



General Authority for Health Services For the Emirate of Abu Dhabi		الهيئة العامة للخدمات الصحية لإمارة أبوظبي	
Division/Dep./Section: PPR/HP/CC Section: CME/CPD Subject: Teaching Hospital Criteria	Ref: No: PPR/HP/CC/TH-001		
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1. PURPOSE:

The purpose of this policy is to outline the general criteria for the designation of a hospital as a teaching hospital in the Emirate of Abu Dhabi. There are both general criteria and specific criteria that the hospital must attain and maintain to receive accreditation as a teaching hospital from GAHS.

2. DEFINITIONS RELATED TO THE POLICY:

GAHS:	General Authority for Health Services for the Emirate of Abu Dhabi.
CME/CPD (CC)	Continuing Medical Education /Continuing Professional Development
HP:	Health Professional regulation Department
PPR	Provider Policy and Regulation
GAHS Member Organization	Any facility - Hospital or Primary Health Clinic – that is under the administration of the GAHS
Teaching Hospital	A hospital that delivers the highest quality undergraduate and postgraduate teaching, and that values and supports excellence in research

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3. POLICY STATEMENT:


- 3.1 A teaching hospital should be appropriately organized for the conduct of medical education, including a scholarly environment. It must demonstrate a commitment to excellence in both medical education and patient care. It must have an organizational structure that supports medical education and patient care and adequate resources. An ethical, professional and educational environment, in which curricular requirements, scholarly activity and general competencies can be met, must be demonstrated.
- 3.2 A hospital applying to be a teaching hospital must prove the necessary educational, financial and human resources to support a Teaching Hospital designation. It must ensure that the training environment is sufficiently broad to encompass all elements of graduate medical education and, where appropriate, undergraduate medical education as well. Toward this end, the training environment should be carefully evaluated and enhanced where necessary. Medical professionalism, scientific literacy, evidence based medicine and a commitment to life long learning is the foundation of medical education.

4. SCOPE / TARGET AUDIENCE:

This policy applies to all hospitals applying to be granted the title of teaching hospital in the Emirate of Abu Dhabi

5. RESPONSIBILITY

GAHS is responsible for setting the criteria for determining accreditation status, and for the decision to grant or deny accreditation status on the basis of the information in a survey report and the site visit.

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6. PROCEDURE

A hospital applying for teaching hospital status should fulfill the criteria below including administration, physical facility, patient data, teaching methods and monitoring.

6.1 Administration:

6.1.1. There must be a Director/Coordinator of internship/ Physician Training (DPT) who would be assisted by necessary staff. He /she should have the authority and responsibility for the oversight and administration of the hospital teaching program in collaboration with GAHS, and with the designated College or University officer in charge of clinical education.


6.1.2. The administration must have written policies and procedures in place for clinical education of students/interns/residents to guide their role, responsibility and authority when in the teaching hospital. This should include, but is not limited to, the following: duty hours, disciplinary regulations and grievance processes.


6.1.3. There are mechanisms in place to facilitate "practice-based learning" with support from the senior leadership (administrative and medical) of this type of learning within the facility, as trainees add a "cost" to the system.


6.1.4. A department is considered academic if it is headed by a Consultant based full-time at the hospital, and the department is staffed by two or more senior academic appointees


6.1.5. The administration must have in place a quality improvement process to assess the hospital's performance improvement program, and plans to apply for international accreditation.

6.1.6. The administration must have in place a Continuing Professional Education Program that is accessible to the Clinical Faculty, clinical students and interns.

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<p>6.1.7. Significant activity in clinical and basic research on the basis of grants and published papers should be undertaken.</p> <p>6.1.8. Fulfill the criteria for inspection by GAHS</p> <p>6.2. Clinical Faculty: A broadly experienced and diverse clinical faculty who can serve as role models, are well trained and are enthusiastic about teaching</p> <p>6.2.1 A hospital must indicate the number of practicing physicians, by specialty, who are qualified to be considered clinical teachers. Hospitals making an application should have the physician credentials reviewed by the GAHS.</p> <p>6.2.2 An ongoing level of research/scholarly activity and lifelong learning through CME/CPD programs.</p> <p>6.2.3 The clinical faculty must have a minimum of five (5) years clinical experience with evidence of effective patient care.</p> <p>6.2.4 Faculty should have received training to be teachers, with experience in medical teaching, and principles of effective education including feedback and evaluation.</p> <p>6.2.5 Mentors should be given the time and space in which to facilitate education.</p> <p>6.3. Physical facilities A hospital that serves as a site for clinical students or interns must have appropriate support space, instructional facilities and information resources. The hospital must provide documentation on the following:</p> <p>6.3.1 Integrated clinical teaching units to provide integrated patient care.</p>			

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<p>6.3.2 Adequate teaching space (small group/lecture hall/conference facilities) for the anticipated numbers of clinical students and interns, in addition to adequate and appropriate space within each department for small group meetings.</p> <p>6.3.3 A well maintained medical library of sufficient size and breadth and with sufficient information resources to support the education program. The library needs to incorporate on-line references and access to other library systems, and sufficient numbers of computers that allow access to the Internet.</p> <p>6.3.4 Appropriate training equipment for the educational objectives of the medical education program to be met, in addition to sufficient communication resources and IT support for the education program and other missions</p> <p>6.3.5 Patient support services, such as intravenous, phlebotomy, and laboratory services appropriate to and consistent with educational objectives and patient care.</p> <p>6.3.6 Appropriate laboratory, pathology and radiology services (including CT scanning and Nuclear Medicine) to support timely and quality patient care including effective laboratory, pathology and radiological information systems.</p> <p>6.3.7 A medical record system that documents the course of each patient’s illness and care that is available at all times and adequately supports quality patient care, quality assurance activities and adequate resources for scholarly activity.</p> <p>6.3.8 Adequate numbers of on-call rooms for clinical students and interns.</p> <p>6.3.9 Pagers and uniforms for the clinical students and interns.</p> <p>6.4 Patient data An analysis and summary of patient data that demonstrates clinical students and interns will get appropriate exposure and experience to patients.</p> <p>6.4.1 The hospital must demonstrate an adequate number, and types of, patients in terms of clinical conditions, age, gender, and nationality for the hospital as a whole and for each department.</p>			

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<p>6.4.2 The hospital must provide data on admissions, both elective and emergency.</p> <p>6.4.3 The hospital must provide the numbers of beds in the hospital and in each department. This must be accompanied by patient occupancy.</p> <p>6.4.4 The hospital must provide data on the average number of outpatient and emergency visits for the previous six (6) months.</p> <p>6.4.5 The hospital must provide data on the average number of surgical cases, both major and minor, for the previous six (6) months, by type of surgery.</p> <p>6.4.6 The hospital must provide data on the average number of laboratory and radiology requests for the previous six (6) months.</p> <p>6.4.7 Each trainee (e.g. at an internship level) should be responsible for 8 – 10 patients.</p> <p>6.4.8 Patients (who are paying for care) need to agree to be subjects for case discussion and clinical education involving trainees.</p> <p>6.5. Teaching /Learning methods /Exposure :</p> <p>The facility is willing and capable of handling the internship curriculum including:</p> <p>6.5.1. Problem based /practice oriented with focus on hands-on training.</p> <p>6.5.2. Balanced combination of theory and practice.</p> <p>6.5.3. Adequate ability to build attitudinal skills of students through nurturing and supportive supervision.</p> <p>6.5.4. Physician Trainees should be adequately supervised out of hours and a formal clinical handover following night duty should occur to provide education and support as well as ensure continuity of patient care.</p>			

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6.6. Teaching/learning methods and processes.

Besides lectures, emphasis should be laid on small group discussion, observation, medical rounds and participatory observation, on-the-job practical training and focus on active learning, close to reality using simulation, and role-plays.

6.6.1. An Emergency Department with a director holding a substantial (at least half-time) appointment. Basic physician trainees shall have a role in the initial management of patients admitted under their care through the department.


6.6.2. Exposure to patient management in ambulatory settings. Ambulatory care is any contact with a consultant physician that occurs while the patient is not an in-patient of a hospital. Ambulatory care would include contact with patients at the following locations: physician's office, clinics or community centers, patient's home or nursing home or hostel. Basic trainees should attend at least one ambulatory clinic for one session a week.

6.6.3. In order for trainees to prepare for future independent practice they must have the opportunity to participate actively in the provision of health care; that is, they must have hands-on experience in a system of delegated and graded responsibility, while under supervision. By doing, as well as observing, trainees learn how to question, examine, diagnose, manage, and treat patients, and adopt the necessary attitudes towards patients and their relatives, colleagues and other members of the health care team.

6.7. Monitoring and Assessment.

A basic requirement was that a plan for monitoring and assessment should be in place with an emphasis on improving quality.

6.7.1. Assessment is needed for students and teachers including, internal and external assessment. Continuous assessment of skills and performance is considered necessary and to be given higher weight rather than terminal assessment.

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6.7.2. Teaching methods should be learner-centered, self-directed, balanced between theory and practical, and mentoring should be available. Monitoring and assessment should be periodic; teaching processes should be assessed; results should be used to improve teaching.


6.7.3. Monitoring of students and faculty should be periodic and focus on knowledge/skills/attitudes of students with periodic assessment of the program

6.7.4. Faculty performance should be assessed by the administration, peers, self and students.

6.7.5. Results/Outcomes of monitoring must be used to improve training. The environment should be conducive for the acceptance of results of monitoring/feedback in a constructive manner

7, CROSS REFERENCES / FORMS / POLICY / DOCUMENT

GAHS Policy on Process of Accreditation PPR/HP/CC/TH-002

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