NATIONAL INSTITUTE FOR HEALTH SPECIALITIES

NIHS Program Requirements for Nursing Transition to Practice Program

The Emirati Board in Nursing Transition to Practice Program is expected to define its specific program aims consistent with the overall mission of its Sponsoring Institution, the needs of the community it serves and that its graduates will serve, and the distinctive capabilities of physicians it intends to graduate. The Program must demonstrate substantial compliance with the Common and specialty-specific Program Requirements.

Where applicable, text in italics describes the underlying philosophy of the requirements in that section. These philosophic statements are not program requirements and are therefore not citable.

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Introduction

Int. A. Preamble

Nurses play a vital role in the healthcare system, serving as the primary point of care for all patients. The registered nursing workforce is the largest employee population in health care. The demand for nurses is high and expected to continue to grow as the population ages and healthcare becomes more complex. However, the World Health Organization estimates that there will be a global shortage of almost 7.6 million nurses by 2030. The nursing profession requires a high level of education and training, with many nurses holding advanced degrees and specialized certifications. The UAE National Strategy for Nursing and Midwifery: a roadmap 2026 focuses on human capital development highlighting the need to drive excellence in nursing and midwifery practice. This program serves to achieve the targeted objectives of the national strategy.

According to Benner, 1984. New Graduate Registered Nurses (NGRNs) defined as nurses who enter clinical practice without previous experience of how to manage patient care or to take job responsibility without help and are unfamiliar with organizational procedures, policies, protocols, and tools, which used for delivering patient care. However, transitions are a part of life and undoubtedly a part of nursing. (Duchscher,2009) defines the transition period for NGRNs as a professional socialization process, where they gain the skills, knowledge, and values of the professional nursing culture.

Interns face a host of challenges that impact successful transition to practice. Health care organizations thus need to understand how changes in the health care landscape impact Interns who are transitioning to the practice environment. The Transition to Practice Program ensures a supportive practice environment to the Intern, which will facilitate their transition to professional practice. Also, it promotes public safety by supporting interns during their critical entry period and progression into practice. It improves patients' outcomes by ensuring that new nurses are prepared to provide safe and effective care in their chosen practice setting and to reduce turnover rate.

Int. B. Program Goals are

- To utilize structured competency management program to guide the progression of the graduate nurse (intern) from novice to competent clinical nurse.

- To provide the graduate nurse (intern) with opportunities to consolidate and integrate nursing knowledge into practice and apply sound clinical judgment and critical thinking skills.

- To assist the graduate nurse (intern) to become autonomous clinical nurse within the RN scope of practice.

- To promote safe and quality nursing care of patients and their family.

- To enhance the retention of graduate nurses into the profession.

- To enable the graduate nurse (intern) to function optimally within the clinical environment by promoting feelings of comfort and acceptance as part of the multidisciplinary team.

Int. C. Definition of the Program

A transition-to-practice program is defined as a planned, comprehensive period during which RN learner(s) can acquire the knowledge and skills to deliver safe, quality care in a specific practice setting (Institute of Medicine, 2011).

The program is the entire transition to practice experience, including, but not limited to, orientation, series of learning classroom /didactic lessons, simulation, enculturation, and practice-based learning. Those activities are intended to foster the process of professional role socialization, which involves the acquisition of knowledge, skills, attitudes, values, norms, and roles associated with the practice of a profession, and promote retention of new nurses through successful implementation of the program.

The program is consistently operationalized across all participating sites and practice settings. (2024 Practice Transition Accreditation Program® (PTAP) Application Manual, ANCC).

Int. D. Length of educational program

The program shall occur continuously over a period no less than 6 months. [Core]

- The length of the program must be designed as not less than 6 months in general nursing practice settings exclusively at the program start. [Core]

- The program may be extended for an additional 3-6 months in nursing specialty practice settings. [Core]

I. Oversight

I.A. Sponsoring Institution

The Sponsoring Institution is the entity that assumes the ultimate financial and academic responsibility for a program of graduate nursing education, consistent with the NIHS Institutional Requirements.

The Sponsoring Institution must be the primary clinical defined as the most utilized rotation site of clinical activity for the program.

> I.A.1. The program must be sponsored by one NIHS-accredited Sponsoring Institution or demonstrate consistency with NIHS Institutional requirements, judged acceptable by Central Accreditation Committee. [Core]

I.A.2. At least one site must be assigned for training to assume responsibility for the Nursing Transition to Practice residency program. (Core)

I.A.3. A letter of commitment, the need for the program and pledged support must be available. (Core)

I.A.4. Timely and effective internal relationships with all program teams and stakeholders must be evidenced by documentation of meetings and protocols for communication. (Core)

I.A.5. The sponsoring institution must actively pursue strategies centered around mission-driven, continuous, and systematic efforts to attract and retain a diverse and inclusive workforce for the program. This includes program nursing leadership team, program teaching-learning force and others as required for successful program implementation as per the standards. (Core)

I.B. Participating Sites

A participating site is an entity that provides educational experiences or educational assignments/rotations for interns.

I.B.1. The program, with approval of its Sponsoring Institution, must designate a primary clinical site. (Core)

I.B.2. There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the program and the participating site providing a required assignment. (Core)

I.B.2.a) The PLA must:

I.B.2.a)(1) be renewed at least every 5 years; (Core)

I.B.2.a)(2) be approved by the designated institutional official (DIO); (Core)

I.B.2.a)(3) specify the duration and content of the educational experience; (Core)

I.B.2.a)(4) state the policies and procedures that will govern intern education during the assignment; (Core)

I.B.2.a)(5) identify the faculty members who will assume educational and supervisory responsibility for interns; (Core)

I.B.2.a)(6) specify the responsibilities for teaching, supervision, and formal evaluation of interns. (Core)

I.B.3. The program must monitor the clinical learning and working environment at all participating sites. (Core)

I.B.3.a) At each participating site there must be one faculty member, designated by the sponsoring institution as the Associate Program Director, who is accountable for intern education at that site, in collaboration with the program director. (Core)

I.B.4. Intern assignments away from the Sponsoring Institution should not prevent interns' regular participation in required didactics. (Core)

I.C. Resources

I.C.1. The program, in partnership with its Sponsoring Institution, must ensure the availability of adequate resources for intern education. including lecture rooms, skills labs, recreation, and gender-sensitive amenities. (Core)

I.C.2. The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote intern well-being and provide for (Core):

I.C.2.a) access to food while on duty; (Core)

I.C.2.b) security and safety measures appropriate to the participating site. (Core)

I.C.2.c) Clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)

I.C.2.d) Access to well-equipped simulation lab. (Core)

I.C.3. Interns must have ready access to updated nursing reference material in print or electronic format. This must include access to electronic nursing and medical literature databases with full text capabilities. (Core)

I.C.4. The program's educational and clinical resources must be adequate to support the number of interns appointed to the program. (Core)

I.C.4.a) A sufficient population of patients with a variety of demographic, socioeconomic backgrounds, and disease patterns to allow for effective and comprehensive training experiences. (Core)

I.C.4.c) The program must provide a positive learning environment in a flexible, compassionate culture promoting teamwork and interdisciplinary and interprofessional learning environment. (Core)

I.D. Other Learners and Other Care Providers

The presence of other learners and other care providers, including, but not limited to, interns from other programs and residents (including nursing and medical) must enrich the appointed interns' education. (Core)

I.D.1. The program must report circumstances when the presence of other learners has interfered with the interns' education to the DIO and to the graduate medical education committee (GMEC). (Core)

II. Personnel
II.A. Program Director

II.A.1. There must be one faculty member appointed as program director for the Nursing Transition to Practice program with authority and accountability for the overall program, including compliance with all applicable program requirements. (Core)

II.A.1.a) The Sponsoring Institution's GMEC must approve a change in program director. (Core)

II.A.1.b) The program must demonstrate retention of the program director for a length of time adequate to maintain continuity of leadership and program stability. (Core)

II.A.1.c) The Program Director position shall be assumed for a minimum of 3 years to ensure continuity. (Core)

II.A.2. At a minimum, the program director must be provided with the salary support required to devote 50 percent FTE of non-clinical time to the administration of the program. (Core)

II.A.2.a) Additionally, the program director must be provided with:

II.A.2.a)(1) Workspace, equipment and technology, administration support, resources. (Core)

II.A.2.a)(2) A stated clear job description defining expectations and accountability and reporting structure. (Core)

II.A.3. Qualifications of the program director:

II.A.3.a) must include knowledge and/or experience in adult learning principles and at least three years of documented

educational and/or administrative experience, or qualifications acceptable to the Central Accreditation Committee; (Core)

II.A.3.b) must have a graduate degree in nursing, a valid RN license and should have educational qualifications or experience in adult learning principles; (Core)

II.A.3.c) must include appropriate staff appointment; (Core)

II.A.3.d) must include ongoing clinical activity. (Core)

II.A.4. Program Director Responsibilities

The program director must have responsibility, authority, and accountability for administration and operations; teaching and scholarly activity; intern recruitment and selection, evaluation, and promotion and disciplinary action; supervision of interns; and intern education in the context of patient care. (Core)

II.A.4.a) The program director must:

II.A.4.a)(1) be a role model of professionalism; (Core)

II.A.4.a)(2) design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program; (Core)

II.A.4.a)(3) administer and maintain a learning environment conducive to educating the interns in each of the Competency domains; (Core)

II.A.4.a)(4) develop and oversee a process to evaluate preceptors prior to approval as faculty members for participation in the interns' education and at least annually thereafter; (Core)

II.A.4.a)(5) have the authority to approve and/or remove preceptors for participation in the internship program education at all sites; (Core)

II.A.4.a)(6) have the authority to remove interns from supervising interactions and/or learning environments that do not meet the standards of the program; (Core)

II.A.4.a)(7) submit accurate and complete information required and requested by the DIO, GMEC, and NIHS; (Core)

II.A.4.a)(8) provide a learning and working environment in which interns have the opportunity to raise concerns and

provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation; (Core)

II.A.4.a)(9) ensure the program's compliance with the Sponsoring Institution's policies and procedures for due process when action is taken to suspend or dismiss, not to promote, or not to renew the appointment of an intern; (Core)

II.A.4.a)(10) ensure the program's compliance with the Sponsoring Institution's policies and procedures on employment and non-discrimination; (Core)

II.A.4.a)(11) document verification of program completion for all graduating inters within 30 days; (Core)

II.A.4.a)(12) obtain review and approval of the Sponsoring Institution's DIO before submitting information, as required in the Institutional Requirements and outlined in the NIHS guidelines to the Program Requirements. (Core)

II.A.4.a)(13) Ensure, for each intern, the completion of all the program requirements and documentation as per the program curriculum. (Core)

II.A.4.a)(14) Participate, for each intern, in competency management in collaboration with the preceptor. (Core)

II.A.4.a)(15) Coordinate with the CRN for the clinical related aspects of the program (e.g., intern clinical rotation, onboarding program, competency management, preceptor competencies). (Core)

II.A.5. Associate Program Director (APD)

II.A.5.a) The sponsoring institution must appoint at least one individual which will function as associate program director to support the PD by actively participating in administrative and educational activities (Core)

II.A.5.b) The associate program director is responsible and accountable to: (Core)

II.A.5.b)(1) Ensure that all components of the program are consistently operationalized within their assigned participating site. (Core)

II.A.5.b)(2) Plan the interns' distribution within their clinical rotation in assigned participating site. (Core)

II.A.5.b)(3) Support PD in overseeing the clinical and administrative aspects of the program. [(Core)]

II.A.5.c) The designated associate program director should possess a minimum of baccalaureate degree in nursing, a valid RN license and should have educational qualifications or experience in adult learning principles. [(Core)]

II.A.5.d) At a minimum, the associate program director must be provided with adequate time for the administration of the program. [(Core)]

II.A.5.e) Sponsoring institution to provide the associate program director with 0.3 FTE of protected time for education and program administration. [(Core)]

II.A.5.f) Associate program director should assume the role for a duration suitable for ensuring program continuity and stability. [(Core)]

II.A.6. Chief Nursing Officer (CNO)

II.A.6.a) The program must be oversighted by the CNO vested with the administrative authority to accomplish the mission, goals, and expected outcomes, who is responsible and accountable to: [(Core)]

II.A.6.a)(1) support the program through material, financial, and programmatic workforce resources. [(Core)]

II.A.6.a)(2) provide effective leadership to the program in achieving its mission, goals, and expected outcomes. [(Core)]

II.A.6.b) The CNO should possess a graduate degree in nursing and a valid RN license. [(Core)]

II.B. Faculty

Faculty members provide an important bridge allowing interns to grow, ensuring that patients receive the highest quality of care. They are role models for future generations by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning.

Faculty members ensure that patients receive the level of care expected in the field. They recognize and respond to the needs of the patients, interns, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety. Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the interns and themselves.

II.B.1. At each participating site, there must be enough faculty members with competence to instruct and supervise all interns at that location. (Core)

II.B.2. Faculty members must:

II.B.2.a) be role models of professionalism; (Core)

II.B.2.b) demonstrate commitment to the delivery of safe, quality, cost-effective, patient-centered care; (Core)

II.B.2.c) demonstrate a strong interest in the education of interns; (Core)

II.B.2.d) devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; (Core)

II.B.2.e) administer and maintain an educational environment conducive to educating interns; (Core)

II.B.2.f) regularly participate in organized clinical discussions, rounds, journal clubs, and conferences. (Core)

II.B.3. Faculty members consist of:

II.B.3.a) Preceptors (Core)

A preceptor is an experienced nurse or midwife with excellent clinical skills and can facilitate learning and build confidence in the learner (Willis, 2015).

II.B.3.a)(1) The ratio of preceptors to interns must be 1:1. (Core)

II.B.3.a)(2) Preceptors qualifications:

II.B.3.a)(2)(a) The preceptor must complete the accredited preceptorship training program before assuming any intern responsibilities. (Core)

II.B.3.a)(2)(b) The preceptor must complete a refresher training in preceptorship every 3 years post completion of preceptorship training program. (Core)

II.B.3.a)(2)(c) The preceptor should possess a minimum of baccalaureate degree in nursing, a valid RN license and preferably have educational qualifications or experience in adult learning principles. (Core)

II.B.3.a)(3) Preceptor is responsible and accountable to: (Core)

- ensure positive interns' learning experience through competency management, integration into the interprofessional team, provision of guidance in the clinical tasks and responsibilities, identification of learning needs and monitoring their progress.
- conduct the onboarding program unit onboarding module.
- demonstrate support, advocacy, and accountability toward successful program implementation in collaboration with CRN, interns, and program nursing leadership team.

II.B.3.b) Clinical Resource Nurse (Core)

A clinical resource nurse is a registered nurse who provides clinical leadership in relevant area of specialty with oversight of trained preceptors to ensure relevance and competence is maintained.

The clinical resource nurses function as Core faculty members, must have a significant role in the education and supervision of interns and must devote a significant portion of their entire effort to intern education and/or administration.

II.B.3.b)(1) Clinical resource nurse is responsible and accountable to: (Core)

- selection, competency management and professional development of all preceptors within the participating site.
- ensure proper pairing between the preceptor and the intern.
- conduct the onboarding program, nursing onboarding module and other modules within the program curriculum for all interns.
- plan the interns' distribution and clinical rotation within their assigned participating site as needed.
- demonstrate support, advocacy, and accountability toward successful program implementation in collaboration with preceptors, interns, and program nursing leadership team.

II.B.3.b)(2) Clinical resource nurses should possess a minimum of baccalaureate degree in nursing, a valid RN

license and have educational qualifications or experience in adult learning principles. (Core)

II.B.3.b)(3) The ratio of clinical resource nurses to interns must be a minimum of 1:15. (Core).

II.B.3.c) Interprofessional Team

Interprofessional team refers to all nurses and other health professionals within the participating site.

II.B.3.c)(1) The interprofessional team must have a supportive and integrated role in the intern learning process. (Core)

II.B.3.c)(2) Members of the interprofessional team may act as a mentors and educators for the interns to advance their competency and performance for a defined practice area toward achieving program goals and best patient care. (Core)

II.B.3.c)(3) The interprofessional team must document the achievements of the intended objectives as part of their role in the intern teaching-learning process. (Core)

II.B.4. Program Coordinator

II.B.4.a) There must be a program coordinator. (Core)

II.B.4.b) At a minimum, the program coordinator must be provided with adequate time for the administration of the program. (Core)

III. Interns Appointments

III.A. Eligibility Requirements

An intern is a newly graduated nurse from Bachelor of nursing program offered by accredited university.

III.A.1. An applicant must meet the following qualifications to be eligible for appointment to a NIHS -accredited program: (Core)

III.A.1.a) Refer to NIHS criteria included in the Training Bylaw. (Core)

III.A.1.b) Hold a current license as a Registered Nurse in UAE. (Core)

III.A.1.c) Employed by the sponsoring institution as full-time employment. (Core)

III.B. Number of Interns

> III.B.1. The number of interns appointed to the program must not exceed the program's educational and clinical resources. (Core)

IV. Educational Program

The NIHS accreditation system is designed to encourage excellence and innovation in nursing education regardless of the organizational affiliation, size, or location of the program.

The educational program must support the development of knowledgeable, skillful nurses who provide compassionate care.

IV.A. Curriculum Components

The core curriculum must include monthly didactic sessions including ward rounds, clinical meetings, case presentations, morbidity and mortality reviews, lectures, journal clubs and evidence reviews, multidisciplinary meetings, seminars, workshops, videos, demonstrations, simulation, standardized patient activities, reflective and interactive activities. (Core)

The Educational Curriculum must contain the following educational components: (Core)

> IV.A.1. A set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates; (Core)
>
> IV.A.2. The program curriculum must focus on person-centered care; quality and safety; informatics and healthcare technologies; evidence-based practice and quality improvement; and personal, professional, and leadership development. (Core)
>
> IV.A.3. Overall educational goals for the program must exist that is communicated to interns and faculty. (Core)
>
> IV.A.4. Competency-based goals and objectives for each educational experience which are designed to promote efficient competency management and progress from novice to competent nurse. (Core)
>
> IV.A.5. The program curriculum must include a process to demonstrate advancement in the interns' knowledge of the basic principles of evidence-based practice and its application into clinical practice. (Core)
>
> IV.A.6. Interns must be provided with increasing responsibility in patient care and management according to the training stage. (Core)
>
> IV.A.7. Interns must be provided with protected time to participate in structured didactic activities. (Core)

IV.A.7.a) Didactic activities include, but are not limited to, lectures, conferences, courses, labs, asynchronous learning, case discussions, grand rounds, didactic teaching, journal clubs, and education in critical appraisal of medical evidence. (Core)

IV.A.8. Onboarding program upon the program start for minimum of 5 days in length. (Core)

IV.A.9. The program must include a defined and documented mentorship process integrated within the overall interns' learning experience toward achieving program goals and best patient care. (Core)

IV.B. Competency Management

Mandatory core competencies shall be integrated into the curriculum and completed within the first 6 months of the program and must be repeated periodically as indicated. (Core)

IV.B.1. Mandatory Competency is the minimum level of training that all nurses must be competent in.

IV.B.1.a) Mandatory Competencies are documented on the Competency Profile. (Core)

IV.B.1.b) Intern must demonstrate competent level in all mandatory competencies listed below within the first 3 months of program start. (Core)

IV.B.1.b)(1) Infection prevention and control

IV.B.1.b)(2) Effective Clinical Communication using a Standardized Tool (e.g. SBAR)

IV.B.1.b)(3) Environmental Safety

IV.B.1.b)(4) Occupational health and safety

IV.B.1.b)(5) Health education and promotion

IV.B.1.b)(6) Basic Disaster Management

IV.B.1.b)(7) Pain Management

IV.B.1.b)(8) Manual Handling and ergonomics

IV.B.1.b)(9) Crash card and code management

IV.B.1.b)(10) Basic Life Support (BLS)

IV.B.1.b)(11) Early Warning Scoring System/ Early Clinical Deterioration Detection

IV.B.1.b)(12) Age specific care

IV.B.1.b)(13) Basic mental health assessment

IV.B.1.b)(14) Behavioral changes

IV.B.1.b)(15) De-escalation

IV.B.2. Core competency is the volume of minimum skills and knowledge that nurses should have to practice. These competencies ensure that nurses can function within their scope of practice.

IV.B.2.a) Core Competencies are documented on the Competency Profile and competency management checklist (e.g., Elsevier or Lippincott learning resources). (Core)

IV.B.2.b) Intern must demonstrate competent level in all core competencies listed below within the first 6 months of the program start. (Core)

IV.B.2.b)(1) Medication management and administration

IV.B.2.b)(2) Fluid and electrolytes management

IV.B.2.b)(3) Assessment and reassessment

IV.B.2.b)(4) Peripheral IV cannulation

IV.B.2.b)(5) Phlebotomy

IV.B.2.b)(6) Basic oxygen administration and management

IV.B.2.b)(7) Basic ECG

IV.B.2.b)(8) Blood and Blood Products administration

IV.B.2.b)(9) Basic wound care and skin integrity management

IV.B.2.b)(10) Assessment and management of risk for self-harm and suicide

IV.B.2.b)(11) Point of Care Testing

IV.B.3. Intern must demonstrate competent level in institutional Unit Specific competencies in the last 6 months of the program as per the assigned clinical practice setting. (Core)

IV.B.4. Intern must be validated against staff nurse clinical leadership competencies. (Core)

IV.C. Curriculum Organization and Interns Experiences

IV.C.1. The curriculum must be structured to optimize interns' educational experiences, the length of these experiences, and supervisory continuity. (Core)

IV.C.1.a) Assignment of rotations must be structured with sufficient length to provide a quality educational experience, defined by continuity of patient care, ongoing supervision, relationships with faculty members, and high-quality assessment and feedback. (Core)

IV.C.1.b) Clinical experiences should be structured to facilitate learning in a manner that allows interns to function as part of an effective interprofessional team. (Core)

IV.C.2. Clinical Practice Settings

Clinical practice setting is the location where clinical training takes place and all foundations for practice-based learning experience are achieved.

General nursing practice settings of the program include medical, surgical, pediatric or obstetrics and gynecology clinical areas. (Core)

IV.C.2.a) The program should incorporate intern's preference within the process of clinical practice setting allocation. (Core)

IV.C.2.b) The first 6 months of the program must be allocated in one inpatient general clinical area for each intern. For example, clinical practice setting for intern A in the first 6 months of the program is identified to be in medical inpatient unit. (Core)

IV.C.2.c) In the case of program extension for a competent intern, intern may be assigned to one specialized clinical practice setting for the whole extension length. (Core)

IV.C.2.d) Specialized clinical practice settings are identified for the program as per the organization structure of the participating sites. (Core)

IV.C.3. Onboarding Program

IV.C.3.a) The program must include a comprehensive and timed onboarding program initiated immediately upon intern joining. (Core)

IV.C.3.b) The onboarding program must include defined learning objectives outlined in the program curriculum. (Core)

IV.C.3.c) The completion of the onboarding program must be documented with the intern acknowledgment. (Core)

IV.C.3.d) The onboarding program design must include the followings: (Core)

> IV.C.3.d)(1) Process to ensure intern orientation to the transition to the practice program.

> IV.C.3.d)(2) Hospital onboarding module that assists to integrate the intern to the participating site working place and includes following minimum aspects:

> IV.C.3.d)(3) Introduction to the participating site.

> IV.C.3.d)(4) Human resource regulations and processes.

> IV.C.3.d)(5) Environmental safety standards and processes.

> IV.C.3.d)(6) Quality assurance standards, resources, and processes.

> IV.C.3.d)(7) Infection prevention and control standards, resources, and processes.

> IV.C.3.d)(8) Patient experience standards, resources, and processes.

> IV.C.3.d)(9) Disaster management plan.

> IV.C.3.d)(10) Employee health and safety standards, resources, and processes.

> IV.C.3.d)(11) Nursing Informatics and healthcare technologies onboarding module.

IV.C.3.e) Nursing onboarding module that assists to integrate the intern into nursing community and practice model within the participating site and includes following minimum aspects: (Core)

> IV.C.3.e)(1) Introduction to nursing department.

> IV.C.3.e)(2) Scope of practice.

> IV.C.3.e)(3) Scope of service.

> IV.C.3.e)(4) Professionalism and code of conduct.

> IV.C.3.e)(5) Nursing care model and cultural awareness standards and practices.

> IV.C.3.e)(6) Social determinants of heath.

IV.C.3.f) Unit onboarding module that assists to integrate the intern into nursing community and practice model within the clinical practice setting and includes following minimum aspects: (Core)

IV.C.3.g) Unit onboarding module completion must be documented against the unit onboarding skills checklist. (Core)

IV.D. Scholarship

Scholarly activities must include discovery, integration, application, and teaching.

IV.D.1. Program Responsibilities

IV.D.1.a) The program must demonstrate evidence of scholarly activities consistent with its mission(s) and aims. (Core)

IV.D.1.b) The program, in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate interns and faculty involvement in scholarly activities. (Core)

IV.D.1.c) The program must advance interns' knowledge and practice of the scholarly approach to evidence-based patient care. (Core)

IV.D.2. Faculty Scholarly Activity

IV.D.2.a) Among their scholarly activity, programs must demonstrate accomplishments in at least one of the following domains: (Core)

- Research in basic science, education, translational science, patient care, or population health
- Peer-reviewed journal publications, case-presentation publications
- Quality improvement and/or patient safety initiatives
- Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports
- Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials
- Contribution to professional committees, educational organizations, or editorial boards
- Innovations in education

IV.D.3. Interns Scholarly Activity

IV.D.3.a) While in the program, interns must engage in at least one of the following scholarly activities: participation in grand rounds,

posters, workshops, quality improvement presentations or podium presentations. (Core)

IV.D.3.b) Interns must participate in scholarly projects. (Core)

IV.D.3.b)(1) Participation must include each intern's presentation of a case report or a presentation to colleagues on a subject of interest, and/or development of a research or quality improvement project. (Core)

V. Evaluation

V.A. Interns Evaluation

Formative and summative evaluation have distinct definitions.

Formative evaluation is monitoring intern learning and providing ongoing feedback that can be used by interns to improve their learning.

More specifically, formative evaluations help:

- interns identify their strengths and weaknesses and target areas that need work.
- program directors and faculty members recognize where interns are struggling and address problems immediately.

Summative evaluation is evaluating a intern's learning by comparing the interns against the goals and objectives of the rotation and program, respectively and is utilized to make decisions about promotion to the next level of training, or program completion.

End-of-rotation and end-of-year evaluations have both summative and formative components. Information from a summative evaluation can be used formatively when interns or faculty members use it to guide their efforts and activities in subsequent rotations and to successfully complete the residency program.

V.A.1. A planned, defined and implemented system of intern assessment must be in place with clearly defined methods and identified level of the expected outcomes. (Core)

V.A.2. There must be a system of formative documented evaluation of intern's performance at the completion of the rotation and assignments. (Core)

V.A.3. The formative evaluator must:

V.A.3.a). Preceptor and CRN must complete the intern formative and summative evaluations at 0, 3 and 6 months of the program length. (Core)

V.A.3.b) Include a review of case volume to ascertain comprehensive coverage. (Core)

V.A.3.c) Use formal in-service cognitive exams to monitor knowledge when appropriate. (Core)

V.A.3.d) Use multiplicity in intern evaluation (e.g. faculty, self, peer evaluation. online and simulation). (Core)

V.A.3.e) Document progressive intern performance improvement and include it in interns' portfolio. (Core)

V.A.3.f) Provide interns with a documented semi-annual evaluation on performance with feedback to guide their learning plans. (Core)

V.A.4. There must be a system of documented summative evaluation of intern performance at the end of the program to verify that the intern demonstrated sufficient competence to enter practice without supervision. (Core)

V.A.5. Successful completion of the program is evident in comprehensive documentation of intern demonstration of the followings: (Core)

V.A.5.a) Successful completion of onboarding program.

V.A.5.b) Positive validation as competent in all program core and mandatory competencies.

V.A.5.c) Positive validation as novice in staff nurse clinical leadership competencies.

V.A.5.d) Acceptable level of critical thinking skills in provision of nursing care.

V.A.5.e) Gradual increase in intern clinical productivity hours up to 100% by end of the program.

V.A.5.f) As indicated, finalization of all requirements as part of remedial action plan.

V.A.5.g) Submission of at least 3 reflective practices.

V.A.5.h) Completion of at least 50% of registered nurse CPD requirements.

V.A.5.i) Performance evaluation at minimum of satisfactory rating.

V.A.1. Feedback and Evaluation

V.A.1.a) Faculty members must directly observe, evaluate, and frequently provide feedback on intern performance during each rotation or similar educational assignment. (Core)

V.A.1.a)(1) More frequent feedback is strongly encouraged for interns who have deficiencies that may result in a poor final rotation evaluation. (Core)

V.A.1.b) Evaluation must be documented at the completion of the assignment. (Core)

V.A.1.c) The program must provide an objective performance evaluation based on the Competencies, and must: (Core)

V.A.1.c)(1) use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members) (Core)

V.A.1.c)(2) provide that information to the Clinical Competency Committee for its synthesis of progressive intern performance and improvement toward unsupervised practice. (Core)

V.A.1.d) The program director or their designee, with input from the Clinical Competency Committee, must:

V.A.1.d)(1) Meet with and review with each intern their documented semi-annual evaluation of performance, including progress (Core)

V.A.1.d)(1)(a) Review of intern Case-Logs must be a part of the semi-annual review. (Detail)

V.A.1.d)(2) assist interns in developing individualized learning plans to capitalize on their strengths and identify areas for growth; (Core)

V.A.1.d)(3) develop plans for interns failing to progress, following both the NIHS Emirati Board and institutional policies and procedures. (Core)

Interns who are experiencing difficulties with achieving progress may require intervention to address specific deficiencies. Such intervention, documented in an individual remediation plan developed by the program director or a faculty mentor and the intern, will take a variety of forms based on the specific learning needs of the

intern. However, the NIHS recognizes that there are situations which require more significant intervention that may alter the time course of intern progression. To ensure due process, it is essential that the program director follow NIHS and institutional policies and procedures.

V.A.1.e) The evaluations of a intern's performance must be accessible for review by the intern. (Core)

V.A.2. Final Evaluation

V.A.2.a) The program director must provide a final evaluation for each intern upon completion of the program. (Core)

V.A.2.a)(1) The specialty-specific Competencies, and when applicable the specialty-specific Case Logs, must be used as tools to ensure interns are able to engage in autonomous practice upon completion of the program. (Core)

V.A.2.a)(2) The final evaluation must:

V.A.2.a)(2)(a) become part of the intern's permanent record maintained by the institution, and must be accessible for review by the intern in accordance with institutional policy; (Core)

V.A.2.a)(2)(b) verify that the intern has demonstrated the knowledge, skills, and behaviours necessary to enter autonomous practice; (Core)

V.A.2.a)(2)(c) consider recommendations from the Clinical Competency Committee; (Core)

V.A.2.a)(2)(d) be shared with the intern upon completion of the program. (Core)

V.A.2.b) The program should have defined evaluation methodology with supportive documentation process. (Core)

V.A.2.c) The outcomes of successful nursing transition to practice program should reflect the following domains: (Core)

V.A.2.c)(1) *Knowledge based practice*: consistently demonstrate application of knowledge, skills, and attitudes in alignment with international standards of professional nursing care and best practice. (Core)

V.A.2.c)(2) *Professional responsibility*: consistently demonstrate personal responsibility and professional

responsibility, consistently demonstrate personal responsibility. (Core)

V.A.2.c)(3) *Ethical practice*: practices with a caring ethic and acts in accordance with the current code of conduct and ethical practice standards for nursing in the United Arab Emirates and as guided by the International Council of Nurses or related body. (Core)

V.A.2.c)(4) *Provision of services to the public, the profession, and the healthcare system*: provides effective and well managed nursing care in collaboration with client, family, and other health care providers. (Core)

V.A.3. A Clinical Competency Committee must be appointed by the program director. (Core)

V.A.3.a) The Clinical Competency Committee must include at least three members of the program faculty, at least one of whom is a core faculty member. (Core)

V.A.3.a)(1) Additional members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's interns. (Core)

V.A.3.a)(2) The Program Director has final responsibility for intern evaluation and promotion decisions. (Core)

V.A.3.b) The Clinical Competency Committee must:

V.A.3.b)(1) review all interns evaluation at least semi-annually; (Core)

V.A.3.b)(2) determine each intern's progress on achievement of the specialty-specific Competencies; (Core)

V.A.3.b)(3) meet prior to the intern's semi-annual evaluations and advise the program director regarding each intern's progress, promotion, remediation, or dismissal; (Core)

V.A.3.b)(4) meet at least quarterly, keep minutes of their meetings and report to the Program Director. (Core)

V.B. Faculty Evaluation

V.B.1. The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. (Core)

> V.B.1.a) This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, review of patient outcomes, professionalism, research, and scholarly activities. (Core)

> V.B.1.b) This evaluation must include written, anonymous, and confidential evaluations by the interns. (Core)

V.B.2. Faculty members must receive feedback on their evaluations at least annually. (Core)

V.B.3. Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans. (Core)

V.B.4. The program has the responsibility to evaluate and improve the program, faculty members' teaching, scholarship, professionalism, and quality care. Therefore, the annual review of the program's faculty members is mandatory and can be used as input into the Annual Program Evaluation. (Core)

V.C.1. The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)

The performance of interns and faculty members reflects program quality and will use metrics to reflect the program's goals.

The Program Evaluation Committee must present the Annual Program Evaluation Report in a written form to be discussed with all program faculty and interns as a part of continuous improvement plans.

> V.C.1.a) The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least two or more interns. (Core)

> V.C.1.b) Program Evaluation Committee responsibilities must include:

V.C.1.b)(1) acting as an advisor to the program director, through program oversight; (Core)

V.C.1.b)(2) review of the program's requirements, both NIHS Emirati Board required and program self-determined goals, and the progress toward meeting them; (Core)

V.C.1.b)(3) guiding ongoing program improvement, including developing new goals based upon outcomes; (Core)

V.C.1.b)(4) review of the current operating environment to identify strengths, challenges, opportunities, and threats related to the program's mission and aims. (Core)

V.C.1.c) The Program Evaluation Committee should consider the following elements in its assessment of the program:

V.C.1.c)(1) program curriculum; (Core)

V.C.1.c)(2) outcomes from prior Annual Program Evaluation(s); (Core)

V.C.1.c)(3) NIHS letters of notification including citations, areas for improvement, and comments; (Core)

V.C.1.c)(4) the quality and safety of patient care; (Core)

V.C.1.c)(5) Aggregate interns and the faculty:

V.C.1.c)(5)(a) engagement in quality improvement and patient safety; (Core)

V.C.1.c)(5)(b) interns and faculty surveys; (Core)

V.C.1.c)(5)(c) written evaluations of the program. (Core)

V.C.1.c)(6) Aggregate intern:

V.C.1.c)(6)(a) certification rates; (Core)

V.C.1.c)(6)(b) graduates' performance. (Core)

V.C.1.c)(6)(c) satisfaction level with the program. (Core)

V.C.1.c)(7) Aggregate faculty:

V.C.1.c)(7)(a) faculty evaluation; (Core)

V.C.1.c)(7)(b) professional development. (Core)

V.C.1.d) The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)

V.C.1.e) The Annual Program Evaluation review, including the action plan, must:

V.C.1.e)(1) be distributed to and discussed with the members of the teaching faculty and the interns; (Core)

V.C.1.e)(2) be submitted to the DIO. (Core)

V.C.1.d) A process must be in place to incorporate stakeholder perspectives and feedback, ensuring that confidentiality is maintained. (Core)

V.C.2. The program will be accredited and reaccredited by the NIHS in accordance with NIHS Accreditation Bylaws. (Core)

V.C.2.a) The program must complete a Self-Study before its reaccreditation Site Visit. (Core)

V.C.2.b) The Self-Study is an objective, comprehensive evaluation of the residency program with the aim to improve it. (Core)

V.C.3. The goal of NIHS-accredited education is to train nurses who seek and achieve a board certification. One measure of the effectiveness of the educational program is the ultimate pass rate. (Core)

V.C.4. Under the guidance of the Program Director all eligible program graduates should take the certifying examination conducted by the NIHS Emirati Board to obtain the Board Certification. (Core)

VI. The Learning and Working Environment
Residency education must occur in the context of a learning and working environment that emphasizes the following principles:

- Excellence in the safety and quality of care rendered to patients by interns today.
- Excellence in the safety and quality of care rendered to patients by today's interns in their future practice.
- Excellence in professionalism through faculty modeling of:
  - the effacement of self-interest in a humanistic environment;
  - the joy of curiosity, problem-solving, intellectual rigor, and discovery.
- Commitment to the well-being of the students, interns, faculty members, and all members of the health care team.

VI.A. Patient Safety, Quality Improvement, Supervision, and Accountability

VI.A.1. Patient Safety and Quality Improvement

Interns must demonstrate the ability to analyze the care they provide, understand their roles within health care teams, and play an active role in system improvement processes. Graduating interns will apply these skills to critique their future unsupervised practice and effect quality improvement measures.

VI.A.1.a) Patient Safety

VI.A.1.a)(1) Culture of Safety

VI.A.1.a)(1)(a) The program, its faculty and interns, must actively participate in patient safety systems and contribute to a culture of safety. (Core)

VI.A.1.a)(1)(b) The program must have a structure that promotes safe, interprofessional, team-based care. (Core)

VI.A.1.a)(2) Education on Patient Safety

Programs must provide formal educational activities that promote patient safety-related goals, tools, and techniques. (Core)

VI.A.1.a)(3) Patient Safety Events

VI.A.1.a)(3)(a) Interns, faculty members, and other clinical staff members must:

- know their responsibilities in reporting patient safety events at the clinical site; (Core)
- know how to report patient safety events, including near misses, at the clinical site; (Core)
- be provided with summary information of their institution's patient safety reports. (Core)

VI.A.1.a)(3)(b) Interns must participate as team members in real and/or simulated inter-professional clinical patient safety activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core)

VI.A.1.a)(4) Intern Education and Experience in Disclosure of Adverse Events

VI.A.1.a)(4)(a) All interns must receive training in how to disclose adverse events to patients and families. (Core)

VI.A.1.a)(4)(b) Interns should have the opportunity to participate in the disclosure of patient safety events, real or simulated. (Detail)

VI.A.1.b) Quality Improvement

VI.A.1.b)(1) Education in Quality Improvement

VI.A.1.b)(1)(a) A system must be in place for internal quality improvements. (Core)

VI.A.1.b)(1)(b) Documentation and reporting systems must be in place, including the production of guidelines, and reports. (Core)

VI.A.1.b)(1)(c) Interns and faculty must be involved in quality improvement processes as part of interprofessional teams. The results must be used to improve the program. (Core)

VI.A.2. Supervision and Accountability

VI.A.2.a) Supervision in the setting of nursing education provides safe and effective care to patients; ensures each intern's development of the skills, knowledge, and attitudes required to enter the unsupervised practice and establishes a foundation for continued professional growth. (Core)

VI.A.2.b) Supervision may be exercised through a variety of methods. For many aspects of patient care, the supervisor may be a resident. Other portions of care provided by the interns can be adequately supervised by the appropriate availability of the supervising faculty member. (Core)

VI.A.2.b)(1) The program must demonstrate that the appropriate level of supervision in place for all interns is based on each intern's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)

VI.A.2.b)(2) The program must define when the physical presence of a supervising nurse is required. (Core)

VI.A.2.c) Levels of Supervision

To promote appropriate interns' supervision while providing for graded authority and responsibility, the program must use the following classification of supervision: (Core)

VI.A.2.c)(1) Direct Supervision: the supervisor is physically present with the intern during the key portions of the patient interaction. (Core)

VI.A.2.c)(1)(a) The program must have clear guidelines that delineate which competencies must be demonstrated to determine when an intern can progress to indirect supervision. (Core)

VI.A.2.c)(1)(b) The program director must ensure that clear expectations exist and are communicated to the interns, and that these expectations outline specific situations in which an intern would still require direct supervision. (Core)

VI.A.2.c)(2) Indirect Supervision: the supervisor is not providing physical or concurrent visual or audio supervision but is immediately available to the intern for guidance and is available to provide appropriate direct supervision. (Core)

VI.A.2.c)(3) Oversight: the supervisor is available to provide review of procedures/encounters with feedback provided after care is delivered. (Core)

VI.A.2.d) The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each intern must be assigned by the program director and faculty members. (Core)

VI.A.2.d)(1) The program director must evaluate each intern's abilities. (Core)

VI.A.2.d)(2) Faculty members must delegate portions of care to interns based on the needs of the patient and the skills of each intern. (Core)

VI.A.2.e) Programs must set guidelines for circumstances and events in which interns must communicate with the supervising faculty member(s). (Core)

VI.A.2.e)(1) Each intern must know the limits of their scope of authority, and the circumstances under which the intern is permitted to act with conditional independence. (Outcome)

VI.A.2.f) Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each intern and to delegate to the intern the appropriate level of patient care authority and responsibility. (Core)

VI.B. Fatigue Mitigation

VI.B.1. Programs must:

VI.B.1.a) educate all faculty members and interns to recognize the signs of fatigue and sleep deprivation; (Core)

VI.B.1.b) educate all faculty members and interns in alertness management and fatigue mitigation processes; (Core)

VI.B.1.c) encourage interns to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning. (Detail)

VI.B.2. Each program must ensure continuity of patient care, consistent with the program's policies and procedures, if a intern may be unable to perform their patient care responsibilities due to excessive fatigue. (Core)

VI.C. Clinical Responsibilities, Teamwork, and Transitions of Care

VI.C.1. Clinical Responsibilities

The clinical responsibilities for each intern must be based on educational level, patient safety, intern ability, severity, and complexity of patient illness/condition. (Core)

VI.C.2. Teamwork

Interns must care for patients in an environment that maximizes communication. This must include the opportunity to work as a member of effective interprofessional teams that are appropriate to the delivery of care in the specialty and larger health system. (Core)

VI.C.3. Transitions of Care

VI.C.3.a) Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)

VI.C.3.b) Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-

over processes to facilitate both continuity of care and patient safety. (Core)

VI.C.3.c) Programs must ensure that interns are competent in communicating with team members in the hand-over process. (Outcome)

VI.C.3.d) Each program must ensure continuity of patient care, consistent with the program's policies and procedures, if an intern may be unable to perform their patient care responsibilities due to excessive fatigue or illness, or family emergency. (Core)

VI.D. Clinical Experience and Education

VI.D.1. Maximum Hours of Clinical and Educational Work per Week

Clinical and educational work hours must be limited to no more than 48 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities as per Human Resource Rules. (Core)

VI.D.2. Mandatory Time Free of Clinical Work and Education

VI.D.2.a) The program must design an effective program structure that is configured to provide interns with educational opportunities, as well as reasonable opportunities for rest and personal well-being. (Core)

VI.D.2.b) Interns should have eight hours off between scheduled clinical work and education periods. (Detail)

VI.D.2.b)(1) There may be circumstances when interns choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 48-hour and the one-day-off-in-seven requirements. (Detail)

VI.D.2.c) Interns must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). (Core)

VI.D.3. Maximum Clinical Work and Education Period Length

VI.F.3.a) Clinical and educational work periods for interns must not exceed 12 hours of continuous scheduled clinical assignments. (Core)

VI.F.3.a)(1) Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or intern's education. (Core)

VI.F.3.a)(1)(a) Additional patient care responsibilities must not be assigned to an intern during this time. (Core)

VI.F.5. Moonlight

Interns are not permitted to moonlight. (Core)

References

- Standards and Accreditation of Entry to Practice Nurse Residency Programs (2021) by the Commission on Collegiate Nursing Education.

- Practice Transition Accreditation Program Application Manual (2024) by American Nurses Credentialing Center Accreditation (ANCC).

- EHS Nursing and Midwifery Professional Development Model – New Nurse graduate Transition Program (2022) by Emirates Health Services.

- EHS Nursing and Midwifery Professional Development Model – Competency Program (2022) by Emirates Health Services.

*Core Requirements: Statements that define structure, resource, or process elements essential to every graduate medical/nursing educational program.

†Detail Requirements: Statements that describe a specific structure, resource, or process, for achieving compliance with a Core Requirement. Programs and sponsoring institutions in substantial compliance with the Outcome Requirements may utilize alternative or innovative approaches to meet Core Requirements.

‡Outcome Requirements: Statements that specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of interns or fellows at key stages of their graduate medical/nursing education.

Acknowledgement