

REGULATIONS

for Quality Monitoring in the Quality Management System and Internal Quality Assurance of Education at JAIU

1. General Provisions

1.1. These Regulations establish the objectives, scope, indicators, tools, frequency, and responsibilities for conducting quality monitoring within the Quality Management System (QMS) and the Internal Quality Assurance System for Education (IQASE) at JAIU.

1.2. These Regulations have been developed in accordance with:

1. The Law of the Kyrgyz Republic “On Education”;
2. state educational standards;
3. the Charter of JAIU;
4. The Regulations on the Quality Management System of JAIU;
5. Regulations on the JAIU Internal Education Quality Assurance System;
6. the requirements of accreditation agencies (NAAR, AOPO, etc.).

1.3. These Regulations apply to:

1. all educational programs (EPs);
2. structural units (faculties, departments, clinics, laboratories, services);
3. QMS processes: planning, implementation, evaluation, and improvement.

1.4. Quality monitoring is an integral part of the PDCA (Plan–Do–Check–Act) cycle and serves as the basis for management decision-making and continuous improvement.

2. Goals and Objectives of Monitoring

2.1. The objective of monitoring is to ensure a systematic assessment of the effectiveness of the QMS and the quality of educational program implementation, including stakeholder satisfaction and the achievement of stated learning outcomes.

2.2. Objectives of monitoring:

- 2.2.1. To assess the quality of the educational process and learning outcomes.
- 2.2.2. To assess the quality of the work of the faculty and clinical instructors.
- 2.2.3. Assessing the level of satisfaction among key stakeholders (students, faculty, graduates, employers).
- 2.2.4. Assessment of the effectiveness of key QMS processes (document flow, internal audits, corrective actions).
- 2.2.5. Identification of problems, risks, and areas for improvement; development of plans and roadmaps.

3. Monitoring Objects

3.1. The objects of monitoring are:

- 3.1.1. **Quality of educational programs:** structure, content, learning outcomes, compliance with the State Educational Standards (GOSO), professional standards, and accreditation requirements.
- 3.1.2. **Quality of teaching and assessment:** teaching methods, use of active and digital technologies, transparency and objectivity of assessment.
- 3.1.3. **Quality of the student body:** competitive selection, academic performance, academic delays, withdrawals, and graduation.
- 3.1.4. **Quality of faculty and mentors' work:** qualifications, research activity, professional development, participation in methodological and scientific work.
- 3.1.5. **Material, technical, and digital support** for the educational program (in accordance with the separate Regulations on Material and Technical Support).
- 3.1.6. **Stakeholder satisfaction:** students, faculty, graduates, employers.
- 3.1.7. **QMS effectiveness:** compliance with procedures, internal audit results, comments from external experts, corrective and preventive actions.

4. Monitoring indicators and data sources

4.1. List of Key Performance Indicators (KPIs)

Table 1. Key Quality Monitoring Indicators

Block	Indicator	Summary	Data Source
1. Learning Outcomes	1.1. Academic performance	Percentage of students who successfully completed courses/semester/year	Transcripts, eBilim, reports from the deans' offices
	1.2. Final assessment	Percentage of graduates who successfully passed the final assessment / OSCE / State Exam	State Examination Commission minutes, examination records
	1.3. Cases of academic failure	Percentage of students with academic deficiencies, dismissals	Orders, reports from the dean's offices
2. Teaching quality	2.1. Student evaluation of teaching quality	Average score on teaching surveys (by course/faculty member/program)	Student surveys
	2.2. Percentage of courses in the LMS	% of courses with an online course in eBilim	UIO / IT Report
	2.3. Use of active and digital methods	Percentage of instructors reported to use interactive/digital methods	Surveys, department self-reports
3. Faculty and mentors	3.1. Academic Staff Qualifications	Percentage of faculty with an academic degree / clinical category	Human Resources Department, reports on teaching staff
	3.2. Professional development	Percentage of faculty who have completed CPD in the past 5 years	Professional Development documents, faculty portfolios
	3.3. Research activity	Number of publications, projects, and grants per faculty member/department	Research reports
4. Stakeholder satisfaction	4.1. Student satisfaction with the educational program	Average score on the comprehensive question "Overall, I am satisfied with the quality of education"	Student surveys
	4.2. Faculty satisfaction with working conditions	Average score for the question "Conditions for teaching and professional development"	Faculty questionnaires
	4.3. Employer	Assessment of graduates' professional	Employer

Block	Indicator	Summary	Data Source
	satisfaction	training	questionnaires, interviews
	4.4. Graduate satisfaction	Assessment of education received and its usefulness	Graduate surveys
5. QMS and processes	5.1. Implementation of internal audit plans	Percentage of audits completed out of those planned	Audit plan and reports
	5.2. Unresolved nonconformities	Number of open nonconformities/observations based on audit results	Non-conformity logs
	5.3. Comments from accreditation agencies	Presence of critical/significant observations regarding standards	Expert reports and records
	5.4. Implementation of corrective actions	Percentage of actions completed on time	CAPA plans, Quality Council reports

Target values and threshold levels for each indicator are established by a separate decision of the Quality Council and may be revised.

5. Questionnaires and monitoring tools

5.1. The following questionnaires are used within the QMS:

- 5.1.1. Student Teaching Quality Assessment Questionnaire (by course/faculty).
- 5.1.2. Student satisfaction survey for the educational program (teaching process, assessment, resources, support).
- 5.1.3. Faculty questionnaire (working conditions, material and technical resources, support, manageability, digital services).
- 5.1.4. Graduate survey (6–12 months after graduation).
- 5.1.5. Questionnaire for employers (on the quality of graduate training, competency gaps).
- 5.1.6. Targeted surveys on specific areas (digitalization, MTO, clinical training, academic integrity, etc.).

5.2. Additional tools:

- 5.2.1. Internal audits of QMS processes (based on standards, regulations, and procedures).
- 5.2.2. Analysis of academic performance, academic debts, withdrawals, and transfers.
- 5.2.3. Analysis of faculty members' individual plans and reports.
- 5.2.4. Analysis of reports on internships, clinical rotations, OSCE, and final state examinations.
- 5.2.5. Analysis of complaints and appeals from students/faculty (if there are regulations governing appeals).

6. Frequency of monitoring

6.1. Surveys and statistical studies

Table 2. Frequency of key activities

Tool / Indicator	Frequency	Level of analysis	Responsible parties
Student Teaching Evaluation Form	Once per semester	Department,	Deans, program directors,

Tool / Indicator (by course/faculty member)	Frequency (upon completion of the course)	Level of analysis educational program, faculty, university	Responsible parties quality assurance department
Student Satisfaction Survey for the Educational Program	Once per academic year	Educational program, faculty, university	Quality Department, deans
Teacher Questionnaire	Once every two years	Faculty, university	Quality Department, Vice Rectors
Alumni Survey	Once every 2–3 years after graduation	Educational Program, University	Quality Department, Deans
Employer survey	Once every 3 years / prior to accreditation	Educational program, university	Program Directors, Quality Department
Analysis of academic performance, outstanding coursework, and withdrawals	Every semester	Educational program, faculty, university	Deans, academic programs, academic affairs office
Analysis of final examinations, OSCE	Annually	Program, university	State Accreditation Commission, Higher Education Institution, Quality Department
Analysis of faculty participation in professional development/NMO/CPD	Annually	Department, Faculty, University	Human Resources Department, Deans
Internal QMS audits (as scheduled)	At least once a year for key processes	University, Academic Program	Quality Department, auditors
Monitoring of Educational Programs (separate regulations)	Annually (survey)	Educational Program, Faculty, University	Quality Department, deans, Administrative and Economic Department

6.2. Unscheduled monitoring

6.2.1. Conducted in the event of:

1. a sharp deterioration in indicators (increase in arrears, widespread complaints);
2. significant comments from external experts;
3. the introduction of new educational programs, major reforms, or the transition to new teaching formats.

6.2.2. Initiators may include: the rector, vice rectors, the Quality Council, deans, and program directors.

7. Responsibilities and Distribution of Roles

7.1. Rector of JAIU:

1. approves these Regulations, annual monitoring plans, and key performance indicators;
2. reviews summary reports and determines strategic priorities for improvement.

7.2. Vice Rector for Academic Affairs and Vice Rector for Research and Quality (if applicable):

1. coordinate quality monitoring activities;
2. ensure the link between monitoring results and management decisions.

7.3. Internal Monitoring and Quality Department (Quality Service):

1. develops/updates questionnaires and tools;
2. develops an annual monitoring plan;
3. collects, processes, and analyzes data;
4. prepares analytical reports and recommendations for improvement.

7.4. Educational and Information Department (EID), IT Department:

1. provide technical support for surveys in eBilim / Google Forms;
2. ensure the export of data on academic performance and LMS usage.

7.5. Deans and Heads of Academic Programs:

1. ensure the participation of students and faculty in the surveys;
2. analyze the results for their respective academic programs;
3. prepare plans for corrective actions at the faculty/educational program level.

7.6. Department Chairs:

1. discuss the monitoring results at department meetings;
2. make decisions regarding teaching methods, updating the curriculum, and changing class formats.

7.7. Faculty members and clinical instructors:

1. participate in monitoring (surveys, interviews);
2. use the results to improve their courses and teaching methods.

8. Data Processing, Reporting, and Improvements

8.1. Survey data is processed in aggregated and anonymized form. Access to the “raw” data set is restricted to the quality assurance department and authorized personnel.

8.2. At the conclusion of each major monitoring cycle, the following are generated:

1. **summary reports** for the university;
2. **reports by educational programs/faculties;**
3. **a list of issues and recommendations.**

8.3. Based on the reports, the following are developed:

1. **corrective and preventive actions** (CAPA plans);
2. **roadmaps for improvements**, specifying deadlines and responsible parties.

8.4. Information regarding key monitoring results and decisions made is communicated to:

1. university administration;
2. deans and departments;
3. students, if necessary (through public reports/presentations).

9. Document Flow and Data Storage

9.1. Questionnaires, reports, meeting minutes, action plans, and internal audit materials are stored in accordance with JAIU's filing system (in paper and/or electronic form).

9.2. The recommended retention period for analytical reports and key monitoring data is **at least 5 years**, taking into account accreditation cycles.

10. Final Provisions

10.1. These Regulations shall enter into force upon approval by the Rector of JAIU.

10.2. Amendments and additions to these Regulations shall be made at the initiative of the Rector, Vice Rectors, or the Quality Council and shall be approved by order of the Rector.

I will do it this way:

1. Three short questionnaires, each with **10 closed-ended questions** (1–5 points).
 2. **Analysis methodology** (steps).
 3. **“Result → Decision Type” matrices** separately for each questionnaire.
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1. Questionnaire 1. Evaluation of teaching in the discipline (students)

Scale: 1 – strongly disagree, 5 – strongly agree.

1. The course objectives and requirements were clearly explained at the beginning of the course.
2. The syllabus was available and was actually used during the course.
3. The instructor explained the course material clearly and logically.
4. Examples, clinical cases, and practical scenarios were used in class to help students understand the subject matter.
5. The instructor used active and/or digital methods (discussions, eBilim tests, small-group work, etc.).
6. The grading criteria (what each grade represents) were transparent and clear.
7. I believe that the grading for the course was fair and objective.
8. The instructor was open to questions and provided constructive feedback.
9. The atmosphere in class was respectful and conducive to learning.
10. Overall, I am satisfied with the quality of instruction in this course.

(If desired, you may add 1–2 open-ended questions, but formally, the “10-question survey” consists of these.)

2. Questionnaire 2. Overall Satisfaction with the Program (Students)

Scale 1–5.

1. The structure of the educational program is logical: the courses are arranged sequentially and are interconnected.
2. The course load (lectures, practicals, independent study) is generally balanced.
3. The educational program provides sufficient opportunities for developing practical/clinical skills.
4. The assessment system (ongoing, midterm, final exams, OSCE, etc.) is clear and transparent.
5. Modern digital technologies are used during the course of study (LMS eBilim, electronic resources, simulation training, etc.).
6. The material and technical conditions (classrooms, laboratories, simulation center, clinical sites) are generally sufficient for completing the program.
7. Faculty members, on the whole, demonstrate professionalism and a respectful attitude toward students.
8. I feel supported by the administration, the dean’s office, and university services when addressing academic issues.
9. I believe that the educational program prepares students for real-world professional practice (work as a physician/specialist).
10. Overall, I am satisfied with the quality of education in my program.

3. Questionnaire 3. Questionnaire for Faculty (conditions, QMS, resources)

Scale 1–5.

1. The material and technical conditions (classrooms, equipment, clinical facilities, simulation center) are generally sufficient for teaching my courses.
 2. The digital infrastructure (LMS eBilim, internet, IT services) allows for the effective organization of the educational process.
 3. Administrative procedures (scheduling, reporting, uploading to eBilim, etc.) are generally clear and manageable.
 4. I receive sufficient methodological support (methodology meetings, training on new approaches, consultations).
 5. The university creates conditions for my professional development (NMO/CPD, professional development, participation in conferences and projects).
 6. The internal quality assurance system (QAS) is perceived as a useful tool for improvement, not just “control for the sake of reports.”
 7. Feedback from students (surveys, comments) is used constructively and is not punitive in nature.
 8. Interaction with the dean’s office, the department, and the administration as a whole is effective and respectful.
 9. I understand how the results of quality monitoring (surveys, audits) influence actual decisions at the university.
 10. Overall, I am satisfied with the working conditions and the quality management system at JAIU.
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4. Methodology for analyzing survey results

4.1. Interpretation scale (“traffic light”)

For **each question** and for **overall indices** (average questionnaire score):

Average score	Zone	Interpretation
4.20–5.00	● green	high level, maintain
3.50–4.19	● yellow	acceptable, but there is room for improvement
3.00–3.49	● orange	risk zone, improvements needed
< 3.00	● red	problem, priority measures needed

This table should be included directly in the Regulations.

4.2. Analysis Steps

Step 1. Data preparation

1. Export responses from eBilim/Google Forms.
2. Remove blank/obviously corrupted questionnaires (if any).
3. For each question:





1. N (number of responses);
2. mean score;
3. standard deviation (SD), if necessary.

Step 2. Creating summary tables

For each questionnaire:

1. Table “question → average score → zone (color)”.
2. For Questionnaire 1 (by subject) – breakdown: by instructor, by subject, by language (RU/EN).
3. For Questionnaire 2 – breakdown: by course, cohort, language.
4. For Questionnaire 3 – breakdown: by faculty/department.

For example (Questionnaire 1, subject X):

Question	Average score	Zone
3. Explanation of the material	4.5	
5. Active and digital methods	3.4	
7. Fairness in assessment	3.1	
10. Overall Course Evaluation	3.8	

Step 3. Identifying problem areas

1. "Considered a problem":
 1. questions in **the orange/red zone** (average score < 3.5);
 2. or significant differences between groups (e.g., Russian-speaking 4.3, English-speaking 3.1).
2. Identify **the top 3 problematic questions** for each survey/OP/department.

Step 4. Analysis of open-ended comments (if any)

1. Group the comments by topic:
 1. teaching methods,
 2. assessment,
 3. IT/digital resources,
 4. scheduling/workload distribution,
 5. clinical practice.
2. For each topic, we count how many times it is mentioned.
3. We select **the 3–5 most frequently mentioned topics** to include in the report.

Step 5. Triangulation – cross-checking with other data

For each educational program and/or department:

1. compare the survey results with:
 1. academic performance (percentage of failing students/dropouts);
 2. OSCE/final exam results;
 3. internal audit results;
 4. comments from accreditation experts (if any).

If the survey results are poor and exam results are simultaneously poor, this is a clear signal for immediate intervention.

Step 6. Drawing Conclusions

For each educational program / department / key discipline:

1. **3 strengths** (what is in the green zone, what is praised in the comments).
2. **3 areas for improvement** (based on questions and comments).
3. **Recommendations** (based on the decision matrix, see below).

5. “Survey Results → Decision Type” Matrices

5.1. Matrix for Survey 1 (quality of teaching in the discipline)

We focus on **the overall rating (question 10)** and recurring “shortcomings” in other questions.

Result (average score on question 10 and ≤2 problematic questions)	Level of resolution	Type of action
≥ 4.2 (green zone)	Department	Maintain professional practices, share expertise (workshops, mentoring for colleagues), and recognize faculty achievements.
3.5–4.19 (yellow zone)	Department / Program	Local improvements: revising the syllabus, increasing the use of active learning methods, clarifying assessment criteria, and observing each other’s classes.
3.0–3.49 (orange zone)	Department + Dean’s Office / Educational Program	Improvement plan for the course: review teaching methods, instructor training (methodology seminars), revision of the course outline, possible redistribution of workload. Department report on measures taken.
< 3.0 (red zone)	Dean’s Office / Program Administration, Quality Council	“Manual control” intervention: course audit, consultations, mandatory instructor training; in case of systematic recurrence – consideration of changing the format or distributing hours, additional oversight by the Dean’s Office.

Addendum: if the overall score is not low, but **specific items** (e.g., 6 and 7—assessment) are consistently < 3.5, solutions focus specifically on this area (revision of criteria, templates, checklists).

5.2. Matrix for Questionnaire 2 (Overall Satisfaction with the Educational Program)

We focus on **the last question (No. 10)** and additional sections (internships, assessment, digital technologies).

Result (average score for question 10)	Level of resolution	Type of action
≥ 4.2	Head of the Educational Program, Dean’s Office	Maintain the current model, with targeted improvements in specific areas (e.g., clinic, MTO) based on the results of other questions.
3.5–4.19	Head of the educational program,	Revise the curriculum (workload balance), strengthen the practical component, refine clinical rotations, and clarify the assessment

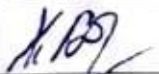
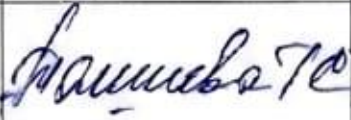






Result (average score for question 10)	Level of resolution	Type of action
	Dean's Office + departments	system. One-year improvement plan for the educational program.
3.0–3.49	Dean's Office, Quality Council	In-depth analysis of the educational program: syllabi, practical training, resources. Review of the program's structure, strengthening of key modules, negotiations to expand clinical sites/simulation facilities, inclusion in the strategic roadmap.
< 3.0	University leadership (rector, vice rectors), Quality Council	Strategic decision: partial or comprehensive revision of the educational program, possible suspension of admissions, major investments in teaching facilities/clinics/staff, separate project for program reengineering.

5.3. Matrix for Questionnaire 3 (Faculty and QMS)

Benchmark – **Question 10** (overall satisfaction) plus key questions 1–2 (resources), 4–5 (development), and 6–9 (QMS).

Result (average score for question 10)	Level of Resolution	Type of action
≥ 4.2	Faculty leadership, QMS	Maintain current practices, share positive experiences, and use faculty members as “ambassadors” of change.
3.5–4.19	Deans, Vice Rectors	Targeted improvements: simplifying bureaucratic procedures, increasing QMS transparency, expanding academic councils/departmental committees. Establishing faculty focus groups.
3.0–3.49	University administration, Quality Council	Revision of specific regulations (overburdened reporting, redundant forms), revision of administration–faculty communication, launch of a faculty support and development program.
< 3.0	Rector, Academic Council	Serious warning sign: risk of burnout and resistance to change. Systemic solutions are needed: restructuring, digitization of processes, revision of HR/incentive policies, a separate plan to change the QMS culture.

APPROVAL SHEET

No	Position / Role	Full Name	Signature	Date
1	Developed by	Kanetova D.E.		29.12.25
2	Approved: head of the responsible department			29.12.25
3	Approved: Head of the Educational and Informational Department	Kanetova D.E.		29.12.25
4	Approved: leading specialist for quality	Kalmuratova A.		29.12.25
4	Approved: head of the legal affairs and human resources department / lawyer	Sydykova B.J.		29.12.25
5	Approved: vice-rector for academic affairs	Sadyrova N.A.		29.12.25
6	Approved: vice-rector for science, SR and GE	Asilova Z.A.		29.12.25
7	Endorsed / considered in the established manner	JASU Scientific Council		29.12.25.

