جمهورية مصر العربية
وزارة التعليم العالي والبحث العلمي
الوزير

قرار وزاري
رقم (٢٥٠٦) بتاريخ ٢٧/٩/ ٢٠٢٣
بشأن إصدار اللائحة الموحدة
للبرنامج القومي للتدريب الالزامي (سنتين بعد الخمس سنوات الدراسية)
المكمل للاطار العام الاسترشادى المحدث للوائح (الداخلية/ الدراسية)
لكليات الطب البشري بالجامعات المصرية (مرحلة البكالوريوس ٥ + ٢)

وزير التعليم العالي والبحث العلمي ورئيس المجلس الأعلى للجامعات:

- بعد الاطلاع على القانون رقم (٤٩) لسنة ١٩٧٢ في شأن تنظيم الجامعات والقوانين المعدلة له.
- وعلى قرار رئيس الجمهورية رقم (٨٠٩) لسنة ١٩٧٥ بإصدار اللائحة التنفيذية لقانون تنظيم الجامعات والقرارات المعدلة له.
- وعلى موافقة لجنة قطاع الدراسات الطبية بجلستيها بتاريخ ٢٠٢٢/٧/٣١ باعتماد اللائحة الموحدة للبرنامج القومي للتدريب الالزامي (سنتين بعد الخمس سنوات الدراسية) المكمل للاطار العام الاسترشادى المحدث (للوائح الداخلية/ الدراسية) لكليات الطب البشري بالجامعات المصرية (مرحلة البكالوريوس ٥ + ٢).
- وعلى موافقة المجلس الأعلى للجامعات بجلسته بتاريخ ٢٠٢٣/٧/٢٩ باعتماد النسخة النهائية للاطار العام الاسترشادى المحدث للوائح (الداخلية/ الدراسية) لكليات الطب البشري بالجامعات المصرية (مرحلة البكالوريوس ٥ + ٢).
- وعلى موافقة المجلس الأعلى للجامعات بجلسته بتاريخ ٢٠٢٣/٨/٢٦.

قرر

(المادة الأولى)

يعمل باللائحة الموحدة المرفقة الخاصة بالبرنامج القومي للتدريب الالزامي (سنتين بعد الخمس سنوات الدراسية) المكمل للاطار العام الاسترشادى المحدث (للوائح الداخلية/ الدراسية) لكليات الطب البشري بالجامعات المصرية (مرحلة البكالوريوس ٥ + ٢)، وتفعيل العمل بها من تاريخه، ويلغي كل نص يخالف أحكامها.

(المادة الثانية)

على جميع الجهات المختصة تنفيذ هذا القرار.

وزير التعليم العالي والبحث العلمي
ورئيس المجلس الأعلى للجامعات

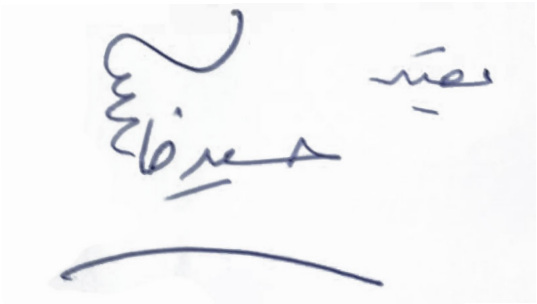
(أ.د/ محمد أيمن عاشور)

لجنــة قطــاع الدراســات الطبيــة

Handbook of

Egyptian National Compulsory Medical Internship

"Two Years" Program



لجنــة قطــاع الدراســات الطبيــة

Table of Contents

Introduction

This Handbook provides information on the **Egyptian National compulsory Medical Internship two-year Program**. It clarifies the specification of the program and provides a guide to implementation. The program is an essential requirement for being licensed as a medical practitioner in Egypt.

Roles and expectations of interns have been illustrated and processes and tools to support the implementation. It represents a foundation document and an educational base for the two years of the new 5+2 program.

It aims to facilitate interns, their trainers, supervisors, coordinators, and director of the program in each school in building valuable workplace learning, teaching, and assessment experiences in two years. The program is specified to support safe, effective patient care and promote the establishment of a culture of lifelong learning and reflection amongst interns.

The methodology that was followed in preparing this program

1- A joint forum between the **Egyptian Supreme Council of Universities (SUC)/Committee of Medical Studies, Compulsory Egyptian Medical Training Authority (CEMTA), and the Egyptian Supreme Council of University Hospitals has been invited** on 10/7/2021 **by Alexandria University** to present the CEMTA proposals, the armed forces medicine, Assiut, Alexandria and Cairo universities experiences.

2- A joint advisory committee has been formed between members of the medical sector committee of the Supreme Council of Universities and **Compulsory Egyptian Medical Training Authority (CEMTA)**to prepare a proposal for the program based on the presentations and discussions of the Alexandria forum and the committee met 3 times to discuss the proposal.

3- A first draft proposal was presented in front of all members of the medical sector committee of the Supreme Council of Universities, attached to a written form to explore the opinion of the deans of colleges and members of the Planning Committee on February 8, 2022.

4- A draft committee has been formed to write the proposal and its annexes after having the written opinions of the deans of colleges and members of the Planning Committee.

5- The committee examined the opinions of the colleges and members of the Planning Committee in accordance with the form of each college's poll and then reformulated the proposal (the second version).
6- The proposal (the second version includes the program and its annexes) was again presented in front of all members of the medical sector committee of the Supreme Council of Universities accompanied by a new form to explore the opinion of the colleges and members of the Planning Committee on May 14, 2022.
7- A third proposal (the third version) was made based on opinion polls and has been presented in front of all members of the medical sector committee of the Supreme Council of Universities, on the fourth of August 2022. The deans were asked to finally present this version at their schools.
8- A final version (this one) has been approved by the medical sector committee of the Supreme Council of Universities on 24/08/2022.

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2022 2023

Egyptian National Compulsory Medical Internship Program

(Following the 5 years undergraduate program for medical schools in Egypt)

A- Basic information

Name of the trainee	A **medical intern** is a physician in training who has completed study in medical school and has a medical_degree (**Bachelor of Medicine and Surgery** MBBCh) but does not yet have a license to practice medicine unsupervised. طبيب التدريب الإجباري هو الطبيب المتدرب الذى أكمل دراسته فى كلية الطب وحاصل على شهادة التخرج (بكالوريوس الطب والجراحة) منها ولكن ليس لديه بعد ترخيص لممارسة الطب دون إشراف
Name of the program	National Compulsory Medical Internship program البرنامج القومي للتدريب الإجباري لخريجي كليات الطب
Levels of the program	Medical Internship MI1 for 12 months Medical Internship MI2 for 12 months
Type of the program	Competency-based using Entrustable Professional Activities (EPAs)
Program Benchmark	General Medical Council :UK Foundation Program Curriculum 2021(https://foundationprogram.nhs.uk).

B- Professional Information

1. Program Aims*

The aim of the program is to support the transition from medical student to physician, to prepare the newly qualified doctor as:

1. An accountable, capable, and compassionate physician.
2. A valuable member of healthcare workforce.
3. A professional, responsible for his/her own practice and portfolio development.

*Adapted from GMC/UK Foundation Program Curriculum 2021 Higher Level Outcomes

• The physician completing the program will have the competencies to enter any chosen training pathway and he can deliver medical care with indirect supervision in areas covering general practice.

2. Program outcomes:

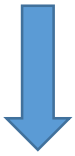
• The internship program seeks to prepare the MI with a generic set of competencies/ Entrustable Professional Activities (EPAs), although the program will contain exposure to a variety of specialties and even subspecialties.

• Both broad and specific competencies / Entrustable Professional Activities to be acquired by trainees are specified and linked with the Competencies acquired as a result of basic medical education (NARS).

2.1 The Framework of Specifying MI Program Outcomes

MI Competencies

MI professional capabilities (MIPC)



Entrustable Professional Activities (EPA)

Competencies are implemented through Entrustable Professional Activities (EPAs) which are observable and measurable.

Entrustable Professional Activities EPA = Descriptors of capabilities in practice =measurable tasks representing expectations and examples of clinical and professional accomplishments of MIPC. EPAs involve the integration and application of multiple competencies in day-to-day practice

Competencies	Capabilities	Descriptors of capabilities Entrustable Professional Activities EPAs
What individuals know or are able to do in terms of knowledge, skills & attitude. Assessment	The ability to: Use competencies in new, uncertain, complex and changing circumstances. Formulate and solve problems in both	Has a clearly defined beginning and end. Independently executable to achieve a defined clinical outcome. Is specific and focused

In stable environments of familiar problems With predictable circumstances.	familiar and unfamiliar settings. Adapt, change, improve performance. Assessment in real practice.	Observable in process and measurable in outcome. Clearly distinguished from other EPAs in the framework. Reflects work that is essential and important to the profession. Requires application of knowledge, skills, and/or attitudes acquired through training. Involves application and integration of multiple domains of competence. Describes a task, not qualities or competencies of a learner. Avoids adjectives (or adverbs) that refer to proficiency.

2.2 National MI competencies:

Alignment of National MI competencies with NARS and ACGME core competencies for general physicians

Suggested MI competencies *	NARS	ACGME Core Competencies**
An accountable, capable, and compassionate clinician	I- The graduate as a health care provider	PATIENT CARE and Procedural Skills (PC): Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion ofhealth

	II-graduate as a health promoter	
	IV- The graduate as a scholar and scientist.	KNOWLEDGE FOR PRACTICE (KP): Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social–behavioral sciences, as well as the application of this knowled.ge to patient care
	VI- The graduate as a lifelong learner and researcher	PRACTICE-BASED LEARNING AND IMPROVEMENT (PBLI): 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
Suggested MI competencies *	NARS	**ACGME Core Competencies****
A professional, responsible forhis/her own practice	III- The graduate as a professional.	PROFESSIONALISM (P): Demonstrate a commitment to carrying out professional responsibilities and adherence to ethical principles
A valuable member of healthcare workforce	V- The graduate as a member of the health team and a part of the health care system.	SYSTEMS-BASED PRACTICE (SBP): Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other sources in the system to provide optimal health care INTERPERSONAL AND COMMUNICATION SKILLS

		(ICS): Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Working with colleagues

***Adapted from GMC UK Foundation Program Curriculum 2021Higher Level Outcomes**

**** General Physician Competencies: ACGME Core Competencies**

National MI competencies also include:

A- MI fundamental physical examination skills (same as NARS but with transition from simulated to workplace-based practice)

- Measuring body temperature
- Measuring pulse rate, respiratory rate and blood pressure
- Anthropometric measurements and assessment of nutritional status
- Chest examination
- Heart examination
- Abdominal examination
- Locomotor system examination
- Nervous system examination
- Examination of the jugular veins
- Ear examination
- Throat examination
- External Eye and fundus examination
- Breast examination
- Examination of the thyroid
- Lymph nodes examination
- PV examination
- Assessment of uterine fundus level in pregnancy
- PR examination
- Examining lumps

B- MI core procedural skills (same as NARS but with transition from simulated to workplace-based practice)

- Performing venipuncture and collecting blood samples.
- Inserting a cannula into peripheral veins.
- Establishing peripheral intravenous access and setting up an infusion; use of infusion devices
- Giving intramuscular, subcutaneous, intradermal and intravenous injections.
- Suturing of superficial wounds.
- Performing cardiopulmonary resuscitation and basic life-support
- Performing and interpreting basic bedside laboratory tests
- Performing and interpreting ECG
- Managing an electrocardiograph (ECG) monitor
- Taking swabs for different diagnostic purposes
- Using a nebulizer for administration of inhalation therapy
- Performing male and female bladder catheterization
- Administering basic oxygen therapy
- Wound care and basic wound dressing
- Managing blood transfusion
- Inserting a nasogastric tube.
- Administering local anesthetics
- Performing the procedure of normal labor

2.3The Medical Internship program professional capabilities and its descriptors (EPA) and their matrix with NARS and national MI competencies

NARS	MI Competencies	MI Professional Capabilities	Descriptors/ EPA
Area I, II, III, IV.VI NARS +	An accountable, capable and compassionate clinician.	1. Clinical assessment: Assess patient needs in a variety of clinical	1. Obtain a history and perform a physical examination adapted to the patient's clinical situation

NARS	MI Competencies	MI Professional Capabilities	Descriptors/ EPA
Fundamental physical examination skills and core procedures.	A professional, responsible for his/her own practice and portfolio development.	settings including acute, non-acute and community.	1.1Perform fundamental physical examination skills: Measuring body temperature Measuring pulse rate, respiratory rate and blood pressure Anthropometric measurements and assessment of nutritional status Chest examination Heart examination Abdominal examination Locomotor system examination Nervous system examination Examination of the jugular veins Ear examination Throat examination External eye and fundus examination Breast examination

NARS	MI Competencies	MI Professional Capabilities	Descriptors/ EPA
			Examination of the thyroid Lymph nodes examination PV examination Assessment of uterine fundus level in pregnancy PR examination Examining lumps 2. Formulate and justify a prioritized differential diagnosis 3. Formulate an initial plan of investigation based on the diagnostic hypotheses **4.**Recommend and interpret common and relevant diagnostic and screening tests.
	An accountable, capable and compassionate clinician A professional, responsible for	2. Clinical prioritization: Recognize and, where appropriate, initiate urgent treatment of deterioration in	5. Recognize a patient requiring urgent or emergent care (physical and mental), provide initial management and seek help.

NARS	MI Competencies	MI Professional Capabilities	Descriptors/ EPA
	his/her own practice and portfolio development	physical and mental health	
	An accountable, capable, and compassionate clinician A professional, responsible for his/her own practice and portfolio development	3-Holistic planning: Diagnose and formulate treatment plans	6. Formulate, communicate and implement management plans (with appropriate supervision) that include ethical consideration of the physical, psychological and social needs of the patient
			7. Perform general procedures of a physician. Including: Performing venipuncture and collecting blood samples. Inserting a cannula into peripheral veins. Establishing peripheral intravenous access and setting up an infusion; use of infusion devices

NARS	MI Competencies	MI Professional Capabilities	Descriptors/ EPA
			Giving intramuscular, subcutaneous, intradermal and intravenous injections. Suturing of superficial wounds. Performing cardiopulmonary resuscitation and basic life-support Performing and interpreting basic bedside laboratory tests Performing and interpreting ECG Managing an electrocardiograph (ECG) monitor Taking swabs for different diagnostic purposes Using a nebulizer for administration of inhalation therapy Performing male and female bladder catheterization Administering basic oxygen therapy Wound care and basic wound dressing

NARS	MI Competencies	MI Professional Capabilities	Descriptors/ EPA
			Managing blood transfusion Inserting a nasogastric tube. Administering local anesthetics Performing the procedure of normal labor
	An accountable, capable and compassionate clinician A professional, responsible for his/her own practice and portfolio development	4.Communication and care: Provide clear explanations to patients/carers, agree on a plan and deliver health care advice and treatment where appropriate	8. Present oral and written reports that document a clinical encounter
Area V	A valuable member of healthcare workforce		9. Provide and receive the handover in transitions of care (referring patients)
Area I, II, III, IV.VI And V	An accountable, capable and compassionate clinician		10. Communicate in difficult situations including bad news, an angry patient or family member

NARS	MI Competencies	MI Professional Capabilities	Descriptors/ EPA
	A professional, responsible for his/her own practice and portfolio development A valuable member of healthcare workforce		
Area I, II, III, IV.VI And V	An accountable, capable and compassionate clinician A professional, responsible for his/her own practice and portfolio development		11. Educate patients on disease management, health promotion and preventive medicine 12. Obtain informed consent for tests and/or procedures
Area I, II, III, IV.VI And V	An accountable, capable and compassionate clinician A professional, responsible for	5. Continuity of care: Contribute to safe ongoing care both in and out of working hours	13. Apply infection control and other relevant safety measures in different clinical situations.

NARS	MI Competencies	MI Professional Capabilities	Descriptors/ EPA
	his/her own practice and portfolio development A valuable member of healthcare workforce		
Area V	A valuable member of healthcare workforce	6. Sharing the vision: Work confidently within the inter-professional team and, where appropriate, guide the team to deliver a consistently high standard of patient care based on sound ethical principles	14. Collaborate as a member of an inter-professional team
Area IV,VI	A professional, responsible for his/her own practice and portfolio development	7. Fitness for practice: Develop the skills necessary to manage own personal wellbeing	15. Manage his time and his personal wellbeing.

NARS	MI Competencies	MI Professional Capabilities	Descriptors/ EPA
Area IV,V	A valuable member of healthcare workforce	8. Upholding values: Act as a responsible employee, including speaking up when others do not act in accordance with the values of the healthcare system	16. Identify system failures or malpractice
Area V,VI	A professional, responsible for his/her own practice and portfolio development A valuable member of healthcare workforce	9. Quality improvement: Take an active part in the processes to improve quality of care	17. Share in application of quality improvement indicators.
Area V,VI	A professional, responsible for his/her own practice and portfolio development	10. Teaching the teacher: Teach and present effectively	18. Deliver case based discussion and other educational activities to students, colleagues or other health workers.

NARS	MI Competencies	MI Professional Capabilities	Descriptors/ EPA
	A valuable member of healthcare workforce		
Area IV,V	A professional, responsible for his/her own practice and portfolio development A valuable member of healthcare workforce	11. Ethics and law: Demonstrate professional practice in line with the curriculum, national law, syndicate rules and other statutory requirements through development of a professional portfolio	19. Share in writing medico legal reports.
Area VI	A professional, responsible for his/her own practice and portfolio development A valuable member of healthcare workforce	12. Continuing professional development: Develop practice including the acquisition of new knowledge and skills through experiential learning; acceptance of feedback and, if necessary,	20. Apply evidence-based steps including formulation of clinical question and retrieval of available evidence in common clinical situations.

NARS	MI Competencies	MI Professional Capabilities	Descriptors/ EPA
		remediation; reading and, if appropriate, through research	

3. Program duration and structure:

1. **Rotations training and assessment**

First year MI1

The MI should spend three months of rotations for each of the four main general specialties as follows

Three months	Three months	Three months	Three months
Internal medicine and its emergency-related rotation	General surgery and its emergency-related rotation	Obstetrics and gynecology and its emergency-related rotation	Pediatrics and its emergency-related rotation

Second year MI2

The MI should spend the following rotations:

Two months	Two months	Two months	Two months	Four months
Anesthesia and intensive care	Psychiatry	Emergency (including trauma unit, burns unit, casualty department, and	Family medicine in primary health care units under	The intern is free to choose one, two or three subspecialties (medical, surgical or both)

		emergency medicine) with emphasis on primary health emergency care. One month in surgical-related emergency units and one month in medical-related (primary health care level) emergency units.	the supervision of family medicine departments at universities.	It is expected for each department/specialty to list 1-3 subspecialties where it is preferred for the ongoing intern to accomplish in the MI2. However, these choices will not be linked to residency allocation. Each medical school can provide its regulations and / or recommendations for allocating MI physicians during this period of 4 months.

4- Educational Methods and Strategies
(See rotation specification: annex 2)

4.1To develop the MI, the program uses a blend of:

4.1.1 Experiential learning (workplace-based training),

4.1.2 Direct training (core educational activities),

4.1.3 Self-learning/development.

4.1.1 Experiential learning (workplace-based training),

For each rotation: **workplace-based** training aims to achieve the above-mentioned professional capabilities and their descriptors (EPAs) (in section 2.2) as follows:

Week number	Workplace setting	Minimal duration of work in hours	Eligible sites (universities/ministry of health
e.g., two weeks	Labor word	48	University hospital, Galaa hospital,…

List of essential activities in rotation

Cases / Procedures	Relevant EPA	Entrustable level	Minimum number	WPBA tool	Evidence *

***Evidence of recording the clinical encounter attendance, case taking, and procedures performance together with WPBA achievement. All EPA should be assessed at least once per rotation. Through each case/procedure more than one EPA can be assessed.**

4.1.2 Direct training (core educational) activities:

These core educational activities include any of the following:

- Lectures, including online sessions, to provide structure and overview for large groups.
- Practical sessions to teach and drill skills.
- Small group workshops to consolidate knowledge, teach reasoning and explore new topics in more detail.
- Simulation teaching to develop complex practical skills, situational awareness and professional skills, including leadership and team working.
- Open discussions, and action learning sets to explore attitude.

4.1.2.1 Each medical school should specify a minimum of 14 extra rotation activities throughout the two years: eleven obligatory for all MI and 3 of choice that can be selected from an optional list. The total load of these core extra rotation activities should not exceed 6 hours per month. Each medical school should specify the criteria of each of these core extra rotation activities including its setting, hours and curriculum/content. An orientation session will be held before the beginning of delivering the educational activities.

- **Obligatory**
  1. Infection control
  2. Ethics and law
  3. Basic life support

4. Professional skills
5. Advanced life support
6. Appraisal of evidence
7. Clinical teaching skills
8. Health care quality
9. Egyptian Health care system
10. Egyptian policies in health care development including social accountability
11. Patient safety

- **Optional (each medical school could add other topics of preference)**
  1. Mental health including mental illness
  2. Health promotion and public health
  3. Simulation
  4. Leadership
  5. Career guidance
  6. Integration of acute illness into chronic disease management and multiple comorbidities
  7. Frailty
  8. End of life care
  9. High-risk prescribing
  10. Use of new technologies and the digital agenda

4.1.2.2 Each department should specify within the relevant rotation a minimum list of core educational activities within the working hours of training in this rotation. Incision academy courses should be included within this list whenever available and relevant.

4.1.3 self-learning/development:

- ❑ Each department can specify within the relevant rotation a minimum list of assignments within the working hours of training in this rotation. e.g.
  - Journal clubs
  - Grand rounds
  - Departmental teaching sessions
  - Peer review meetings
  - Inter-professional meetings, including practice meetings and those with social care

4.2 Recording Learning:

Using a paper or electronic portfolio, MI physician will need to record and link evidence to

- Attendance hours
- Each FPA and its clinical encounter(s) (cases/procedures) required during each rotation.
- All required core educational activities and self-learning tasks
- Reflections.
  A template of such a portfolio is provided in annex (3).

4.3 Breadth of Experience (working hours/ number of workshops)

The following are the criteria of Working Time Regulations

- A work week of 48 hours with a maximum of 52 hours per week.
- A minimum rest period of 11 consecutive hours per 24-hour duty
- A minimum rest period of 24 hours per 7-day duty, or 48 hours of rest per 14-day duty
- A minimum of 4 weeks of paid annual leave (with no more than 3 weeks for each three months)
- A maximum of 8 hours' work in any 24 hours for workers in stressful positions
- A minimum 20-minute rest period per 6 hours worked.

4.4 Standards for Educators:

Each medical school should develop its system of recruitment of program director, educational, clinical supervisors and other levels of educators and their roles according to national guidelines. Annex 4 specifies the policy on appointment of trainers, supervisors and their duties including the duties of the training staff and teachers and the expertise required and their responsibilities and specifically, the balance between duties, educational and service functions and other.

4.5 Training Settings and Educational Resources

Each medical school should develop its system of approval, specifications, and recognition rules of training settings eligible for provision of the required educational and training requirements according to rules of supreme council of university hospitals

Each medical school should adopt an LMS, and other IT (The Information technology) needed to facilitate the learning, monitoring and assessment process.

5. Program of Assessment:

• The purpose of assessment is to judge the learner's attainment of curriculum outcomes (competencies/capabilities/EPAs)

• Assessment must be able to identify when a learner has achieved the curriculum requirements.

• Assessment must be fair, achievable, and proportionate; and discriminate those who have not achieved the required learning outcomes or behaviors who cannot progress to the next level of training.

5.1 Methods of assessment:

1. Workplace-based assessment during rotation
2. The Portfolio Evidence (Curriculum Linkage)
3. Supervised Learning Events
4. Summary Narrative (reports)

   For each rotation the following table should be clearly specified.
   Table of specification of capabilities and their descriptors (EPAs) required during each rotation

Cases/ presentations/ procedures	Relevant capabilities and their descriptors EPA(s)	Expected Level	Minimal frequency recorded in portfolio	Types and number of WPBAs for each EPA*	Timing of WPBA	Level of supervisor

***= One WPBA can test more than one EPA**

Regulations:

- The trainer is the one responsible for training for the MI at the level of a specific activity and giving feedback.
- The clinical supervisor is the one responsible for all training and supervision in a specified rotation for a cohort of trainees in a specific unit inside or outside the university hospital.
- The educational coordinator is the one responsible for the supervision of MI achievement in each discipline (department). He is responsible for supervising the planned summative WPBA for all trainees within the rotation.

WPBA plan for the rotation

- During the first 75% of round duration, summative WPBA is carried out by the trainer and clinical supervisor and feedback for improvement is given to the MI.

WPBA Tool		Competencies	Setting
CBD	Case-Based Discussion	Clinical jugement, clinical management, reflective practice	Multiple areas covered by a challenging case
Mini-CEX	Mini Clinical Evaluation Exercise	Communication with patient, physical examination, diagnosis, treatment plan	Clinic, A&E, ward, community
DOPs	Direct Observation of Procedural Skills	Technical skills, procedures and protocols	Clinic, A&E, ward, theatre
MSF	Multi Source Feedback	Team work, professional behavior	Multiple areas covered by MPT

- Then WPBA is carried out by the clinical supervisor (s) in the mother medical institute and documented in the MI portfolio and in the MI evaluation document. A re-sit could be scheduled after 2 weeks for poor performers.

WPBA type	Purpose (EPA for a case/presentation/ procedure)	Time (week number of the rotation) for the first exam	Time for compensatory exam	evidence and record in portfolio
1				
2				
3				
4				
5				

- **The number of WPBAs the trainee should conduct will be 5 for the three months rotation, 2 for the two months rotation.**
- The educational coordinator is notified of the dates of final WPBA for supervision.
- Final document with all 5 WPBA is handed by the clinical supervisor to the educational supervisor at the end of rotation.

Workplace-Based Assessment Glossary (annex2)

Blueprint of Assessments

Specification of capabilities and their descriptors (EPAs) required during each rotation

Cases/presentations/procedures	Relevant MIPC	Relevant descriptors (EPAs)	Expected Level	Minimal frequency recorded in portfolio	Types and number of WPBAs for each EPA	Timing of WPBA	Level of supervisor

5.1.2Assessment of direct learning (core educational activities) (see 4.1.2):

A. At level of the medical school (a minimum of 14 extra rotation activities throughout the two years: eleven obligatory for all MI and 3 of choice that can be selected from an optional list)

Title of required activity	Criteria of achievement: attendance	Criteria of assessment	Evidence to certify

B. At level of each rotation

Title of required activity	Criteria of achievement: attendance	Criteria of assessment	Evidence to certify

5.1.3 Assessment of self development activities (see 4.1.3):

A. At level of the medical school

Title of required activity	Criteria of achievement: attendance	Criteria of assessment	Evidences to certify

B. At level of each rotation

Title of required activity	Criteria of achievement: attendance	Criteria of assessment	Evidences to certify

5.1.4 The Portfolio Evidence (Curriculum Linkage)

Each MI should record in a portfolio the following fulfillment criteria (annex1):

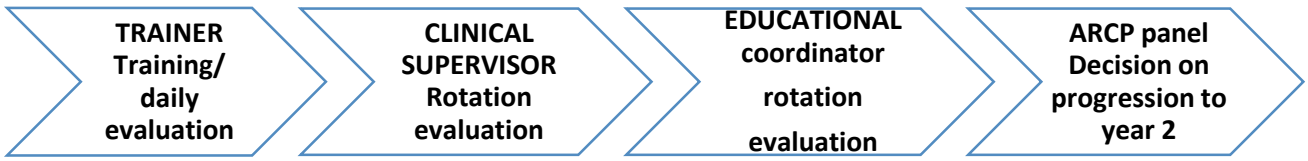
1- **Clinical case/procedure log for each rotation**
2- **Attendance proof for each rotation and for medical school events**
3- **Training file**
4- **Reflective practice**

5.1.5 Reports (summative assessments)

The following reports should be sequentially achieved for each MI

- **Clinical Supervisor end of rotation report (CSR)**
- **Educational coordinator end of rotation report (ESR)**

- **At the end of each training year, the Annual Review Competency Progression panel (ARCP), evaluates all the input in the MI portfolio, the 5 WPBA document and decide on progression to year 2. (annex 5)**



Summary of summative assessment plan per rotation (Example for a three-month rotation)

	Type	Time	compensation
WPA 1&2	E.g.: Mini CEX	End of second month	2 weeks later
WPA 3&4	e.g. DOPs	End of second month	2 weeks later
WPA5	e.g. case based discussion	End of second month	2 weeks later
Revision of the portfolio	for cases/procedures	Mid rotation and 2 weeks before end	2 weeks later
Revision of the portfolio	for direct learning requirements	Mid rotation and 2 weeks before end	2 weeks later
Revision of the portfolio	for self-learning and reflection	Mid rotation and 2 weeks before end	2 weeks later
Clinical Supervisor end of rotation report	Overall assessment	2 weeks before end	At end
Educational coordinator end of rotation report	Overall assessment	2 weeks before end	At end

Summary of assessment plan per year (annex 5)

	Type	Time	compensation
Clinical supervisor end of rotation reports	Including WPBAs and Portfolio	3-2 weeks Before end of each rotation	At end of each rotation
Educational coordinator end of rotation report	Including CSRs	3-2 weeks Before end of each rotation	At end of each rotation
Team assessment of behaviors	Included in the portfolio	One 3-2 weeks per training year	At end of each year
The portfolio evidence	Signed by CS and EC	3-2 weeks Before end of each rotation	At end of each rotation
• Annual Review of Competence Progression report (ARCP)	Including CSRs and ESRs	1 month before end of year report	At end of year
Final certificate of completion of MI 2 years	Including CSRs and ESRs and ARCPs)	1 month before end of second year report	At the end of the two years

Assessment sheet for a cohort of MIS per rotation

Name	**Rotation**	**Portfolio evidence** Signed by CS and EC	**Clinical supervisor end of rotation reports** Including WPBAs and Portfolio	**Educational coordinator end of rotation report** Including CSRs	University MI Program Committee (**program director)**
		***R**	***R**	***R**	****Final R**

***R:**
A above expectation
B meet expectation
C borderline pass)
D below expectation (fail / need compensation
**** final R depends on both clinical supervisors and educational coordinator**

6.Governance and Administration:

Administration

- A National MI Program Committee should lead the delivery, central monitoring and provision of all required regulations and materials to ensure proper implementation
- The MI Program Committee should represent the medical sector of supreme council of universities, supreme council of university hospitals (SCUH), EHC, Ministry of health, Military medical academy.
- A University MI Program Committee including dean, university hospital management, program director, educational supervisors should lead the delivery, monitoring and implementation at each university.
  See annex 6

7.Monitoring the Quality of the Assessment Program

The internal Quality Assurance and Improvement

The above-mentioned committees at national and university levels should ensure the following activities:

- Introducing the MI Curriculum
- Evaluation and monitoring.
- Authorization and monitoring of training settings
- Feedback from trainers and trainees using trainee performance
- Involvement of stakeholders
- Alignment between assessment and training
- Continuous renewal

Annex 1

Template for Medical Internship Portfolio

Medical Intern Portfolio
سجل الأنشـــــــطة للطبيب المتدرب

Introduction and general instructions for Medical Internship Physician

Role of the Medical Intern:

The intern is responsible for the following:

- Read carefully all relevant documents.
- Learn on the job — as an adult learner actively seek and learn from relevant clinical experiences
- Identify personal learning goals
- Complete a Learning Plan in conjunction with the clinical supervisor for each rotation during the rotation Orientation meeting
- Plan professional development opportunities
- Keep a portfolio of learning and assessment and provide reflection and feedback on education and training experiences
- Meet with the clinical supervisor for the Mid-rotation for appraisal and End of rotation assessment to discuss and review progress
- Actively participate in specified core educational activities and other self-learning educational activities.
- Engage with workplace-based assessment activities — they are designed to support learning
- Identify areas for further development.
- Participate in the program evaluation

Portfolio

The portfolio is an opportunity for you to demonstrate your learning over the course of each year.
Your medical school will provide you a paper or electronic portfolio that will enable you to document and track:

- Learning and workplace assessment activities
- Links between learning and assessment and learning outcomes (EPAs)
- Personal reflection on learning and areas for further development
- Career planning
- Feedback from supervisors.

Features

- Interns own the portfolios
- Supervisors, clinical supervisors and educational coordinators, and central committee, and the director of the program can view entries and provide feedback as appropriate
- The length or format for entries can be flexible, however, reflection entries will need to demonstrate adequate analysis of incidents or behavior and any insights gained for future practice
- Portfolios will not be made available to any external bodies and are not assessment events in themselves; they assist in gathering and managing evidence that contributes to assessment decisions.

A guide for Reflecting

Reflecting on your learning may be quite new to you so you may find this short guide useful.

Reflecting will aid your learning because the more you think about the concepts and issues in your role and connect them to what you know and see around you, the more you will remember and learn. Reflective writing is the expression of some of the mental processes of reflection. It is a technique that will be invaluable to you when completing your portfolio.

Reflective writing usually involves:

1- Looking back at an event, for example something that has happened at work, or at one of your assessments. It is often also useful to reflect forward to the future as well as reflecting back to the past
2- Analyzing the event or idea - thinking in depth and from different perspectives and trying to explain them. It is an exploration and explanation of events, not just a description of them
3- Thinking carefully about what the event or idea means for you and your ongoing progress as a practicing professional. This includes what you would do differently, if anything, next time

Reflective writing is therefore more personal than other types of academic writing. It is important to use the first person – "I...".

It is important to write knowing it is likely that someone else will look at your portfolio at some point. It is usual to share your portfolio with your educational supervisor.

Your educational coordinator will also be able to give you some help

and guidance on how you can develop your portfolio.

Keeping your portfolio up to date is essential because it is used as evidence for your end-of-year sign-off, so don't be tempted to leave completing it to the last minute.

And from a career's perspective, your portfolio is absolutely essential. You will often be asked to show some of your portfolio contents in a specialty interview.

Suggested Model of Reflective Practice (after Gibbs 1988)

1- Describe the event (learning activity/assessment event/case /procedure/.)
2- Express your thinking and feeling
3- Evaluate: what was good and what was bad about the experience
4- Analyze your evaluation (why good and why bad)
5- Conclude action plan for future

The MI Program is designed to develop your generic clinical and professional competencies (through the 20 Capabilities descriptors/entrustable professional

activities (EPAs) and prepare you for a medical career. It provides an introduction to a number of different healthcare workplace settings (rotations) under supervision of your school of medicine, through which you will rotate as you progress in the program.

Descriptors/ EPA
1. Obtain a history and perform a physical examination adapted to the patient's clinical situation **1.1Perform fundamental physical examination skills:** • Measuring body temperature • Measuring pulse rate, respiratory rate and blood pressure • Anthropometric measurements and assessment of nutritional status • Chest examination • Heart examination • Abdominal examination • Locomotor system examination • Nervous system examination • Examination of the jugular veins • Ear examination • Throat examination • External eye and fundus examination • Breast examination • Examination of the thyroid • Lymph nodes examination • PV examination • Assessment of uterine fundus level in pregnancy • PR examination • Examining lumps
2. Formulate and justify a prioritized differential diagnosis
3. Formulate an initial plan of investigation based on the diagnostic hypotheses
4. Recommend and interpret common and relevant diagnostic and screening tests.

5. Recognize a patient requiring urgent or emergent care, provide initial management and seek help.
6. Formulate, communicate and implement management plans
7. Perform general procedures of a physician. **Including:** • Performing venipuncture and collecting blood samples. • Inserting a cannula into peripheral veins. • Establishing peripheral intravenous access and setting up an infusion; use of infusion devices • Giving intramuscular, subcutaneous, intradermal and intravenous injections. • Suturing of superficial wounds. • Performing cardiopulmonary resuscitation and basic life-support • Performing and interpreting basic bedside laboratory tests • Performing and interpreting ECG • Managing an electrocardiograph (ECG) monitor • Taking swabs for different diagnostic purposes • Using a nebulizer for administration of inhalation therapy • Performing male and female bladder catheterization • Administering basic oxygen therapy • Wound care and basic wound dressing • Managing blood transfusion • Inserting a nasogastric tube. • Administering local anesthetics • Performing the procedure of normal labor
8. Present oral and written reports that document a clinical encounter
9. Provide and receive the handover in transitions of care (referring patients).
10. Communicate in difficult situations
11. Educate patients on disease management, health promotion and preventive medicine
12. Obtain informed consent for tests and/or procedures

13. Apply infection control and other relevant safety measures in different clinical situations.
14. Collaborate as a member of an inter-professional team
15. Manage his time and his personal wellbeing.
16. Identify system failures or malpractice.
17. Share in application of quality improvement indicators.
18. Deliver case-based discussion and other educational activities to students, colleagues or other health workers.
19. Share in writing medico-legal reports.
20. Apply evidence-based steps including formulation of clinical question and retrieval of available evidence in common clinical situations.

More information can be found in the program itself.

By the end of the 2-year internship throughout each rotation, you will be able to carry out and document relevant EPAs for common clinical conditions. What **you need to do to complete the MI program is laid out in the program specification. This program uses a blend of:**

Experiential learning (workplace-based training),

Direct training (core educational activities),

Self-learning/development.

Experiential learning (workplace-based training), For each rotation: **workplace-based** training aims to achieve the above-mentioned professional capabilities and their descriptors (EPAs)

Direct training (core educational) activities:

These core educational activities include any of the following:
Each medical school should specify a minimum of 13 extra rotation activities throughout the two years: ten obligatory for all MI and 3 of choice that can be selected from an optional list. The total load of these core extra rotation activities should not exceed 6 hours per month. Each medical school should specify the criteria of each of these core extra rotation activities including its setting, hours and curriculum/content. An orientation session will be held before the beginning of delivering the educational activities.

- **Obligatory**
  1. Infection control
  2. Ethics and law
  3. Basic life support
  4. Professional skills
  5. Advanced life support
  6. Appraisal of evidence
  7. Clinical teaching skills
  8. Healthcare quality
  9. Egyptian health care system
  10. Egyptian state policies in health care development including social accountability
  11. Patient safety

- **Optional (each medical school could add other topics of preference)**
  1. Mental health including mental illness
  2. Health promotion and public health
  3. Simulation
  4. Leadership
  5. Career guidance
  6. Integration of acute illness into chronic disease management and multiple comorbidities
  7. Frailty
  8. End of life care
  9. High-risk prescribing
  10. Use of new technologies and the digital agenda

Each department can specify within the relevant rotation a minimum list of core educational activities within the working hours of training in this rotation.

Self-learning/development:

❑ Each department can specify within the relevant rotation a minimum list of assignment within the working hours of training in this rotation. e.g.

- Journal clubs
- Grand rounds
- Departmental teaching sessions
- Peer review meetings
- Inter-professional meetings, including practice meetings and those with social care

Recording of your learning:

Using this portfolio, you will need to record and link evidence to

- Attendance hours
- Each FPC/descriptors according to specification of capabilities and their descriptors (EPAs) required during each rotation.
- All required core educational activities and self-learning tasks
- Reflections.

Breadth of Experience (working hours/ number of workshops)

The following are the criteria of Working Time Regulations

- 6 days weekly with minimum of 8 hours daily.
- Maximum 6 shifts/ month each one should not exceed 12 hours according to each department regulations.
- Sharing shifts during official leaves according to each department regulations and each shift during a leave should be followed by a day off.

Log and reflection of **Direct training (core educational) extra rotation activities:**

Throughout the first year you should complete the following workshops:

Once per month as announced by the MI committee of your school.

Orientation
Infection control
Ethics and law
Basic life support
Professional skills
Advanced life support
+ One of
1. Mental health including mental illness
2. Health promotion and public health
3. Simulation
4. Leadership
5. Careers guidance
6. Integration of acute illness into chronic disease management and multiple comorbidities

7. Frailty
8. End of life care
9. High-risk prescribing
10. Use of new technologies and the digital agenda

Log:

Title of worksh op	**Date of certificati on**	***Rubric of achievem ent**	**Directo r of worksh op**	****Educatio nal supervisor**

*Rubric of achievement:

For each of the course/workshop a rubric system should be identified based on attendance of sessions, assignments achievements and assessment performance as follows:

A above expectation
B meet expectation
C borderline pass)
D below expectation (fail/need compensation

**Educational coordinator: should inspect the certificate of each event. He may approve a similar certificate from another provider (other than the school) if relevant.

Reflection

Title of workshop	Reflection	Director of workshop	Educational coordinator

General Surgery

Basic Information	
Level: first	**Rotation start date:……** **Rotation end date:…**
Rotation **Surgery**	**Departments /Units (if applicable):** **……**
Duration in weeks **12**	**Working hours per week** **As in the program**
Educational and training activities	**Clinical training: ……. hours/week** **Directed/core learning: …… hours/week** **Self-learning: …… hours/week**

I. Clinical Competencies/ EPA

By the end of the General Surgery rotation, MI will be able to:

Carry out and document relevant EPAs for the following clinical conditions

List of requirements

Cases/ presentations/procedures	Relevant descriptors (EPAs)	Expected Level	Minimal frequency recorded in portfolio
Wounds and ulcers • Ulcer examination • Wound dressing • Wound stitching and removal of stitches	EPA 1-20	C C C	5
Swellings and inguinal-scrotal swellings	EPA 1-9 EPA 11-13	A	3

Common neck swellings (thyroid, lymph nodes)	EPA 1-9 EPA 11-13	A	3
Common infections (e.g., peri-anal infection, breast infection, hand infection, face infection, erysipelas) • Physical examination • Justify the diagnosis • Abscess drainage	EPA 1-20	C B B	5
Burns	EPA 1-20	B	2
Anal disorders	EPA 1-9	A	3
Hernias	EPA 1-9	A	3
Breast masses	EPA 1-9	A	3
Jaundice	EPA 1-9	A	3
Acute abdomen	EPA 1-10	A	3
Varicose veins	EPA 1-9	A	3
Ischemic limb	EPA 1-11	A	3
Diabetic foot	EPA 1-11	A	3
Dyspepsia	EPA 1-10	A	3

Expected Level

A. Observation
B. Practice with direct supervision
C. Practice with indirect supervision

Every **MI** should print a paper to document each case mentioned in the above list of requirements.

Part I: Filled by the MI (for each case)				
Patient serial # (In the logbook):				
Hospital record #:				
Seen at:	**Outpatient**	**Inpatient**	**ER**	**Other (specify)**
Date:				
Age & Gender:				
Main theme of the case				
Case Summary:				
Self-reflection: What did I do right? What needs more development? Plan for further development				
EPA:(check the appropriate boxes)	1	2	3	4
	5	6	7	8
	9	10	11	12
	13	14	15	16
	17	18	19	20
Signature of the MI				

Part 2: To be filled by the trainer for each case

EPA tested	Rubric	Strength points	Points needing improvement

Trainer's name	Trainer's signature
Re-evaluation and follow up	
Trainer's name	**Trainer's signature**

II Procedures with documentation of their performance:

By the end of the General Surgery rotation, the MI should be able to perform the following procedures (with indirect supervision).

Fill in the following form and get the evaluation and signature of the trainer in the last column.

Skill /procedure	Date	Venue (OR, ward, ER,..)	Hospital Record	Performance Level	Trainer Signature
• Perform venipuncture and collecting blood samples.					
• Insert a cannula into peripheral veins.					
• Establish peripheral intravenous access and setting up an infusion; use of infusion devices					
• Give intramuscular,					

Skill /procedure	Date	Venue (OR, ward, ER,..)	Hospital Record	Performance Level	Trainer Signature
subcutaneous, intradermal and intravenous injections.					
• Suture superficial wounds.					
• Perform cardiopulmonary resuscitation and basic life-support					
• Perform and interpret basic bedside laboratory tests					
• Perform and interpret ECG					
• Manage an electrocardiog					

Skill /procedure	Date	Venue (OR, ward, ER,..)	Hospital Record	Performance Level	Trainer Signature
raph (ECG) monitor					
• Take swabs for different diagnostic purposes					
• Use a nebulizer for administration of inhalation therapy					
• Perform male and female bladder catheterization					
• Administer basic oxygen therapy					
• Perform wound care and basic wound dressing					

Skill /procedure	Date	Venue (OR, ward, ER,..)	Hospital Record	Performance Level	Trainer Signature
• Manage blood transfusion					
• Insert a nasogastric tube.					
• Administer local anesthetics					
Practice aseptic procedures in the OR (5 times)				**Assisted**	
Minor procedure (One case witnessed and one practice)				**Assisted**	
Managing wound & Diagnosis of complication (5 times)				**Assisted**	
Wound dressing (5 times)				**Assisted**	

Skill /procedure	Date	Venue (OR, ward, ER,..)	Hospital Record	Performance Level	Trainer Signature
Removal of surgical drains (5 times)				**Assisted**	
Removal of stitches and tubes (5 times)				**Assisted**	
PR examination (2 times)				**Assisted**	
Suturing uncomplicated wounds (3 times)				**Assisted**	
Abscess drainage (3 times)				**Assisted**	

Assessment

WPBA

List of requirements/plan of WPBA/maximum of 5 during rotation

WPBA tool	Case/ procedure	Time (week number of the rotation) for the first exam	Time for compensatory exam	Evidence and record in portfolio
Mini-CEX				
DOP				
CBD				
Mini-CEX				
DOP				

Recording of WPBA

WPBA tool	Case/procedure	Date	Result (rubric)	Clinical supervisor signature

III. Directed learning/Interactive Clinical Lectures/ Workshops:

List of requirements

Learning activity	Topic	Time (week number of the rotation)	Evidence required	Record in portfolio
	a. Orientation			
	b. Common surgical instruments and their use.			
	c. Preoperative interventions (including preoperative investigations, taking consent etc.…)			
	d. Appropriate postoperative care			
	e. Post-operative monitoring, analgesics, etc.			
	f. Acute abdomen			
	g. Shock and first aid management			

Assessment

Recording

Learning activity	Topic	Date	Evidence	Clinical supervisor signature

IV. Self-learning

List of requirements

Learning activity	Activity	Time (week number of the rotation)	Evidence required	Record in portfolio
	• Incision Academy courses: ….. ……		Certificates from Incision Academy	
	• Journal clubs			
	• Grand rounds			
	• Departmental teaching sessions			
	• Peer review meetings			
	• Inter-professional meetings, including practice meetings and those with social care.			

Assessment

Recording

Learning activity	Title	Date	Evidence	Trainer signature

End of rotation reflection:

Choose at least five of the list of 20 EPAs and reflect your experience during rotation

EPA	Your reflection	Signature of clinical supervisor
General reflection		

Rotation / attendance proof "multiple pages"

أسم الوحدة التي تدرب بها	نسبة عدد الساعات التى قضاها فى الوحدة من اجمالى المطلوب	توقيع المشرف الإكلينيكي	توقيع المنسق التعليمى	توقيع مدير المستشفى

Team observation report (multisource)

To be completed by the clinical supervisor after consultation of all staff who directly supervised the MI (at least five)

	Level out of 10	Signatures
1. Treats patients politely and considerately		**Trainer:** 1- 2- 3- 4- 5- 6- 7- 9- 8- 10- **Clinical supervisor**
2. Involves patients in decisions about their care		
3. Respects patients' privacy and dignity		
4. Respects confidentiality		
5. Responds when asked to review a patient		
6. Liaises with colleagues about continuing care of patient		
7. Works as a member of a team		
8. Accepts criticism and responds constructively		
9. Keeps records of acceptable quality		
10. Keeps up to date with administrative tasks		
11. Acts within own capability, seeks advice appropriately		
12. Manages time efficiently		

Summary of MI rotation Assessment

Basic information

MI name and signature:	
Department	
Hospital	
Date of start of rotation	
Date of end of rotation	
Trainers name in training department and signatures	
Clinical supervisor(s) name and signature	
Educational coordinator name and signature	

Activity	Fulfilled	Not fulfilled
WPBA		
Directed learning		
Self-learning		
Team observation report		

Final judgment

Acceptable progress	Unacceptable progress
A above expectation B meet expectation C borderline	**D Below expectation**

Signature of Clinical Supervisor

Signature of Educational coordinator

Internal Medicine

Basic Information	
Level: first	**Rotation start date:** **Rotation end date:**
Rotation **Medicine**	**Departments /Units (if applicable)**
Duration in weeks **12**	**Working hours per week** **As in the program**
Educational and training activities	**Clinical training: ……. hours/week** **Directed/core learning: …… hours/week** **Self-learning: ……. hours/week**

I. Clinical Competencies/ EPA

By the end of the General medicine rotation, MI will be able to:

Carry out and document focused history taking, physical examination,diagnosis, management plans, relevant follow up of the progress of the following clinical conditions and linking them to relevant EPAs:

Cases/ presentations/procedures	Relevant descriptors (EPAs)	Expected Level	Minimal frequency recorded in portfolio
Chest pain	EPA 1-9	A	3
ECG simple interpretation	EPA 1-20	C	5
Heart failure	EPA 1-9	A	2
Hypertension	EPA 1-20	C	5
Renal impairment	EPA 1-9	A	2
Diabetes	EPA 1-9	C	5
Diarrhea • Differential diagnosis • Management	EPA 1-9	C C	5
Vomiting • Differential diagnosis • Management	EPA 1-9	C C	5
Anemia	EPA 1-10	B	3
Bleeding tendency	EPA 1-9	A	2
Laboratory and radiology interpretation	EPA 1-11	C	5
Diabetic foot	EPA 1-11	A	3
Dyspepsia	EPA 1-10	A	5

Expected Level

A. Observation
B. Practice with direct supervision
C. Practice with indirect supervision
D. Independent practice

Part 2: To be filled by the trainer

EPA	Rubric	Strength points	Points needing improvement

Trainer's name	Trainer's signature
Re-evaluation and follow up	
Trainer's name	**Trainer's signature**

I. Procedures with documentation of their performance:

By the end of the General medicine rotation, the MI should be able to:

Fill in the following form and get the evaluation and signature of the trainer in the last column

Skill /procedure	Date	Venue (OR, ward, ER,..)	Hospital Record	Expected Level	Trainer Signature
• Perform venipuncture and collecting blood samples.					
• Insert a cannula into peripheral veins.					
• Establish peripheral intravenous access and setting up an infusion; use of infusion devices					
• Give intramuscular, subcutaneous, intradermal and intravenous injections.					

• Perform cardiopulmonary resuscitation and basic life-support					
• Perform and interpret basic bedside laboratory tests					
• Perform and interpret ECG					
• Manage an electrocardiograph (ECG) monitor					
• Take swabs for different diagnostic purposes					
• Use a nebulizer for administration of inhalation therapy					

• Perform male and female bladder catheterization					
• Administer basic oxygen therapy					
• Perform wound care and basic wound dressing					
• Manage blood transfusion					
• Insert a nasogastric tube.					
Basic life support (2 times)				**Training Course**	
Advanced life support (2 times)				**Training Course**	
Oxygen therapy (2 times)				**Assisted**	
Endotracheal intubation (3 times)				**Assisted**	
Monitor central venous line (2 times)				**Assisted**	
Fluid replacement				**Assisted**	

and different types of parental nutrition (3 times)					
Evaluate electrolyte disturbances and acid base imbalance (3 times)				**Assisted**	
Nasogastric tube intubation (3 times)				**Assisted**	
Introduction of urethral catheter (1 time)				**Assisted**	
Different medications routes: IV, SC, IM (1 time from each route)				**Assisted**	
Introduction of IV cannula (1 time)				**Assisted**	

Assessment

WPBA

List of requirements/plan of WPBA/maximum of 5 during rotation

WPBA tool	Case/procedure	Time (week number of the rotation) for the first exam	Time for compensatory exam	Evidence and record in portfolio

Recording of WPBA

WPBA tool	Case/procedure	Date	Result (rubric)	Clinical supervisor signature

II. Directed learning /Interactive Clinical Lectures/ Workshops:

List of requirements

Learning activity	Topic	Time (week number of the rotation)	Evidence required	Record in portfolio
	a. Orientation			
	b. Evaluation of the critically ill patients			
	c. Respiratory emergencies			
	d. Cardiac emergencies			
	e. Neurological emergencies			
	f. Cardiopulmonary resuscitation			
	g. Common outpatient problems			
	h. Disturbed level of consciousness			
	i. Diabetic emergencies			
	j. Interpretation of common laboratory results			
	k. Basic radiology			

Assessment

Recording

Learning activity	Topic	Date	Evidence	Clinical supervisor signature

III. Self-learning

List of requirements

Learning activity	Activity	Time (week number of the rotation)	Evidence required	Record in portfolio
	• Journal clubs			
	• Grand rounds			
	• Departmental teaching sessions			
	• Peer review meetings			
	• Inter-professional meetings, including practice meetings and those with social care			

Assessment

Recording

Learning activity	Title	Date	Evidence	Trainer signature

End of rotation reflection:

Choose at least five of the list of 20 EPAs and reflect your experience during rotation

EPA	Your reflection	Signature of clinical supervisor
General reflection		

Rotation / attendance proof "multiple pages"

أسم الوحدة التي تدرب بها	توقيع المشرف الإكلينيكي	توقيع رئيس القسم	توقيع مدير المستشفى

Team observation report

To be completed by the clinical supervisor after consultation of all staff who directly supervised the MI (at least five)

	Level from 10	Signatures
1. Treats patients politely and considerately		**Trainer:** 1- 2- 3- 4- 5- 6- 7- 9- 8- 10- **Clinical supervisor**
2. Involves patients in decisions about their care		
3. Respects patients' privacy and dignity		
4. Respects confidentiality		
5. Responds when asked to review a patient		
6. Liaises with colleagues about continuing care of patient		
7. Works as a member of a team		
8. Accepts criticism and responds constructively		
9. Keeps records of acceptable quality		
10. Keeps up to date with administrative tasks		
11. Acts within own capability, seeks advice appropriately		
12. Manages time efficiently		

Summary of MI rotation Assessment

Basic information

MI name and signature:	
Department	
Hospital	
Date of start of rotation	
Date of end of rotation	
Trainers name in training department and signature	
Clinical supervisor name and signature	
Educational supervisor name and signature	

Activity	Fulfilled	Not fulfilled
WPBA		
Directed learning		
Self-learning		
Team observation report		

Final judgment

Acceptable progress	Unacceptable progress
A above expectation B meet expectation C borderline	**D Below expectation**

Signature of Clinical Supervisor
Signature of Educational coordinator

Pediatrics

Basic Information	
Level: first	**Rotation start date:** **Rotation end date:**
Rotation pediatrics	**Departments /Units (if applicable)**
Duration in weeks **12**	**Working hours per week** **As in the program**
Educational and training activities	**Clinical training: …….. hours/week** **Directed/core learning: …… hours/week** **Self-learning: ……. hours/week**

I. Clinical Competencies/ EPA

By the end of the pediatrics rotation, MI will be able to:

Carry out and document focused history taking, physical examination, diagnosis, management plans, relevant follow up of the progress of the following clinical conditions and linking them to relevant EPAs:

Cases/ presentations/ procedures	Relevant descriptors (EPAs)	Expected Level	Minimal frequency recorded in portfolio
Respiratory problems as pneumonia, bronchial asthma and bronchitis	EPA 1-20	C	5
Gastroenteritis	EPA 1-20	C	5
Respiratory distress	EPA 1-20	C	5
Kidney disease	EPA 1-20	C	3
Diarrheal diseases	EPA 1-9	C	3
Bleeding tendency	EPA 1-9	C	3
Fever	EPA 1-9	C	5
Convulsions	EPA 1-9	C	5
Jaundice	EPA 1-10	C	5
Skin rash	EPA 1-9	C	5

Expected Level

A. Observation
B. Practice with direct supervision
C. Practice with indirect supervision
D. Independent practice

Every **MI** should print a paper to document each case mentioned in the above list of requirements.

Part I: Filled by the MI				
Patient serial # (In the logbook):				
Hospital record #:				
Seen at:	**Outpatient**	**Inpatient**	**ER**	**Other (specify)**
Date:				
Age & Gender:				
Main theme of the case				
Case summary:				
Self-reflection: What did I do right? What needs more development? Plan for further development				
EPA:(check the appropriate boxes)	1	2	3	4
	5	6	7	8
	9	10	11	12
	13	14	15	16
	17	18	19	20
Signature of the MI				

Part 2: To be filled by the trainer

EPA	Rubric	Strength points	Points needing improvement

Trainer's name	Trainer's signature
Re-evaluation and follow up	
Trainer's name	**Trainer's signature**

II. Procedures with documentation of their performance:

By the end of the **pediatrics** rotation, the MI should be able to:

Fill in the following form and get the evaluation and signature of the trainer in the last column.

Skill /procedure	Date	Venue (OR, ward, ER,..)	Hospital Record	Performance Level	Trainer Signature
• **Perform venipuncture and collecting blood samples.**					
• **Insert a cannula into peripheral veins.**					
• **Establish peripheral intravenous access and setting up an infusion; use of infusion devices**					
• **Give intramuscular, subcutaneous, intradermal and intravenous injections.**					

• **Perform cardiopulmonary resuscitation and basic life-support**					
• **Perform and interpret basic bedside laboratory tests**					
• **Perform and interpret ECG**					
• **Manage an electrocardiograph (ECG) monitor**					
• **Take swabs for different diagnostic purposes**					
• **Use a nebulizer for administration of inhalation therapy**					
• **Perform male and female bladder catheterization**					

• **Administer basic oxygen therapy**					
• **Perform wound care and basic wound dressing**					
• **Manage blood transfusion**					
• **Insert a nasogastric tube.**					
Perform Lumbar puncture (CSF analysis)(1time)				**Observation**	
Perform Endotracheal tube insertion (1time)				**Observation**	
Insert central venous line (1 time)				**Observation**	
Perform CPR (1 time)				**Assisted**	
Perform Neonatal resuscitation (1 time)				**Observation**	
Assess developmental milestones (3 times)				**Assisted**	

Interpret common laboratoryfindings (at least 1 time each) ➢ **CBC** ➢ **Blood gases** ➢ **Serum electrolytes** ➢ **Plasma glucose** ➢ **Urine analysis** ➢ **Stool analysis**				**Assisted**	
Perform Transfusion Therapy (2 times)				**Assisted**	
Insert NGT(2 times)				**Assisted**	
Perform positive pressure ventilation using self-inflating bags (Ambu bag) (1 time)				**Assisted**	
Administer IV Calcium (1 time)				**Assisted**	
Apply blood transfusion (1 time each) ➢ **Prescription** ➢ **Monitoring**				**Assisted**	
Perform assessment of vital signs) ➢ **Heart rate** ➢ **Respiratory rate** ➢ **Blood pressure** ➢ **Temperature**				**Assisted**	
Apply Oxygen therapy (1 time each) ➢ **Method: Nasal**				**Assisted**	

prongs, mask **➢ Monitoring**					
Apply Nebulizer therapy **➢ Drugs &dose** **➢ Monitoring**				**Assisted**	
Perform Airway suctioning (1 time)				**Assisted**	
Perform Chest physiotherapy (1 time)				**Assisted**	
Perform Anthropometric Measurements (5 times) **➢ Height/Length** **➢ Weight** **➢ Skull circumference**				**Assisted**	
Use & Interpret growth curves				**Assisted**	
Assess dehydration				Assisted	

Assessment

WPBA

List of requirements/plan of WPBA/maximum of 5 during rotation

WPBA tool	Case/procedure	Time (week number of the rotation) for the first exam	Time for compensatory exam	Evidence and record in portfolio

Recording of WPBA

WPBA tool	Case/procedure	Date	Result (rubric)	Clinical supervisor signature

III. Directed learning /Interactive Clinical Lectures/ Workshops:

List of requirements

Learning activity	Topic	Time (week number of the rotation)	Evidence required	Record in portfolio
	a. Orientation			
	b. Evaluation of critically ill child			
	c. Respiratory emergencies			
	d. Neurological emergencies			
	e. Interpretation of common laboratory results			
	f. Normal infant			
	g. Cardiopulmonary resuscitation			
	h. Common outpatient problems			
	i. Basic pediatric radiology			

Assessment

Recording

Learning activity	Topic	Date	Evidence	Clinical supervisor signature
	.			

IV. Self-learning
List of requirements

Learning activity	Activity	Time (week number of the rotation)	Evidence required	Record in portfolio
	• Journal clubs			
	• Grand rounds			
	• Departmental teaching sessions			
	• Peer review meetings			
	• Inter-professional meetings, including practice meetings and those with social care			

Assessment Recording

Learning activity	Title	Date	Evidence	Trainer signature

End of rotation reflection:
Choose at least five of the list of 20 EPAs and reflect your experience during rotation

EPA	Your reflection	Signature of clinical supervisor
General reflection		

Rotation / attendance proof "multiple pages"

أسم الوحدة التي تدرب بها	توقيع المشرف الإكلينيكي	توقيع رئيس القسم	توقيع مدير المستشفى

Team observation report

To be completed by the clinical supervisor after consultation of all staff who directly supervised the MI (at least five)

	Level from 10	Signatures
1. Treats patients politely and considerately		**Trainer:** 1- 2- 3- 4- 5- 6- 7- 9- 8- 10- **Clinical supervisor**
2. Involves patients in decisions about their care		
3. Respects patients' privacy and dignity		
4. Respects confidentiality		
5. Responds when asked to review a patient		
6. Liaises with colleagues about continuing care of patient		
7. Works as a member of a team		
8. Accepts criticism and responds constructively		
9. Keeps records of acceptable quality		
10. Keeps up to date with administrative tasks		
11. Acts within own capability, seeks advice appropriately		
12. Manages time efficiently		

Summary of MI rotation Assessment

Basic information

MI name and signature:	
Department	
Hospital	
Date of start of rotation	
Date of end of rotation	
Trainers name in training department and signature	
Clinical supervisor name and signature	
Educational supervisor name and signature	

Activity	Fulfilled	Not fulfilled
WPBA		
Directed learning		
Self-learning		
Team observation report		

Final judgment

Acceptable progress	Unacceptable progress
A above expectation B meet expectation C borderline	**D Below expectation**

Signature of Clinical Supervisor

Signature of Educational coordinator

Obstetrics and Gynecology

Basic Information	
Level: first	**Rotation start date:** **Rotation end date:**
Rotation Obstetrics and gynecology	**Departments /Units (if applicable)**
Duration in weeks **12**	**Working hours per week** **As in the program**
Educational and training activities	**Clinical training: ……. hours/week** **Directed/core learning: …… hours/week** **Self-learning: ……. hours/week**

I. Clinical Competencies/ EPA

By the end of the obstetrics and gynecology rotation, MI will be able to:

Carry out and document focused history taking, physical examination, diagnosis, management plans, relevant follow up of the progress of the following clinical conditions and linking them to relevant EPAs:

Cases/ presentations/ procedures	Relevant descriptors (EPAs)	Expected Level	Minimal frequency recorded in portfolio
Vaginal infection (Candidiasis/ Trichomoniasis/ Bacterial vaginosis)	EPA 1-20	C	10
Vaginal bleeding (Menorrhagia/ Menorrhagia/ Postmenopausal bleeding/ Contact Bleeding)	EPA 1-20	C	10

Amenorrhea (1ry/ 2ry amenorrhea)	EPA 1-20	C	2
Dysmenorrhea (1ry/ 2ry dysmenorrhea)	EPA 1-20	C	2
Family planning and contraception counseling	EPA 1-9	C	5
Infertility and its work up at primary level (1ry/ 2ry infertility)	EPA 1-9	C	5
Vaginal or Uterine prolapse			2
Bartholin Cyst/ Clitoral Cyst	EPA 1-9	C	2
Antenatal care	EPA 1-9	C	10
Management of labor: all stages, 1st stage, 2nd stage, and 3rd stage	EPA 1-10	C	10
Episiotomy	EPA 1-9	C	5
Management of postpartum complications	EPA 1-11	C	10

Expected Level

A. Observation
B. Practice with direct supervision
C. Practice with indirect supervision
D. Independent practice

Every **MI** should print a paper to document each case mentioned in the above list of requirements.

Part I: Filled by the MI				
Patient serial # (In the logbook):				
Hospital record #:				
Seen at:	**Outpatient**	**Inpatient**	**ER**	**Other (specify)**
Date:				
Age & Gender:				
Main theme of the case				
Case summary:				
Self-reflection: What did I do right? What needs more development? Plan for further development				
EPA:(check the appropriate boxes)	1	2	3	4
	5	6	7	8
	9	10	11	12
	13	14	15	16
	17	18	19	20
Signature of the MI				

Part 2: To be filled by the trainer

EPA	Rubric	Strength points	Points needing improvement

Trainer's name	Trainer's signature
Re-evaluation and follow up	
Trainer's name	**Trainer's signature**

II. Procedures with documentation of their performance:

By the end of the Obstetrics/Gynecology rotation, the MI should be able to:

Fill in the following form and get the evaluation and signature of the trainer in the last column.

Skill /procedure	Date	Venue (OR, ward, ER,..)	Hospital Record	Performance Level	Trainer Signature
• Perform venipuncture and collecting blood samples.					
• Insert a cannula into peripheral veins.					
• Establish peripheral intravenous access and setting up an infusion; use of infusion devices					
• Give intramuscular, subcutaneous, intradermal and intravenous injections.					

• Suture superficial wounds.					
• Perform cardiopulmonary resuscitation and basic life-support					
• Perform and interpret basic bedside laboratory tests					
• Perform and interpret ECG					
• Manage an electrocardiograph (ECG) monitor					
• Take swabs for different diagnostic purposes					
• Use a nebulizer for administration					

of inhalation therapy					
• Perform female bladder catheterization					
• Administer basic oxygen therapy					
• Perform wound care and basic wound dressing					
• Manage blood transfusion					
• Insert a nasogastric tube.					
• Administer local anesthetics					
Insert IUD (3 times)				**Assisted**	
Remove IUD (2 times)				**Assisted**	
Perform Pap smear (2 times)				**Assisted**	

Perform Vaginal Swab (2 times)				**Assisted**	
Perform level One Obstetrics US (3 times)				**Assisted**	
Perform level One Gynecological US (3times)				**Assisted**	
Interpret Ultrasound in OBGYN (3 times)				**Assisted**	
Diagnose labor (3 times)				**Assisted**	
Manage of first stage of labor (3 times)				**Assisted**	
Manage of second stage of labor (3 times)				**Assisted**	
Manage of third stage of labor (3 times)				**Assisted**	
Apply First aid management of Postpartum Hemorrhage (3 times)				**Assisted**	
Episiotomy (2 times)				**Assisted**	

Assessment

WPBA

List of requirements/plan of WPBA/maximum of 5 during rotation

WPBA tool	Case/ Procedure	Time (week number of the rotation) for the first exam	Time for compensatory exam	Evidence and record in portfolio

Recording of WPBA

WPBA tool	Case/procedure	Date	Result (rubric)	Clinical supervisor signature

III. Directed learning /Interactive Clinical Lectures/ Workshops:

List of requirements

Learning activity	Topic	Time (week number of the rotation)	Evidence required	Record in portfolio
	1. Orientation			
	2. What to do in casualty?			
	3. ABC of antenatal care			
	4. Ward care (pre-operative and post-operative)			
	5. Gynecology outpatient			
	6. Available contraceptive methods in Egypt			
	7. Career future in OB/GYN			
	8. Clinical tips in OB/GYN			
	9. Assessment of infertile couple			
	10.CTG interpretation			

Assessment

Recording

Learning activity	Topic	Date	Evidence	Clinical supervisor signature

IV. Self-learning

List of requirements

Learning activity	Activity	Time (week number of the rotation)	Evidence required	Record in portfolio
	• Journal clubs			
	• Grand rounds			
	• Departmental teaching sessions			
	• Peer review meetings			
	• Inter-professional meetings, including practice meetings and those with social care			

Assessment

Recording

Learning activity	Title	Date	Evidence	Trainer signature

End of rotation reflection:

Choose at least five of the list of 20 EPAs and reflect your experience during rotation

EPA	Your reflection	Signature of clinical supervisor
General reflection		

Rotation / attendance proof "multiple pages"

أسم الوحدة التي تدرب بها	توقيع المشرف الإكلينيكي	توقيع رئيس القسم	توقيع مدير المستشفى

Team observation report

To be completed by the clinical supervisor after consultation of all staff who directly supervised the MI (at least five)

	Level from 10	Signatures
1. Treats patients politely and considerately		**Trainer:** 1-
2. Involves patients in decisions about their care		2-
3. Respects patients' privacy and dignity		3-
4. Respects confidentiality		4-
5. Responds when asked to review a patient		5-
6. Liaises with colleagues about continuing care of patient		6-
7. Works as a member of a team		7-
8. Accepts criticism and responds constructively		9-
9. Keeps records of acceptable quality		8-
10. Keeps up to date with administrative tasks		10-
11. Acts within own capability, seeks advice appropriately		**Clinical supervisor**
12. Manages time efficiently		

Summary of MI rotation Assessment

Basic information

MI name and signature:	
Department	
Hospital	
Date of start of rotation	
Date of end of rotation	
Trainers name in training department and signature	
Clinical supervisor name and signature	
Educational supervisor name and signature	

Activity	Fulfilled	Not fulfilled
WPBA		
Directed learning		
Self-learning		
Team observation report		

Final judgment

Acceptable progress	Unacceptable progress
A above expectation B meet expectation C borderline	**D Below expectation**

Signature of Clinical Supervisor

Signature of Educational coordinator

Annex 2

Guide for Workplace Learning and Assessment:

Guide for Workplace Learning and Assessment:

Introduction for trainers, supervisors, and interns

Workplace-based assessment is an assessment conducted in conjunction with normal work activities. It serves two purposes, formative for learning and summative of learning assessment.

Throughout the two years of MI program, workplace assessment and feedback are as an important source of evidence for clinical supervisors of each rotation and educational supervisors to ensure the completion of the summative assessments required for each of the rotations of each year.
The competencies specified in the program specification and the EPAs will be progressively acquired throughout the program, the different rotations offer different contexts and opportunities to develop, practice and strengthen the required EPAs.

These EPAs described in the Intern program for each of the Intern competencies describe the performance requirements expected in the workplace. This provides greater direction for teaching and learning and promotes a more reliable and consistent approach to assessing performance.
As well as learning in the workplace and attending protected teaching time, interns are encouraged to access eLearning modules, courses, books, journals, podcasts and other web resources to further their learning.

Seeking and receiving feedback and undertaking workplace assessment provides information to interns so they can better understand their performance in the workplace and informs learning and improvement goals. Fundamental to this is the teaching, feedback and supervision provided by more senior doctors in the workplace. This is in addition to

the formal supervision undertaken by clinical supervisors and the **University MI Program Committee**

Obtaining feedback is best seen as a continuous process. Throughout the rotation supervisors and other senior doctors observe different aspects of performance over time and provide interns with feedback on their performance, acknowledging what they are doing well and areas for further development. Nursing staff and allied health staff can also be involved in giving feedback. As well as informal feedback gained over each rotation, feedback can be obtained by completing structured workplace assessment.

In general, workplace assessment events will combine a number of EPAs, often across the different competencies, and will be tasks that interns are already performing in the workplace.

Assessment is underpinned by four principles of quality assessment, assessment that is valid, reliable, feasible and fair. Having multiple sources of evidence from a range of supervisors from different situations throughout the terms will help to ensure that assessment of the intern is reliable, valid and fair.

- Valid assessment measures what it intends to measure.
- Reliable assessment yields consistent and precise results and it is free from bias or error.
- Feasible assessment is cost effective, allows sufficient time for the assessment tasks to be carried out and can be administered using available relevant workplace equipment and other resources.
- Fair assessment enables all learners to demonstrate their learning and does not disadvantage an individual on the basis of age, gender or other personal attributes.

Workplace Learning and Assessment Tools

Different workplace assessment tools will provide feedback on different areas of performance.

No single assessment instrument will provide a comprehensive view of competence and performance, and there will always be a number of ways in which competence can be demonstrated.

When assessment is undertaken it should be consistent with the assessment principles described above - validity, reliability, feasibility and fairness.

The robust evidence-based workplace-based assessment tools and their expected frequency

Tool	Formative frequency per rotation	Summative (first trial) frequency **	Timing of summative	Remediations or compensations	Timing
Mini Clinical Evaluation Exercice (Mini-CEX)	Any number during routine work by direct trainers	Two for the three and one for the two months rotation	At the end of two thirds of the rotation	One, after feed back	One, two or three weeks after the first trial/ before end of the rotation
Direct Observation of Procedural Skills (DOPS)	Any number during routine work by direct trainers	Two for the three and one for the two months rotation	At the end of two thirds of the rotation	One, after feed back	One, two or three weeks after the first trial/ before end of the rotation
Case based discussion	Any number	One for any rotation	At the end of two thirds of the rotation	One After feed back	Before end of rotation

**** by the clinical supervisors and under the direction of the educational coordinator.**

Sample Tools and Templates:

Mini-CEX Assessment Form:

Name:
Rotation:
Department:
Hospital:
Date of Assessment:
Name and Position of Assessor:
Problem Complexity (circle one): Low (one problem) Medium (2) High (more than 2)
Patient name and number:
Problem_____
Age_____
Gender_____
Setting_____

EPA tested (code from the program)	Rubric 1- 0-<3 = below expectations 3-<6 = borderline 6-<8 = meets expectations 8-10= above expectations 2- Not observed	Remarks
1		
2		
3		
4		
5		
6		
7		
8		

9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
Overall Clinical Competence for this Mini-CEX		

Mini CEX duration: Observing_____minutes
Feedback to intern:_____minutes
Please comment on the intern's performance. (Describe what was effective, what could be improved and your overall impression.

Please specify suggested actions for improvement and provide a timeline.

Signature of Assessor _____ Date_____

Signature of Intern _____ Date_____

Signature of Clinical Supervisor

Sample Tools and Templates:

DOPS Assessment Form:

Name:
Rotation:
Department:
Hospital:
Date of Assessment:

Name and Position of Assessor:
Procedure/Skill (circle one): Low (one problem) Medium (2) High (more than 2)
Patient
Procedure
Age_____
Gender_____
Setting _____

Competency/EPA	Rubric	Remarks
	1- 0-<3 = below expectations 3-<6 = borderline 6-<8 = meets expectations 8-10= above expectations 2- Not observed	

Describes indications for, relevant anatomy and technique of procedure		
Obtains informed consent		
Demonstrates appropriate preparation pre-procedure		
Provides appropriate analgesia, an aesthesia or sedation		
Monitors and communicates with patient throughout the procedure		
Perform technical aspects of tasks appropriately		
Observes universal precautions and occupational health and safety		
Recognizes and manages complications		

Describes post procedure management plan to patient and colleagues		
Overall Clinical Competence for DOP		

DOP duration: Observing_____minutes

Feedback to intern:_____minutes

Please comment on the intern's performance. (Describe what was effective, what could be improved and your overall impression.

Please specify suggested actions for improvement and provide a timeline.

Signature of Assessor _____ Date_____

Signature of Intern _____ Date_____

Signature of Clinical Supervisor

Sample Tools and Templates:

Team observation (360 Multisource Feedback (MSF)) **report**

To be completed by the clinical supervisor after consultation of all staff who directly supervised the MI (at least five)

Name:

Rotation:

Department:
Hospital:
Date of Assessment:
Name and Position of Assessors:

Setting_____

Item	**Rubric** **1- 0-<3 = below expectations** **3-<6 = borderline** **6-<8 = meets expectations** **8-10= above expectations** **2- Not observed**	**Remarks**
Treats patients politely and considerately		
Involves patients in decisions about their care		
Respects patients' privacy and dignity		
Respects confidentiality		
Responds when asked to review a patient		
Liaises with colleagues about continuing care of patient		
Works as a member of a team		
Accepts criticism and responds constructively		
Keeps records of acceptable quality		

Keeps up to date with administrative tasks		
Overall Clinical Competence		

Please comment on the intern's performance. (Describe what was effective, what could be improved
And your overall impression.

Please specify suggested actions for improvement and provide a timeline.

Signature of Assessor s

1- _____ Date_____

2-

3-

4-

5-

Signature of Intern _____ Date_____

Signature of Clinical Supervisor

Annex 3

Guide to trainers, clinical supervisors and educational coordinators

Guide to Trainers, Clinical Supervisors and Educational Coordinators

Trainers:

Job description

They are the doctors who directly teach and train MI. Each of them will assign the evidence of achieving EPAs and WPBA and other required activities in the portfolio.

They should be at least three years residents, assistant lecturers, or specialists in the area in which they are training for that period.

Criteria of selection:

1- They should attend workshops in methods of clinical training and workplace-based assessment.
2- They should annually be approved by the clinical supervisor
3- Their performance in the MI program training should be considered in their evaluation and should be documented in their logbook as prerequisite for entering the relevant examination.

The Clinical Supervisor (CS)

Job description

- In each rotation, the MI will have a clinical supervisor (CS) who will usually be at least a lecturer or a specialist with minimum 5 years after master degree or three years after fellowship certificate in the area in which they are training for that period.
- The CS should meet the MI at the start of the rotation to ensure they are familiar with their work environment, responsibilities, the other staff with whom they will be working, and to advise them on how to obtain the most from the placement. A further meeting should take place in the middle of the rotation to provide feedback, highlight areas of good practice and address any areas of weakness. At the end of the rotation, the CS should meet the MI to complete the CS end of placement report (CSR), which forms a vital part of the MI's assessment.

- Evidence of all meetings and the end of rotation report should be recorded in the MI's portfolio.
- At least once in each training year, the end of rotation report must include formally recorded comments from other healthcare professionals including trainers alongside whom they have worked. These professionals make up the rotation team observation group.

Criteria of selection:

1- At least a lecturer or a specialist with minimum 5 years after master degree or three years after fellowship certificate
2- Attending workshops in medical education for MI program yearly
3- Approved by educational supervisors
4- Their performance in the MI program training should be considered in their evaluation and should be documented as a prerequisite for promotion.

Clinical Supervisor end of placement report (CSR)

- **The CSR is a judgement by the CS of whether the MI has achieved the MIPC (foundation professional capabilities)/EPAs and other learning events for that rotation.**

The judgement will be based on a review of several sources of evidence, including:

1. Evidence of achievement of (EPAs) recorded in the portfolio, including completion of (WPBAs) to demonstrate learning.
2. Direct observation of some of the EPAs practice in the workplace by the clinical supervisor (CS);
3. Feedback from the team observation group (this is mandatory at least once for each rotation), which should be used formatively during the training year,
4. Evidence of engagement with the learning process (directed learning and self-learning) recorded in the portfolio.
5. The MI's attendance record.
6. Any incidents or investigations in which the MI has been involved.

The CSR will use the following ratings:

1-Below expectations

2-Borderline

3-Meets expectations

4-Above expectations

These ratings are defined as:

4- Fulfills all requirements in the portfolio, succeed in the five WBPAs in due time and excellent team observation reports

3- Fulfills 75% requirements in the portfolio, succeed in the five WBPAs from any trial and no concern in the team observation report

2- Fulfills 60% requirements in the portfolio, borderline success in the five WBPAs from any trial and minor concerns in the team observation report

Needs compensatory measurements because of not achieving any of the above requirements

Template of the CS report (for each MI at end of rotation)

Item	Judgment (No concern, some concern, major concern)	Source of evidence	Remarks /suggested corrective actions
Evidence of achievement of (EPAs) recorded in the portfolio, including completion of (WPAs) to demonstrate learning.			
Direct observation of some of the EPAs practice in the workplace by the clinical supervisor (CS).			
Feedback from the placement supervision group (PSG)			
Evidence of engagement with the learning process (directed learning and			

self-learning) recorded in the portfolio			
The MI's attendance record.			
Any incidents or investigations in which the MI has been involved			

The Educational Coordinator (EC)

Job description

- Across each rotation, for all MIs, an educational coordinator (EC) will support and monitor the MI's progress in a long-term manner and help guide their personal and professional development.
- Although he is responsible for monitoring and evaluation of clinical supervisors, The EC should meet the MI regularly and discuss what they have done and what they still need to do to complete the training year. At a minimum, these meetings should be at the start of the year, at the end of each placement, and at the end of the year (before the ARCP takes place).
- There should be one EC for rotation
- At the end of each training year the EC will make a recommendation to the ARCP panel in the form of an EC end of year report.

Criteria of selection

1- At least a professor or consultant
2- Experience in curriculum management and quality assurance
3- Approved from the faculty council
4- Their performance in the MI program training should be considered in their evaluation and should be documented as a prerequisite for promotion.

Educational Coordinator Reports (ECRs)

- The ECR is a summative assessment of educational achievements and progress throughout the rotation.

- The judgement of the EC will be based on review of several sources of evidence, including:

- Clinical supervisor's report (the EC will sometimes also be the clinical supervisor and then will complete both reports)
- Team assessment of behavior (TAB)
- Evidence the MI has engaged with the training portfolio to show progress regarding the EPAs
- Completion of (WBPAs) to demonstrate learning
- Satisfactory attendance at delivered directed learning 'rotation' learning
- Satisfactory record of non-rotation learning
- Satisfactory reflection.
- Satisfactory engagement with feedback to the program
- Attendance record
- Any involvement of the MI in investigations or significant events
- Progress in any remedial action plan
- In line with the CSR, the ECR will use the following ratings:

1-Below expectations
2-Borderline
3-Meets expectations
4-Above expectations

These ratings are defined as:

1. Fulfills all requirements in the portfolio (>85%), succeed with in all summative WBPAs per rotation in due time and excellent team observation reports
2. Fulfills more than 75% -85% requirements in the portfolio, succeed in all summative WBPAs per rotation from any trial and no concern in the team observation report
3. Fulfills 50% - 75% requirements in the portfolio, succeed in all summative WBPAs per rotation from any trial and minor concerns in the team observation report
4. Needs compensatory measurements because of not achieving any of the above requirements

- In this report, the EC is making a recommendation to the ARCP panel on whether or not they should award the MI a successful rotation outcome

لجنــة قطــاع الدراســات الطبيــة

Annex 4

Guide to all assessment reports required for each intern

Guide to all assessment reports required for each intern

- **Annual Review of Competence Progression report (ARCP)**

Prepared by:

1- All clinical supervisors at each rotation
2- Educational coordinator at the rotation level
3- Reviewed and approved by the **University MI Program Committee as signed by the program director**

Requirement	Standard	Rating	Source of evidence
Completion of 12 months' (workplace based) training (taking account of allowable absence)	The maximum permitted absence from training, other than annual leave, is 20 days Where a doctor's absence goes above 20 days, this will trigger a review of whether or not they need to have an extra period of training).	1- Above expectation 2- Meets expectations (minimum standard) 3- Borderline (allowable) 4- Below expectations	Portfolio CS report EC report
A satisfactory educational coordinator's end of rotation report	If the MI has not satisfactorily completed one rotation but has been making good progress in other respects, it may still be appropriate to confirm that the MI has met the requirements for progression.		

Satisfactory educational coordinator's end of rotation reports	An educational coordinator's end of rotation report is required for all MI placements		
Satisfactory clinical supervisor's end of placement reports	A clinical supervisor's end of rotation report is required for ALL placements. At least one CSR in each level of training must make use of multiple source feedback (**team assessment of behavior (TAB)**. All of the clinical supervisor's end of rotation reports must be completed before the doctor's Annual Review of Competence Progression (ARCP).		
Satisfactory completion of all curriculum outcomes	The MI should provide evidence that they have met the foundation professional capabilities (using the EPAs), recorded in the portfolio. Evidence to satisfy each rotation should include direct observation of at least five clinical encounters in the form of WPBAs.		
Satisfactory team assessment of behavior (TAB)	Minimum of one per rotation of training.		

Satisfactory placement supervision group report (PSG)	Minimum of one per rotation of training.		
Satisfactory engagement with the program.	Complete and satisfactory portfolio signed by the relevant trainers and clinical supervisors. Personal learning log of core/non-core teaching/and other learning Engagement with feedback on training program		
Evidence of completion of additional requirements			

Assessment sheet for a cohort of MIs per year

Name	**Rotation**	**Portfolio evidence** Signed by CS and EC	**Clinical supervisor end of rotation reports** Including WPBAs and Portfolio	**Educational coordinator end of rotation report** Including CSRs	University MI Program Committee (**Program director)**
		***R**	***R**	***R**	****Final R**

***R** = rubric given
1-Below expectations
2-Borderline
3-Meets expectations
4-Above expectations

****R = rubric given as a summative of the three Rs.**

These ratings are defined as:

4- Fulfills all requirements in the portfolio (>85%), succeeds in all summative WBPAs per rotation in due time and has excellent team observation reports.
3- Fulfills more than 75% -85% requirements in the portfolio, succeeds in all summative WBPAs per rotation from any trial and has no concern in the team observation report.
2- Fulfills 50% - 75% requirements in the portfolio, succeed in all summative WBPAs per rotation from any trial and minor concerns in the team observation report.
1- Needs compensatory measurements because of not achieving any of the above requirements.

- In this report, the program director is making a recommendation to the ARCP panel on whether or not they should award the MI a final ARCP and total two years certificates.

5.1 Management of Poor Performance:

- Regular structured assessment (both formative and summative) and feedback allow regular monitoring of the MI's progress and provision of clearly identified objectives to be set for ongoing progress that will support training and subsequent progression.
- In some cases, extra, remedial or targeted training will be required. To achieve this, it is vital that those supervising the MI have a clear understanding of their roles, and that those guiding training, including the CS and EC, know the requirements of the MI curriculum and of the processes available to support learners who are not progressing as expected through the program.
- Concerns about poor performance should be raised as soon as possible with an MI, to ensure that any remedial action can be taken.

Guidelines on Remediation in the Intern Year

➢ **The role of National MI Program Committee**

National MI Program Committee recognizes that effective systems of clinical governance at each university set out roles, responsibilities and procedures for the handling of concerns (that may require an action against the intern including return a rotation, a year or more).

Any concern arising locally at university level must be risk assessed in terms of the current or potential future risk to patient safety and a management plan devised, implemented and monitored in line with this risk assessment. Risk assessment must be ongoing, and progress in managing a concern at a local level should also be taken into account in determining risk.

Depending on the nature of the initial concern which brings a doctor into the remediation process, the issue may be referred to the **National MI Program Committee** as a complaint. Likewise, the failure of a doctor to actively engage in the remediation process or to demonstrate the necessary

improvement as a result of increasing levels of remediation may also lead to a complaint to the **National MI Program Committee**

➢ The Role of the university MI Program Committee

Each university has a responsibility to ensure that their clinical governance arrangements support the prevention, early identification, and management of behavioral, performance or educational difficulties through the remediation process. Remediation at an early stage of an identified issue allows for the timely escalation and/or resolution of remedial activities, as necessary and within the prescribed intern training period. The **university MI Program Committee** encourages the assessment of interns early enough before the end of each rotation to allow for reassessment before its end.

➢ Framework for understanding concerns

Interns who are failing to meet the required standard in the development of their knowledge, skills, attitude and behavior will be supported in the workplace by their Trainer.

Examples of issues where remediation may be necessary include, but are not limited to, the following:

1. Difficulties making progress
   a. Poor organization
   b. Unable to prioritize
   c. Poor record keeping
2. Problems in clinical judgement
   a. Lack of knowledge
   b. Lack of skills
   c. Poor clinical judgement
3. Personal / interpersonal factors
   a. Poor time keeping / persistent lateness
   b. Communication problems
   c. Poor self-management / inability to prioritize
   d. Bullying

e. Harassment
f. Dishonesty
g. Teamwork / Collaborative shortfall
h. Working under the influence of medication, drugs or alcohol
i. Criminal behavior

4. Signs of not coping
    a. Negative attitude
    b. Failure to respond to calls
    c. Lack of insight
    d. Defensive reaction to feedback
    e. Frequent or persistent uncertified sick leave

➢ **The Remediation Process**

The remediation process which is triggered following identification of a concern with an intern is an escalating, multi-level process, as necessary.

The stages which are generally involved in a remediation process are as follows:

- **Stage 1 – local, trainer-led management**

  The trainer shall identify appropriate measures that can be taken to assist the intern and agree actions for achieving the required improvements in a specified timeframe. The intern shall be given the chance to highlight any problems that they may have.

- **Stage 2 – documented action plan and clinical and educator supervisors' involvement**

  The clinical supervisor will meet with the Intern to develop and document an action plan to address the identified issues. The intern should be invited, in advance of the meeting, to provide evidence which may support their case. A written record of the meeting should be agreed by both the intern and the trainer, and a copy kept by both parties.

  At this stage of the process, there should be a formal, objective assessment of the intern. Possible assessment methods may include as appropriate:

1) Workplace-based assessments – i.e., Mini-CEX (Clinical Evaluation Exercise), Record Review, Case based discussion, DOPS (Direct Observation of Procedural Skills), Multi Source Feedback
   a. These provide an objective and reliable assessment of performance and supportive feedback
   b. There is opportunity following assessment for the Intern to discuss their strengths and weaknesses with experienced consultant assessors
2) Reflective Log (in the portfolio)
   a. Intern completes a reflective log of activity describing everyday clinical practice and intern's reflection on what happened, what they did, the outcome and what they would do differently in the future

The intern should be given sufficient time to rectify the issue(s) concerned and to benefit from the action plan; if the intern fails to do this, the matter should be referred to Stage 3 of the remediation process.

It is important to recognize that development of the action plan should be followed with implementation and progress monitoring, which may include documented verification that agreed actions were implemented and were effective.

- **<u>Stage 3 – escalation for management by the clinical and educational supervisors to the university MI committee</u>**

  Throughout Stage 3, the action plan and remedial activities identified for the intern at earlier stages of the process should continue; this action plan is likely to be amended and place an increasing emphasis on progress monitoring including formal, objective assessment of the intern.

  A formal meeting will be convened between the educational supervisor and - the intern and then both with the university MI committee. As before, a written record of the meeting must be agreed on and retained by both parties.

  The university MI committee will make a recommendation to the national MI committee regarding the issue or otherwise of a Certificate of Experience to the intern based on the outcome of the process.

  Consideration will then be given to a further period of training or termination of intern training. Termination of the intern's training must be based on

substantiated documented evidence. In the event of the intern's training being terminated, the university and national MI committee should be advised and provided with full details of the circumstances leading to this decision.

- **Stage 4 Appeals Process**

  If, on conclusion of Stage 3, there is a recommendation (a) to extend the period of internship or (b) that the intern has not / will not satisfactorily complete(d) their training, and subsequently should not be issued with a Certificate of Experience, the intern has a right to appeal the recommendation. There are no other valid grounds for appeal.

  To make an appeal, the intern must submit a written application to the university MI committee no later than 21 working days after the date that he/she has been informed of the recommendation which is the subject of the appeal.

  An Advisory Group (consisting of three experts from the university) should then be convened. The Advisory Group will consider all the evidence available and may ask for additional information to be presented. The outcome of the appeal will be reported in writing to the university and national MI committee.

➢ **When should the national MI committee be alerted?**

Concerns with an intern may ultimately lead to a complaint being made to the national MI committee.

the Preliminary Proceedings Committee considers complaints on one or more of the following grounds: -

a. Professional misconduct **
b. Poor professional performance
c. Relevant medical disability
d. Failure to comply with a relevant condition
e. Failure to comply with an undertaking or to take any action specified in a consent given in response to a request
f. A contravention of a provision of this Act (including a provision of any regulations or rules made under this Act).

g. A conviction in the State for an offence triable or indictment or a conviction outside the state for an offence consisting of acts or omissions that, if done or made in the State, would constitute an offence triable on indictment

- ** Professional Misconduct as:
  a. Conduct which doctors of experience, competence and good repute consider Disgraceful or dishonorable; and is defined as:
  b. Conduct connected with his or her profession in which the doctor concerned has seriously fallen short by omission or commission of the standards of conduct expected among doctors.
- Poor Professional Performance as “a failure to meet the standards of competence (whether in knowledge and skills or the application of knowledge and skills or both) that can be reasonably expected”
- Relevant Medical Disability as "a physical or mental disability (including addiction to drugs or alcohol) which may impair the ability to practice medicine or a particular aspect thereof."

Conclusion

Early identification of issues affecting an intern’s performance provides the greatest opportunity for remedial action to be effective and for an intern to be supported in addressing any difficulties. In addition, early identification can help to prevent a concern from developing into a more serious concern.

At every stage of the remediation process, patient safety must remain a primary concern for all parties concerned, including the intern who is the subject of remedial activity and those involved in formulating the action plan.

Annex 5

A guide to quality assurance of MI program

A guide to quality assurance of MI program

Who are responsible

- A **National MI Program Committee** should lead the delivery, central monitoring and provision of all required regulations and materials to ensure proper implementation
  The MI Program Committee should represent medical sector of supreme council of universities, supreme council of university hospitals, and experts nominated from supreme council of university hospitals
- **A University MI Program Committee** representing dean (as a president of university hospitals administrative council), university hospital management, program director and educational supervisors should lead the delivery, monitoring and implementation at each university.

Monitoring the Quality of the Program

The internal Quality Assurance and Improvement is the responsibility of the quality assurance unit in each medical school.

The above-mentioned committees at national and university levels should ensure the following activities:

- Introducing the MI Curriculum
- Evaluation and monitoring.
- Authorization and monitoring of training settings
- Feedback from trainers and trainees using trainee performance
- Involvement of stakeholders
- Alignment between assessment and training
- Continuous renewals

Purposes of Evaluation

Curriculum

- To facilitate program development
- To ensure program outcomes are achieved
- To inform the efficient allocation of teaching and learning resources
- To ensure program is of acceptable standard
- *Teaching and Learning*
- To ensure the teaching is meeting medical interns' learning needs
- To identify areas where teaching can be modified/improved
- To provide feedback and encouragement to trainers and supervisors
- To support applications for promotion and career development of interns

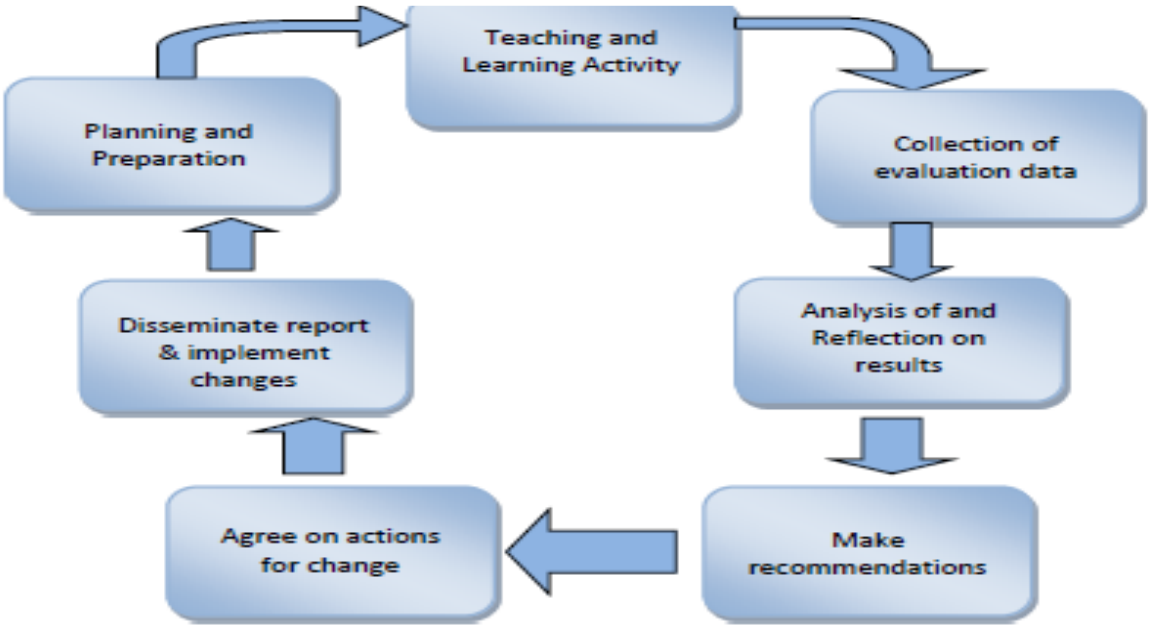
Assessment

- To assess the outcome of assessments
- To appraise the development and use of assessment tools
- To monitor the appropriateness of assessment strategies

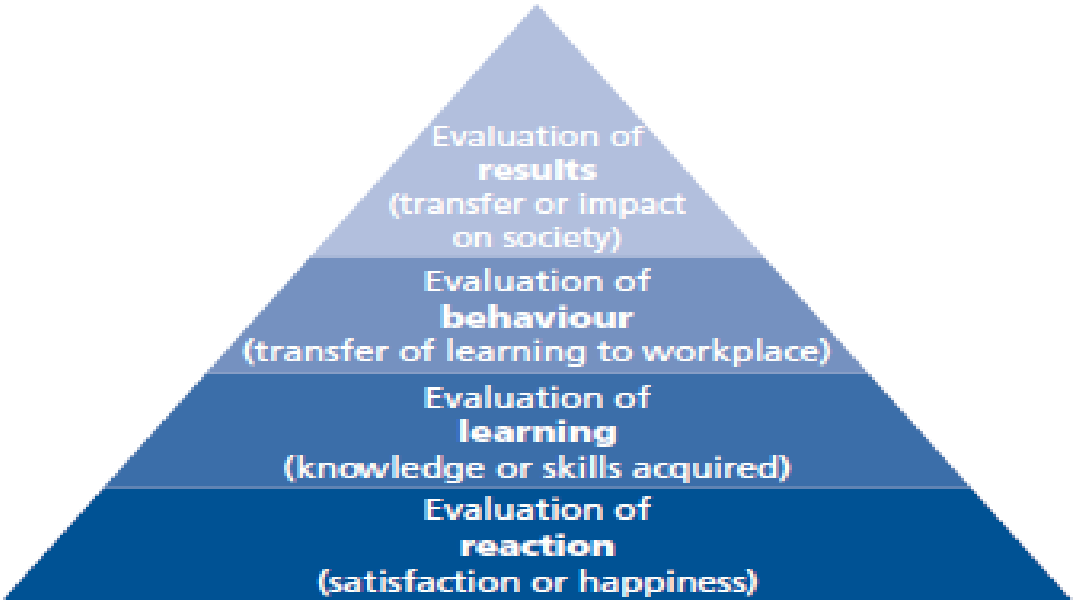
Policy

- To determine future faculty education policy
- To encourage instilling education values and standards
- To provide surveillance of rotations/program me
- To facilitate the effective and efficient management of a rotation/program

Evaluation Cycle



Kirkpatrick's Hierarchy of Program Evaluation



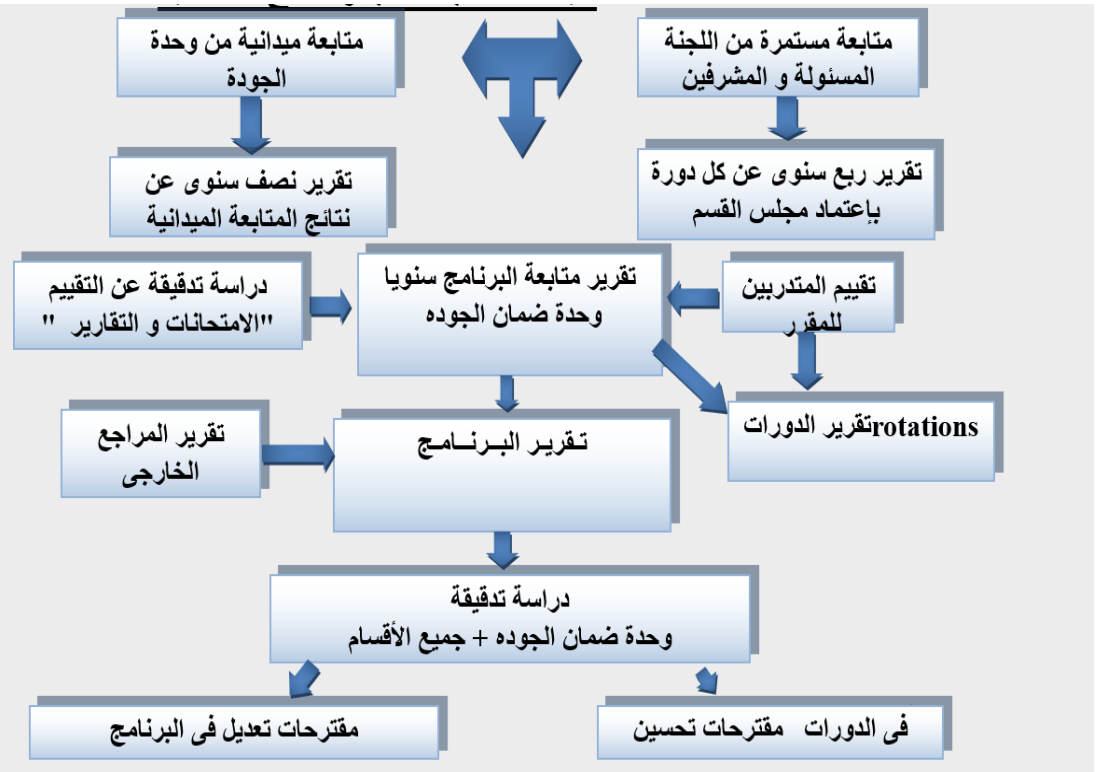
Kirkpatrick's four levels of program evaluation.

Evaluation Level	What Does it Test?	Examples of Instruments
Level One: Reaction	Participants' immediate satisfaction • Perception of usefulness • Motivation	• Likert's scale/questionnaire • Focus group • Structured interviews
Level Two: Learning	• Acquisition of knowledge, skills, and behavior	Pre and post test Standard MCQ Other assessments
Level Three: Transfer	• Transfer of knowledge, skills, and behavior into real life	Chart-reviews (matrix) Survey Observations
Level Four: Results	• Ultimate and intended outcome	• Chart-reviews • Survey

Areas of evaluation

- **Processes** surrounding the program implementation and curriculum design
- **Content** of the program and teaching methods used
- **Impact** through assessment of intern's performance
- **Outcomes** via performance of graduates in the community.

آليات متـــابعـة البـرنـــامج الداخلية



Key points

Evaluation should:

x Enable strategic development of a curriculum

x Be a positive process that contributes to the academic development of a medical school

The goals of an evaluation should:

x Be clearly articulated

x Be linked to the outcomes of the teaching

When carrying out an evaluation:

x More than one source and type of information should be sought

x the results should be fed back to participants and details of the resulting action given

Key points

Interns need:

x to be involved in developing an evaluation

x to feel their time is respected

x to know their opinions are valued and acted on

Evaluators must:

x Act on the results of the evaluation to correct deficiencies, improve methods, and update content

x Repeat the process

A suggested Model program evaluation

- Evaluation of the whole program
- Evaluation of interns Achievement
- Evaluation of trainers, supervisors and managements
- Evaluation of rotations and workshops
- Evaluation of the whole program
- The primary mission is to educate medical interns in humanistic, scientific and practical principles of medicine in keeping with the emerging needs of society.
- Therefore, an effective, dynamic program that serves its trainee and supports its trainers must be continually reviewed to determine its quality and how interns perform within it.

The following are the general goals of the curriculum evaluation system:

1. To ensure that the curriculum is “appropriate” for the education and development of competent physicians.
2. To assess whether the measurement tools are “appropriate” to gather data about the effectiveness of the program.
3. To update deans, and program committee as to the effectiveness of the program.

12 principles describe which characteristics that the overall curriculum design should possess

- The principles, therefore, should be the yardsticks to measure the success of the overall program.

- A specific evaluation plan is designed to assess the degree of accomplishment of each principle.

Principle /standard	Question/KPI	Evaluation plan
A general professional education is the goal of the program. The program is intended to provide a set competencies/capabilities that encompass a broad overview of the practice of medicine and is relevant to becoming a competent caring physician regardless of subsequent specialty choice.	• Is there "appropriate" content in the curriculum for a general professional education? • Determine whether the general professional education program is having the desired impact on interns	• Solicit opinions of interns as to how well the curriculum prepared them for the general practice of medicine. • Annual survey of intern's performance in residency program. • Review periodically the medical school's-adopted list of competencies to ensure a general professional education of each intern.

Principle /standard	Question/KPI	Evaluation plan
The educational program and evaluations are competency based. The general professional education is defined by a set of EPAs expected to be "mastered" by the interns	• Does the training and assessment system, adequately include the use of EPAs?	• Determine whether all competencies /EPAs are addressed in the curriculum (i.e., that at least each rotation teaches it and evaluates interns to be sure they are competent in the area). • Review EPAs as descriptors of NARS/ competencies/capabilities to be sure appropriate descriptors are being used for competencies. • Review competency categories to determine where each EPA fits into the program. • Rotation reports should be analyzed for the extent to which education and evaluation is competency based. • Assess competency/EPAs list every 2 years to update/modify it.

Principle /standard	Question/KPI	Evaluation plan
The ability to learn independently is essential for the physician to provide quality health care.	Does the program require interns to learn independently (and if so, specify where)?	• Annually evaluate interns' perception of their academic environment as a promoter of independent learning. Specific items in each rotation survey should assess independent learning. • Rotation reports should include information about activities to promote independent learning.

Principle /standard	Question/KPI	Evaluation plan
The assessment program is competency-based/workplace based	Is the competency system having the desired learning outcome (EPAs) in terms of intern's performance? (Measurable outcomes) Have (for each clinical rotation) different tests and other assessment tools include workplace based assessment or other evaluation methods designed to see if interns are competent in each competency /EPA?	Using the data from the competency tracking system, (matrix between key competencies/EPAS /blue printing,) each rotation should be annually assessed to ensure that the interns are making adequate progress in each of the key competency areas. Using data from Exam Series(examinations/results), each rotation should be annually assessed to ensure that the interns are making adequate progress in each of the key competency areas.

Principle /standard	Question/KPI	Evaluation plan
A balanced variety of clinical settings are essential for interns acquiring the mastery of competencies	• Decide upon and monitor the amount of inpatient versus outpatient clinical training sites. • Decide upon and monitor the amount of primary care versus specialty care training.	Actual training and assessment at each of the four settings: Inspection, Monitoring Reporting Revision

Principle /standard	Question/KPI	Evaluation plan
informatics is essential for effective acquisition and utilization of information by physicians	Is there a clear plan of blended learning /use of platforms like incision academy?	• Provide a narrative description of the progress made toward implementing the Informatics plan adopted by the program committee. • Evaluate interns use of informatics. • Determine what rotations utilize formal informatics activities. • Urban vs rural; underserved vs others

Principle /standard	Question/KPI	Evaluation plan
informatics is essential for effective acquisition and utilization of information by physicians	Is there a clear plan of blended learning /use of platforms like incision academy?	• Provide a narrative description of the progress made toward implementing the Informatics plan adopted by the program committee. • Evaluate interns use of informatics. • Determine what rotations utilize formal informatics activities. • Urban vs rural; underserved vs others

Principle /standard	Question/KPI	Evaluation plan
Health care delivery requires individual and team efforts	How is this taught and assessed?	Determine the quality of activities which span colleges, departments, specialties, and provider types.

Principle /standard	**Question/KPI**	**Evaluation plan**
Learning and professional development requires a humane environment, which fosters respect, personal integrity, service orientation and a sense of personal well being	Which competencies/EPAs /activities deliver this to interns?	• Insert items addressing these issues in the annual surveys. • Institute a critical incident report program

Principle /standard	Question/KPI	Evaluation plan
Effective health care delivery requires the attention to family and community context.	Which competencies/EPAS activities deliver this to interns?	Assess how and where in the program this topic is being formally addressed.

Principle /standard	Question/KPI	Evaluation plan
Incorporation of the characteristics of outstanding physicians in the educational program is essential for complete professional development of interns.	Are interns' reflections included in the teaching and assessment?	• Utilize intern self and peer evaluation.

Evaluation of interns Achievement

- To measure an intern's professional achievement and competency development
- To promote timely and specific feedback to interns so that they can evaluate their progress
- To identify interns with progress problems in order to support and provide remediation as needed, to identify outstanding interns and provide appropriate recognition.

Principle /standard	Question/KPI	Evaluation plan
Interns' evaluations must be based upon EPAs that are competency-based and criterion-referenced when possible.	1- Measurable, and explicit criteria to measure mastery of intern's EPAs 2- Faculty development will be provided selectively to assist faculty in workplace-based training and assessments	Inspection, Monitoring Reporting Revision

Principle /standard	Question/KPI	Evaluation plan
Workplace -based assessment should be a component of all rotation's evaluation plans	1-Examinations must be based upon measurable objectives. 2- 3-Faculty development will be provided selectively to faculty to use innovative methods in assessment.	Inspection, Monitoring Reporting Revision

Principle /standard	Question/KPI	Evaluation plan
Formative assessments and feedback must be incorporated into the evaluation process.	1. Written competency-based formative feedback must be given to an **Interns** by course faculty at least once during the rotation. Ideally this should be accomplished mid-way or earlier during rotations 2. The inclusion of **Interns** self-assessment is strongly encouraged during the formative feedback process. 3. Faculty development will be provided selectively to enhance the faculty's ability to provide effective feedback.	Inspection, Monitoring Reporting Revision

Principle /standard	Question/KPI	Evaluation plan
Evaluation by individuals, other than teaching faculty [e.g., Interns (self and peer), patients, nurses], when possible, must be incorporated into the evaluation process.	Are there questions and other summative assessment tools for this?	Inspection, Monitoring Reporting Revision

Principle /standard	Question/KPI	Evaluation plan
Assessment of professional behavior and human relationship competencies must be incorporated in the evaluation process for all rotations	Are there questions and other summative assessment tools for this?	Inspection, Monitoring Reporting Revision

Principle /standard	Question/KPI	Evaluation plan
A uniform competency-based evaluation system must be established.	1. A standard **Intern's** evaluation will be created for all rotations and other core activities that have common performance criteria to assess intern achievement of competencies. 2. Supervisors must identify levels of competency upon which formative and summative evaluations are based and identify minimal standards for satisfactory performance. 3. The evaluation of competencies will be reported on a	Inspection, Monitoring Reporting Revision

	monthly evaluation system. This scale will provide formative and summative feedback and assessment on evaluation of clinical skills and application of scientific knowledge. 4. An electronic database will be created to track competency development through the program	

Evaluation of trainers, supervisors and managements

Principle /standard	**Question/KPI**	**Evaluation plan**
Effective teaching/training skills can be defined. Characteristics of good teaching that can be evaluated are reasonably consistent in the literature	• Being well prepared for every teaching or assessment activity • Motivating trainees • Effective communication skills • Demonstrating comprehensive knowledge • Treating interns with respect • Using portfolio	Inspection, Monitoring Reporting Revision

Principle /standard	Question/KPI	Evaluation plan
Sources to assess learning effectiveness can be identified.	Interns, peers, self, and college administration	

Principle /standard	Question/KPI	Evaluation plan
Faculty development and evaluation are related processes. The former aspires to improve faculty performance and the latter aims to make judgment regarding worth. The processes can be integrated and can be a powerful technique in changing behavior.	As with any feedback system, faculty evaluation conducted early in the course of instruction favored instructional improvement because it allows faculty members the time and opportunity to make modifications.	

Evaluation of rotations and workshops

- Rotation report for each cohort of interns (total of 4 per year for a three-month rotation).
- Workshop reports every run

Annex 6

Action Plan for MI program implementation

Action	Time	Made by	Outcome
Finalization of the program specifications	**May 2022**	**MI committee**	**A reviewed copy of FP specification and its annexes**
Primary approval of the proposal	**August 2022**	**MI committee**	**From medical sector, supreme council of university hospitals and CEMTA**
Writing an Arabic version of the bylaws	**August 2022**	**MI committee**	**Proposal of bylaws and its approval from medical sector, supreme council of university hospitals and CEMTA**
Stakeholders' awareness campaigns and possible modifications	**August – September 2022**	**MI committee**	**Awareness sessions for each medical school including all university and ministry of health stakeholders**
Final approval	**September 2022**	**MI committee**	**From medical sector, supreme council of university hospitals and CEMTA**
TOT for educators and leaders/piloting	**September 2022 – September 2023**	**MI committee**	**Workshops for all members of the MI committees at each university /piloting in the old program**
Start of implementation	**March 2024**		

المنهجية التى تم أتباعها فى إعداد برنامج تدريب الاطباء الاساسى (5+2):-

مقترح نسخة (1)

استطلاع رأى لجنة التخطيط و جميع الكليات وفقا لنموذج

↓

متاح فيه كتابة تعديلات

↓

مقترح نسخة (2)

↓

استطلاع رأى لجنة التخطيط و جميع الكليات وفقا لنموذج
متاح فيه كتابة تعديلات

↓

مقترح (3)

↓

عرض نهائى للكليات

↓

اعتماد لجنة القطاع مقترح (4)

برنامج تدريبى من بنك المعرفة لممثلى الكليات

لجنة للمتابعة والدعم والتطبيق

المجلس الاعلى للمستشفيات

المطلوب لتطبيق مرحلة التجريب فى الكليات فى تناوبات شهرى سبتمبر واكتوبر وشهرى نوفمبر و ديسمبر

- **1- المطلوب من كل كلية**
- **2- المطلوب من لجنة متابعة و دعم التدرب الاجباري/ لجنة القطاع الطبي**

[1] المطلوب من كل كلية

1- تشكيل لجنة الاشراف على البرنامج: كما بالمادة (2)
2- تعيين مدير للبرنامج : كما بالمادة3
3- تعيين منسق تعليمى لكل من التخصصات:- الباطنة- الجراحة- امراض النساء والتوليد – الاطفال: كما بالمادة (5)
4- تحديد المشرفيين الاكينيكيين (1 لكل 25 متدرب)
5- تحديد المستشفيات المعتمدة للتدريب لكل تخصص بالرجوع الى المجلس الاعلى للمستشفيات
6- تنفيذ البرنامج فى الدورة الأولى سبتمبر/ اكتوبر كمايلى:-

1- تشكيل لجنة الاشراف على البرنامج:مادة (2)

- ينشأ فى كل مستشفيات جامعية تابعة لكلية من كليات الطب باعتماد مجلس ادارة المستشفيات الجامعية لجنة عليا للبرنامج الإجباري لتدريب الاطباء تتكون من:
  - عميد الكلية بصفته رئيسا لمجلس ادارة المستشفيات الجامعية " رئيساً "
  - المدير التنفيذي للمستشفيات الجامعية " نائباً للرئيس "
  - مدير البرنامج مقرراً.
  - عدد 2 منسق عن برنامج مرحلة البكالوريوس احدهما وكيل كلية الطب لشؤن الطلاب وواحد من مدير وحدة ضمان الجودة بالكلية أو مدير وحدة/ قسم التعليم الطبي أو مدير برنامج البكالوريوس.
  - المنسقين التعليميين عن التناوبات (الدورات الاكلينيكية) (منسق عن كل تناوب "دورة اكلينيكية").

2- تعيين مدير للبرنامج : مادة (3)

- يعين عميد الكلية بصفته رئيسا لمجلس ادارة المستشفيات الجامعية مديراً لبرنامج التدريب الإجباري للأطباء و يكون عضواً فى اللجنة العليا للبرنامج الإجباري بالمستشفيات الجامعية لكل كلية على ان يمنح الصلاحيات اللازمة لتنفيذ و متابعة البرنامج مع إخطار اللجنة القومية للتدريب الإجباري بأسماء كل المديرين و سيرتهم الذاتية على مستوى الجمهورية و تكون مواصفاته و مسؤولياته على النحو التالي:

المواصفات:

1. ان يكون استاذاً بكلية الطب فى احد التخصصات الاكلينيكية.
2. ان يكون ذو خبرة فى مجال التعليم الطبي و التدريب.

3. ان يجتاز ما يلزم من دراسات ودورات تدريبية تحددها اللجنة القومية او اللجنة العليا بكل كلية.

المسؤوليات:

1. يكون مدير البرنامج مقرراً للجنة العليا للتدريب الإجباري للأطباء بالمستشفيات الجامعية لكل كلية و مسئولاً عن تنفيذ جدول اعمالها و طلب انعقادها و عرض التقارير اللازم اعتمادها من اللجنة لرفعها الى اللجنة القومية.
2. عقد اجتماعات دورية مع المنسقين التعليميين و المشرفين الاكلينيكيين للبرنامج.
3. اقتراح الاعداد المحددة من اطباء التدريب الإجباري داخل او خارج الكلية.
4. متابعة التدريب و التقييم داخل و خارج الكلية.
5. اعتماد التقارير النهائية و ملفات الانجاز اللازمة لمنح شهادة انهاء التدريب الإجباري للأطباء.
6. اقتراح تعيين المنسقين التعليميين و رفعه الى اللجنة العليا بالكلية لاعتمادها.
7. اعتماد تعيين المشرفين الاكلينيكيين المقترح من الاقسام بالكلية و المستشفيات او المراكز المعتمدة خارجها.

3- تعيين منسق تعليمى لكل من التخصصات:- الباطنة- الجراحة- امراض النساء والتوليد – الاطفال: مادة (5)

- تعين اللجنة العليا للتدريب الإجباري للأطباء بالمستشفيات الجامعية لكل كلية منسقاً علمياً واحداً لكل تناوب (دورة اكلينيكية)بناء على اقتراح القسم المختص و اعتماد مدير البرنامج و تكون مواصفاته و مسؤولياته على النحو الاتي:

- منسق تعليمى لكل تخصص:المواصفات:

1. ان يكون عضو هيئة تدريس بالكلية و القسم المختص.
2. ان يكون ذو خبرة في مجال التعليم الطبي و التدريب.
3. ان يجتاز المتطلبات التدريبية التي تحددها اللجنة العليا للتدريب الإجباري للأطباء.

- منسق تعليمى لكل تخصص :المسؤوليات:

1. متابعة تنفيذ البرنامج في التخصص المسؤول عنه في جميع اماكن التدريب داخل و خارج الكلية.
2. عقد اجتماعات دورية مع المشرفين الإكلينيكيين في التخصص من داخل و خارج الكلية.
3. عقد اجتماعات دورية مع اطباء التدريب بحد ادنى بداية و نهاية كل تناوب (دورة اكلينيكية).
4. اعتماد تقارير المشرفين الإكلينيكيين و اعداد تقرير لكل طبيب متدرب فى التخصص المسؤل عنه.

4- تحديد المشرفيين الاكينيكيين (1 لكل 25 متدرب)

- يرشح كل قسم إكلينيكي عدد من المشرفين الإكلينيكيين داخل و خارج المستشفيات الجامعية لكل كلية و يعتمد من المنسق التعليمي و مدير البرنامج. يتابع المشرف الإكلينيكي عدد لا يزيد عن 25 متدرب فى المكان الواحد.

- مواصفات المشرف الإكلينيكي:

1. ان يكون عضو هيئة تدريس او أخصائي بخبرة 5 سنوات على الاقل بعد الماجيستير او 3 سنوات بعد الزمالة المصرية.
2. ان يجتاز متطلبات التدريب المعتمدة من اللجنة العليا التدريب الإجباري للأطباء بكل كلية.
3. ان يكون ذو خبرة مناسبة فى التدريب.

- مسؤوليات المشرف الاكلينيكي:

1. الاشراف على الانشطة و التقييمات المطلوبة من الاطباء المتدربين المسؤول عنهم وفقاً لتوصيف البرنامج و ملحقاته.
2. متابعة ميدانية مستمرة للواجبات (الانشطة) المهنية الموثوقة (EPA) المطلوب انجازها لكل طبيب مسئول عن تدريبه.
3. التوقيع الدوري و النهائي على ملف الانجاز لكل طبيب.
4. اعداد و تقديم تقرير عن كل متدرب في منتصف و نهاية التناوب (الدورة الاكلينيكية).
5. اعداد و تنفيذ كل الانشطة المطلوبة لاستيفاء قواعد ضمان الجودة و الاعتماد.
6. اعداد و تقديم تقرير عن كل تناوب (دورة اكلينيكية) متضمنة التغذية الراجعة من الاطباء و المدربين و خطة للتحسين و رفعها الى المشرف التعليمي.

5- تحديد المستشفيات المعتمدة للتدريب لكل تخصص بالرجوع الى المجلس الاعلى للمستشفيات

6- تنفيذ البرنامج فى الدورة الأولى سبتمبر/ اكتوبر كمايلى:-

1. توزيع المتدربين على اماكن التدريب	الاسبوع الثاني من اغسطس
2. تسليم نسخة من البرنامج والبورتوفوليو لكل منسق و مشرف	الاسبوع الثاني من اغسطس
3. تسليم نسخة من البرنامج والبورتوفوليو لكل متدرب.	الاسبوع الثاني من اغسطس
4. دورة تدريبية للمنسقين و المشرفين يتضمن شرح اساسيات EPAومتابعتها + WBPA+ ملف الانجاز	الاسبوع الثالث من اغسطس
5. عمل يوم تعريفي للمتدربين	الاسبوع الاول من سبتمبر
6. عمل عدد 3-5 WPBA لكل متدرب.	الاسبوع الاول من اكتوبر
7. كتابة تقرير المشرف لكل متدرب وكتابة تقرير المنسق لكل متدرب واعتماده من مدير البرنامج	الاسبوع الثاني من اكتوبر
8. اظهار نتيجة التقييم	الاسبوع الثالث من اكتوبر
9. عمل عدد 3-5 WPBA بعد 2 اسابيع للراسبين فى الأمتحانات الأولى و التعويض	الاسبوع الرابع من اكتوبر

[2] المطلوب من لجنة متابعة و دعم التدرب الاجباري/ لجنة القطاع الطبي

1- اعداد اطار للمتابعة يتضمن قائمة بعناصر تطبيق توصيف البرنامج وادوات تقييمها وارساله الى الكليات	الاسبوع الاول من اغسطس
2- عمل دورة لمديري البرنامج و المنسقيين التعليميين (عدد 5 من كل كلية تشمل:نموزج لدورة التعريف بالبرنامج (TOT)	9 أغسطس
3- عمل دورة لمديري البرنامج و المنسقيين التعليمين من كل كلية تشمل: نموزج دورة تدريبية للمنسقين و المشرفين يتضمن شرح اساسيات EPAومتابعتها + WBPA + ملف الانجاز (TOT)	16 أغسطس
4- اعداد و جمع تقارير عن تطبيق البرنامج بعد انتهاء التناوب الاول	الاسبوع الاول من نوفمبر
5- اعداد و جمع تقارير عن تطبيق البرنامج بعد انتهاء التناوب الثاني	الاسبوع الاول من يناير
6- رفع تقرير الى لجنة القطاع و المجلس الاعلى للمستشفيات الجامعية شاملا توصيات بنقاط للتحسين	منتصف يناير
7- عقد لقاء لمديري البرنامج و المنسقيين التعليمين من كل كلية للاتفاق على خطة التنفيذ للبرنامج الجديد	الاسبوع الاول من شهر فبراير

Annex 7

قرار وزاري باصدار اللائحة الموحدة للتدريب الاجباري

قـــــرارات

وزارة التعليم العالي والبحث العلمي

قرار وزارى رقم ١٩٦٨ لسنة ٢٠٢٣

بإصدار اللائحة الموحدة لأطباء التدريب الإجباري (الامتياز)

نظام السنتين

وزير التعليم العالي والبحث العلمي

بعد الاطلاع على الدستور ؛

وعلى القانون رقم ٤١٥ لسنة ١٩٥٤ بشأن مزاولة مهنة الطب ؛

وعلى قانون تنظيم الجامعات رقم ٤٩ لسنة ١٩٧٢ ولائحته التنفيذية وتعديلاته ؛

وعلى قانون الجامعات الخاصة والأهلية رقم ١٢ لسنة ٢٠٠٩ ولائحته التنفيذية وتعديلاته ؛

وعلى قانون تنظيم العمل بالمستشفيات الجامعية رقم ١٩ لسنة ٢٠١٨ ولائحته التنفيذية وبعد الاتفاق مع وزير الصحة ؛

وعلى ما عرضه أمين المجلس الأعلى للمستشفيات الجامعية ؛

قـــــرر :

(المادة الأولى)

يعمل بأحكام اللائحة المرافقة لتنفيذ برنامج التدريب الإجباري لأطباء الامتياز نظام السنتين ويلغى كل حكم يخالف أحكامها .

(المادة الثانية)

يُنشر هذا القرار بالوقائع المصرية ، ويعمل به من اليوم التالي لتاريخ نشره .

وزير التعليم العالي

والبحث العلمي

أ.د/ محمد أيمن عاشور

اللائحة الموحدة لأطباء التدريب الإجباري (الامتياز) نظام السنتين

مادة ١ - يُنشأ في كل مستشفى جامعي لجنة برئاسة المدير التنفيذي للمستشفيات الجامعية لتنفيذ برنامج الامتياز ويرسل أسماؤهم وسيرهم الذاتية إلي المجلس الأعلى للمستشفيات الجامعية وعضوية كل من :

مدير برنامج التدريب .

مقرر للجنة لتنفيذ البرنامج والتدريب .

عدد ٥ منسقين للتخصصات المختلفة (تخصص طب الأطفال – أمراض النساء والتوليد – الجراحة العامة والباطنة العامة والطوارئ) .

مادة ٢ - يُعين رئيس مجلس الإدارة في كل مستشفى جامعي أو مركز معتمد من المجلس الأعلى للمستشفيات الجامعية مديرًا لبرنامج تدريب الأطباء الإجباري يتبع المدير التنفيذي مباشرة ويكون مسئولاً وله صلاحيات لتنفيذ البرنامج ويتم إخطار المجلس الأعلى للمستشفيات الجامعية بأسماء كل المديرين وسيرهم الذاتية على مستوي الجمهورية .

مواصفات ومسؤوليات مدير التدريب :

خبرة في مجال التعليم الطبي والتدريب .

التمتع بمهارات التواصل .

أحد أعضاء هيئة التدريس أو استشاري بوزارة الصحة والسكان في المستشفيات المعتمدة التابعة لوزارة الصحة .

يُنسق مع مدير المستشفى المعتمد والمراكز المعتمدة عمل أطباء التدريب الإجباري .

يحدد أعداد أطباء التدريب الإجباري اللذين يتدربون داخل أو خارج كليته .

يتابع تدريب أطباء التدريب الإجباري اللذين يتدربون داخل وخارج كليته .

يقدم توصياته لتحسين وتطوير البرنامج التدريبي الإجباري سنويًا إلى الرئيس في مؤسسته وترفع التوصيات بعد ذلك إلى المجلس الأعلى للمستشفيات الجامعية .

يقدم تقارير عن أداء المتدربين إلى المدير التنفيذي وعميد الكلية المتخرج منها الطبيب وترفع التقارير بعد اعتمادها إلى المجلس الأعلى للمستشفيات الجامعية .

يحدد أسماء أطباء التدريب الإجباري اللذين سيعيدون الدورة التخصصية أو جزء منها بناء على تقارير المنسقين .

يتواصل مع منسقي الدورات داخل وخارج الكلية وذلك في المستشفيات والمراكز المعتمدة لمتابعة تنفيذ البرنامج .

يحدد مع منسقي الدورات التخصصات داخل وخارج الكلية وذلك في المستشفيات والمراكز المعتمدة .

يكون مسئولاً عن تدريب المنسقين داخل وخارج كليته .

يحلل تقارير التغذية الراجعة المحولة إليه من المنسقين ويرفع توصياته إلى مدير البرنامج .

مادة ٣ - يعين في كل كليه خمسة منسقين عن الدورات التخصصية ببرنامج التدريب الإجباري للأطباء (يزداد العدد إلى ٦ على الأقل عند بدء تطبيق السنتين تدريب إجباري) : وتكون مواصفاتهم ومسؤولياتهم كالآتي :

من ذات التخصص .

خبرة في مجال التعليم الطبى والتدريب .

التمتع بمهارات التواصل .

يشرف على نشاط أطباء التدريب الإجباري في مؤسسته ويتأكد من إتمام كل المهارات والجدارات المصنفة في البرنامج .

يوقع على الكتيب الخاص بالأنشطة لكل طبيب أمام كل مهارة أو جدارة عند اجتيازها .

يقدم تقريرًا عن أداء المتدرب عن كل دورة .

يكون مسئولاً عن عمل استبيانات لأخذ رأي أطباء التدريب الإجباري في كل دورة .

يقدم تقريرًا عن كل دورة متضمنة التغذية الراجعة من الاستبيانات عن نظام التدريب .

يقدم توصياته لتحسين وتطوير البرنامج التدريبي في مجال التخصص لأطباء التدريب الإجباري سنويا إلى مدير البرنامج .

مادة ٤ - يحدد المجلس الأعلى للمستشفيات الجامعية الأماكن التي سيتدرب بها أطباء التدريب الإجباري سواء مستشفيات من داخل أو خارج الجامعة وكذلك داخل أو خارج جمهورية مصر العربية أو مراكز التدريب بوزارة الصحة والسكان طبقًا للمعايير التالية :

تعد كل المستشفيات الجامعية ومستشفيات القوات المسلحة التي يصدر بتحديدها قرار من وزير الدفاع مستشفيات معتمدة للتدريب الإجبارى (الامتياز) .

لا يقل معدل الإشغال بالمستشفى فى السنة السابقة على بدء عن (٦٠٪) .

أن تحتوي على عدد من أسرة مرضي في التخصص الذي يتدرب به الطبيب تتناسب مع عدد أطباء الامتياز .

أن تحتوي على عيادات خارجية .

أن تحتوي على استقبال وطوارئ وتخدير ووحدة عناية مركزة وغرف عمليات ملاءمة للتخصص .

أن تحتوي على معمل وأشعة وصيدلية .

أن تحتوي على الأقل على قاعة تعليمية مجهزة .

أن تحتوي على أماكن لإقامة الامتياز أثناء النوبتجيات مع توفير غذاء مناسب لهم في النوبتجيات .

أن يكون بها مولد كهرباء .

أن توفر مدير للبرنامج عضو هيئة تدريس أو استشاري يوافق على ندبه لهذا الغرض المجلس الأعلى للمستشفيات الجامعية لتدريب الامتياز ومنسق لكل تخصص يلتزمان بمعايير التدريب المعتمد .

يجب على المنشأة الصحية الحصول على موافقة المرضى بشأن مناقشة حالتهم المرضية مع المتدربين كجزء من عملية التدريب .

يتم احتساب عدد المتدربين على أساس برنامج التدريب المعتمد بحسب ما يتطلبه كل تخصص وحدات الرعاية الصحية الأولية المتكاملة .

أن تقبل متابعة الكلية / الجامعة المعنية لطلابها بهذه المراكز .

أن يتوافر بها أطباء مدربين معتمدين من المجلس الأعلى للمستشفيات الجامعية .

أن يوجد بها قاعة تعليمية مجهزة .

أن يوجد بها مكتب صحة ووحدة ترصد وعيادات وتطعيمات وتنظيم أسرة وتثقيف صحي .

يجب على المنشأة الصحية الحصول على موافقة المرضى بشأن مناقشة حالتهم المرضية مع المتدربين كجزء من عملية التدريب .

مادة ٥ - ينشئ المجلس الأعلى للمستشفيات الجامعية لجنه ضمان جوده مركزيه تكون مهمتها المراجعة الداخلية لبرنامج التدريب الإجباري للأطباء في المستشفيات ومراكز التدريب المعتمدة والتأكد من تطبيق البرنامج بجودة عالية على مستوي جمهورية مصر العربية وعليها التقدم للهيئة الوطنية المختصة بالاعتماد أو هيئة عالمية لاعتماد برنامج التدريب الإجباري للأطباء .

مادة ٦ - يشكل بقرار من رئيس مجلس الإدارة لجنة للمراجعة الداخلية لبرنامج التدريب الإجباري للأطباء في كل كليه أو مستشفي أو مركز معتمد ويقدم تقاريره مباشرة لعميد كلية الطب والذي يقدم تقريرا سنويا للجنة ضمان الجودة المركزية بالمجلس الأعلى للمستشفيات الجامعية .

مادة ٧ - يتكون برنامج التدريب الإجباري من مستويين كل مستوى يتكون من سنة تدريبية على النحو التالي :

١- المستوى الأول (سنة تدريبية) : يتكون من أربع دورات إكلينيكية إجبارية كل دورة (١٢) أسبوعا في تخصصات :

الأمراض الباطنية وطوارئها .

الجراحة العامة وطوارئها .

أمراض النساء وطوارئها والصحة الإنجابية .

طب الأطفال وطوارئها .

٢- المستوى الثاني (سنة تدريبية) :

٨ أسابيع إجبارية في التخدير والعناية المركزة .

٨ أسابيع إجبارية في الطب النفسي .

٨ أسابيع إجبارية في طب الطوارئ .

٨ أسابيع إجبارية في طب الأسرة ووحدات الرعاية الأساسية .

يستكمل المتدرب المستوى الثاني ١٦ أسبوعًا في واحد أو أكثر من التخصصات التي يختارها وفقا لرغبته ومن خلال التنسيق مع المنسقين العلميين بالإضافة إلى حضور ورش العمل .

مادة ٨ - يتعين للحصول علي شهادة اجتياز التدريب الإجباري لكل طبيب من المستشفى الجامعي التابع لكليته علي أن ويحدد المجلس الأعلى للمستشفيات الجامعية الحد الأدنى للمدة التي يلزم أن يمضيها المتدرب داخل المستشفى الجامعي التابع لكلية الطب التي تخرج منها أو أي مستشفى جامعي آخر وأن يحصل علي درجه مرضي (satisfactory) في ملف إنجازاته عن كل دورة تدريبه ومن لا يحصل علي هذه الدرجة يجوز أن تعاد له الدورة أو جزء منها طبقا لتقارير الأداء الخاصة به .

مادة ٩ - لا يحق لخريج كلية الطب البشري مزاولة المهنة إلا بعد إكماله مدة التدريب (الإجباري) الامتياز بنجاح واجتياز الامتحان المؤهل للحصول على ترخيص مزاولة المهنة .

مادة ١٠ - واجبات طبيب التدريب الإجباري (الامتياز) :

يتم التدريب تحت إشراف أعضاء هيئة التدريس بكليات الطب والاستشاريين الذين يعتمدهم المجلس الأعلى للمستشفيات الجامعية في الأقسام المختلفة ويقوم كل قسم بمتابعة المهام الطبية التي يجب على طبيب الامتياز أن يمارسها خلال فترة تدريبه في القسم وهي جزء لا يتجزأ من هذا التوصيف .

العبء الأسبوعي لتدريب طبيب الامتياز هو :

ستة أيام أسبوعيًا على ألا تقل ساعات التدريب عن ٨ ساعات يوميًا .

لا يزيد عدد المناوبات عن ٦ مناوبات شهريا مدة المناوبة ١٢ ساعة موزعة حسب النظام المتبع بكل قسم يتم التدريب به .

يجب على طبيب الامتياز المشاركة في مناوبات الإجازات وفق جداول توزيع الأقسام المتواجد للتدريب بها وبما تقتضيه مصلحة العمل .

يعتبر اليوم التالي للمناوبة إجازة من التدريب .

الواجبات الفنية :

١- إجراء الكشف الطبى الأولى على المريض وكتابة التاريخ المرضي حال دخوله المستشفى مع تدوين تلك المعلومات بملف المريض .

٢- مرافقة الفريق الطبى أثناء الجولات اليومية والقيام بعمل أي إجراء طبى يفوضه له الفريق الطبي تحت إشرافهم ومسئوليتهم .

٣- تسجيل التشخيص المبدئي وإجراء الفحوصات الأولية بما في ذلك إعطاء السوائل والحقن الوريدي .

٤- تنفيذ خطة العلاج بعد إقرارها من الأطباء المسئولين بالقسم المختص وتعبئة النماذج المختلفة لطلب الفحوص المخبرية والإشعاعية حسب تعليمات الطبيب المعالج وإرسال العينات ومتابعة النتائج وإبلاغ أعضاء الفريق الطبي بها .

٥- مراقبة التطورات المرضية وتوثيقها في ملف المريض .

الواجبات التعليمية :

١- الالتزام بالمرور اليومي الخاص بالقسم برفقة الطبيب المقيم والمشاركة في المناقشات العلمية التي تجري على المريض .

٢- المشاركة في الندوات والمحاضرات وأنشطة القسم العلمية الأخرى بشكل فعال ومستمر .

٣- التدريب على طلب وقراءة الفحوصات الروتينية مثل فحص إدرار البول وفحص البراز وتخطيط القلب وسكر الدم وتخطيط الجنينى للسيدات الحوامل .

٤- الالتزام بوثيقة التدريب المرفقة مع هذه اللائحة .

الواجبات الإدارية :

١- الالتزام بالنظام والحضور والانصراف حسب القواعد المتبعة بالقسم .

٢- الالتزام بالمناوبات حسب الجدول المتفق عليه من قبل رئيس القسم وعدم مغادرة مقر العمل عند انتهاء المناوبة إلا بعد حضور من يخلفه .

٣- القيام بالواجبات الفنية أو التدريبية الأخرى التي يكلف بها من قبل الطبيب المشرف .

٤- طبيب الامتياز غير مسؤول نهائيا عن إصدار أمر خروج للمرضى أو إعطاء تقارير طبية أو إجازات وكذلك لا يحق له كتابة الوصفات الطبية بدون الرجوع إلى الطبيب المعالج .

٥- تقديم التقييم الشهري من المركز التدريبي للقسم الذي يتدرب فيه إلى لجنة الامتياز .

٦- التأكد من التطوير المهني لأدائه عن طريق الحضور والمشاركة في برامج التدريب العملي والميداني .

مادة ١١ - حقوق طبيب الامتياز :

١- التدريب تحت إشراف أعضاء هيئة التدريس أو الاستشاريين المعتمدين في الأقسام المختلفة .

٢- توفير الحالات المتنوعة ومناقشتها باستفاضة وإتاحة البرامج التعليمية والمحاضرات العلمية إضافة إلى مراجعة الأبحاث الحديثة في التخصص وغير ذلك من الأنشطة التعليمية التي من شأنها تدريب طبيب الامتياز وتنمية قدراته المهنية .

٣- الدعم المباشر من الفريق الطبى .

٤- الاحترام والتقدير لطبيب الامتياز من الجميع بما تقتضيه أعراف الزمالة الطبية وأصول المهنة وفي حالة تعرضه لأي مضايقات يرفع ذلك إلى لجنة تدريب أطباء الامتياز .

٥- الحق في الإجازات وفق ما تحدده هذه اللائحة .

٦- حصوله على المكافأة حسب القانون .

٧- الاطلاع على نتائج التقييم الذي حصل عليه من قبل الأقسام والتوقيع عليها ومناقشة السلبيات إن وجدت .

٨- لا يسمح بتغيير الأقسام بعد صدور قوائم التوزيع .

٩- بعد استكمال الأطباء فترة تدريب الامتياز واكتمال التقييم بنجاح يتم منح طبيب الامتياز شهادة قضاء فترة التدريب الامتياز من المستشفى الجامعى التابع لكلية الطب التى تخرج منها .

مادة ١٢ - التأخر عن بدء التدريب :

١- لا يجوز أن تزيد فترة التأخر عن التدريب عن سنة من تاريخ إنهاء الطلاب متطلبات التخرج .

٢- يجوز لطبيب الامتياز تأجيل شهر إلى ستة أشهر من التدريب بعد موافقة لجنة شئون التدريب على أن يقضي هذه الفترة لاحقا بعد أن ينهى جميع الدورات الأخرى .

٣- في حالة التأخر عن بدء التدريب لأكثر من ١٢ شهرًا تعرض على لجنة تدريب أطباء التدريب الإجباري (الامتياز) لدراستها ويرفع الرأي بشأنها إلى المدير التنفيذي للمستشفيات الجامعية .

مادة ١٣ - الانقطاع بعد بدء التدريب :

١- إذا انقطع طبيب التدريب (الامتياز) عن التدريب بعذر مقبول من اللجنة مدة لا تزيد عن ستة أشهر فيتم تعويض تلك المدة في نهاية فترة الامتياز .

٢- إذا انقطع طبيب التدريب (الامتياز) بعذر قهري يقبله مجلس إدارة المستشفيات الجامعية أكثر من ٦ أشهر ولمدة لا تزيد عن سنة يستكمل فترة التدريب التي فاتته .

٣- إذا زادت الفترة المنقطعة عن ستة أشهر فيطبق بحقه ما يطبق على من تأخر عن بدء سنة الامتياز .

٤- فترات الانقطاع أثناء التدريب تحسب مجتمعة .

مادة ١٤ - التقييم :

١- بعد انتهاء فترة تدريب طبيب التدريب (الامتياز) في القسم المعنى يقوم مدير لجنة التدريب بإعداد تقرير تقييم (حسب النموذج المعتمد والمرفق بهذه اللائحة موقعا من عضو هيئة التدريس أو الاستشاري المشرف على التدريب) ويشمل هذا التقرير تقييم القدرات والمهارات المهنية والحضور والانضباط والعلاقة مع المرضى والعلاقة مع الرؤساء والعلاقة مع هيئة التمريض .

٢- يتم مناقشة التقرير مع طبيب الامتياز من قبل الاستشاري المشرف على التدريب لاطلاعه على جوانب القوة والضعف في أدائه وكيفية تحسين وتطوير الأداء مع توقيعه بالعلم النموذج لإثبات المناقشة .

سياسة التقييم :

١- يتم اعتماد التقييم من المدير التنفيذي للمستشفيات حسب النموذج المعتمد والمرفق بهذه اللائحة .

٢- ترسل التقييمات بخطابات رسمية بشكل سري إلى لجنة شئون أطباء الامتياز موقعا عليها عضو من أعضاء هيئة التدريس أو الاستشارى المشرف على التدريب .

٣- في حالة اكتشاف أى تغيير في أي تقييم من تقييمات أطباء الامتياز يتم تطبيق العقوبات المقررة بالنظام .

٤- في حالة تعديل أي فترة من الفترات بدون علم لجنة التدريب ، يجب إعادة الفترة التدريبية من جديد .

٥- إذا كان التقييم أقل من نسبة (مرضي) يتم توجيه المتدرب لإعادة دورة التدريب التي قضاها بالقسم أو جزء منها وذلك بعد مناقشته في السلبيات التي أدت إلى ذلك .

٦- يقوم طبيب الامتياز بتقييم القسم والاستشاريين الذين عمل معهم وتسليم التقييم للجنة التدريب ، للاستفادة منه لاحقًا .

مادة ١٥ - العطلات والإجازات :

١- يحصل طبيب التدريب (الامتياز) خلال كل مستوى من مستويات فترة التدريب (الامتياز) على إجازة سنوية مدتها عشرة أيام اعتيادية على ألا تزيد عن خمسة أيام في أي من الدورات التدريبية بالإضافة إلى خمسة أيام تمنح خلال الأمور الطارئة .

٢- تمنح لطبيب الامتياز إجازة مدتها خمسة أيام لحضور الأنشطة التعليمية (مؤتمرات، دورات تدريبية) على أن يتم ذلك بطلب رسمي لمدير لجنة تدريب الامتياز على أن يبرز ما يثبت حضوره لهذا النشاط ، وفي حالة لم يتم ذلك تحسم فترة مماثلة من الإجازة السنوية أو تمدد فترة التدريب لنفس المدة في حال تم استنفاذ الإجازة السنوية .

٣- الإجازة المرضية وإجازة رعاية الطفل وإجازة مرافقة الزوج تعوض بما يماثلها من الوقت قبل منح شهادة استكمال وإنهاء التدريب .

مادة ١٦ :

١- في حالة تغيب طبيب الامتياز لفترة أقل من (٢٠٪) بدون عذر خلال فترة تدريب واحدة يتم خصم (٥٪) من تقييم تلك الفترة عن كل يوم غياب بعد حسم أيام الإجازات (إذا توفرت) .

٢- وفي حال التغيب بعذر فيخصم من إجازاته السنوية ويلزم بإكمال ما يزيد عن ذلك في نهاية تلك الدورة أو في نهاية الفترة كاملة .

٣- إذا أخل طبيب الامتياز بواجباته والتزاماته المهنية فعلى لجنة تدريب أطباء الامتياز رفع توصية بأحد القرارات التالية :

إنذار كتابى .

إنذار نهائى مع وضعه تحت الملاحظة (تحدده وتنسقه اللجنة المشرفة على أطباء الامتياز) .

الخصم من المكافأة .

إعادة فترة الامتياز أو جزء منها مع إضافة أية عقوبات أخرى في حالة استنفاد العقوبات أعلاه وبحسب ما تقرره لجنة تدريب أطباء الامتياز .

حجب شهادة إكمال فترة الامتياز .

٤ – ترفع توصيات لجنة تدريب أطباء الامتياز مع تقرير مفصل عن حيثيات العقوبة إلى المدير التنفيذي لاتخاذ قرار بشأنها ولا يتم أخذ قرار بشأن إعادة كامل فترة الامتياز أو حجب شهادة التدريب قبل العرض على مجلس إدارة المستشفيات وفي جميع الأحوال يتم تبليغ الطبيب المتدرب كتابيًا .

٥– عند حدوث ما يخل بالسلوك أو الشرف والأمانة أو ما يسيء إلى أخلاقيات الطبيب من قبل طبيب التدريب الإجباري (الامتياز) تشكل لجنة بقرار من المدير التنفيذي للمستشفيات الجامعية لإجراء تحقيق ورفع توصياتها لمجلس إدارة المستشفيات لاتخاذ القرار المناسب .

٦– يتحمل طبيب التدريب الامتياز تكلفة مدة التدريب أو أي جزء منه في حالة إعادته لمرة ثالثة أو أكثر بدون عذر مقبول .

مادة ١٧ - حق التظلم :

يحق لطبيب الامتياز التظلم للمدير التنفيذي للمستشفيات الجامعية ضد أي قرار تم اتخاذه بحقه خلال ثلاثين يومًا من إبلاغة بالقرار رسميًا ويتم تشكيل لجنة محايدة للنظر في التظلم مع رفع التوصيات للمدير التنفيذي خلال فترة أقصاها ثلاثون يومًا .

Annex 8

ارشادات تنفيذ اللائحة الموحدة لاطباء التدريب

الاجبارى نظام السنتين

- يعتبر نسخة توصيف البرنامج و ملحقاته هو المرجع المعتمد لضمان جودة تنفيذ اللائحة الموحدة لاطباء التدريب الاجبارى نظام السنتين كما يشكل المعايير المرجعية لأى متابعة داخلية او خارجية للبرنامج و مخرجاته.

اولا :الهيكل التنظيمى للبرنامج القومى للتدريب الاجبارى للاطباء نظام السنتين فى كل كلية وفقا للمادة 1 و2 و 3 و6

لجنة تنفيذ البرنامج بالمستشفيات الجامعية لكل كلية ↓ المدير التنفيذى للمستشفيات الجامعية رئيسا ↓ مدير البرنامج على مستوى المستشفى(يات) الجامعية لكل كلية ↓ مقرر اللجنة ↓ منسق تعليمى لكل تناوب (تخصص)على مستوى المستشفيات الجامعية بالكلية ↓ ↓ مشرف اكلينيكى لكل 25 – 30 متدرب لكل تناوب (تخصص) (غير ممثليين باللجنة)	لجنة المراجعة الداخلية بالمستشفيات الجامعية لكل كلية ↓ عميد الكلية ↓ وكيلي الكلية لشئون الطلاب و الدراسات العليا ↓ مقرر اللجنة من ذوي الخبرة في ضمان الجودة وتطوير التعليم ↓ ↓ ↓ عضو او اكثر من وحدة ضمان الجودة بالكلية يجوز الاستعانة بخبراء ضمان الجودة وتطوير التعليم عضو او اكثر من وحدة ضمان الجودة بالمستشفى

ثانيا اختصاصات المدربين و المشرفين الاكلينيكين و المنسق التعليمى :

يتم الالتزام بما ورد فى **اللمادة 1 و2 و 3 و6**

- **مدير البرنامج في كل كلية**

المواصفات:

1. ان يكون عضو هيئة تدريس بكلية الطب.
2. ان يكون ذو خبرة فى مجال التعليم الطبي و التدريب(شاملة اجتياز ما يلزم من دراسات ودورات تدريبية تحددها لجنتي الاشراف العليا و المراجعة الداخلية بالمستشفى الجامعي بكل كلية).
3.

المسؤوليات:

1. يكون مدير البرنامج مقرراً للجنة العليا للتدريب الإجباري للأطباء بالمستشفيات الجامعية لكل كلية و مسئولاً عن تنفيذ جدول اعمالها و طلب انعقادها و عرض التقارير اللازم اعتمادها من اللجنة لرفعها الى اللجنة القومية.
2. عقد اجتماعات دورية مع المنسقين التعليميين و المشرفين الاكلينيكيين للبرنامج.
3. اقتراح الاعداد المحددة من اطباء التدريب الإجباري داخل او خارج الكلية.
4. متابعة التدريب و التقييم داخل و خارج الكلية.
5. اعتماد التقارير النهائية و ملفات الانجاز اللازمة لمنح شهادة انهاء التدريب الإجباري للأطباء.
6. اقتراح تعيين المنسقين التعليميين و رفعه الى اللجنة العليا بالمستشفي الجامعي لكل كلية لاعتمادها.
7. اعتماد تعيين المشرفين الاكلينيكيين المقترح من الاقسام بالكلية و المستشفيات او المراكز المعتمدة خارجها.

المنسقين التعليمين

تعين اللجنة العليا للتدريب الإجباري للأطباء بالمستشفيات الجامعية لكل كلية منسقاً علمياً واحداً لكل تناوب (دورة اكلينيكية)بناء على اقتراح القسم المختص و اعتماد مدير البرنامج و تكون مواصفاته و مسؤولياته على النحو الاتي:

المواصفات:

1. ان يكون عضو هيئة تدريس بالكلية و القسم المختص.

4. ان يكون ذو خبرة في مجال التعليم الطبي و التدريب. شاملة اجتياز ما يلزم من دراسات ودورات تدريبية تحددها لجنتي الاشراف العليا و المراجعة الداخلية بالمستشفى الجامعي بكل كلية).

المسؤوليات:

1. متابعة تنفيذ البرنامج في التخصص المسؤول عنه في جميع اماكن التدريب داخل و خارج الكلية.
2. عقد اجتماعات دورية مع المشرفين الإكلينيكيين في التخصص من داخل و خارج الكلية.
3. عقد اجتماعات دورية مع اطباء التدريب بحد ادنى بداية و نهاية كل تناوب (دورة اكلينيكية).
4. اعتماد تقارير المشرفين الإكلينيكيين و اعداد تقرير لكل طبيب متدرب فى التخصص المسؤل عنه.

المشرفين الاكلينيين

يرشح كل قسم إكلينيكي عدد من المشرفين الإكلينيكيين داخل و خارج المستشفيات الجامعية لكل كلية و يعتمد من المنسق التعليمي و مدير البرنامج. يتابع المشرف الإكلينيكي عدد لا يزيد عن 20 متدرب فى المكان الواحد.

مواصفات المشرف الإكلينيكى:

- ✓ ان يكون عضو هيئة تدريس او أخصائي بخبرة 5 سنوات على الاقل بعد الماجيستير او 3 سنوات بعد الزمالة المصرية.
- ✓ ان يجتاز متطلبات التدريب المعتمدة من اللجنة العليا التدريب الإجباري للأطباء بكل كلية.
- ✓ ان يكون ذو خبرة مناسبة فى التدريب.

المسؤوليات:

- ✓ الاشراف على الانشطة و التقييمات المطلوبة من الاطباء المتدربين المسؤول عنهم وفقاً لتوصيف البرنامج و ملحقاته.
- ✓ متابعة ميدانية مستمرة للواجبات (الانشطة) المهنية الموثوقة (EPA) المطلوب انجازها لكل طبيب مسئول عن تدريبه.
- ✓ التوقيع الدوري و النهائي على ملف الانجاز لكل طبيب.
- ✓ اعداد و تقديم تقرير عن كل متدرب في منتصف و نهاية التناوب (الدورة الاكلينيكية).
- ✓ اعداد و تنفيذ كل الانشطة المطلوبة لاستيفاء قواعد ضمان الجودة و الاعتماد.

✓ اعداد و تقديم تقرير عن كل تناوب (دورة اكلينيكية) متضمنة التغذية الراجعة من الاطباء و المدربين و خطة للتحسين و رفعها الى المشرف التعليمي.

ثالثا يتكون برنامج التدريب الإجباري للأطباء من 2 مستوى (سنة تدريبية) كما يلى:

- **السنة الاولى (المستوى الاول):**

و يتكون من 4 تناوبات (دورات اكلينيكية)اجبارية كل دورة 12 اسبوع لتخصصات:

- الامراض الباطنة و طوارئها
- الجراحة العامة و طوارئها
- امراض النساء و التوليد و طوارئها
- طب الاطفال و طوارئها

- **السنة الثانية (المستوى الثانى):**

و يتكون من 4 تناوبات (دورات اكلينيكية)اجبارية كما يلى:

1. تناوب (دورة اكلينيكية) اجبارية فى التخدير و العناية المركزة و مدتها 8 اسابيع.
2. تناوب (دورة اكلينيكية)اجبارية فى الطب النفسي و مدتها 8 اسابيع.
3. تناوب (دورة اكلينيكية)اجبارية فى الطوارئ و مدتها 8 اسابيع.
4. تناوب (دورة اكلينيكية)اجبارية فى طب الاسرة و مدتها 8 اسابيع يقضيها المتدرب في مراكز ووحدات الرعاية الصحية الاولية تحت اشراف تدريبي من اقسام طب الاسرة بالكلية.

يستكمل المتدرب السنة التدريسية الثانية (16 اسبوع) فى واحد او اكثر من التخصصات التى يختارها وفقاً لرغبته و لإرشادات المنسقين التعليمين و مدير البرنامج.

رابعا اماكن التدريب المعتمدة وفقا للمادة 4 :

يقترح كل كلية المستشفيات التى يعتمد التدريب بها كما يلى:

- الحد الادنى الاجمالى من مدة التدريب بكل سنتى التدريب الاجمالى و التى يتعين قضائها داخل المستشفيات الجامعية لكل كلية.
- المستشفيات و المراكز المعترف بها كأماكن التدريب خارج المستشفيات الجامعية لكل تناوب.
- يتم اعتماد ذلك فى المجلس الاعلى للمستشفيات الجامعية.

خامسا سياسات و اليات التقييم وفقا للمادة 14

-متطلبات منح شهادة اتمام التدريب الإجباري لكل طبيب تشمل:

1. تقرير من المشرف الإكلينيكي عن كل تناوب (دورة اكلينيكية).
2. تقرير من المنسق التعليمي عن كل تناوب (دورة اكلينيكية).
3. تقرير من مدير البرنامج.

و يشمل كل تقرير استيفاء نسب الحضور و متطلبات ملف الانجاز واجتياز الامتحانات اثناء العمل كما هو موضح بتوصيف البرنامج و ملحقاته.

وتعتمد اللجنة العليا بالمستشفيات الجامعية لكل كلية شهادة اتمام التدريب الإجباري لكل طبيب و يوقع نيابة عنها عميد الكلية و مدير البرنامج.

- **معايير تقييم اطباء التدريب الإجباري:**

1. اكمال حضور التدريب فى مكان العمل لكل تناوب (دورة اكلينيكية) مع مراعاة الغياب المسموح به
2. اتمام الجدارات و الانشطة الموثوقة لكل تناوب (دورة اكلينيكية)من خلال:

أ- التسجيل فى ملف الانجاز.

ب- دخول الامتحانات التكوينية اثناء العمل المحددة فى توصيف البرنامج و ملف الانجاز.

ج- دخول و اجتياز الامتحانات التحصيلية اثناء العمل و المحددة فى توصيف البرنامج و ملف الانجاز.

د- اتمام ورش العمل و انشطة التعلم الذاتي بكل دورة المنصوص عليها فى توصيف البرنامج و ملف الانجاز.

3. اتمام ورش العمل الاجبارية على مستوى الكلية المنصوص عليها فى توصيف البرنامج.

- **اليات التعامل مع المتعثرين من اطباء التدريب الإجباري:**

- يسمح التقييم المنتظم التكويني و التحصيلي و المتابعة المستمرة لملف الانجاز بالرصد المبكر للحالات المتعثرة متمثلاً فى:
  - نسب الحضور.
  - الرسوب فى الامتحانات التحصيلية اثناء العمل.

- التسجيل فى ملف الانجاز.
- حضور الدورات و الانشطة المطلوبة.

- قبل انتهاء الدورة التدريبية بوقت مناسب يمثل 25-30% من أجمالي مدة التناوب (دورة اكلينيكية)يقوم المشرف الإكلينيكي بعمل خطة لكل متدرب متعثر لاستكمال متطلبات اجتياز التناوب (دورة اكلينيكية) و يعتمد من المنسق التعليمي و يخطر بها المتدرب.
- فى نصف المدة المتبقية يقوم المشرف الإكلينيكي بعمل تقرير عن تقدم المتدرب فى تعويض المتطلبات الناقصة كإنذار اخير قبل قرار الزامه بإعادة التدريب كاملاً بالدورة.
- يصدر مدير البرنامج بناء على تقارير المشرف الكلينيكي و المنسق التعليمي قرار اعادة التناوب (الدورة اكلينيكية)للطبيب المتدرب و يتم اعتماد القرار من اللجنة العليا بالمستشفيات الجامعية التابعة للكلية

Annex 9

References of the Egyptian National Compulsory Medical Internship "Two Years" Program

The following are the main sources of designing the national Egyptian MI program

1- UK Foundation Program Curriculum 2021 - GMC
https://www.gmc-uk.org

2- ACGME common program requirements [Internet] Chicago, IL: Accreditation Council for Graduate Medical Education; 2007. Feb 11, [revised 2016 Jul 1; cited 2016 Feb 7] Available from: www.acgme.org/acgmeweb/Portals/0/PFAssets/ProgramRequirements/CPRs_07012016.pdf. [Google Scholar]

3- Obeso V, Brown D, Aiyer M, Barron B, Bull J, Carter T, Emery M, Gillespie C, Hormann M, Hyderi A, Lupi C, Schwartz M, Uthman M, Vasilevskis EE, Yingling S, Phillipi C, eds.; for Core EPAs for Entering Residency Pilot Program. Toolkits for the 13 Core Entrustable Professional Activities for Entering Residency. Washington, DC: Association of American Medical Colleges; 2017. aamc.org/initiatives/coreEPAs/publications and presentations

4- Gofton, W., Dudek, N., Barton, G., and Bhanji, F. (2017). Workplace-Based Assessment Implementation Guide: Formative tips for medical teaching practice. 1st ed. (PDF) Ottawa: The Royal College of Physicians and Surgeons of Canada, pg. 1-12. Available at: Royal College of Physicians and Surgeons http://www.royalcollege.ca/rcsite/documents/cbd/wba-implementation-guide-tips-medical-teaching-practice-e.pdf

5- National Academic Standards (NARS) Medicine 2017 Second Edition, National Authority for Quality Assurance and Accreditation of Education -Egypt. 2017.