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**National Institute for Health Specialties**

**Rubrics for Gastroenterology Fellowship Program**

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| **GENERAL INFORMATION** | | | | | | | | |
| **1 Institution Information** | | | | | | | | |
| Institution: | Click or tap here to enter text. | | | | | | | |
| Address: | Click or tap here to enter text. | | | | | | | |
| Date: | Click or tap here to enter text. | | | | | | | |
| **Requirements** | **Status** | | | | | **Evidence**  **if applicable** | | **Comments** |
| **Met** | **P. Met** | | **Not Met** | |
| **INSTITUTION** | | | | | | | | |
| 1. The program is sponsored by a National Institute for Health Specialties accredited sponsoring institution. |  |  | |  | |  | |  |
| 1. A valid program letter of agreement (PLA) exists with each participating site. |  |  | |  | |  | |  |
| 1. The program has a mechanism to monitor the clinical learning and working environment at each participating site. |  |  | |  | |  | |  |
| **OVERALL ASSESSMENT FOR INSTITUTION SECTION:** | Click or tap here to enter text. | | | | | | | |
| **PROGRAM PERSONNEL AND RESOURCES** | | | | | | | | |
| **Program Director** | | | | | | | | |
| 1. The program director has an active consultant license. |  |  | |  | |  | |  |
| 1. The program director obtained qualification by training in structured program of gastroenterology |  |  | |  | |  | |  |
| 1. The program director has qualification(s) or competency in medical education. |  |  | |  | |  | |  |
| 1. The program director has at least 3-years’ experience in educational training/management. |  |  | |  | |  | |  |
| 1. The sponsoring institution provides the program director with adequate protected time for program administration (0.3 Full-Time Equivalent). |  |  | |  | |  | |  |
| 1. The program director actively participates in the Graduate Medical Education Committee. |  |  | |  | |  | |  |
| **Faculty** | | | | | | | | |
| * + 1. Physician faculty hold a specialist or a consultant license in their specialty/subspecialty. |  |  | |  | |  | |  |
| * + 1. The program director has designated core faculty members who have a significant role in Fellow education and supervision. |  |  | |  | |  | |  |
| * + 1. The sponsoring institution provides core faculty members with adequate protected time for Fellow education (0.2 Full-Time Equivalent). |  |  | |  | |  | |  |
| * + 1. The ratio of core faculty to Fellow is a minimum of 1:6 |  |  | |  | |  | |  |
| * + 1. The ratio of all faculty to Fellows is a minimum of 1:1. |  |  | |  | |  | |  |
| * + 1. Faculty members regularly participate in organized educational and teaching activities. |  |  | |  | |  | |  |
| * + 1. Faculty members regularly attend faculty development activities. |  |  | |  | |  | |  |
| * + 1. Faculty are evaluated at least annually by the program director. |  |  | |  | |  | |  |
| **Program Coordinator** | | | | | | | | |
| * + 1. The program has a dedicated program coordinator. |  |  | |  | |  | |  |
| * + 1. The sponsoring institution provides the program coordinator with adequate time and support to perform the administrative duties of the program. |  |  | |  | |  | |  |
| **Resources** | | | | | | | | |
| 1. The following clinical services are available in the sponsoring institution or the participating site(s). |  | | | | | | | |
| * + - 1. Inpatient admitting facility. |  |  | |  | |  | |  |
| * + - 1. Adequate volume of consult service. |  |  | |  | |  | |  |
| * + - 1. Outpatient Clinics including general GI, hepatology clinics, and IBD clinics |  |  | |  | |  | |  |
| * + - 1. Radiology Department including X-ray, US scan, CT scan, MRI |  |  | |  | |  | |  |
| * + - 1. Intervension Radiology |  |  | |  | |  | |  |
| * + - 1. Histopathology department |  |  | |  | |  | |  |
| * + - 1. Emergency Department |  |  | |  | |  | |  |
| * + - 1. Intensive Care Unit |  |  | |  | |  | |  |
| * + - 1. Laboratory including biochemical, microbiology, immunology, hematology |  |  | |  | |  | |  |
| * + - 1. General surgery service |  |  | |  | |  | |  |
| * + - 1. Oncology service |  |  | |  | |  | |  |
| * + - 1. Anesthesiology service |  |  | |  | |  | |  |
| 1. The patient population served is diverse with a variety of clinical conditions. |  |  | |  | |  | |  |
| 1. Allied healthcare services are available (including psychologists, social workers, occupational therapists, case managers, dieticians, physiotherapists, etc.) to assist in patient care. |  |  | |  | |  | |  |
| 1. There must be an endoscopy unit completely equipped to provide modern capability in gastrointestinal procedures. This equipment must include an up-to-date array of complete diagnostic and therapeutic endoscopic instruments and accessories, with esophageal motility instrumentation and breathing tests. |  |  | |  | |  | |  |
| 1. Consultation from other clinical services is available in a timely manner. |  |  | |  | |  | |  |
| 1. Adequate clinical and teaching space is available including meeting rooms, classrooms, examination rooms, computers, visual and other educational aids, and office space for educational staff. |  |  | |  | |  | |  |
| 1. Medical Records Access to an electronic health record should be provided. In the absence of an existing electronic health record, institutions must demonstrate institutional commitment to its development, and progress towards its implementation |  |  | |  | |  | |  |
| 1. The program has a mechanism to monitor the number of other learners (including medical students, interns, residents from other programs), to ensure it does not interfere with the program’s Fellows’ learning experience. |  |  | |  | |  | |  |
| 1. Safe, quiet, clean, and private sleep/rest facilities available and accessible for fellows with proximity appropriate for safe patient care |  |  | |  | |  | |  |
| 1. Fellows must have ready access to specialty-specific and other appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text capabilities |  |  | |  | |  | |  |
| **OVERALL ASSESSMENT OF PERSONNEL AND RESOURCES SECTION:** | Click or tap here to enter text. | | | | | | | |
| **FELLOW APPOINTMENT** | | | | | | | | |
| 1. There is a maximum of three Fellow in each year of the program or maximum faculty to fellow ratio 1:1 |  |  | |  | |  | |  |
| 1. Eligibility and selection of Fellow as per NIHS criteria. |  |  | |  | |  | |  |
| 1. Program orientation process for new Fellows available including but not limited to policies, work structure, curriculum, wellbeing, physician impairment, fatigue, and sleep deprivation, etc. |  |  | |  | |  | |  |
| **OVERALL ASSESSMENT OF FELLOW APPOINTMENT:** | Click or tap here to enter text. | | | | | | | |
| **EDUCATIONAL PROGRAM** | | | | | | | | |
| **Curriculum** | | | | | | | | |
| 1. The program has written competency-based goals and objectives for each rotation. |  |  | |  | |  | |  |
| 1. The goals and objectives are available for all Fellows and faculty members. |  |  | |  | |  | |  |
| 1. Didactic activities take place regularly. |  | | | | | | | |
| * 1. Grand rounds. |  |  | |  | |  | |  |
| * 1. Case-based discussions. |  |  | |  | |  | |  |
| * 1. Multidisciplinary meetings/conferences. |  |  | |  | |  | |  |
| * 1. Journal clubs and evidence-based reviews. |  |  | |  | |  | |  |
| * 1. Subspecialty-specific Lectures and workshop. |  |  | |  | |  | |  |
| * 1. Mortality and morbidity meeting |  |  | |  | |  | |  |
| 1. Fellows are provided with protected time to attend didactic activities. |  |  | |  | |  | |  |
| **Clinical Experiences** | | | | | | | | |
| 1. At least 30 months must be devoted to clinical experience |  |  | |  | |  | |  |
| 1. Fellow must participate in training using simulation. |  |  | |  | |  | |  |
| 1. Six months of clinical experience composed of hepatology |  |  | |  | |  | |  |
| 1. Experience with continuity ambulatory patients includes: |  | | | | | | | |
| * 1. Fellow must have continuity ambulatory clinic experience, and this experience should average one half-day each week |  |  | |  | |  | |  |
| * 1. Each fellow must be responsible of at least four to eight patients during each half day ambulatory clinic. |  |  | |  | |  | |  |
| * 1. Selected blocks in ambularoty clinics of at least six months which address specific areas of gastrointestinal diseases. |  |  | |  | |  | |  |
| 1. Procedures and technical skills, includes: |  | | | | | | | |
| * 1. Faculty members must teach and supervise the fellows in the performance and interpretation of procedures, which must be documented in each fellow's record, including indications, outcomes, diagnoses, and supervisor(s). |  |  | |  | |  | |  |
| * 1. Direct supervision of procedures performed by each fellow must occur until proficiency has been acquired and documented by the program director |  |  | |  | |  | |  |
| 1. Fellows must have formal instruction and clinical experience in the interpretation of the following diagnostic and therapeutic techniques and procedures: |  | | | | | | | |
| * 1. Endoscopic Retrograde Cholendochopancreatography, in all its diagnostic and therapeutic applications; |  |  | |  | |  | |  |
| * 1. Enteral and parenteral alimentation |  |  | |  | |  | |  |
| * 1. Imaging of the digestive system, including:   computed tomography (CT); including CT entero/colography, contrast radiography, magnetic resonance imaging, nuclear medicine, percutaneous cholangiography, ultrasound, including endoscopic ultrasound, vascular radiography; and wireless capsule endoscopy. |  |  | |  | |  | |  |
| * 1. Interpretation of gastrointestinal and hepatic biopsies |  |  | |  | |  | |  |
| * 1. Motility studies, including esophageal motility/pH studies. |  |  | |  | |  | |  |
| 1. Patient-based teaching must include direct interaction between fellows and faculty members, bedside teaching, discussion of pathophysiology, and the use of current evidence in diagnostic and therapeutic decisions. |  |  | |  | |  | |  |
| 1. Fellow must be directly involved in providing continuity of patient care, including decision making regarding that care. |  |  | |  | |  | |  |
| 1. Fellow must have responsibility for direct patient care in all settings, including planning, management, and treatment, both diagnostic and therapeutic, subject to review and approval by the physician faculty. |  |  | |  | |  | |  |
| 1. Fellow must enter all cases in which they directly participate into the NIHS Case Log System. |  |  | |  | |  | |  |
| 1. The program has a mechanism to ensure that Fellows receive adequate clinical supervision. |  |  | |  | |  | |  |
| **OVERALL ASSESSMENT OF THE EDUCATION PROGRAM SECTION:** | Click or tap here to enter text. | | | | | | | |
| **SCHOLARLY ACTIVITIES** | | | | | | | | |
| **Fellow Scholarly Activities** | | | | | | | | |
| * + 1. The program provides the Fellows with research training. |  |  | |  | |  | |  |
| * + 1. The program provides Fellows with opportunities to participate in scholarly activities. |  |  | |  | |  | |  |
| * + 1. All Fellows in the program participate in scholarly activities. |  |  | |  | |  | |  |
| * + 1. Each fellow must design, complete, and submit a clinical reach project, which was conducted under direct supervision of a faculty member. |  |  | |  | |  | |  |
| * + 1. Fellows must have the clinical research published or presented in International or regional conference prior to Emirati Board Final Examination. |  |  | |  | |  | |  |
| **Faculty Scholarly Activities** | | | | | | | | |
| * + 1. Faculty demonstrate accomplishment in scholarly activities. |  |  | |  | |  | |  |
| * + 1. At least 50% of the faculty participate in scholarly activities. |  |  | |  | |  | |  |
| **OVERALL ASSESSMENT OF THE SCHOLARLY ACTVITITES SECTION:** | Click or tap here to enter text. | | | | | | | |
| **FELLOW EVALUATION AND PROMOTION** | | | | | | | | |
| **Fellow Evaluation** | | | | | | | | |
| * + 1. The program has objective performance evaluation tools for all core competencies. |  |  | |  | |  | |  |
| * + 1. Fellows are evaluated by multiple evaluators (e.g., faculty, peers, patients, etc.). |  |  | |  | |  | |  |
| * + 1. Fellows receive feedback after each rotation. |  |  | |  | |  | |  |
| * + 1. Evaluations are documented at the end of each rotation. |  |  | |  | |  | |  |
| * + 1. The PD or designee meet at least semi-annually with each Fellow and review the Fellow’s performance. |  |  | |  | |  | |  |
| * + 1. Semi-annual evaluations are documented for each Fellow. |  |  | |  | |  | |  |
| * + 1. Final evaluations are completed for each Fellow at the end of the training period (Summative letter). |  |  | |  | |  | |  |
| **Fellow Promotion** | | | | | | | | |
| * + 1. The program has written annual Fellow promotion criteria. |  |  | |  | |  | |  |
| * + 1. The promotion criteria are available for Fellow to review. |  |  | |  | |  | |  |
| **OVERALL ASSESSMENT OF FELLOW EVALUATION AND PROMOTION SECTION:** | Click or tap here to enter text. | | | | | | | |
| **CLINICAL COMPETENCY COMMITTEE** | | | | | | | | |
| * 1. The program has a clinical competency committee that meets at least semi-annually. |  |  | |  | |  | |  |
| * 1. CCC has at least three members. |  |  | |  | |  | |  |
| * 1. At least one of the CCC members is a core faculty. |  |  | |  | |  | |  |
| * 1. CCC has a written description of the duties, meeting process, decision making and reporting of the committee |  |  | |  | |  | |  |
| * 1. CCC meetings are minuted |  |  | |  | |  | |  |
| * 1. CCC reviews each Fellow’s performance at least semi-annually, and develops individual plans for Fellows |  |  | |  | |  | |  |
| * 1. The PD or designee meets with each Fellow semi-annually and shares the CCC’s findings and plan |  |  | |  | |  | |  |
| **OVERALL ASSESSMENT OF CLINICAL COMPETENCY COMMITTEE SECTION:** | Click or tap here to enter text. | | | | | | | |
| **FACULTY EVALUATION** | | | | | | | | |
| 1. The program must have a process to evaluate each faculty member’s performance as it relates to the educational program at least annually |  | |  | |  | |  |  |
| 1. 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. |  | |  | |  | |  |  |
| 1. This evaluation must include written, anonymous, and confidential evaluations by the fellows. |  | |  | |  | |  |  |
| 1. Faculty members must receive feedback on their evaluations at least annually |  | |  | |  | |  |  |
| 1. Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans |  | |  | |  | |  |  |
| **PROGRAM EVALUATION COMMITTEE** | | | | | | | | |
| 1. The program has a program evaluation committee that meets at least annually. |  |  | |  | |  | |  |
| 1. The PEC has at least two faculty members, one of whom is a core faculty. |  |  | |  | |  | |  |
| 1. The PEC has Fellow representatives from each year of training. |  |  | |  | |  | |  |
| 1. The PEC has a written description of the duties, meeting process, decision making and reporting of the committee. |  |  | |  | |  | |  |
| 1. The PEC produces an annual program evaluation report. |  |  | |  | |  | |  |
| 1. The program annual report is presented by the PD or designee to the GMEC annually. |  |  | |  | |  | |  |
| 1. At minimum, the PEC evaluates the following aspects of the program: |  | | | | | | | |
| * 1. Competency-based rotation goals and objectives. |  |  | |  | |  | |  |
| * 1. Curriculum. |  |  | |  | |  | |  |
| * 1. Fellow and faculty scholarly activity. |  |  | |  | |  | |  |
| * 1. Written program evaluations. |  |  | |  | |  | |  |
| * 1. Annual program survey by faculty and Fellows. |  |  | |  | |  | |  |
| * 1. Aggregate faculty evaluation. |  |  | |  | |  | |  |
| * 1. Aggregate Fellow in-training examination. |  |  | |  | |  | |  |
| * 1. Board pass rates. |  |  | |  | |  | |  |
| * 1. Graduate performance. |  |  | |  | |  | |  |
| * 1. Fellow recruitment and retention. |  |  | |  | |  | |  |
| * 1. Quality and safety of patient care. |  |  | |  | |  | |  |
| * 1. Prior annual program reports. |  |  | |  | |  | |  |
| 1. The annual report is distributed and discussed with the Fellows and faculty. |  |  | |  | |  | |  |
| **OVERALL ASSESSMENT OF PROGRAM EVALUATION COMMITTEE SECTION:** | Click or tap here to enter text. | | | | | | | |
| **DUTY HOURS** | | | | | | | | |
| * 1. The program has a mechanism to monitor Fellows’ working hours. |  |  | |  | |  | |  |
| * 1. The program adheres with duty hour regulations. |  |  | |  | |  | |  |
| * 1. Duty hours are limited to 80-hours per week averaged over 4-weeks. |  |  | |  | |  | |  |
| * 1. Fellows have one day off in seven free from all clinical and educational duties, averaged over 4-weeks. |  |  | |  | |  | |  |
| * 1. A minimum of 10-hours off in between all duty periods. |  |  | |  | |  | |  |
| **OVERALL ASSESSMENT OF DUTY HOURS SECTION:** | Click or tap here to enter text. | | | | | | | |
| **FELLOW SUPERVISION** | | | | | | | | |
| * 1. The program has a written supervision policy. |  |  | |  | |  | |  |
| * 1. Each Fellow in the program has appropriate privileges assigned to them based on their level of training, ability, and complexity and acuity of the situation. |  |  | |  | |  | |  |
| * 1. Faculty are aware of supervision requirements. |  |  | |  | |  | |  |
| **OVERALL ASSESSMENT OF FELLOW SUPERVISION SECTION:** | Click or tap here to enter text. | | | | | | | |
| Overall assessment of all domains: | Click or tap here to enter text. | | | | | | | |

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| --- | --- | --- | --- |
| **POSITION** | **NAME** | **SIGNATURE** | **DATE** |
| ***Program Director*** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| ***Designated Institutional Official/ Head of Medical Education Department*** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |