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National Institute for Health Specialties

# **Guideline for Providing Evidence in NIHS Internship Program Accreditation Service**

**Version 1**

**National Institution for Health Specialties**

**United Arab Emirates**

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## About the National Institute for Health Specialties

The National Institute for Health Specialties (NIHS) was established by Cabinet Decree No. 28 of 2014. It serves as a national institution responsible for leading, regulating, and organizing professional development for the health workforce, with a particular focus on specialty training.

### Mandate and Key Functions

The NIHS is authorized to accredit hospitals and health institutions to host specialty programs that lead to postgraduate qualifications. Its primary functions include:

- **Setting Standards:** Establish standards for specialty health programs and accreditation criteria for institutions and programs.
- **Institutional Evaluation:** Evaluate and approve healthcare institutions for delivering specialty training.
- **Accreditation:** Accredit hospitals, medical centers, and specialty programs.
- **Curriculum Approval:** Approve specialty training curriculums in the UAE.
- **Program Approval:** Approve internship, residency and fellowship programs.
- **Examinations:** Conduct specialized professional examinations adhering to international standards.
- **Certification:** Issue certificates for higher health specialties (board and fellowship).
- **Continuing Education:** Approve standards for continuing medical education and continuing professional development programs in health specialties.
- **Admission Standards:** Develop admission standards and conduct admission exams for specialty training programs.
- **National Registry:** Establish a national registry for all health specialties and qualifications within the country.


The NIHS is dedicated to developing a highly qualified health workforce capable of supporting the health system and promoting health and wellbeing.





For more information about the *Guidelines for Evidence in the NIHS Internship Program Accreditation Services*, please contact:

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## ABBREVIATIONS

<b>TERM</b>	<b>DEFINITION</b>
NIHS	National Institute for Health Specialties
DIO	Designated Institutional Official
PD	Program Director
APD	Associate Program Director
CCC	Clinical Competency Committee
PEC	Program Evaluation Committee
GMEC	Graduate Medical Education Committee
FTE	Full Time Equivalent
PLA	Program Letter of Agreement
APE	Annual Program Evaluation Report

## **Introduction**

The National Institute for Health Specialties (NIHS) produces this document as part of its role in accrediting residency, fellowship and internship training programs. According to Cabinet Decree No. 28 of 2014, the NIHS is mandated to accredit hospitals and health institutions to host specialty programs leading to postgraduate qualifications. This document is designed to assist institutions and programs in preparing their accreditation applications and gathering the necessary information and documentation for accreditation.

## **Purpose**

This document provides guidance for institutions and programs pursuing NIHS accreditation for their medical or dental internship programs. It details the required evidence to be included with the accreditation application to demonstrate compliance with NIHS standards.

## **How to Use This Document**

This document serves two primary purposes:

1. **For Sponsoring Institutions (SI):** This document assists institutions in obtaining accreditation for their medical or dental internship programs. Institutions can use it as a reference to comprehend the necessary evidence for submitting their accreditation applications to NIHS.
2. **For NIHS Accreditation Apparatus and Surveyors:** It serves as a benchmark for evaluating Internship accreditation applications, guiding surveyors during site visits, and informing accreditation decisions.

## **Structure of Internship Program Accreditation Requirements**

The NIHS Internship Program Accreditation Requirements are structured into a hierarchy of domains, components, and specific requirements. The domains, representing the core pillars of medical or dental internship training, consist of various components that encompass different subsets or functions within each domain. These components are further broken down into specific requirements that programs must meet to attain accreditation for training purposes.

**Note:** The NIHS internship program accreditation requirements encompass both institutional and program-specific criteria, enabling institutions to be officially accredited

by NIHS to offer internship programs. There is no need to apply for institutional accreditation services unless you intend to offer residency or fellowship programs.

Below is the list of requirements along with the evidence guidelines:

**Domain 1: Governance**

**Component 1.1. Governance Structures**

Accreditation Requirements	Evidence guidelines
1.1.1 The program is sponsored by an institution accredited by or in compliance with NIHS standards.	<ul style="list-style-type: none"> <li>▪ A copy of the NIHS institutional accreditation certificate (if the institution is already accredited by NIHS to offer residency or fellowship programs).</li> </ul>
1.1.2 A primary clinical site is designated by the sponsoring institution.	<ul style="list-style-type: none"> <li>▪ A formal written agreement or contract between the sponsoring institution and the clinical site outlining the terms of the partnership.</li> <li>▪ Documentation indicating the clinical site's accreditation or certification status, if applicable.</li> <li>▪ Site visit reports or evaluations conducted by the sponsoring institution or accrediting body.</li> <li>▪ Letters of support from key stakeholders within the sponsoring institution and the clinical site.</li> </ul>
1.1.3 Program Director (PD) appointed according to criteria and allowed the required full-time equivalent (FTE).	<ul style="list-style-type: none"> <li>▪ Copy of PD appointment letter with allocated FTE signed by DIO/Equivalent.</li> </ul> <p><b>Note:</b> FTE requirements must align with NIHS specialty program requirements.</p>
1.1.4 Associate Program Director (APD) appointed according to criteria and allowed the required FTE. (if applicable in compliance with NIHS program size requirements).	<ul style="list-style-type: none"> <li>▪ Copy of APD appointment letter with allocated FTE signed by DIO/Equivalent</li> </ul> <p><b>Note:</b> FTE requirements must align with NIHS specialty program requirements.</p>
1.1.5 Clinical Competency Committee (CCC) constituted according to criteria.	<ul style="list-style-type: none"> <li>▪ CCC terms of reference signed by PD/DIO/Equivalent.</li> </ul>
1.1.6 Program Evaluation Committee (PEC) constituted according to criteria.	<ul style="list-style-type: none"> <li>▪ PEC terms of reference signed by PD/DIO/Equivalent.</li> </ul>

## Component 1.2. Governance Relationships

Accreditation Requirements	Evidence guidelines
<p>1.2.1. Effective relationship of the PD/APD with the Designated Institutional Official (DIO) or equivalent.</p>	<ul style="list-style-type: none"> <li>▪ Meeting minutes or agendas indicating regular communication and collaboration between the PD/APD and the DIO.</li> <li>▪ Records of joint initiatives or projects undertaken by the PD/APD and the DIO to improve program quality or address institutional needs.</li> <li>▪ Any other relevant documentation demonstrating effective collaboration and mutual support between the PD/APD and the DIO or equivalent institutional official.</li> </ul>
<p>1.2.2. Program Letter of Agreement (PLAs) with participating sites in compliance with the NIHS requirements.</p>	<ul style="list-style-type: none"> <li>▪ Provide copies of valid PLA exists with each participating sites</li> </ul> <p><i>PLAs should be:</i></p> <ul style="list-style-type: none"> <li>- Valid for 5 years period.</li> <li>- Approved by the DIO.</li> <li>- Specify the duration and content of the educational experience.</li> <li>- State the policies and procedures that will govern intern education during the assignment.</li> <li>- Identify the faculty members who will assume educational and supervisory responsibility for interns.</li> <li>- Specify the responsibilities for teaching, supervision, and formal evaluation of interns.</li> <li>- Signed by both authorized official persons.</li> </ul>
<p>1.2.3. Effective relationship among participating sites.</p>	<ul style="list-style-type: none"> <li>▪ Documentation of regular communication channels established between participating sites, such as meeting minutes, emails, or newsletters.</li> <li>▪ Documentation of formal agreements or contracts outlining the responsibilities and expectations of each participating site in the collaboration.</li> </ul>



	<ul style="list-style-type: none"> <li>▪ Evidence of shared resources or coordinated efforts among participating sites to address common challenges or achieve shared goals.</li> </ul>
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**Component 1.3. Governance Processes**

<b>Accreditation Requirements</b>	<b>Evidence guidelines</b>
1.2.1. Policies and procedures for internship in place and implemented.	<ul style="list-style-type: none"> <li>▪ Written internship policies and procedures documentation such as handbook or manual.</li> <li>▪ Staff training records on internship policies.</li> <li>▪ Internship schedules, assignments, and evaluations documented.</li> </ul>
1.2.2. Existing financial plan and budgeting for the program.	<ul style="list-style-type: none"> <li>▪ Budget documents showing allocated funds for various aspects of the internship program, such as salaries, supplies, equipment, and administrative costs.</li> </ul>
1.2.3. Functioning information system for the program.	<ul style="list-style-type: none"> <li>▪ Documentation showing the implementation of an information system tailored for the internship program, such as software or databases.</li> </ul>

## Domain 2: Training Program

### Component 2.1. Program Organization

Accreditation Requirements	Evidence guidelines
<p>2.1.1. The sponsoring institution and its participating sites provide care in all major clinical specialties in accordance with NIHS requirements.</p>	<ul style="list-style-type: none"> <li>▪ Documentation of clinical services offered at the sponsoring institution and participating sites, including lists of specialties and subspecialties.</li> <li>▪ Evidence of clinical rotations or clerkships available in various specialties for medical or dental trainees.</li> </ul>
<p>2.1.2. Availability of optional rotations (electives) for interns in accordance with NIHS requirements.</p>	<ul style="list-style-type: none"> <li>▪ Block diagram/curriculum documents outlining the available elective rotations for interns.</li> <li>▪ Records of interns participating in elective rotations, including dates, specialties, and duration.</li> <li>▪ Documentation of elective rotation evaluations or assessments completed by interns and supervising faculty.</li> <li>▪ Correspondence or agreements with affiliated institutions or clinical sites providing elective rotation opportunities.</li> </ul>
<p>2.1.3. The program monitors clinical rotations across all participating sites.</p>	<ul style="list-style-type: none"> <li>▪ Documentation of a monitoring system or protocol outlining how clinical rotations are tracked and evaluated.</li> <li>▪ Reports or assessments from supervisors or preceptors at participating sites regarding the supervision and progress of interns during clinical rotations.</li> <li>▪ Documentation of communication channels established between PDs/ coordinators and site director to exchange information and address any issues related to clinical rotations.</li> </ul>
<p>2.1.4. Availability of healthy and safe learning and working environment in accordance with NIHS requirements.</p>	<ul style="list-style-type: none"> <li>▪ Workplace health and safety policies and procedures documentation.</li> <li>▪ Staff training records on health and safety protocols.</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Incident reports and corrective actions documentation.</li> <li>▪ Evidence of resources and facilities supporting a safe environment.</li> </ul>
2.1.5. The curriculum is structured, and rotation specified according to NIHS requirements.	<ul style="list-style-type: none"> <li>▪ Curriculum documents delineating program structure, rotation sequence, and duration.</li> <li>▪ Copy of the block diagram.</li> </ul>
2.1.6. The program integrates the following competencies into the curriculum: professionalism, patient care, medical knowledge, practice-based learning, communication skills, and systems-based practice.	<ul style="list-style-type: none"> <li>▪ Incorporation of six competencies' goals and objectives into each rotation, aligning with the NIHS internship accreditation requirements within the curriculum.</li> </ul>
2.1.7. The program runs didactic sessions for interns in accordance with NIHS requirements.	<ul style="list-style-type: none"> <li>▪ Schedule or calendar of didactic sessions provided to interns, outlining topics, dates, and locations.</li> <li>▪ Attendance records or sign-in sheets from didactic sessions, indicating participation by interns.</li> </ul>
2.1.8. The program demonstrates evidence of scholarly activities with adequate resources deployed.	<ul style="list-style-type: none"> <li>▪ Documentation of scholarly activities conducted by program faculty and interns, such as research projects, publications, presentations, or grants obtained.</li> <li>▪ Evidence of access to research facilities, equipment, and support services necessary for conducting scholarly activities.</li> </ul>

## Component 2.2. Training Resources

Accreditation Requirements	Evidence guidelines
2.1.1 Availability of adequate educational resources for the program.	<ul style="list-style-type: none"> <li>▪ List of educational resources available to learners, such as textbooks, online materials, and simulation equipment.</li> <li>▪ Documentation of access to academic libraries, databases, and online journals relevant to the program's curriculum.</li> </ul>
2.1.2 Adequate number and variety of patients.	<ul style="list-style-type: none"> <li>▪ Patient census data indicating program's patient volume.</li> <li>▪ Logs record a variety of cases encountered during training.</li> <li>▪ Learners' feedback on patient case diversity.</li> <li>▪ Documentation of patient demographics.</li> <li>▪ Records of patient referrals or transfers.</li> <li>▪ Correspondence with healthcare facilities on patient access.</li> </ul>
2.1.3 Availability of resources for scholarly activities.	<ul style="list-style-type: none"> <li>▪ Documentation of research facilities and dedicated spaces.</li> <li>▪ Records of funding for scholarly activities.</li> <li>▪ Inventory of research equipment and software.</li> <li>▪ Institutional policies supporting scholarly activities.</li> </ul>
2.1.4 Caring and motivating learning environment emphasizing collaboration and teamwork.	<ul style="list-style-type: none"> <li>▪ Learner feedback on environment culture and collaboration.</li> <li>▪ Surveys from learners, faculty, and staff on teamwork emphasis.</li> <li>▪ Documentation of collaborative curriculum activities.</li> <li>▪ Records of interdisciplinary meetings promoting teamwork.</li> <li>▪ Mentorship or peer support programs for collaboration.</li> </ul>

### Component 2.3. Intern Evaluation

Accreditation Requirements	Evidence guidelines
2.3.1. Intern assessment system in place.	<ul style="list-style-type: none"> <li>▪ Assessment system structure, methods, criteria, and frequency documentation.</li> <li>▪ Intern performance assessment instruments records.</li> <li>▪ Assessment schedules with timing.</li> <li>▪ Faculty training on assessment tools.</li> <li>▪ Intern assessment results and feedback records.</li> </ul>
2.3.2. Interns are assessed after each rotation.	<ul style="list-style-type: none"> <li>▪ Faculty end-of-rotation assessment records.</li> <li>▪ End-of-rotation assessment schedules.</li> <li>▪ Intern feedback on assessment procedures.</li> <li>▪ Meeting minutes for assessment result review.</li> </ul>
2.3.3. Formative assessment follows stipulated criteria	<ul style="list-style-type: none"> <li>▪ Documentation of formative assessment criteria.</li> <li>▪ Assessment records showing adherence to criteria.</li> <li>▪ Feedback on assessment criteria clarity.</li> <li>▪ Examples of aligned completed assessments.</li> </ul>
2.3.4. Summative assessment system in place	<ul style="list-style-type: none"> <li>▪ Documentation of summative assessment system structure, methods, and frequency.</li> </ul>
2.3.5. Summative assessment follows stipulated criteria.	<ul style="list-style-type: none"> <li>▪ Summative assessment instruments records.</li> <li>▪ Assessment schedules with timing.</li> <li>▪ Faculty training on summative assessment tools.</li> <li>▪ Summative assessment results and feedback records.</li> </ul>

## Domain 3: Interns

### Component 3.1. Recruitment and Deployment

Accreditation Requirements	Evidence guidelines
2.3.1. Interns are appointed according to educational capacity and in line with the NIHS eligibility criteria.	<ul style="list-style-type: none"> <li>▪ Documentation of program's capacity and list of active interns.</li> <li>▪ Selection process records, including criteria and interviews.</li> </ul>
2.3.2. Existence of 4 or more interns per year.	<ul style="list-style-type: none"> <li>▪ List of active interns enrolled in the program</li> </ul>
2.3.3. Existence of transparent deployment system.	<ul style="list-style-type: none"> <li>▪ Documentation outlining the deployment process, including criteria for assignment and allocation of resources.</li> </ul>
2.3.4. Procedure for transfer of interns in place and in line with NIHS requirements.	<ul style="list-style-type: none"> <li>▪ Transfer process documentation including steps and criteria.</li> <li>▪ Completed intern transfer records showing procedure adherence.</li> </ul>
2.3.5. Induction process for interns in place.	<ul style="list-style-type: none"> <li>▪ Documentation outlining the induction process, including orientation materials, schedules, and procedures.</li> <li>▪ Records of intern attendance at induction sessions or events.</li> </ul>
2.3.6. Changes in interns' complement are notified to NIHS.	<ul style="list-style-type: none"> <li>▪ Documentation of notifications to NIHS on intern complement changes.</li> <li>▪ Records of communication with NIHS on intern complement changes and responses.</li> </ul>

### Component 3.2. Competency Acquisition

Accreditation Requirements	Evidence guidelines
2.3.1. Interns' supervision follows stipulations in the NIHS requirements.	<ul style="list-style-type: none"> <li>▪ Interns' supervisory policy.</li> <li>▪ Records of supervisory arrangements.</li> <li>▪ Intern feedback on supervision adequacy.</li> </ul>
2.3.2. Rotations are structured with sufficient length to provide a quality educational experience for interns.	<ul style="list-style-type: none"> <li>▪ Block diagram.</li> </ul>
2.3.3. Equitable exposure to training experience.	<ul style="list-style-type: none"> <li>▪ Documentation of the program's curriculum and rotation schedules, ensuring equal distribution of training opportunities across all interns.</li> </ul>

2.3.4. Blend of supervised patient care responsibilities, clinical teaching, and didactic educational events for interns is appropriate.	<ul style="list-style-type: none"> <li>▪ Records of intern schedules, demonstrating the distribution of supervised patient care responsibilities, clinical teaching sessions, and didactic educational events over time.</li> </ul>
2.3.5. Interns with difficulties properly coached.	<ul style="list-style-type: none"> <li>▪ Documentation of coaching or remediation plans developed for interns experiencing difficulties, outlining specific goals, strategies, and timelines for improvement.</li> </ul>

**Component 3.3. Training Procedures**

<b>Accreditation Requirements</b>	<b>Evidence guidelines</b>
2.3.1. Procedures for intern promotion in place.	<ul style="list-style-type: none"> <li>▪ Documentation outlining the criteria and process for intern promotion, including eligibility requirements and evaluation criteria.</li> <li>▪ Records of promotion decisions, including documentation of evaluations, recommendations, and approvals by program administrators or supervising faculty.</li> </ul>
2.3.2. Existing procedures for compliance and duty hours according to NIHS requirements.	<ul style="list-style-type: none"> <li>▪ Duty hours policy.</li> <li>▪ Records of duty hours logged by interns.</li> </ul>
2.3.3. Procedures for on-call arrangements in place and according to NIHS requirements	<ul style="list-style-type: none"> <li>▪ Records of on-call assignments, including dates, times, and responsibilities assigned to interns.</li> </ul>
2.3.4. Existence of structured hand-over processes to facilitate both continuity of care and patient safety.	<ul style="list-style-type: none"> <li>▪ Documentation of structured hand-over processes including protocols and guidelines.</li> <li>▪ Records of hand-over sessions showing patient information transfer (can be shown on site).</li> </ul>
2.3.5. The program is in compliance with NIHS requirements for maximum clinical work, night float, and free time.	<ul style="list-style-type: none"> <li>▪ Duty hour logs or records documenting interns' clinical work hours, night float shifts, and allocated free time.</li> </ul>

### Component 3.4. Intern Support and Growth

Accreditation Requirements	Evidence guidelines
2.3.1. Adequate access to learning resources and reference materials for interns.	<ul style="list-style-type: none"> <li>▪ Documentation of the learning resources available to interns, such as libraries, online databases, textbooks, and journals.</li> </ul>
2.3.2. Adequate access for resources and technical support for scholarly activities for interns.	<ul style="list-style-type: none"> <li>▪ Documentation of available scholarly resources like labs and databases.</li> <li>▪ Records of intern resource usage for scholarly activities.</li> <li>▪ Documentation of technical support services for scholarly work.</li> </ul>
2.3.3. Procedures for intern representation and voice in place.	<ul style="list-style-type: none"> <li>▪ Documentation detailing intern representation procedures, including council or committee formation.</li> <li>▪ Intern election or appointment records for peer representation in discussions.</li> <li>▪ Documentation of routine meetings or forums for interns to express feedback.</li> </ul>
2.3.4. Presence of other learners e.g., residents is supportive and does not compromise interns' education.	<ul style="list-style-type: none"> <li>▪ Policy of managing other learners.</li> </ul>
2.3.5. Policies and procedures for intern well-being, counselling, and support.	<ul style="list-style-type: none"> <li>▪ Documentation detailing program policies for intern well-being, including counseling access and mental health procedures.</li> <li>▪ Intern counseling and support service usage records, including appointments and feedback.</li> <li>▪ Documentation of intern training sessions on well-being and stress management.</li> <li>▪ Intern feedback on satisfaction with support resources and services provided by the program.</li> </ul>
2.3.6. Secure procedures for complaints and grievances in place.	<ul style="list-style-type: none"> <li>▪ Complaints and grievances policy.</li> </ul>

### Domain 4: Faculty and Administrative Staff Program

#### Component 4.1. Scope and Recruitment

Accreditation Requirements	Evidence guidelines
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2.3.1. Right mix of the training team (faculty) observed.	<ul style="list-style-type: none"> <li>▪ List of Faculty involve in teaching and supervision.</li> </ul>
2.3.2. Existing process for faculty eligibility and selection in line with NIHS requirements.	<ul style="list-style-type: none"> <li>▪ Faculty eligibility and selection criteria.</li> </ul>
2.3.3. Procedure for role assignment and induction in place.	<ul style="list-style-type: none"> <li>▪ Faculty induction schedule/program.</li> </ul>
2.3.4. Faculty numbers in line with the ratios stipulated by the NIHS requirements.	<ul style="list-style-type: none"> <li>▪ List of faculty (including core faculty).</li> <li>▪ List of active interns.</li> <li>▪ Register active interns' details in REDCap.</li> </ul>
2.3.5. Core faculty adequate in number.	<ul style="list-style-type: none"> <li>▪ List of core faculty.</li> <li>▪ Register core faculty details in REDCap.</li> </ul>
2.3.6. Program coordinator appointed and allowed adequate time for administrative duties.	<ul style="list-style-type: none"> <li>▪ Program coordinator appointment letter.</li> </ul>
2.3.7. Existence of program administration personnel according to needs.	<ul style="list-style-type: none"> <li>▪ List of program administration personnel.</li> </ul>

#### **Component 4.2. Support and Growth of Training Team**

<b>Accreditation Requirements</b>	<b>Evidence guidelines</b>
2.3.1. Provision for time, space, and resources to support the role of faculty and administration staff.	<ul style="list-style-type: none"> <li>▪ Core faculty allocated FTE.</li> <li>▪ List of teaching resources and equipment.</li> </ul>
2.3.2. Procedures for faculty and staff safety and concern raising in place.	<ul style="list-style-type: none"> <li>▪ Documentation outlining the procedures for reporting safety concerns or incidents, including contact information for designated personnel or departments responsible for addressing such issues.</li> </ul>
2.3.3. Existing faculty development program and compliance with scholarly activities in accordance with NIHS requirements.	<ul style="list-style-type: none"> <li>▪ Faculty development program.</li> <li>▪ Attendance records for faculty engagement.</li> </ul>
2.3.4. Fair treatment and appeal process in place for faculty and administrative staff.	<ul style="list-style-type: none"> <li>▪ Documentation detailing grievance and appeal procedures, including steps and responsible parties.</li> <li>▪ Records of filed grievances or appeals from faculty and staff, including resolution documentation (can be shown on site).</li> </ul>

### Component 4.3. Performance Management of Training Team

Accreditation Requirements	Evidence guidelines
4.3.1. Performance evaluation and appraisal for faculty and staff in place in line with NIHS requirements.	<ul style="list-style-type: none"> <li>▪ Records of faculty evaluations.</li> </ul>
4.3.2. Procedures for faculty role balance in relation to education and service.	<ul style="list-style-type: none"> <li>▪ Documentation of faculty workload distribution, encompassing teaching assignments, administrative tasks, and service obligations.</li> <li>▪ Documentation of policies or guidelines aimed at maintaining a balanced workload for faculty members between their educational and service responsibilities.</li> </ul>
4.3.3. Faculty members demonstrate commitment and devote sufficient time for interns' education.	<ul style="list-style-type: none"> <li>▪ Records of faculty members' involvement in educational activities such as teaching sessions, mentorship, and supervision of interns.</li> <li>▪ Documentation of faculty members' participation in curriculum development, assessment design, and educational initiatives aimed at enhancing interns' learning experiences.</li> <li>▪ Feedback or evaluations from interns regarding faculty members' accessibility, responsiveness, and effectiveness in supporting their education.</li> <li>▪ Records of faculty members' attendance at educational meetings, workshops, or conferences relevant to interns' training.</li> </ul>

### Domian 5: Program Evaluation/ Quality and Patient Safety

#### Component 5.1. Program Evaluation

Accreditation Requirements	Evidence guidelines
4.3.1. Policy and procedures for program evaluation in place.	<ul style="list-style-type: none"> <li>▪ Program Evaluation policy and procedures.</li> <li>▪ PEC meeting minutes.</li> </ul>
4.3.2. Annual program evaluation conducted in line with NIHS requirements.	<ul style="list-style-type: none"> <li>▪ Copy of Annual Program Evaluation Report (APE).</li> </ul>

<p>4.3.3. The annual program evaluation report is discussed with faculty and interns and shared with the DIO or equivalence.</p>	<ul style="list-style-type: none"> <li>▪ Meeting minutes or records documenting discussions held with faculty and interns regarding the program evaluation report.</li> <li>▪ Correspondence or notifications sent to the DIO or equivalent regarding the sharing of the program evaluation report.</li> </ul>
<p>4.3.4. The PEC is functional with regular meetings and output.</p>	<ul style="list-style-type: none"> <li>▪ PEC resolution.</li> <li>▪ Records of PEC meeting minutes.</li> </ul>
<p>4.3.5. Program evaluation results are used for improvement of interns' education.</p>	<ul style="list-style-type: none"> <li>▪ Documentation of specific changes or improvements made to the program based on the findings of the program evaluation.</li> <li>▪ Reports or summaries detailing how program evaluation results have influenced decision-making regarding interns' education.</li> </ul>

**Component 5.2. Quality Improvement**

<p><b>Accreditation Requirements</b></p>	<p><b>Evidence guidelines</b></p>
<p>4.3.1. System for internal quality improvement in place.</p>	<ul style="list-style-type: none"> <li>▪ Documentation detailing the structure, objectives, processes, and responsibilities of the internal quality improvement system.</li> <li>▪ Records of program-initiated quality improvement activities, such as audits, assessments, and educational process reviews.</li> <li>▪ Documentation of program changes or enhancements resulting from quality improvement efforts, including the reasons behind these changes.</li> </ul>
<p>4.3.2. Documentation and reporting system in place.</p>	<ul style="list-style-type: none"> <li>▪ Screenshots from reporting and documentation systems</li> </ul>
<p>4.3.3. Interns receive training and experience in quality improvement processes.</p>	<ul style="list-style-type: none"> <li>▪ Documentation of formal training sessions or workshops dedicated to quality improvement methods and principles provided to interns.</li> <li>▪ Records of interns' participation in quality improvement projects or initiatives within the program.</li> </ul>

4.3.4. Interns and faculty are involved in quality improvement activities and reporting including access to data.	<ul style="list-style-type: none"> <li>▪ Records of interns and faculty’s participation in quality improvement projects or initiatives within the program.</li> </ul>
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### Component 5.3. Patient Safety

<b>Accreditation Requirements</b>	<b>Evidence guidelines</b>
5.3.1. The program follows the institutional patient safety policy and system.	<ul style="list-style-type: none"> <li>▪ Copy of Patient safety policy.</li> <li>▪ Description of the patient safety event reporting system, including processes and guidelines for interns to report events.</li> </ul>
5.3.2. The program provides formal educational activities that promote patient safety-related goals, tools, and techniques.	<ul style="list-style-type: none"> <li>▪ Curriculum Documentation: Detailed curriculum outlining specific educational activities focused on patient safety, including lectures, workshops, and seminars.</li> <li>▪ Training Materials: Copies of training materials, such as presentations, handouts, and manuals, used in patient safety education.</li> <li>▪ Attendance Records: Records of intern attendance at patient safety training sessions and educational activities.</li> </ul>
5.3.3. Interns are involved in reporting patient safety events including disclosure of adverse events.	<ul style="list-style-type: none"> <li>▪ Description of the patient safety event reporting system, including processes and guidelines for interns to report events.</li> <li>▪ Records of patient safety events reported by interns, demonstrating their active involvement in the process.</li> </ul>

## Glossary of Terms

TERM	DEFINITION
Associate Program Director	The APD is the qualified person appointed when residents/fellows number exceeds 15 and designated with authority, responsibility, and resources to assist the PD.
Clinical Competency Committee	The specific committee appointed by the PD to assess and evaluate the performance of interns/residents/fellows within the specialty/subspecialty program.
Designated Institutional Official	The designated institutional official is the qualified person appointed by the sponsoring institution as authorized and responsible for leadership and management for all aspects pertaining to the internship, residency and fellowship training.
Faculty	The entire teaching workforce responsible for educating interns/residents/fellows.
Fellows	Individual candidates enrolled for training in a subspecialty program leading to fellowship qualification.
Interns	A medical/dental intern is a recent medical/dental school graduate undergoing their first year of postgraduate training.
Formative evaluation	Monitoring intern/resident/fellow training and providing ongoing feedback to improve learning.
Full Time Equivalent	The FTE refers to calculation of the time dedicated for internship/residency/fellowship training management or delivery as part of the full time allotted to work (ideally 40 hours per week).
Graduate Medical Education Committee	The committee appointed by the sponsoring institution to support the role of the DIO in overseeing all aspects pertaining to internship/residency/fellowship training.
Internal review	The internal evaluation conducted within the training program to identify and act on strengths and weaknesses/ areas for improvement of internship/residency/fellowship training.
Participating site	An organization (hospital, health center, health facility, etc.) which is providing educational experiences or educational assignments/rotations for interns/residents/fellows through arrangement with the sponsoring institution. A participating site can be within the sponsoring institution's country or international.
Program coordinator	The program coordinator is a qualified administrative staff member designated with authority to assist the PD in managerial and logistical coordination.

Program director	The program director (PD) is the qualified person designated with authority, responsibility, and accountability of managing and coordinating an internship or specific (specialty) residency/fellowship program.
Program Evaluation Committee	The specific committee appointed by the PD to assess and evaluate the whole business of the specialty program.
Residents	Individual candidates enrolled for training in a residency.
Sponsoring institution	The organization or entity (hospital, group of health facilities, a health department, a health system, etc.) that assumes the ultimate responsibility for an internship/residency/fellowship training experience. The sponsoring institution has the primary responsibility of applying for accreditation and committing resources and support to comply with accreditation requirements.
Summative evaluation	Evaluating interns'/residents'/fellows' learning by comparing performance against the goals and objectives of the program with the intent to make decisions about promotion or program completion.
Training center	The hospital or group of health facilities accredited to host internship/residency/fellowship training programs
Training environment	The diverse context for trainee development, including physical locations, learning resources, clinical experiences, and institutional culture.
Training team	The totality of faculty and administrative personnel involved in the delivery and coordination of actual internship/residency/fellowship training activities. Faculty represent the mainstay discipline-specific personnel entrusted with the supervision of trainees. Other faculty are personnel from other disciplines taking part in training activities. Administrative personnel include administrators, logistic staff, and secretaries.

**References:**

1. NIHS Program Accreditation requirements
2. NIHS Medical Internship Program requirements
3. NIHS Dental Internship Program Requirements.