalam dallaq

Center of Development & Quality
Assurance

Dr.Mohammed Alshamahy

Table Contents

No.	Contents	Page
1.	Basic Information about the Program	3
2.	Program Overview	4
3.	Vision, Mission & Aims of the University	4
4.	Program Mission	5
5.	Program Objectives	5
6.	Program Standards & Benchmarks	5
7.	Graduate Attributes of the program	6
8.	Learning Outcomes of the program	6
9.	Curriculum Map	7
10.	Learning and Teaching Strategy	8
11.	Assessment Strategies	8
12.	Study Plan	9
13.	Eligibility for Admission	11
14.	Regulations for Progression and Program Completion	11
15.	Degree Classification	12
16.	Graduation Requirements	12
17.	Learning Resources Required to Deliver the Program	13
18.	Appendix	14

* * *

Head of Department

prof. Nour El-Din Al-Jaber

Quality Unit

Dr. Fadi Shujaa Al-deen

Dean of the Faculty

prof. Abdulsalam dallaq

Center of Development & Quality
Assurance

Dr.Mohammed Alshamahy

1. Program Identification and General Information:		
1	Program Title	Master of Science in Respiratory Care
2	Program type	Academic
3	Awarding Institution	21 September University of Medicals & Applied Sciences
4	Total Credit Hours	80 C. Hr.
5	Departments responsible for the program	Respiratory Care Department
6	Program Period	Semester, Three years.
7	Language of study	English
8	Departments participating in the program:	-----
9	Mode of delivery	Regular, minimum attendance 75%
10	Teaching institution	Deanship of Graduate Studies & Scientific Research – Respiratory Care Program
11	Study System	Semester system – Full time
12	Nature of study in the program	Courses and thesis
13	Duration of study	Minimum two-year. Each academic year consists of two semesters. (3years / 4 semesters)
14	Awarded Degree	Master of Science in Respiratory Care
15	Award title	Master of Science in Respiratory Care
16	Qualification for admission to the program	For the first batch: The Bachelor's degree in: Nursing , Anesthesia.
17	Grade for admission to the program	Good
18	Other requirements	1- Admission to the MCCN program is subject to the regulations established by the Ministry of Higher Education and Scientific Research in Yemen. Additionally, candidates must achieve a satisfactory outcome in an interview that evaluates their background and suitability for specializing in nursing.
19	Program Coordinator's Name:	prof. Nour El-Din Al-Jaber
	Data of program specification	August 2021-2022
	Prepared by	1. Ass. Prof. Dr. Yahia Al-Huraibi, MD 2. prof. Nour El-Din Al-Jaber , MD 3. Prof. Faker Al-Qubati, MD

2. Introduction:

People's health is an indicator of a country's level of development, and achieving optimal health is the desire of every individual. The success of a country in preventing disease and promoting health depends on the contribution of all members of the health team. Being able to breathe is one of the basic essentials of life, and respiratory therapists are the monitors and guardians of a patient's ability to access this necessity.

21 September University of Medical & Applied Sciences (21 UMAS) was opened in 2016 with the intention of alleviating the severe shortage of medical doctors and allied medical professionals in the country. In line with various encouraging efforts performed by the Ministry of Public Health & Population in this regard, the 21 September University of Medical & Applied Sciences is providing much-needed medical professionals to the people of Yemen. The 21 UMAS will initiate Yemen's first integrated curriculum for undergraduate medical education and is currently expanding to postgraduate programs in the postgraduate college and diversifying its undergraduate program offerings

Respiratory therapists are allied health professionals trained in the skillful use of advanced diagnostic tools to evaluate, diagnose, manage, and administer respiratory treatment modalities for a wide variety of breathing disorders in neonatal, pediatric, adult, and geriatric patients. Respiratory therapists cooperate with physicians and nurses and perform respiratory care modalities that include oxygen therapy, breathing techniques and maneuvers including incentive spirometry, humidity-aerosol therapy, pulmonary drainage procedures, sputum and ABG sample collection procedures, thermal regulation procedures, mechanical ventilation, and cardiopulmonary resuscitation

Promising Jobs:

Respiratory care practitioners work in acute care hospitals with adults, premature infants, and geriatric patients in surgical services, air and ground intra-facility transport, multidisciplinary nutrition teams, emergency departments, neonatal/pediatric intensive care, and medical, cardiac, and surgical intensive care. Practitioners are usually stationed in the ICU and/or emergency departments of hospitals. They may also work in environments such as the diagnostic pulmonary laboratory, sleep lab centers, bronchoscopy laboratory, long-term acute care units, hyperbaric

oxygen (HBO) units, or they may work as a traveling therapist, Home respiratory therapist, or pharmaceutical sales representative.

Respiratory Care, in addition to the above areas, will be able to work in the management of respiratory and related units of hospitals, conduct research, and engage in teaching of respiratory and critical care students in higher academic institutions

3. University Vision, Mission, Values, Objectives, and Goals:

University vision:

A Contemporary University with National Responsibility and Faith Identity

University Mission:

Leadership of transformation headway in managing and providing the health care with all partners via having the distinction standard in education and applied and medical researches that meet the needs of Yemeni people and regional influence.

University Core values:

- Leadership and Influence
- Work effectively with a time
- Excellence and Innovation

Aims of the University:

- 1- Ensuring the application of quality standards and having the distinction standards in medical and applied sciences, scientific research and community service.
- 2- Adopting student-cantered learning, the partnership with them for life, consolidating the principles of national responsibility and faith identity, looking after them and developing their capabilities after graduation and during work.
- 3- Attracting and Employing scientists, cadres and talents to gain minds and put an end for the “brain drain” in a way that promotes and ensures the availability of thinkers, businessmen and good citizens.
- 4- Developing the distinguished academic infrastructure continuously and establishing modern research and service centres with high efficiency that can give a real effect locally and regionally.
- 5- Enhancing the university status as a preferred partner for local, regional and international partnership through implementing creative styles of education, exchanging researches and knowledge, and providing real and effective outcomes for developing professional practices to benefit from them locally and regionally.

4. Faculty Vision, Mission, Values, and Objectives:

Faculty Vision:

A contemporary college in the field of applied medical sciences and scientific research with national responsibility and faith identity

كلية معاصرة في مجال العلوم الطبية التطبيقية والبحث العلمي بمسئولية وطنية وهوية إيمانية

Faculty Mission:

Participate in leading the transformation for the better in providing high-quality diagnostic and health care services according to the latest techniques and contemporary technology through excellence in research and applied medical education to meet the needs of Yemeni society with its specificity and regional influence.

المشاركة في قيادة التحول نحو الأفضل في تقديم خدمات التشخيص والرعاية الصحية عالية الجودة وفق أحدث التقنيات والتكنولوجيا المعاصرة من خلال التميز في البحوث والتعليم الطبي التطبيقي لتلبية احتياجات المجتمع اليمني بخصوصيته والتأثير الإقليمي.

Faculty Values:

- | | |
|------------------------------------|------------------------|
| 1-Respect and Appreciation | 1. الاحترام والتقدير |
| 2. Commitment and professionalism | 2. الالتزام والمهنية |
| 3. Loyalty | 3. الإخلاص |
| 4. Transparency and Accountability | 4. الشفافية والمساءلة |
| 5. Social Responsibility | 5. المسؤولية المجتمعية |
| 6. National Identity | 6. الهوية الوطنية |

Faculty Goals:

1. Preparing a graduate who is able to interact positively with the problems of society.
2. Providing the student with modern skills and providing him with a culture of self-reliance in renewal, development and innovation.
3. Attracting and retaining distinguished faculty members.
4. Providing a stimulating environment for teaching and learning.

5 . Ensuring a high-quality educational and training level through which the graduate gains basic academic knowledge and scientific and clinical applications in line with the needs of the labor market.

6. Creating postgraduate programs, enhancing scientific research and working to develop the capabilities of faculty members to be familiar with everything new in the educational process.

1. إعداد خريج قادر على التفاعل بإيجابية مع مشكلات المجتمع .
2. تزويد الطالب بمهارات حديثة وتزويده بثقافة الاعتماد على النفس في التجديد والتطوير والابتكار .
3. استقطاب أعضاء هيئة تدريس متميزين والمحافظة عليهم.
4. توفير بيئة محفزة للتعليم والتعلم.
5. ضمان مستوى تعليمي وتدريبى بجودة عالية يكسب الخريج من خلاله المعرفة الأكاديمية الأساسية والتطبيقات العلمية والإكلينيكية بما يتناسب مع احتياجات سوق العمل .
6. استحداث برامج دراسات عليا وتعزيز البحث العلمي والعمل على تنمية قدرات أعضاء هيئة التدريس للإلمام بكل ما هو حديث في العملية التعليمية .

5. Department Vision, Mission, and Objectives :

Department Vision:

"Excellence in preparing specialized cadres in respiratory care, who possess scientific and practical competence, and who contribute to the development of health services and scientific research at the national and regional levels.

التميز في إعداد كوادر متخصصة في الرعاية التنفسية، تمتلك الكفاءة العلمية والعملية، وتسهم في تطوير الخدمات الصحية والبحث العلمي على المستويين الوطني والإقليمي

Department Mission:

Providing an advanced educational environment to qualify highly skilled respiratory care specialists, through integrated postgraduate programs that combine theoretical knowledge with practical training, and encourage research and innovation in the field of respiratory care. توفير بيئة تعليمية متقدمة لتأهيل أخصائيي رعاية تنفسية ذوي مهارات عالية، من خلال برامج دراسات عليا متكاملة تجمع بين المعرفة النظرية والتدريب العملي، وتشجع على البحث والابتكار في مجال الرعاية التنفسية

Department Objectives:

- 1- Qualifying specialized personnel: Preparing graduates capable of providing advanced respiratory care in various healthcare institutions.
- 2- Promoting scientific research: Encouraging studies and research that contribute to the development of the field of respiratory care and improving the quality of services provided.
- 3- Intensive practical training: Providing training opportunities in advanced laboratories and specialized hospitals to enhance students' practical skills.
- 4- Community service: Participating in awareness campaigns and health programs aimed at raising awareness of the importance of respiratory care in the community.

1- تأهيل كوادر متخصصة: إعداد خريجين قادرين على تقديم رعاية تنفسية متقدمة في مختلف المؤسسات الصحية.

2- تعزيز البحث العلمي: تشجيع الدراسات والأبحاث التي تسهم في تطوير مجال الرعاية التنفسية وتحسين جودة الخدمات المقدمة.

3- التدريب العملي المكثف: توفير فرص تدريبية في مختبرات متقدمة ومستشفيات متخصصة لتعزيز المهارات العملية للطلاب.

4- خدمة المجتمع: المشاركة في حملات توعوية وبرامج صحية تهدف إلى رفع الوعي بأهمية الرعاية التنفسية في المجتمع.

https://www.iau.edu.sa/sites/default/files/resources/lkhth_lstrtyjvh_lklyh_llwm_ltbody_lttbyqyh_2.pdf

<https://alraziuni.edu.ve/news>

<https://inaya.edu.sa/ar/about/directorate-of-graduate-studies/master-of-science-in-respiratory-therapy/>

<https://med-scienc.nbu.edu.sa/>

6. Master of Science in Respiratory Care Program Mission and Objectives:

Program Mission:

To produce competent professional Senior respiratory therapists who are able to provide advanced promotive, preventive, curative and rehabilitative care at all levels of respiratory and respiratory related care system to reduce morbidity and mortality through excellence and innovation in patient care,

scientific research, and community service and to improve the health of human patients locally and regionally.

Program Objectives:

- 1- Competently give clinical service of the respiratory and related component of the emergency care, intensive care, general wards, and specialized clinics.
- 2- Establish and run the respiratory units of hospitals.
- 3- Take part in the administration and organization of respiratory care
- 4- Participate actively in the management of a multidisciplinary team approach
- 5- Promote and maintain optimum standards of allied healthcare and practice in the respiratory environment with respecting patient value, culture, belief and dignity
- 6- Promote safe and healthy environments for patients and staff
- 7- Conduct researches on respiratory care for the provision of evidence based clinical care
- 8- Participate in educational process for the personal and professional development Manipulate skillfully and maintain instruments and devices used in respiratory therapy and care.
- 9- Improve the research skills and productivity relevant to respiratory care practice.

7. Program Standards & Benchmarks:

Academic Standards: هذه المرجعيات من نفس برنامج ماجستير الرعاية التنفسية

International academic MSRC programs References:

- 1 .Master of Science in Respiratory Care, Rush University, Chicago, IL, USA.
- Total credit hours = 92 credit hours.
- 2 .Master of Science in Respiratory Care, Texas University, SA, TX, USA.
- 3 .Master of Science in Respiratory Care, Boise State University, Palsi, Idaho, USA.
- 4 .Master of Science in Respiratory Care, Loma Linda University, California, USA
- 5 .Master of Science in Respiratory Care, University of North Carolina, NC, USA.
- 6 .Master of Science in Respiratory Care, Bellarmine University, KY, USA
- 7 .Master of Science in Respiratory Care, University of Mary, North Dakota, USA

- 8 .Master of Science in Respiratory Care, The Ohio State University, Ohio, USA
- 9 .Master of Science in Respiratory Care, Weber State University, Ogden, Utah, USA
- 10 .Master of Science in Respiratory Care, Georgia State University, Atlanta, Georgia, USA
- 11 .Master of Science in Respiratory Care, SPHMMC, Addis Ababa, Ethiopia.
- 12 .Master of Science in Respiratory Therapy, Inaya College, Riyadh, Saudi Arabia.
- 13 .Master of Science in Respiratory Therapy, MAHE, Karnataka, India.

Head of Department

prof. Nour El-Din Al-Jaber

Quality Unit

Dr. Fadl Shujaa Al-deen

Dean of the Faculty

prof. Abdulsalam dallaq

Center of Development & Quality Assurance

Dr.Mohammed Alshamahy

8. Graduate Attributes:

Upon successful completion of the Master of Science in Respiratory Care program, graduates are expected to possess the following attributes:

1. **Advanced Knowledge Proficiency:** Demonstrate a deep understanding of cardiopulmonary physiology and pathophysiology, applying this knowledge to assess and manage complex respiratory conditions.
2. **Evidence-Based Care Planning:** Develop and implement respiratory care plans grounded in scientific evidence, tailored to meet individual patient needs, thereby enhancing outcomes across diverse populations.
3. **Research and Field Advancement:** Design and conduct research projects addressing critical issues in respiratory care, contributing to the advancement of the field through applicable findings.
4. **Critical Evaluation of Scientific Literature:** Analyze and critically assess scientific literature to integrate current evidence into clinical practice, promoting continuous improvement in patient care.
5. **Effective Leadership and Management:** Exhibit leadership qualities by applying management theories to oversee respiratory care teams, ensuring efficient and ethical healthcare delivery.
6. **Quality Improvement and Safety:** Implement quality improvement initiatives to enhance respiratory care services within healthcare organizations, ensuring patient safety.
7. **Patient-Centered Care:** Provide care that respects individual values, preferences, and cultural backgrounds, ensuring compassionate and equitable treatment.
8. **Interprofessional Collaboration:** Work effectively within interprofessional healthcare teams to deliver comprehensive and coordinated respiratory care.
9. **Health Education and Awareness:** Develop and deliver educational programs aimed at improving health literacy and promoting respiratory health among patients and communities.
10. **Critical Thinking and Analytical Skills:** Possess critical thinking and analytical skills to make informed decisions and solve complex problems in clinical settings.
11. **Professionalism and Ethical Practice:** Uphold the highest standards of professionalism and ethical practice, including integrity, confidentiality, and adherence to healthcare laws and regulations.
12. **Lifelong Learning and Professional Development:** Engage in continuous learning and professional development to stay abreast of advancements in respiratory care.

9. Master of Respiratory Care Program Intended Learning Outcomes (PILOs):

A. Knowledge and Understanding:

Upon successful completion of an Master of Respiratory Care program, graduates will be able to:

- A1.** Demonstrate foundational knowledge of respiratory care principles and practices
- A2.** Understand complex cardiopulmonary pathophysiology and advanced therapeutic modalities
- A3.** Understand the legal and ethical frameworks governing respiratory care practice.
- A4.** Comprehend research methodologies and the importance of evidence-based practice in respiratory care.

B. Cognitive/ Intellectual Skills:

Upon successful completion of an Master of Respiratory Care program, graduates will be able to:

- B1.** Analyze patient data to make informed decisions regarding advanced respiratory interventions.
- B2.** Develop strategic plans and problem-solving approaches for respiratory care services.
- B3.** Critically appraise scientific literature to inform clinical decision-making and protocol development.

C. Practical and Professional Skills:

Upon successful completion of an Master of Respiratory Care program, graduates will be able to:

- C1.** Apply basic respiratory care techniques and procedures in clinical settings.
- C2.** Perform advanced respiratory care procedures, including management of mechanical ventilation and critical care monitoring.
- C3.** Lead and manage respiratory care teams effectively, demonstrating organizational and leadership competencies.
- C4.** Design and deliver educational programs to enhance respiratory health awareness.

D. General and Transferable Skills:

Upon successful completion of an Master of Respiratory Care program, graduates will be able to:

- D1.** Communicate effectively with patients, families, and healthcare team members to ensure collaborative care.
- D2.** Exhibit professionalism, integrity, and ethical decision-making in all aspects of practice.
- D3.** Engage in continuous professional development and contribute to the education of peers and patients.

ملحق (6) موازنة اهداف البرنامج مع مخرجات التعلم.
ملحق (7) موازنة مخرجات التعلم المقصودة للبرنامج مع المعايير الوطنية.
ملحق (8) موازنة مخرجات التعلم للبرنامج مع المعايير المرجعية للمحتوى العلمي.

10. Curriculum Map:

No.	Course title	Code	Program ILOs										
			Knowledge & understanding skills			Intellectual skills		Practical & professional skills			General & Transferable skills		
			A1	A2	A3	B1	B2	C1	C2	C3	D1	D2	D3
1	Epidemiology	MSC - 502								X		X	X
2	Educational Methodology	MSC- 503										X	X
3	Research Methodology & Project	MSC- 504								X		X	
4	Introduction to Respiratory Care	RCP- 510	X	X		X	X	X	X	X	X		
5	Cardiopulmonary Anatomy and Physiology	RCP- 511	X	X		X		X	X	X	X		
6	Cardiac Diseases	RCP- 512	X	X		X		X	X	X	X		
7	Cardiopulmonary diagnostics Techniques	RCP- 513	X	X		X	X		X				
8	Respiratory Care Pharmacology	RCP- 514	X			X			X				
9	Patient Assessment	RCP- 515	X	X		X	X		X				
10	Respiratory Care Equipment & Techniques	RCP- 516							X	X	X		
11	Pulmonary Diseases	RCP- 517	X	X		X	X		X				
12	Respiratory Critical Care	RCP- 518	X	X	X	X	X		X	X	X	X	X
13	Mechanical Ventilation	RCP- 519	X			X	X						
14	Clinical Practicum I	RCP- 520	X	X	X	X	X		X	X	X	X	X
15	Neonatal and Pediatrics Respiratory Care	RCP- 521	X	X		X	X		X	X	X	X	
16	Advanced Procedures in Respiratory Care	RCP- 522	X			X			X				
17	Clinical practice II	RCP- 523	X	X	X	X	X		X	X	X	X	X
18	Advanced Respiratory Care	RCP- 524	X			X			X				
19	Clinical Practice III	RCP- 525	X	X	X	X	X		X	X	X	X	X

20	Sleep Disorders and Polysomnography	RCP-527	x	x		x	x		x			
21	Leadership and Management for Respiratory Care professionals	RCP-526			x						x	x
22	Thesis in Respiratory care	RCP 600		x		x	x		x	x		x

Appendix (6) Aligning program objectives with learning outcomes.

gram PILOs	Program Objectives									
	PObj1	PObj2	PObj3	PObj4	PObj5	PObj6	PObj7	PObj8	PObj9	PObj10
A1	✓									
A2	✓									
A3				✓	✓	✓				
A4							✓			✓
B1	✓									
B2		✓	✓							
B3							✓			✓
B4										
C1	✓									
C2	✓								✓	
C3		✓	✓					✓		
C4										
D1			✓							
D2					✓	✓				
D3				✓						

Head of Department

Quality Unit

Dean of the Faculty

Center of Development & Quality Assurance

prof. Nour El-Din Al-Jaber

Dr. Fadl Shujaa Al-deen

prof. Abdulsalam dallaq

Dr.Mohammed Alshamahy

11. Learning & Teaching Strategy:

Teaching Strategy	Description of how it will be used
<p>The major teaching and learning methods suggested to be used in the implementation of the curriculum are described below when and where.</p>	
<p>Interactive lecture</p>	<p>1. Interactive lecture: Lecture is an efficient way to integrate and present information from multiple sources on complex topics. Additional advantage of lectures is that it gives students a chance to follow and model the way an expert thinks, reasons and asks questions. Lecture is appropriate for teaching knowledge objectives. Interactive lecture is to be used in this curriculum by enhancing engagement of learners mentally and physically using questions, brainstorming, discussion, think-pair-share, debate, role play, case study, providing opportunities for reading, talking, listening, writing and reflecting, and other learner activities.</p>
<p>Case study</p>	<p>2. Case study: Case studies present realistic scenarios/situations that focus on a specific issue or problem, which may be related to diagnosis or treatment of patients, interpersonal skills or any of a wide range of managerial or organizational problems. Learners typically read, study and react to the case study individually or in small groups. Case studies are important to teach higher order knowledge objectives (application, analysis and synthesis) and critical thinking skills.</p>
<p>Simulated practice (clinical skills lab):</p>	<p>3. Simulated practice (clinical skills lab): Simulated practice is the use of simulated person, device or set of conditions for instructional purpose. The learner is required to respond to the situation as he or she would under natural circumstances. Simulation complements patient-based education and is best employed to prepare learners for real patient contact. Simulations are used to develop psychomotor, procedural and clinical decision-making skills.</p> <p>Simulation also aids development of communication and teamwork skills as well as the ability to respond to medical emergencies systematically. Simulated teaching facilitates learning under the right conditions. Learners receive feedback on their performance, learners</p>

	<p>having the opportunity for repetitive practice and simulation being an integral part of the curriculum. Clinical skills lab is suggested to be used during the training of the respiratory care curriculum.</p>
<p>Clinical practicum/bed side</p>	<p>4. Clinical practicum/bed side: Clinical practicum or clinical teaching is the use of direct patient or client experiences to develop and practice knowledge, skills and attitude required for healthcare delivery or patient care under the supervision of a skilled clinical instructor or preceptor. These skills include generic skills (communication skills, mental and physical examination skills and basic clinical testing and procedural skills), problem- based clinical skills (skills related to patient complaints or diagnoses), discipline-specific clinical skills and continuum of care skills.</p> <p>Clinical learning opportunities include placements at a variety of clinical settings for outpatient emergency care, acute care (outpatient and inpatient), Respiratory therapy, chronic care (outpatient and institutional), palliative and end of life care, wellness and preventive care, and population-based healthcare (community, public health). Outpatient departments are appropriate to practice interviewing, interpersonal and counseling skills as well as clinical skills. Inpatient departments are good to teach patient management, practice healthcare delivery skills including documentation of care plan and treatment given and demonstrate management of rarely seen conditions. Clinical teaching and learning uses a variety of techniques including observation, demonstration, role-modeling, practice, coaching, feedback, discussion and reflection.</p>
<p>Laboratory practice</p>	<p>5. Laboratory practice: Students will have opportunities for demonstration, guided practice and coaching in labs to deepen their understanding and apply principles and methods of basic and clinical sciences (gives focus on pulmonary function test and ABG testing and respiratory related sample collection)</p>

Portfolio-based learning	<p>6. Portfolio-based learning: Portfolio is collection of products collected by the student that provides evidence of learning and achievements related to a learning plan. Portfolio develops self-directed learning and reflective ability. It provides personal and professional educational evidence for student learning, contextualizes learning, links experience with personal interpretation, enhances interactions between students and teachers, allows students to receive feedback, stimulates the use of reflective strategies and expands understanding of professional competence. The basic structure of the portfolio may include:</p> <ul style="list-style-type: none">a. Title page (giving student's name, year of training and name of the mentor),b. Contents page (listing what is in the portfolio with page references),c. List of learning objectives (whose achievement the evidence in the portfolio claims to demonstrate),d. Short reflective overview (summarizing the learning that has taken place since the last portfolio review, and indicating which items of evidence relate to which learning objectives) ande. The evidence (probably grouped together into the areas contained in the learning objectives).
Mentoring	<p>7. Mentoring is crucial for portfolio-based learning to enhance the feedback process and stimulates students' reflections. Students will have one individual mentor until the point of graduation. The aims of the mentoring are to provide feedback, stimulate reflection, support students in compiling portfolio, monitor students' competency development, support students in developing a better awareness and understanding of their strengths and weaknesses, support students in drawing up a learning plan for the coming period and motivate/inspire students, The Mentor will evaluate portfolio of the students per year and</p>

	hold discussion to provide feedback.
Whole group session	8. Whole group session: During the training period, all students and instructors will meet at the end of each course for whole group session. The purpose of the session is to consolidate and reflect on the different learning activities covered during the week. The session is student-centered discussion that will be facilitated by one or more faculty.
Journal club	9. Journal club: A journal club is a group of individuals who meet regularly to discuss the clinical applicability of articles in current respiratory care related journals. It is a popular way to promote the uptake of research evidence into practice. To make it effective, evidence suggests mentoring and brief training of students on how to judge quality of research as well as the use of structured critical appraisal instrument. Journal club is suggested to be implemented during autonomous respiratory practice. This will be implemented after the research methodology lecture.

12. Assessment Strategy:

Assessment methods

Assessment plays a central role in education process: it determines much of the work students undertake affects their approach to learning and is an indication of which aspects of the course are valued most highly. The purposes of assessment are to motivate students to learn, create learning opportunities, to give feedback to students and teachers, grading and quality assurance. There is a formative assessment, which is mainly intended to help the student learn and a summative assessment, which is intended to identify how much has been learned. Formative assessment is most useful part way through the Course and will involve giving students feedback which they can use to improve future performance.

Faculty should conduct at least two formative assessments of each student during a given Course and clinical practice. Summative assessment is used to make a pass/fail or, promotion decision; findings of formative assessment are not used to make pass/fail decisions. Both formative and summative assessments are equally important; however, psychometric rigor is required more from summative assessment strategies. The following principles are considered in selection of assessment strategies and faculty should keep in mind these principles in appraising and revising assessment methods during implementation. Validity and reliability are of utmost importance but it is also recommended to consider feasibility and cost.

- A. Reliability: Reliability is the reproducibility or consistency or generalizability of assessment scores. An assessment result is said to be reliable if students will get the same score if they re-take the exam. Similarly, for essay type and performance assessment, assessment scores are reliable, if the same results are obtained with different raters. Reliability of assessments can be improved by increasing the number of questions (or cases in clinical performance examination), aiming for middle difficulty questions, writing clear and unambiguous questions and increasing the number of raters.
- B. Validity: Validity is the ability of an assessment to measure what it is supposed to

measure. Validity is not about the method refers to the evidence presented to support or refute the meaning or interpretation assigned to assessment results. Simply put, assessment results are valid if they accurately distinguish competent from incompetent students and if the student who gets “A” grade is actually an “

C. A” student, a student who gets a “B” grade is actually a “B” student; a student who gets an “F” grade is actually an “F” student, etc. Examples of factors that affect validity in written assessment are too few written questions to sample the content adequately, preparing questions from some chapters, mismatch of assessment questions with content covered in the curriculum, poorly constructed questions, too difficult or too easy questions, rater subjectivity and cheating. For performance (clinical) assessment, too few cases or observations to generalize performance, unrepresentative cases, rater bias, flawed rating scales/checklists and indefensible pass/fail cut off points are threats to validity. Note that reliability is a necessary but not sufficient condition for validity.

Assessment Strategy	Its description (in which course it will be used and in which rate)
<p>Direct observation of clinical skills (DOCS)</p>	<p>Descriptions of the assessment methods</p> <p>1. Direct observation of clinical skills (DOCS)</p> <p>The purpose of DOCS or mini-clinical evaluation exercise is to assess clinical skills while a student interacts with patients in different settings. Typically, it takes 15-20 minutes and the assessor follows the student with a checklist and gives feedback at the end. The DOCS offers students immediate and ongoing feedback about their observed clinical skill and performance (interviewing skills, physical examination skills, and professionalism, clinical judgment, counseling skills, organization/efficiency and overall clinical competence). At least two DOCS have to be performed by a student in each Course or clinical rotation. This assessment method enables one to follow the progress of the student and will be used for formative assessment.</p>

Objective structured clinical examination (OSCE)	<p>2. Objective structured clinical examination (OSCE)</p> <p>Objective structured clinical examination (OSCE) is a performance-based exam. During the exam, students are observed and evaluated as they go through a series of 8 or more stations. It allows assessment of multiple competencies. It is Objective, because examiners use a checklist for evaluating the trainees; structured, because every student sees the same problem and performs the same tasks in the same time frame; Clinical, because the tasks are representative of those faced in real clinical situations. These increase the reliability and validity of the assessment. OSCE is a standardized means to assess history taking, physical examination skill, communication skills, ability to summarize and document findings, ability to make a differential diagnosis or plan treatment, clinical judgment based on patient 's note and procedural skills.</p> <p>OSCE may use manikins and simulators, standardized patients and real patients. Standardized patients are healthy persons trained to simulate a medical condition. Health science students, health facility staff and faculty may serve as standardized patients. Objective structured practical exam (OSPE) is a variant of OSCE to assess students' knowledge and skill in a non-clinical setting.</p>
Standardized oral exam	<p>3. Standardized oral exam</p> <p>The standardized oral examination is a type of performance assessment using realistic patient cases for questioning the examinee. The examiner begins by presenting a clinical problem in the form of a patient case scenario and asks the examinee to manage the case. Questions probe for requesting clinical findings, interpretation of findings, and treatment plans. In efficiently designed exams each case scenario takes three to five</p>

	<p>minutes. One or two faculty examines and students are tested on several clinical cases. Oral exam will be part of the summative assessment in final exam at the end of the year.</p>
<p>Written exam</p>	<p>4. Written exam</p> <p>Written assessments may include different item formats such as multiple-choice questions, matching, true-false, essay and short answer. Written assessment methods will help to evaluate knowledge and understanding of basic, clinical, public health, psychosocial and respiratory care sciences and professionalism and ethics. Important point to remember is to ensure written exams assess higher order knowledge in addition to recall and comprehension. Written assessments would be parts of both as formative and summative assessment during the trainings of RC program.</p>
<p>Logbook</p>	<p>5. Logbook</p> <p>Logbook documentation serves as evidence of scope of patient care and community experience to meet requirements or specific learning outcomes. Maintaining logbook will encourage students to use all learning opportunities for clinical/procedural skills and to fulfill minimum requirement. Regular review of logbook can be used to help the student track what procedures or experiences must be sought to meet requirements. The logbook document should be counter signed by faculty. The number reported in a logbook may not necessarily indicate competence. Logbook will be part of the formative assessment throughout the respiratory care practice.</p>
<p>Portfolio</p>	<p>6. Portfolio</p> <p>Portfolio is collection of papers and other forms of evidence that learning has taken place. It provides evidence for learning and progress towards learning objectives. Reflecting upon what has</p>

	<p>been learned is an important part of constructing portfolio. In addition to products of learning, the portfolio can include statement about what has been learnt, its application, remaining learning need, how they can be met. Portfolio helps to assess learning outcomes including those that are not easy to assess with other methods like personal growth, self-directed learning, reflective ability, self-assessment of personal growth and professionalism. Portfolio allows assessment of progress towards learning outcomes by using chronological work samples collected at different points in time. Portfolio will be part of the formative assessment throughout the duration of the Respiratory care training and can be used as a summative assessment during professional respiratory care practice.</p>
<p>360o Evaluation</p>	<p>7. 360o Evaluation</p> <p>3600 evaluation consists of measurement tools completed by multiple people in a student’s sphere of influence. Evaluators usually are faculty, other members of the health care team, peers, patients and family members. Such evaluation can be used to assess interpersonal and communication skills, teamwork ability, management skills, decision-making professional behaviors and some aspects of patient care. It will be used as part of the summative assessment in respiratory care training.</p>
<p>Thesis</p>	<p>After semester 4</p>

13. Alignment of Program Intended Learning Outcomes (PILOs) to Teaching Strategies and Assessment Methods:

PILOs	Teaching Strategy	Assessment Methods
Knowledge and Understanding A1, A2, A3, A4	Interactive lectures, Case studies, Seminars, Group projects, Role plays, Portfolio-based learning	Quizzes, Assignments, Mid-term exam, Final term exam, Case presentations, Written reports,
Intellectual Skills B1, B2, B3, B4	Case studies, Group projects, Brainstorming, Group projects, Brainstorming, Mentoring, Portfolio-based learning, Seminars, Interactive lectures	Case presentations, Objective Structured Clinical Examination (OSCE), Quizzes Assignments, Case presentations, Written reports,
Professional & practical skills C1, C2, C3, C4	Field training, Mentoring, Role plays, Case studies, Group projects, Portfolio-based learning, Seminars,	OSCE, Logbook, Case presentations, Assignments, Case presentations, Written reports
D. General and Transferable Skills: D1, D2, D3, D4	Role plays, Group projects, Brainstorming, Interactive lectures, Seminars, Mentoring, Portfolio-based learning, Seminars,	OSCE, Case presentations, Assignments, Quizzes, Assignments, Final term exam Written reports,

14. Assessment Rules

Item	Marks Distribution
Courses	60
Master Thesis	40
Total Weight	100

To evaluate the student's knowledge and skill attainment, the following assessment methods will be applied:

(I) For courses involving no practical part: (Theoretic Parts)

Item	Marks Distribution
Presentation	10
Assignment	20

Mid-term Exam	20
Final Exam	50
Total Weight	100

(II) A. For courses involving practical part:

Item	Marks Distribution
Presentation	5
Assignment	5
Mid-term Exam	10
Final Exam	40
Total Weight	60

B. Practical Parts

Item	Marks Distribution
Lab Attendance	5
Lab Attitude	2
Lab Accomplishments	5
Reporting	3
Exam of Practice Theory (Written/Oral)	5
Practical Exam	20
Total Weight	40

(iii) For courses involving clinical part:

Item	Marks Distribution
Attendance and Attitude	10
Clinical Evaluation/Semester Work	20
Final Exam (Written/Oral)	30
Final Exam (Clinical)	40
Total Weight	100

15. Study Plan

A. College Requirements:

SN	Code	Subjects	Credits hours
1.	MSC -502	Epidemiology	2
2.	MSC-503	Educational Methodology	2
3.	MSC-504	Research Methodology & Project	6
Total			10

B. Specialty Requirements

SN	Code	Subjects	Credits hours
1.	RCP-510	Introduction to Respiratory Care	3
2.	RCP-511	Cardiopulmonary Anatomy and Physiology	5
3.	RCP-512	Cardiac Diseases	4
4.	RCP-513	Cardiopulmonary diagnostics Techniques	3
5.	RCP-514	Respiratory Care Pharmacology	2
6.	RCP-515	Patient Assessment	2
7.	RCP-516	Respiratory Care Equipment & Techniques	3
8.	RCP-517	Pulmonary Diseases	4
9.	RCP-518	Respiratory Critical Care	4
10.	RCP-519	Mechanical Ventilation	5
11.	RCP- 520	Clinical Practicum I	4
12.	RCP-521	Neonatal and Pediatrics Respiratory Care	3
13.	RCP-522	Advanced Procedures in Respiratory Care	3
14.	RCP-523	Clinical practice II	4
15.	RCP-524	Advanced Respiratory Care	4
16.	RCP-525	Clinical Practice III	4
17.	RCP-527	Sleep Disorders and Polysomnography	4
18.	RCP-526	Leadership and Management for Respiratory Care professionals	3
19.	RCP 600	Thesis in Respiratory care	6
Total			70

Head of Department

prof. Nour El-Din Al-Jaber

Quality Unit

Dr. Fadl Shujaa Al-deen

Dean of the Faculty

prof. Abdulsalam dallaq

Center of Development & Quality Assurance

Dr.Mohammed Alshamahy

C. Distribution of Courses according to Semesters (80 credit hours)

Distribution of Courses according to Semesters								
First Year								
Semester 1								
First Year - First Semester	#	Course Code	Course Name	Credit hours				Total Credit Hours
				Theoretical	Seminar	Lab.	Clinical	
	1	RCP-510	Introduction to Respiratory Care	3	-	-	-	3
	2	RCP-511	Cardiopulmonary Anatomy and Physiology	5	-	-	-	5
	3	RCP-512	Cardiac Diseases	4	-	-	-	4
	4	RCP-513	Cardiopulmonary diagnostics	3	-	-	-	3
	5	RCP-514	Respiratory Care Pharmacology	2	-	-	-	2
	6	RCP-515	Patient Assessment	2	-	-	-	2
	Total			19	-	-	-	19
	Total of Credit Hours			19				

First Year / Semester 2								
First Year - Second Semester	#	Course Code	Course Name	Credit Hours				Total
				Theoretical	Seminar	Lab.	Clinical	
	1	RCP-516	Respiratory Care Equipment & Techniques	3	-	-	0	3
	2	RCP-517	Pulmonary Diseases	4	-	-	-	4
	3	RCP-518	Respiratory Critical Care	4	-	-	0	4
	4	MSC - 502	Epidemiology	2	-	-	-	2
	5	RCP-519	Mechanical Ventilation	5	-	-	-	5
	6	RCP-520	Clinical Practicum I	-	-	-	12	4
	Total			18	-	-	12	22
	Total of Credit Hours			22				

Head of Department

Quality Unit

Dean of the Faculty

Center of Development & Quality Assurance

prof. Nour El-Din Al-Jaber

Dr. Fadl Shujaa Al-deen

prof. Abdulsalam dallaq

Dr.Mohammed Alshamahy

Second Year / Semester 1								
	#	Course Code	Course Name	Credit Hours				Total
				Theoretical	Seminar	Lab.	Clinical	
Second Year - First Semester	1	RCP-521	Neonatal and Pediatrics Respiratory Care	3	-	-	0	3
	2	MSC-503	Educational Methodology	2	-	-	-	2
	3	RCP-522	Advanced Procedures in Respiratory Care	3	-	-	0	3
	4	RCP-523	Clinical practice II	-	-	-	12	4
	5	MSC-504	Research Methodology & Project (Starts semester I)	2	-	-	12	6
	Total				10	-	-	24
Total of Credit Hours				18				

Second Year / Semester 2								
	#	Course Code	Course Name	Credit Hours				Total
				Theoretical	Seminar	Lab.	Clinical	
Second Year - Second Semester	1	RCP-524	Advanced Respiratory Care	2	-	-	6	4
	2	RCP-525	Clinical Practice III	0	-	-	12	4
	3	RCP-527	Sleep Disorders and Polysomnography	4	-	-	0	4
	4	RCP-526	Leadership and Management for Respiratory Care professionals	3	-	-	-	3
	Total				9	-	-	18
Total of Credit Hours				15				

Thesis								
#	Course Code	Course Name	Credit Hours				Total	
			Theoretical	Seminar	Lab.	Clinical		
1	RCP-600	Thesis in Respiratory Care	6				6	
Total								6
Total of Credit Hours				6				

16. Eligibility for Admission:

Admissions to the program shall be made as per the admission rules made by Ministry of higher education and scientific research- Republic of Yemen and 21 September University and specific program rules.

Head of Department

Quality Unit

Dean of the Faculty

Center of Development & Quality Assurance

prof. Nour El-Din Al-Jaber

Dr. Fadl Shujaa Al-deen

prof. Abdulsalam dallaq

Dr. Mohammed Alshamahy

Admission Requirements for the Program
For the first batch only:
Graduated from an accredited college/school with post basic BSc in Nursing, or BSc in Anesthesia (This criteria only applicable for the first batch) and for the subsequent batch it should be BSc. in Respiratory Care only.
Has been serving in a clinical environment for the last minimum of two years
Present letter of sponsorship.
Two letters of recommendation from the previous clinical work place
letter of recommendation from Respiratory Care Services Administration at Ministry of Public Health & Population.
Scored pass mark (at least 70%) in the total admission evaluation NB: Those who have experience in hospital ICUs, emergency units, anesthesia/OR, pulmonary and bronchoscopy units will be privileged; only documented official evidences are acceptable.
Passing admission exam.
Personal interview
any requirements specified by the department
For Second & subsequent batches:
Completed Bachelor degree of Respiratory Care with accumulative grade not less than 70%.
Has been serving in a clinical environment for the last minimum of two years
Present letter of sponsorship.
Two letters of recommendation from the previous clinical work place
letter of recommendation from Respiratory Care Services Administration at Ministry of Public Health & Population.
Scored pass mark (at least 70%) in the total admission evaluation NB: Those who have experience in hospital ICUs, emergency units, anesthesia/OR, pulmonary and bronchoscopy units will be privileged; only documented official evidences are acceptable
Passing admission exams
Interview
any requirements specified by the department

17.Procedure for Application(إجراءات القبول)

- The applicants should apply to the office of registrar of college
- The office of the registrar will send the applicants to the supervisor of program
- The respiratory care department will give entrance exam
- The department will select the eligible candidates and notify to the office of the registrar and will be approved by academic commission through the office of registrar.
- Candidates should bring sponsorship letter to registrar office during admission.

18.Evaluation for Admission:(Program Completion)

Evaluation of the prospects for admission will be on point system and includes document evaluation, written exam and admission interviews. 70% pass mark is required for admission.

Evaluation Type	Criteria with remark	Max weight
Document review	<ul style="list-style-type: none"> 3 % for CGPA of 70-79.9% 6% for CGPA of 80-89.9% 10% for BSc CGPA of > 90% 	10%
Experience	<ul style="list-style-type: none"> 10% for 5 years and above clinical / teaching RC experience in the privileged clinical areas 6% for the last 2 -5 years' or more clinical/ teaching experience in the privileged clinical areas 3% for less than 2 years clinical experience in the privileged clinical areas 	10%
Written Exam	<ul style="list-style-type: none"> Written exam will have 50% weight (any one will get 70% or more in written exam) 	50%
Candidate Interview	<ul style="list-style-type: none"> Oral interview out of 30% (template for structured interview will be used) 	30%
TOTAL		100%
*A candidate should score 70% in the written exam to pass for the final oral exam (interview)		

14.Regulations for Progression and Program Completion:

Promotion to next academic semester/year

- Master of science in respiratory care is offered as at least two years full time course. Students need to complete 80 credits hours in order to obtain the Master degree.

- Any student who scores a GPA of 3.0 or more than 70 % and above in a semester will be promoted to the next semester.
- Students who score CGPA 2.75-2.99 or 64.9 % both inclusive will be on academic probation. They will be advised to re-take courses with grade of C+ or more.
- Consecutive probations are given for a maximum of three times. A student who has been placed on probation twice shall be dismissed if he/she fails to achieve a CGPA of 3.0. In the next semester, he/she will be at risk for academic dismissal and not be eligible for readmission.
- Any student who scores a GPA below 2.5 in any semesters will be dismissed.
- Only one attempt is allowed for re-exam and retake-course for each course.
- No candidate shall be permitted to appear in any one of the parts of M.Sc. in respiratory care Degree course Examinations unless he/she has attended the course in the subject for the prescribed period in an affiliated institution recognized by this University.
- A candidate is required to put in a minimum of 75% of attendance in both theory and practical separately in each subject before admission to the examinations.
- If the candidate is lacking attendance in any one of the subject(s), he/she will be detained for the subject(s) in whom the candidate lacks attendance but will be permitted to appear for the rest of the subjects in which the candidate is having minimum required percentage of attendance.
- For the students to be transferred from one academic year to the next, he is required to have successfully passed in all subjects in the final or in the complementary exams in October of the same year. However, the student may still be transferred if he/she has failed in not more than three subjects. In such cases, students " carrying" subjects from one year to the next should re-sit for their "failed" subjects in their proper respective semesters for one more chance to re-sit for his exams in those subjects in their proper respective semesters thereafter as third trial failed will be dismissed.

19. Degree classification

student should score a minimum make 75 (B-grade) to pass a particular course or Course. The grading scale will be used as the table below.

The classification degree in each course as a follows:

• Excellent	From 90% to 100% from total marks
• Very Good	From 80% to 89%
• Good	From 75% to 79%
• Pass	From 65% to 74%
• Poor	Less than 65%
<i>Total pass degree for study year is 75% in case the student less than 75% he/she awarded diploma degree</i>	
• Excellent	From 90% to 100% from total marks
• Very Good	From 80% to 89%
• Good	From 75% to 79%

20. Graduation Requirement

The number of hours required to complete the program: **80credits hours**

Graduation requirement will be according to the rule and regulation of graduate study of 21 September University of Medical & Applied Sciences. Thus, a student enrolled in this MSc. degree course in respiratory care program is eligible for graduation if and only if he/she:

- Has taken all the required courses for the program and obtained a minimum CGPA of 3.0 or 70 %
- Pass successfully and complete professional practice programs.
- Should successfully defend a thesis (a minimum remark of –Good- is required)
- Present approved and signed log/performance book with a minimum of procedures or cases.

21. Learning resources required to deliver the program

1. Teachers, technical and administrative staff
2. Teaching rooms

3. Whiteboards/ flip charts/Data show
4. Lectures notes
5. Clinical training (Hospital Training Rotations)
6. Books/journals
7. Library with IT support

22. Academic Staff

Academic Staff Requirement	Professor	Associate Professor	Assistant Professor
Academic Staff Available	2	3	3

23. Program Evaluation and Improvement

Quality assurance will be guided by educational standards and benchmarks defined by the World Federation of Medical Education and the Higher Education Relevance and Quality Agency. The ongoing quality education will be monitored and ensured through:

- Self-review of the educational inputs, processes and outputs (including human resources physical infrastructure, teaching/learning in class, skills lab, clinical settings, student assessment, management and governance and student performance results) semi-annually and taking action. This will be coordinated by the quality assurance committee or team.
- Organizing regular faculty development and support programs on instructional methods, technical updates, leadership, etc. This will be coordinated by the faculty development committee or team.
- Establishment of an assessment committee or team to develop and maintain exam banks and coordinate, review and administer student assessment practices.
- Evaluation of teaching effectiveness by systematic collection of feedback from students midway and at the end of each Course or attachment and use it for program improvement
- Peer and Course/rotation evaluation by instructors at the end of Course delivery
- Assessment of the program by the teaching staff at the end of each semester
- Exit interviews at graduation and for all those who drop out for any reason
- Monitoring students' pass rate in qualification (pre-licensure) exam and comparing it with other respiratory care schools
- Establishing alumni of graduates as a mechanism to assess their career choice and development
- Evaluation of graduates' performance including obtaining feedback from hospital units use the information for program improvement
- Review the curriculum after one batch is graduated

24. Appendix :

Annex (1):

- Alignment of Program Mission and Objectives with Vision, Mission and Objectives of Faculty and University.
- Annex (2):
 - Alignment of Program Mission and Objectives with International Universities (Benchmarks) Programs for Master of Science in Respiratory Care Program
 -
- Annex (3):
 - Survey of names Similar Accredited Programs at International Universities (Benchmarks) for Master of Science degree in Respiratory Care Program.
 -
- Annex (4):
 - Survey of Course Names of Similar Program
- Annex (5):
 - Survey of Credits Hours and their Weightage with Similar Programs

25. Program Policies:

Based on University Regulations

1.	(Class Attendance) : A student should attend not less than 75 % of total hours of the subject; otherwise he/she will not be able to take the exam and will be considered as exam failure. If the student is absent due to illness, he/she should bring a proof statement from university Clinic. If the absent is more than 25% of a course total contact hours, student will be required to retake the entire course again.
2.	(Tardy) : For late in attending the class, the student will be initially notified. If he repeated lateness in attending class he/she will be considered as absent.
3.	(Exam Attendance/Punctuality) : A student should attend the exam on time. He/she is permitted to attend an exam half one hour from exam beginning, after that he/she will not be permitted to take the exam and he/she will be considered as absent in exam.

4.	(Assignments & Projects) : Assignments and projects are given as per course specification; the student has to submit all the assignments for checking on time, mostly one week after given the assignment.
5.	(Cheating) : For cheating in exam, a student will be considered as fail. In case the cheating is repeated three times during his/her study the student will be disengaged from the Faculty.
6.	(Plagiarism) : Plagiarism is the attending of a student the exam of a course instead of another student. If the examination committee proofed a plagiarism of a student, he/she will be disengaged from the Faculty. The final disengagement of the student from the Faculty should be confirmed from the Student Council Affair of the university or according to the university roles.
7.	(Other policies) : <ul style="list-style-type: none">- Mobile phones are not allowed to use during a class lecture. It must be closed; otherwise the student will be asked to leave the lecture room.- Mobile phones are not allowed in class during the examination.- Lecture notes and assignments might be given directly to students using soft or hard copy.