



# National Institute for Health Specialties

## Medical Internship Accreditation Information Form

1. GENERAL INFORMATION	
1 Application Information	
Date:	
Application Type:	<input type="checkbox"/> New (Initial Accreditation Application) <input type="checkbox"/> Renewal (Continued Accreditation Application)
2 Institution Information	
Name of Sponsoring Institution:	
Address:	
PO Box:	
Governmental institution:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sponsoring Institution's Governing Body:	
Accreditation Status:	
Is the sponsoring institution accredited by NIHS:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Joint Commission International Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If above is (No), Is it recognized by Equivalent Entity:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does sponsor have an affiliation with a medical school (could be the sponsoring institution):	<input type="checkbox"/> Yes <input type="checkbox"/> No
If (Yes), The name of the medical school:	
Total Number of Interns per year:	
Total Number of Interns last year:	

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3 Program Leadership			
<i>Program Director</i>			
Name:			
Address:			
Telephone:			
Email:			
<i>Associate Program Director (if applicable in compliance with NIHS program size requirements)</i>			
Name:			
Address:			
Telephone:			
Email:			
<i>Program Coordinator:</i>			
Name:			
Address:			
Telephone:			
Email:			
4 Vision and Mission			
Educational Vision and Mission statement:			
Rationale statement for seeking NIHS accreditation:			
2. PARTICIPATING SITES			
1 Provide the following information for each participating site.			
Speciality (Rotation)	Institution	Name of Site Director	Email
2 Does at least one participating site provide Fundamental Clinical Skills (FCS) rotations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes", which rotation(s)? <a href="#">Click or tap here to enter text.</a>			
3 Is there a Program Letter of Agreement (PLAs) with participating sites in compliance with the NIHS requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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### 3. PERSONNEL AND RESOURCES

#### A. Program Director (PD)

1. Does the program director?

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a) Have at least three years of documented educational and/or administrative experience?                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Hold license as consultant/specialist and have at least three years post residency documented experience? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Actively participate in program administration and educational activities?                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. What is the PD Qualification(s)?

3. Select the FTE of non-clinical time provided to Program Director to the administration of the program based on program size according to the NIHS requirements as follows:

Number of Approved Interns Positions	Minimum FTE	Check
1-11	0.25	<input type="checkbox"/>
12-1	0.3	<input type="checkbox"/>
20 or more	0.4	<input type="checkbox"/>

#### B. Associate Program Director (APD) (if applicable in compliance with NIHS program size requirements)

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a) Has the program <del>has</del> appointed (an) associate program director(s)?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Does the associate program director actively participate in program administration and educational activities?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Does the sponsoring institution provide the associate program director with adequate protected time for program administration (0.2 Full-Time Equivalent) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

C. Resources: Describe how the program will ensure that interns have access to adequate resources. (Limit response to 400 words)

Click or tap here to enter text.

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#### 4. FACULTY INFORMATION

### Faculty information

A. Complete the following table: (for your convenience, you may submit it as separate attachment)

Name of faculty as written in passport	Faculty Type: (faculty, core faculty, PD, APD)	Gender	Nationality	Emirates ID	Date of Birth	Email	Mobile No.	Date first appointed in the current position

B. Number of hours per week faculty member devotes to this program's activities in the following:

Name of faculty as written in passport:	Clinical Supervision of Interns	Administration of the program	Research	Didactics/Teaching with Interns	Total hours devoted to this program	Case Log Attendings (Active) Yes/No

C. Specialty Certifications:

Name of faculty as written in passport	Specialty	Certification Board or Equivalent	Certification Date	Formal Trainer: Yes/No	If yes, Training: Institution/University	Postgraduate Training: (Residency/fellowship/ others, please specify)	First attended	Last attended

D. Licensing:

Name of faculty as written in passport	License Number	Licensing Authority	Licensed As: (Consultant, specialist, GP)	Specialty as written in medical license.	Expiration Date	Health Facility Name

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E. Professional Experience							
Name of faculty as written in passport	Academic Position (DIO, PD, APD, Faculty, Others, please Specify)	Start Date	End Date	Organization	Summary of duties and responsibilities		
	Current						
F. Teaching Program Details							
Name of faculty as written in passport	Specialty Name	Year	Institution	Role	FTE	Faculty Evaluation	
						Attachment	
G. Awards and Honors							
Name of faculty as written in passport	Type	Awards and Honors Title	Awarded By	Country	Date Awarded		
H. Scholarly Activities							
Name of faculty as written in passport	PMID (Not Mandatory)	Publication Title	Publication Date	Publisher\Journal	Role (First Author, Corresponding, Co Author)	Type of Publication (Journal Articles, Case report, letter, Clinical Trial, Conference Abstract, Book and Documents, Editorial, Review)	Research Interest

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I. Core Faculty to Interns Ratio:	Click or tap here to enter text.
J. Faculty to Interns Ratio:	Click or tap here to enter text.
K. Describe the process to maintain faculty development and enhance their teaching interest. Click or tap here to enter text.	
L. With regards to Faculty Development, in which areas have program faculty participated in faculty development over the past year?	<input type="checkbox"/> as educators <input type="checkbox"/> in quality improvement and patient safety <input type="checkbox"/> in fostering their own and their interns' well-being <input type="checkbox"/> in patient care based on their practice-based learning and improvement efforts <input type="checkbox"/> None of the above
M. Do you have a performance assurance and reward system for the faculty? If yes, describe below. <input type="checkbox"/> Yes <input type="checkbox"/> No Click or tap here to enter text.	
N. Describe Faculty involvement in the program planning and ongoing program review and evaluation. Click or tap here to enter text.	

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5. INTERNS INFORMATION

Intern information

A. Complete the below table about the actively enrolled interns in the program (add rows as required)

Name as written in passport	Gender	Nationality	Emirates ID	Date of Birth	Email	Mobile	Intern Current Status (active, completed training, inactive)	Internship Start Date	Expected Completion Date	Did this intern have prior training in another accredited/approved program? Yes/No

B. Academic Qualifications

Name as written in passport	Institution/University	Degree level (Bachelor's degree/MBBS, MD, Diploma (Above Secondary), Other and Specify)	Degree Title	First Attended	Last Attended	Graduation Date

C. Internship Training License

Name as written in passport	Internship Training license No.	Licensing authority	Date of issue	Date of expiry

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## 6. EDUCATIONAL PROGRAM

### Professionalism

1. Indicate the settings and activities in which interns will demonstrate competence in each of the following areas of Professionalism. Also indicate in method(s) used to assess competences

Competency Area	Setting/Activities	Assessment Method(s)
Compassion, integrity, and respect for others		
Responsiveness to patient needs that supersedes self-interest		
Respect for patient privacy and autonomy		
Accountability to patients, society, and the profession		
Respect and responsiveness to diverse patient populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation.		
Ability to recognize and develop a plan for one's own professional well-being.		
Appropriately disclosing and addressing conflict or duality of interest.		

### Patient Care and Procedural Skills

1. Indicate the settings and activities in which interns will demonstrate competence in each of the following areas of patient care. Also indicate in method(s) used to assess competences.

Competency Area	Setting/Activities	Assessment Method(s)
Obtaining a comprehensive medical history		
Performing a comprehensive physical examination		
Assessing a patient's problems and/or chief complaint		
Appropriately using diagnostic studies and tests		
Integrating information to develop a differential diagnosis		
Developing and implementing a treatment plan		

### Medical Knowledge

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1. Describe how the program ensures that interns take EMREE or relevant exams to assess knowledge prior to the completion of the internship year program. (Limit response to 400 words)

Click or tap here to enter text.

#### Practice-based Learning and Improvement

1. Briefly describe one planned learning activity in which interns demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. (Limit response to 400 words)

Click or tap here to enter text.

2. Indicate the settings and activities in which interns will demonstrate competence in each of the following Practice-based Learning and Improvement. Also indicate in method(s) used to assess competences.

Competency Area	Setting/Activities	Assessment Method(s)
Identifying strengths, deficiencies, and limits in one's knowledge and expertise.		
Setting learning and improvement goals.		
Identifying and performing appropriate learning activities.		
Systematically analysing practice using quality improvement methods and implementing changes with the goal of practice improvement.		
Incorporating feedback and formative evaluation into daily practice.		
Locating, appraising, and assimilating evidence from scientific studies related to their patients' health problems.		
Using information technology to optimize learning.		

#### Interpersonal and Communication Skills

1. Briefly describe one learning activity in which interns develop competence in communicating effectively with patients, families, and the public, as appropriate, across a board range of socioeconomic and cultural backgrounds. (Limit response to 400 words).

Click or tap here to enter text.

2. Indicate the settings and activities in which interns will demonstrate competence in each of the following Interpersonal and Communication Skills. Also indicate in method(s) used to assess competences.

Competency Area	Setting/Activities	Assessment Method(s)
Communicating effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds.		

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Communicating effectively with physicians, other health professionals and health-related agencies.		
Working effectively as a member of a health care team or other professional group		
Educating patients, families, students, and other health professionals.		
Acting in a consultative role to other physicians and health professionals.		
Maintaining comprehensive, timely, and legible medical records, if applicable.		

**Systems-based Practice**

1. Briefly describe the learning activity(ies) through which interns demonstrate an awareness of and responsiveness to the larger context and system of health care, including to social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. (Limit response to 400 words).  
[Click or tap here to enter text.](#)

2. Indicate the settings and activities in which interns will demonstrate competence in each of the following Systems-based Practice. Also indicate in method(s) used to assess competences.

Competency Area	Setting/Activities	Assessment Method(s)
Working effectively in various health care delivery settings and systems		
Coordinating patient care across the health care continuum and beyond		
Advocating for quality patient safety and care quality		
Participating in identifying system errors and implementing potential systems solutions		
Incorporating considerations of value, cost awareness, delivery and payment, and risk-benefit analysis in patient and/or population-based care as appropriate		

**7. CURRICULUM ORGANIZATION AND INTERN EXPERIENCES**

**1. Fundamental Clinical Skills**

1. Briefly describe how the program ensures that interns' clinical and educational responsibilities are equivalent to first- year residents from other programs. (Limit response to 400 words).  
[Click or tap here to enter text.](#)

2. For fundamental clinical skills rotation, are interns given responsibility for decision making and direct patient care in all settings, subject to review and approval by attending physicians and/or senior-level residents.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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3. does this responsibility include:

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a. Planning of care.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Writing orders.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Writing of progress notes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>2. Emergency Medicine</b>		
1. Describe the intern proposed schedule during their four weeks on emergency medicine that ensures the 140-hour minimum requirement of experience is obtained (number of shifts per week/month, hours per shift) (limit response to 400 words). Click or tap here to enter text.		
2. does each intern have:		
a. The opportunity to participate in the evaluation and management of the care of all types and acuity levels of patients who present to a site's Emergency Department?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. First-contact responsibility for these patients?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>3. Ambulatory Care</b>		
1. Briefly identify and/or describe:		
a. Site(s) of ambulatory experience		
b. Supervision of the intern		
c. Average number of patients seen by the intern per half-day session		
d. Role of the intern in patient care		
e. How do interns obtain the required 140 hours total ambulatory experience? (Limit response to 250 words)		
f. is the ambulatory care experience being provided by family medicine, primary care internal medicine, obstetrics and gynecology, pediatrics, or general surgery?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>4. Elective Rotations</b>		
1. Explain briefly how electives are determined for each intern: Click or tap here to enter text.		
2. does each intern have at least 12 weeks of electives?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>5. Non-clinical patient Care Experience</b>		
1. If applicable, describe the non-clinical patient care experience (e.g, research, administration, clinical informatics) in which the interns may participate. (Limit response to 400 words). Click or tap here to enter text.		

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2. Does the program director ensure that rotations taken away from the sponsoring institution and its participating site(s) have educational justification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If so, are these rotations: Limited to no longer than a total of eight weeks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. If non-sponsoring institution "away" rotations are not part of an NIHS accredited Program, are they designated as elective(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. Briefly describe how the program counsel and assist interns not accepted into a categorical or advanced program or without a defined career path. (Limit response to 400 words).

Click or tap here to enter text.

## 8. DIDACTIC SESSIONS

1. Does the interns' educational experiences include:

a. Multidisciplinary conference?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Morbidity and mortality conference?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Journal or evidence-based reviews?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Case-based planned didactic experiences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Seminars and workshops to meet specific competencies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Computer-aided instruction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. Grand rounds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h. Quality improvement and safety?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. One-on-one instruction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. List all required conferences for all (FCS) rotations. Provide the name of conference, (FCS) specialty, frequency per month, whether attendance is monitored, and if protected time to attend will be available. Add rows as necessary:

Name of conference	FCS Specialty	Frequency per week/month	Attendance monitored (Y/N)	Protected time to attend (Y/N)
Example: Grand Rounds	Internal Medicine	1/mo.	Y	Y

(Have documentation of attendance available for review by the site visitor)

3. Describe how conference attendance is monitored and documented.  
Click or tap here to enter text.

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## 9. INTERNS SCHOLARLY ACTIVITY

1. Briefly describe how interns actively participate in scholarly activity (e.g., presentation of a case at morbidity and mortality conference, analysis of a journal article at journal club, presentation to colleagues and faculty members on a subject of interest, development of a research or quality improvement project, etc.) (limited response to 400 words)

Click or tap here to enter text.

## 10. EVALUATION

1. Is there written documentation of performance evaluations for each intern at least twice a year?

Yes       No

(Interns files containing these records must be available for site visitor review)

## 11. APPENDIX

Attach the following documents in the Appendix:

1. Institution License Certificate – including License No., Date of Issue, Date of Expiry, and Authority Licensing body.
2. Current Institution Accreditation/Recognition certifications – e.g. JCI, ACGME-I (letter without citations), ISO etc.
3. Organizational Chart of the Sponsoring Institution.
4. If applicable, attach as an appendix affiliation agreement with Medical School.
5. The job description and current curriculum vitae of the Program Director (or equivalent designate).
6. Internship Policy & Procedures Manual (including strategy, funding, information system)
7. The Annual Graduate Medical Education Report of the last academic year (to include details about the activities of the Graduate Medical Education Committee during the past year with attention to interns' supervision, responsibilities, evaluation, compliance with duty hour standards, and participation in patient safety and quality of care education. Other required details, faculty development training; list of interns, core faculty, and graduates; Key Performance Indicators)
8. Institutional commitment statement for sponsoring internship programs signed by Board or senior management (at minimum the Chief Executive Officer, Chief Medical Officer, Chief Finance Officer, the Designated Institutional Official and Chief/Director of Human Resource).
9. A letter of commitment from each participating site in place that specifies responsibilities and arrangements.
10. Program Letter of Agreement (PLAs) with participating sites in compliance with the NIHS requirements.
11. Interns Agreement or Contract.
12. Faculty and interns Emirates ID Copy.
13. Faculty License.
14. Interns Internship training License.
15. Graduation letter template.

## 12. DECLARATION BY PROGRAM DIRECTOR

The Program Director applying for Medical Program Internship Accreditation must complete this declaration.

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I hereby declare that the information I have provided in this application form and attached as supporting evidence are valid. I understand that should this application for Accreditation be successful, the Institution must be able to demonstrate compliance on the *National Institute for Health Specialties Accreditation Requirements and Bylaws* for continued accreditation.

I understand that this application may be rejected or cancelled if the Institution does not provide the necessary evidence or fails to provide valid information.

*Program Director*

Name	
Signature	
Date	

*DIO or Hospital Medical Director*

Name	
Signature	
Date	

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