Graduate Medical Education Catalog

July 2025

دبي الصحية
DUBAI HEALTH

جامعة محمد بن راشد للطب والعلوم الصحية
Mohammed Bin Rashid University of Medicine and Health Sciences

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1. Purpose of this Catalog

This catalog applies to MBRU's Graduate Medical Education (GME) Trainees. The content of this catalog is incorporated into each Trainee's contract but does not constitute by itself, nor should it be construed as a promise of employment or as a contract between the Trainee and Dubai Health.

The information contained in this catalog is presented for the benefit of the Graduate Medical Education Trainees of MBRU and intends to provide and direct the Trainee to necessary information concerning the policies, procedures, and practices relevant to their training. The catalog sets forth matters that the Trainee is obligated to obey or observe but does not contain every obligation. Trainees are required to follow all the policies and procedures (and any later-adopted successor policies) of GME at MBRU. Trainees are to refer to their specific Dubai Health facility's Policies and Procedures for all issues concerning patient care and are encouraged to ask their Program Directors, the GME Office, and Human Resources for additional information or clarification on any such matters.

MBRU's GME Operating Committee approves revisions to this catalog based on the relevance to the clinical learning environment. As such, this catalog may be changed, deleted, suspended, or discontinued in part or whole at any time without prior notice; an updated version will be available on the MBRU website GME page.

2. Institutional Information

2.1. Institutional History

His Highness Sheikh Mohammed Bin Rashid Al Maktoum, Vice President and Prime Minister of the United Arab Emirates and Ruler of Dubai announced the establishment of Mohammed Bin Rashid University of Medicine and Health Sciences (MBRU) in 2014 and signed Decree number 7 for the formal establishment of the University in June 2016. Currently, the University offers 39 specialized clinical training program through the Deanship of Graduate Medical Education and 11 academic programs through its three colleges: Hamdan Bin Mohammed College of Dental Medicine, the College of Medicine, and the College of Nursing and Midwifery. From these Colleges, MBRU has produced more than 1000 peer-reviewed publications, more than 300 graduates, and hosts a diverse student body of more than 40 nationalities. All specialized clinical training programs hold national or regional accreditation and are designed to prioritize competency-based clinical training. Through a meticulously structured curriculum, learners are empowered through research activities, medical simulation, and the development of essential soft skills. All academic programs offered by MBRU are accredited by the UAE's Ministry of Education, and the university is affiliated with a plethora of clinical and academic partnerships with reputable regional and global organizations.

Other academic departments include the Institute of Learning (IoL) and the Deanship of Research and Graduate Studies. IoL is an innovative and comprehensive department that provides support to healthcare professional educators with pedagogical skills, assists practicing healthcare professionals to maintain and improve on their as well as offers programs and research in the science of healthcare profession education. In parallel, the Deanship of Research and Graduate Studies fosters an environment conducive to innovation and intellectual growth, fueling advancements in healthcare both locally in the UAE and on a global scale by developing a robust research governance structure. This Deanship is committed to support the delivery of high-impact translational research underpinned by a clear objective to elevate clinical practice, influence health policy, and ultimately improve the well-being of our community. By synergizing expertise, resources, and knowledge, learning at MBRU stands as a beacon of progress, dedicated to the betterment of healthcare education, research, and ultimately, the health of individuals and societies.

MBRU is the academic arm of Dubai Academic Health Corporation – hereafter called Dubai Health, Dubai's first integrated academic health system. Dubai Health strives to advance health for humanity

through its mission to impact lives and shape the future of health through the integration of care, learning, and discovery. By living its core value of Patient First, Dubai Health aims to set a global standard of patient outcomes for generations to come.

The highly experienced faculty and world-class facilities provide learners with extensive clinical training, in line with the UAE Centennial 2071 to develop education with a focus on advanced technologies.

All programs offered by MBRU are benchmarked against international standards to ensure high-quality education which allows its graduates to be competitive globally, both in the job market and in securing advanced specialist training positions. MBRU's academic partner is Queen's University Belfast in the United Kingdom. This partnership aims at enhancing the quality of all aspects of the medical program and supporting the university on strategic and operational issues.

2.2. Vision, Mission, and Values

Mission, Vision, Values

All DUBAI HEALTH facilities, including MBRU share a unified Mission, Vision, and Values.

Mission: We serve to impact lives and shape the future of health through the integration of care, learning, discovery, and giving.

Vision: Together We Advance Health for Humanity.

Values:

Patient First - The Primary Value**:** Placing the needs and well-being of patients at the forefront of all decision-making processes, ensuring their safety, comfort, and satisfaction throughout their healthcare journey.

Respect - Implementing a patient-centered approach that is tailored to the needs of each individual patient. Emphasizing the ethical principle and practice of treating patients with dignity, empathy, and

consideration for their autonomy and individuality.

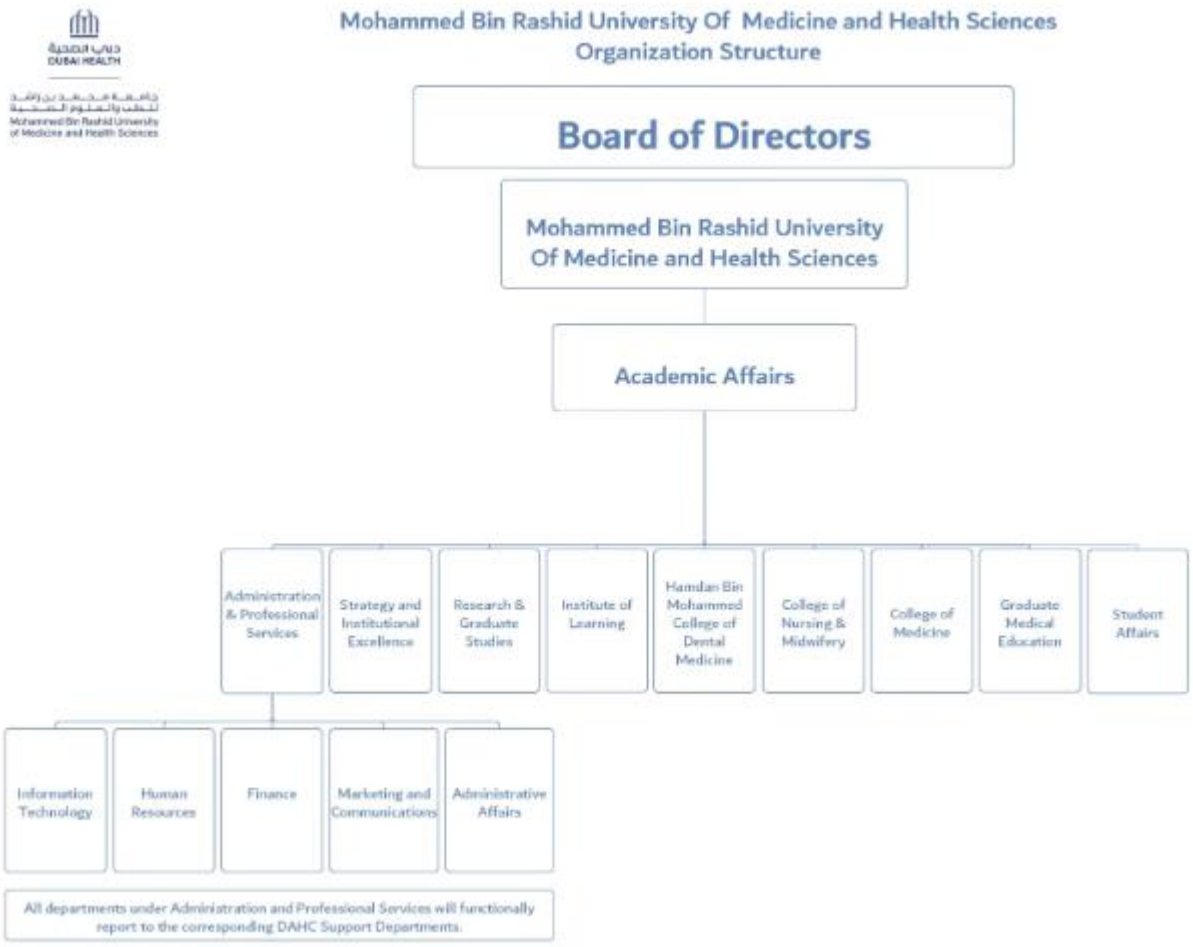
Excellence - Striving for excellence in all aspects of healthcare delivery by continuously seeking opportunities for improvement. Maximizing the value of healthcare services through efficient resource allocation, evidence-based practices, and continuous professional development.

Teamwork - Creating a collaborative work environment that fosters effective communication, mutual respect, and cooperation among interdisciplinary healthcare teams. Encouraging active engagement, attention to detail, and distinctive care delivery approaches that promote patient trust.

Integrity - Being accountable to the communities served by delivering high-quality healthcare services with transparency. Establishing systems of responsibility and accountability to track health-related decisions' process while ensuring clear communication about results to patients, public stakeholders as well as our dedicated healthcare workforce.

Empathy - Prioritizing an individual's experience within the care delivery process by providing coordinated services tailored to meet their unique needs while ensuring safety. Recognizing not only patients but also their families' caregivers' perspectives in order to provide compassionate care that addresses emotional well-being alongside physical health concerns.

2.3. Organizational Structure



2.4. Statement on Research

MBRU aspires to become a leading research-focused medical academic institution and to create an innovative and enriching research environment that will support the advancement of healthcare in the UAE and globally. MBRU aims to deliver high impact translational research with a clear objective to ultimately enhance clinical practice, health policy and the health of the community.

To achieve this, we:

- Incorporate early research exposure in our undergraduate and graduate programs, hence developing the next generation of scholars who will drive the progress of medical knowledge and discovery.
- Support faculty and staff in pursuing their research interests and building productive collaborations.
- Provide supportive policies, infrastructure and resources to assist researchers to achieve maximum impact for their research.

2.5. Library Resources

The Al Maktoum Medical Library (AMML) supports MBRU's students, medical and academic staff as well as the wider medical community, by providing access to quality and authoritative information resources in the field of medicine and research. Located on the first and second floors of the Mohammed Bin Rashid Academic Medical Centre, the state-of-the-art library offers a collection of point-of-care resources and medical education databases and provides spaces for individual quiet study as well as group and collaborative study for members. In addition, its facilities include a reading room, study lounges and pods, meeting rooms and an Information Commons.

Library Operating hours	
Monday - Thursday	8:00 am – 9:30 pm
Friday	8:00 am – 4:00 pm
Saturday	8:00 am – 4:00 pm
Sunday and Public Holidays	Closed

The library is a modern 30,000 square feet facility. It houses over 3000 print books, more than 250 print journals titles and holds subscription to a range of electronic resources including e-Journals and eBooks covering a wide field of medicine and allied health topics, bringing a wealth of up-to-date and reliable information to users. The library also has multiple copies of course core textbooks to support the curriculum at MBRU. Library electronic resources can be accessed remotely using the student's university email ID and password. The electronic resources include more than 40 databases covering 11,000 electronic journals titles, and more than 10,000 electronic books. The library has developed an extensive network for sharing educational resources and journals with other libraries in the region. New students will receive an induction into using the library and its online services as part of orientation, and librarians are available throughout the year to help students locate and use the materials and facilities they require. The regulations for use of the library facilities are available in the Student Handbook (Library Facilities). Library services include reference and information services, information literacy sessions, research support, writing and publishing support, interlibrary loans and document delivery, remote access, technology hub and wellness services.

3. Institutional Commitment

Dubai Health's mission is “to serve to impact lives and shape the future of health through the integration of care, learning, discovery and giving.”. This mission is made possible through the academic arm, the “Mohammed Bin Rashid University of Medicine and Health Sciences (“MBRU”), which recognizes the necessity for and benefits of graduate medical education (GME) as part of its aim to provide high-quality healthcare services. At MBRU, we believe that supporting GME programs will transform Dubai into a leading healthcare destination through the institution's vision, mission, and goals.

MBRU is committed to:

- Supporting GME by coordinating efforts with clinical facilities for administrative, educational, financial, human, and clinical resources. We also believe that properly planned, monitored, and evaluated GME programs contribute to improved quality care while fostering relationships between healthcare professionals, patients, and families, thus leading to greater knowledge of consumers' responsibilities for their health. Furthermore, the presence of high-quality educational programs has the specific advantage of providing a mechanism for recruiting and retaining highly qualified persons in the medical care arena who are engaged in furthering and improving healthcare delivery.
- Providing organized GME programs in which Trainees gain personal, clinical, and professional competence under close monitoring and mentoring. These programs will ensure that while patients receive safe and adequate care, the Trainee will evolve in responsibilities through gradual development of clinical experience, knowledge, and skills.
- Encouraging coordinated care delivery with a community focus. To fulfill its instructional purpose, MBRU will take advantage of possibilities to collaborate with other educational institutions as needed.
- Fulfill or exceed the Institutional Standards established by the National Institute for Health Specialties (NIHS) and Saudi Commission for Health Specialties (SCFHS), as well as other applicable accreditation requirements.

4. Welcome Note

Dear GME Trainees (Interns, Residents, and Fellows),

Welcome to Mohammed Bin Rashid University of Medicine and Health Sciences ("MBRU"), the academic arm of Dubai Health. As one of the premier providers of medical education, research, and continuous professional development in the United Arab Emirates, MBRU is pleased to have you as a member of our institution as you begin your career in graduate medical education.

This is an exciting time in your life and one that offers many opportunities for continued growth. We hope your association with Dubai Health will prove to be a rewarding and satisfying experience.

This catalog has been prepared to provide you with general information about the policies, procedures, and practices relevant to their training. Instructions concerning the specific clinical services to which you are assigned will be given to you by the service.

5. Introduction

Throughout this catalog, the terms “Intern,” “Resident,” and “Fellow,” may apply to you, but are referred to collectively as “Trainee". Trainees have an obligation to their respective training program in MBRU and to the effectiveness of the educational program to which they have been appointed.

5.1. Organizational Relationships

Dubai Health is an academic healthcare system that integrates care, learning, discovery, and giving and includes the Mohammed Bin Rashid University of Medicine and Health Sciences (“MBRU”), Al Jalila Foundation, and all government healthcare facilities in Dubai including (Rashid Hospital, Dubai Hospital, Latifa Hospital, Al Jalila Children’s Specialty Hospital, Hatta Hospital, Dubai Dental Hospital, and Ambulatory Health Centers). MBRU appoints a trainee to a training program for the length of the respective training program. Faculty members at Dubai Health or other participating sites by program letters of agreement, provide supervision to the trainee.

5.2. Position Overview

The position of a Trainee involves a combination of supervised, progressively more complex, and independent patient evaluation and/or management functions, formal educational, and research activities. The provision of healthcare and other professional services provided by the Trainee is commensurate with the Trainee’s level of advancement and competence, under the general supervision of appropriately privileged attending teaching faculty.

5.3. Responsibilities

The Trainee is both a learner and a member of the healthcare team. Responsibilities (essential job functions) of a Trainee include:

- Satisfactory progress in the training program as measured by program goals and objectives and milestones as applicable.
- Meeting technical and clinical performance standards.
- Participation in safe, effective, and compassionate healthcare.
- Development of an understanding of the ethical, socioeconomic, and medical/legal issues that affect healthcare and of how to apply cost containment measures in the provision of healthcare.
- Participation in institutional orientation, the educational activities of the training program, and other required education programs, within the institution or at a participating site.

- Assumption of responsibility for teaching and supervising other trainees and students and participation in other activities involving the clinical staff, as appropriate.
- Participation in institutional committees and councils to which the trainee is appointed or invited.
- Maintenance of certification as required by the enrolled training program.
- Maintenance of the appropriate licensure while appointed by Dubai Health to a training program.
- Documentation of cases and procedures, where appropriate, as directed by the enrolled training program and mandated accreditation body.
- Performance of duties by the established practices, procedures, and policies of GME, Dubai Health clinical departments, and other participating institutions to which the trainee is assigned.
- Recognition of personal conditions or situations that may affect patient safety or progress in training and communication of this to program leadership.
- Compliance with GME policies and enrolled training program clinical and work hour requirements which include:
    - Work within typical business hours, beyond typical business hours, unpredictable hours, or a combination of all.
    - Work up to 80 hours per week, averaging over four weeks, inclusive of all in-house calls, clinical and educational activities, and clinical work done from home.
    - Work multiple consecutive days including weekends with a minimum of one day in seven, free from all educational and clinical responsibilities, averaging over four weeks, inclusive of calls.
    - Return to work after being off for a minimum of ten hours with no scheduled clinical work and education periods.
    - Continuously work a maximum of 24 hours in the hospital setting followed by being physically present onsite for an additional 4 hours to ensure patient safety, education, and effective transitions of care.

6. Code of Conduct

6.1. Introduction

To fulfill the vision of Dubai Health and MBRU, we recognize that upholding the reputation of the organization is of paramount importance. All Trainees are therefore required to maintain the standards of behavior, be responsible to the community, and comply with the laws and regulations of the country. The Code of Conduct contained herein has been adopted to guide all Trainees accordingly and is to be strictly implemented.

6.2. The Purpose of the Code

The purpose of this Code of Conduct is to serve as a guideline for expected conduct from all Trainees and to inform them that Dubai Health is committed to approaching all its activities in an ethical manner, especially towards patient care and in compliance with laws and regulations.

6.3. The Code

The Code of Conduct requires that a trainee, during the training, must:

- Always carry the name of Dubai Health/MBRU with due respect and perform his/her duties with honesty, integrity, and due diligence.
- Assume responsibility for providing a safe and healthy workplace that recognizes and values skills, abilities, and contributions.
- Follow goals, timelines, and workloads as assigned by the supervisor(s) and utilize appropriate information and resources to complete their work.
- Take responsibility for fulfilling the tasks assigned to him/her by applying the best of their knowledge, skills, and experience.
- Engage in constructive debate about ideas and initiatives, listen to others' views, consult, and collaborate in support and acceptance of final decisions once they are made.
- Share knowledge and expertise generously to support excellence across the training site.
- Treat everyone with respect and courtesy, without harassment, and without differentiation based on race, nationality, religion, or color.
- Report to the Line Manager/Program Director the following:

  - Instances of bullying, harassment, violence, and intimidation (either verbal or physical) or unlawful discrimination
  - Any threat that could endanger the health, safety, or the environment of Dubai Health assets as well as any apparent violations of the code of conduct.
  - Any possible fraudulent behavior or misconduct observed.
- Refrain from initiating or perpetuating rumors.
- Be honest, ethical, and open in dealing with peers, patients, and their families.
- Acknowledge that all communications, email, internet access, name stamps, voice mail, laptops, and desktops or paper are the property of Dubai Health/MBRU and are to be used for business purposes only.
- Provide accurate, honest, and complete information while ensuring that he/she respects privacy and confidentiality obligations.
- Do not misuse information that becomes privy to about Dubai Health, MBRU, other staff, patients, and/or their families during the training. Such confidentiality is to be maintained even after the training with Dubai Health has ended.
- Access, use, and disclose confidential information only for authorized work-related purposes.
- Work within professional boundaries and maintain healing, professional relationships with your patients and their families.
- Abide by all the terms and conditions of the training contract and GME/training site policies and procedures.
- Use the services and facilities provided by Dubai Health only for the permitted purpose and in compliance with the terms on which they have been provided. (Work resources include physical, financial, and intellectual property).
- Properly use Dubai Health/MBRU resources by being mindful of not accruing wasteful use of such resources.
- Observe the highest standards of integrity in financial matters and comply with the requirements of relevant financial management legislation and Dubai Health/MBRU policies and procedures.
- Maintain a strict separation between work-related and personal financial matters and only use or authorize the use of Dubai Health/MBRU financial resources or facilities for training-related purposes.

- Ensure that prescription drugs, controlled substances, and other medical supplies such as drug samples and hypodermic needles which he/she may have access to as part of the training responsibilities are handled properly and only by authorization as needed.
- Report to the Program Director any diversion of drugs from Dubai Health hospitals and primary care clinics.
- Not sell, distribute, or otherwise monetize knowledge or experiences regarding how to successfully apply for and gain acceptance onto GME programs, nor engage in activities that may create conflicts of interest.
- Comply with all health, safety, and environmental regulations of Dubai Health.
- Not accept or provide gifts or the conveyance of anything of value (including entertainment) from current or prospective Dubai Health customers and suppliers unless explicitly permitted by the rules and regulations of Dubai Health.
- Aim to continuously improve all aspects of the patient care service.
- Uphold the principles of patient-focused and family-centered care in everything he/she does.
- Ensure patients and their families are actively involved in decisions regarding their care and treatment.
- Acknowledge the role that Dubai Health plays in the broader community and involve him/her(self) in activities that contribute to the community.
- Consider the impact of his/her decisions on patients, families, colleagues, and the community.

6.4. Breaches of this Code

Dubai Health takes breaches of this Code very seriously and trainees who breach it may face disciplinary action leading up to potential termination of training. Serious breaches of this Code may also be referred to the police if potential criminal conduct is involved.

6.5. Reporting of a breach

- Breaches should be reported to the Line Manager/Program Director as soon as practicable. This includes behaviors that violate any law or regulation or represent corrupt conduct, mismanagement of public resources, or are a danger to public health or safety. OBJ

7. Confidentiality Agreement

All trainees who encounter, or have access to, confidential information have a responsibility to maintain the privacy, confidentiality, and security of that information.

Confidential information includes but is not limited to, any information in whatever form (whether in writing, electronic or digital, verbally or by inspection of documents, computer systems or sites or under discussions or by any other means) relating to: Patients and/or family members, staff, students, observers, volunteers, contractors, Dubai Health business, financial and operations, third parties e.g. vendor contracts, and computer programs.

The text below is a reflection of the confidentiality agreement that all Trainees are required to sign during their onboarding and is included herein for reference.

I hereby agree and acknowledge the following:

1. I shall keep in strict confidence and agree not to inappropriately access, disclose, copy, remove, use, or give to any person or organization information of any nature related to Dubai Health medical facilities or its patients, which Dubai Health designates as confidential or which a reasonable person would consider confidential, except per my Dubai Health duties, with its specific prior written authorization or as permitted or required by law.

2. I will, at all times, respect the privacy and dignity of patients, employees, and all persons affiliated with Dubai Health/MBRU and shall only collect, use, and/or disclose personal and/or confidential information relating to these individuals as required by the performance of my legitimate hospital duties under the terms of my association with Dubai Health training sites, and as required by the regulator, Dubai Health Authority and in compliance with regulations and all applicable federal laws of the UAE.

3. This privacy, confidentiality, and security agreement does not apply to non-patient-specific information I previously and independently developed alone or with others before my association with Dubai Health that I can substantiate by written records or to information in the public domain.

4. This privacy, confidentiality, and security agreement does not apply to the disclosure of patient information, including mental health information, if the provider believes, in good faith, that the

disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

5. This privacy, confidentiality, and security agreement does not apply to the disclosure of patient information as required under the law or in compliance with a judicial order or that is referred to under the Dubai Health General Consent.

6. I understand that Dubai Health will conduct periodic audits to ensure compliance with this Privacy, Confidentiality, and Security agreement and will act on any issues of concern uncovered by an audit, up to and including the termination of my employment or the termination of my association with Dubai Health.

7. Information concerning patients or staff is strictly confidential and must not be disclosed to unauthorized persons.

8. I understand that it is my responsibility to familiarize myself with the terms of these policies/procedures and to keep myself informed of any changes to them or of any new policies/procedures issued to replace or supplement them. If I have any questions about any policies/procedures, including their applicability to me and their impact on the performance of my duties at Dubai Health training sites, I may contact my Line Manager/Program Director.

9. Regardless of any changes that may occur to my title, duties, status, and/or other terms of my training or association with Dubai Health, I understand and agree that the terms of this Privacy, Confidentiality, and Security Agreement will continue to apply.

10. I understand and agree to abide by all the conditions outlined above. I further understand and agree that this Privacy, Confidentiality, and Security agreement will remain in force in perpetuity, including after the termination of my relationship with Dubai Health.

11. I understand that I may receive patient information from other healthcare providers dealing with Dubai Health and I hereby agree that this statement shall extend automatically to cover the information and patient information received from such other healthcare providers.

12. I accept that I have no proprietary interest in any confidential information referred to in this agreement, which remains the property of Dubai Health/MBRU.

13. I agree to promptly notify Dubai Health regarding any activity that may involve an inappropriate disclosure of patient, staff, or organizational information.

14. Disclosures of confidential information or disclosures of any data of a personal nature (whether intentional or not) can result in prosecution for an offense under the UAE Law and/or an action for civil damages and/or any regulatory action taken by Dubai Health, in addition to any disciplinary action taken by Graduate Medical Education (GME).

15. I am aware that failure to comply with any of the terms of this agreement may result in corrective action being taken against me or the termination of my position or employment at Dubai Health and/or civil or criminal legal penalties.

16. I agree to fully indemnify Dubai Health against any allegations, claims, liabilities, losses, costs, and expenses or rights of action threatened, made, or brought by any patient or third party, due to my breach of this agreement or non-compliance with the applicable laws and regulations.

17. This agreement shall be governed by and construed per the laws of the United Arab Emirates, as applied in the Emirate of Dubai. Any dispute arising out of or in connection with this agreement shall be referred to the competent courts of the Emirate of Dubai.

8. Diversity and Inclusion

While excellent medical care has been at the forefront of everything we do, our core values also include excellence, diversity, integrity, compassion, teamwork, and innovation. At Dubai Health, we are respectful of the evolving landscape and nurture diversity and inclusion within our walls and externally so we may better serve the population and communities we serve.

Studies consistently show that people from diverse backgrounds will more readily seek health care from providers who look, and sound like them. The administrative and medical leadership remains focused on diversity and expects the same level of commitment from our employees, physicians, and the suppliers who do business with us. As such, recruiting diverse talent to enter executive leadership roles and the clinical care arena as physician leaders, physicians, and nurses is a priority in Dubai Health.

9. Trainee Journey

9.1. Enrolment & Contracts

Trainees are appointed and enrolled in GME Programs for the duration of the training program. For Resident and Fellows, please refer to your contract for more details about your employment contract.

9.2. Benefits For Resident and Fellows

- Monthly stipend based on their training level and successful completion of the Part I Board Exam.
- Medical Insurance
- Malpractice insurance
- e-learning opportunities
- e-Library and simulation lab access to Al Maktoum Medical Library (AMML) at MBRU
- Annual Leave - 4 weeks per training year
- Scientific Leave – 7 days per training year

Should you require any further information about the contract please contact your program coordinator and GME admission and registration division (gme.trainee.affairs@mbru.ac.ae).

9.3. Benefits for Interns:

- UAE National interns: monthly honorarium.
- Malpractice insurance
- e-learning opportunities
- e-Library and simulation lab access to Al Maktoum Medical Library (AMML) at MBRU
- Annual Leave - 2 weeks
- Scientific Leave – 7 days

9.4. TRAINEE RESPONSIBILITIES

During the training years, trainees have many professional responsibilities including, but not limited to clinical care of patients, improving their educational preparation, and teaching those with whom they work.

Some of these responsibilities include the following:

9.4.1. Clinical Care Responsibility

- Trainees are expected to provide patient-centric care under supervision, according to Dubai Health's 'patient first' principle. This includes:
  - Delivery of safe patient care.
  - Commitment to continuous clinical improvement and the delivery of high-quality care.
  - Patient-centered care, encompassing empathy, compassion, and responsiveness to the needs, values, and preferences of individual patients. This "humanistic" side of patient care is a crucial component of patient-centric care and is to be practiced with each patient encounter, to improve patient experience and provide an efficient patient journey.
- The trainee is part of a team to serve patients and family members, to provide an effective patient journey and patient experience, and to understand his/her function within the team.
- The roles and responsibilities of a trainee would depend on his/her level of training and privileges and are determined by the Clinical Competence Committee (CCC)/ Training Program Committee (TPC).
- To ensure oversight of trainee supervision and graded authority and responsibility, the following levels of supervision are recognized:
  - Direct Supervision: refers to the supervision provided by a supervisor who is physically present with the trainee and patient.
  - Indirect Supervision with Direct Supervision Immediately Available: refers to the supervision provided by a supervisor who is physically within the hospital/health facility of patient care and is immediately available to provide direct supervision.
  - Indirect Supervision with Direct Supervision Available: refers to the supervision provided by a supervisor who is not physically present within the hospital/health facility of patient care but is immediately available through telephonic and/or electronic modalities and is available to provide direct supervision.
  - Oversight: refers to the supervision provided by the supervisor who is available to provide a review of procedures/encounters with feedback provided after it is delivered.
- In general, the roles and responsibilities of trainee would include, but are not limited to, the following:
  - Perform clinical duties:

  - History taking, physical examination.
  - Request laboratory investigations and imaging.
  - Discussion with supervisor on differential diagnosis and treatment plan.
  - Initiate requests for appropriate labs and imaging.
- Accurate documentation of clinical findings in the electronic medical record.
- Using the Electronic Medical Records (EMR), also known as (SALAMA):
  - Trainees are provided with access to the EMR system as part of their training and to ensure adequate patient care.
  - Access level (privilege) varies based on the level of training.
  - Trainees will receive orientation on how to use the EMR and their privileges.
  - Trainees should only use their own access; using other people's access is prohibited.
  - In addition, if trainees face any issues with the EMR they should immediately inform their program director (PD), coordinator, and admissions office.
- Ensuring that the results of investigations and imaging are known to the specialist to ensure appropriate treatment or adjustment of treatment can be undertaken.
- Participate in the unit's ward rounds and lead ward rounds during on-call.
- Assist in procedures and surgeries and perform procedures and surgeries commensurate with training and as per privileges.
- Areas of work would include wards, outpatient departments, Accident & Emergency, ICU, OT, recovery rooms, labor ward, and imaging departments, as per specialty.
- Writing referral letters, discharge summaries, medical reports, and birth/death certificates.
- Be part of the on-call Rota, the level of responsibility (1st or 2nd on-call) depending on the level of training and ensuring adequate hand-over at the end of the call period.
- Adhere to the attendance code of the clinical unit.
- Develop a positive rapport with faculty and staff to foster a successful working relationship.
- Conducting all activities in a professional and ethical manner.
- Respect the rules and regulations of Dubai Health and the Dubai Government.
- Adhere to the clinical site policy and procedures to disclosure any medical error.

9.4.2. Learning and education responsibility

Trainees are recognized as adult learners and the acquisition of knowledge, skills, and professional

attitudes is the responsibility of everyone. The institution and the programs will provide an ample selection of educational offerings. Trainees are required to make every effort to benefit from the education offered, by attending educational conferences, and training activities in other hospitals, as required for each program. Below are the academic responsibilities of the trainee:

- Attend and participate in the mandatory teaching and educational activities in the program, including bedside teaching, lectures, seminars, journal clubs, presentation of clinical cases, etc., and other activities arranged by MBRU.
- Teaching and supervision of other junior learners.
- Commitment to lifelong learning as an individual and team to improve patient care.
- Involvement in research and scholarly-related activities. Scholarly-related activities are broadly defined and can include quality improvement projects, audit, and practice review projects, practice guidelines or care pathways, patient education materials, participation in conferences, and other activities.

9.4.3. Discipline-Specific Education Responsibility

The primary responsibility of graduate medical trainees is to meet the educational goals of their specific programs. In all MBRU-sponsored GME programs, the program director is responsible for the organization and implementation of discipline-specific educational objectives.

Trainees are expected to provide data/evaluation on their educational experience/activity to their program director and the GME office as requested. The provision of regular feedback on faculty, program, and overall educational experiences via confidential written or electronic evaluations, is an essential part of the continuous improvement of the educational programs within our institution.

Appendix 1: Framework for trainee roles and responsibilities per training year

9.5. Trainee Evaluation & Promotion Process

9.5.1. Competency-Based Educational Approach

GME Programs use a competency-based educational approach that focuses on the development and assessment of specific competencies required for medical practice. It shifts the emphasis from time-based training to a learner-centered model that evaluates trainees based on their demonstrated abilities and achievements.

In a competency-based program, learners progress through training by meeting predefined

milestones or competencies rather than completing a fixed duration of training. These competencies are typically defined by accrediting bodies.

The ACGME (Accreditation Council for Graduate Medical Education) and CanMEDS (Canadian Medical Education Directives for Specialists) are the two most popular competency frameworks used in Graduate Medical Education training. The ACGME framework consists of six core competencies: Patient Care, Medical Knowledge, Practice-based Learning, and Improvement, Interpersonal and Communication Skills, Professionalism, and Systems-based Practice. On the other hand, the CanMEDS framework includes seven roles or competencies: Medical Expertise (central role), Communicator, Collaborator/Leader/Manager/Scholar/Health Advocate. The Table below Maps the CanMEDS roles to the equivalent ACGME Competency

CanMEDS Role	Royal College of Physicians and Surgeons of Canada Definition	ACGME Equivalent
Medical Expert	Apply medical knowledge, clinical skills, and professional attitudes in their provision of patient-centered care. Medical Expert is the central physician role in the CanMEDS Framework.	Medical knowledge
Communicator	Physicians effectively facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter.	Interpersonal skills and communication
Collaborator	Physicians effectively work within a healthcare team to achieve optimal patient care.	Interpersonal skills and communication & Patient Care
Manager	Physicians are integral participants in healthcare organizations, organizing sustainable practices, making decisions about allocating resources and contributing to the effectiveness of the healthcare system	Systems-based practice
Health Advocate	Physicians responsibly use their expertise and influence to advance the health and wellbeing of individual patients, communities, and populations.	Systems-based practice
Scholar	Physicians demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application, and translation of medical knowledge.	Practice-based learning and improvement
Professionalism	Physicians are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behavior.	Professionalism

References: https://www.royalcollege.ca/ca/en/canmeds/canmeds-framework.html , https://www.acgme.org/globalassets/milestonesguidebook.pdf

9.5.2. Assessment Methods

The assessment of trainees in GME programs involves various methods to evaluate their progress, competence, and readiness for independent practice. Here are some of the assessment methods used in GME trainee evaluation:

- **Direct Observation:** Faculty members directly observe trainees during clinical encounters, procedures, or simulations to assess their clinical skills, communication abilities, professionalism, and overall performance.
- **Written Assessments/Evaluations**: Faculty members complete written evaluations assessing various aspects of a trainee's performance including professionalism, interpersonal skills, medical knowledge application in practice settings as well as strengths and areas for improvement.
- **Knowledge assessment**: Trainees typically take periodic standardized exams throughout their training to assess medical knowledge and identify areas for improvement. These exams may be administered by external organizations or developed internally by the program.
- **Multisource Feedback:** Feedback from multiple sources is gathered to provide a comprehensive view of a trainee's performance. This may include input from attending physicians, peers, nurses, patients, and other healthcare professionals who have worked with the trainee. Below is the QR code to obtain feedback from your patients. It is recommended to get a minimal 5 patient feedback evaluation per training year. All other evaluations will be through the regular Learning management system.

- **Work-based assessments** such as
  - **Case-based Discussions**: Trainees participate in case-based discussions where they present patient cases and engage in interactive discussions with faculty members to demonstrate their clinical reasoning skills and decision-making abilities.
  - **Mini-CEX (Mini-Clinical Evaluation Exercise)** is an assessment tool used in medical education to evaluate the clinical skills and performance of trainees. It provides direct observation and feedback on a trainee's clinical encounters with patients.
  - **Direct Observation of Procedural Skills (DOPS)** is an assessment tool used in medical

education to evaluate a trainee's performance and competence in performing specific procedural skills.

- **Procedure Logs**: Trainees maintain logs documenting the number and types of procedures they have performed under supervision during training periods. These logs may be reviewed periodically by faculty members who provide feedback on procedural competency development.
- **Self-Assessment/Self-Reflection**: Trainee engages in self-assessment activities where they reflect on their performance, identify areas for growth, and set goals for improvement. This process encourages self-directed learning and personal development.
- **Milestone Assessments**: Milestone assessments are used to track trainees' progress in achieving specific competencies or milestones throughout their training. These assessments are typically based on predefined criteria and are used to determine readiness for advancement to the next level of training. Please refer to your program-specific Milestones to learn more about the essential milestones that you are expected to achieve to complete the program.
- **Semi-annual evaluation:** The CCC/TPC reviews all completed evaluations (listed above) on each trainee semi-annually and conducts a semi-annual evaluation. These evaluations are crucial for monitoring trainees' development, identifying areas for improvement, and ensuring they meet the required competencies for their chosen specialty. Following each evaluation period, feedback is provided to trainees regarding their strengths and areas for improvement based on assessments conducted by faculty members or preceptors. This feedback aims to guide their professional development and help them set goals for future improvement. Based on the evaluation results and feedback received during these assessments, individualized learning plans may be developed collaboratively between faculty members/preceptors and trainees. These plans outline specific areas of focus and strategies for improvement.
- **Final Summative Evaluation:** is an assessment conducted by the CCC/TPC at the end of a trainee's training program to provide an overall evaluation of their performance and readiness for independent practice. This evaluation serves as a comprehensive review of the trainee's achievements, competencies, and growth throughout their training.
- Please refer to the Training and Assessment of Trainees – Competency and Curricula policy for more information

9.5.3. Trainee Promotion

Based on the end-of-year annual evaluation, the CCC/TPC makes decisions on promotion/progression which are approved by the Graduate Medical Education Committee (GMEC) after considering input from various evaluators involved in the assessment process and methods. The committee reviews all available information to ensure fair and consistent evaluations across trainees while maintaining high standards of competence and professionalism. Please review the promotion policy and the promotion criteria per program for more information.

9.6. Trainee Wellbeing

MBRU fosters an environment that encourages and assists trainees in maintaining wellness and in proactively addressing any health condition or impairment that could potentially affect their health, well-being, and performance. The Wellbeing Committee under GME governs and oversees the GME Wellbeing Program where all GME trainees are supported psychologically in their efforts to become competent, caring, and resilient physicians while completing their program. In addition, Trainees are required to complete a mandatory wellbeing e-course titled “Compassionate & Resilient Trainee: Strategies for Thriving in GME Programs”. The course equips Graduate medical trainees with the knowledge and skills needed to maintain robust mental and physical health, both personally and professionally. By the end of the course, trainees should be able to understand the importance of mental health and wellbeing, develop practical stress-management strategies, maintain a healthy work-life balance, communicate effectively with patients and colleagues, and be advocates for mental and physical health within their communities thus making them more resilient, empathetic, and effective healthcare providers.

9.7. Trainee Annual Leave

At MBRU, we recognize that trainees need adequate rest to perform at their best. We prioritize the well-being of our trainees and provide support within the guidelines of rules and regulations, while still maintaining our commitment to delivering excellent patient care and meeting training requirements. Every trainee in the residency and fellowship program is entitled to avail of a total of 4 weeks of annual leave per academic year. Interns are entitled to 2 weeks of annual leave during their training year. Please refer to the Trainee Vacation and Leave Policy to learn more about the policy and process of applying for leave.

9.8. Change of Specialty

During training, trainees may discover a passion for a different specialty and can apply to change their specialty. Please refer to the "Change of Specialty (Transfer admission) Policy" for more details about the requirements and process.

9.9. Transfer to another training site

Occasionally, trainees need to request to transfer from MBRU to another sponsoring institution. It is the trainee's responsibility to initiate and complete the process per the policy and procedures of the other institute. The Trainee must withdraw from the MBRU training program before joining any other program.

9.10. Withdrawal from the program

Trainees who wish to voluntarily withdraw from their training program must follow the GME withdrawal policy. Please refer to "The Leave of Absence and Withdrawal" Policy for more information. Until the withdrawal request is approved by all relevant parties, the trainee must continue attending his/her program.

9.11. Certification of training

Upon completion of training, the Clinical Competency Committee (CCC) /Training Program Committee (TPC) will issue a Final Summative Evaluation, delineating progression on milestones, recording case logs (where applicable), and verifying that the Trainee has demonstrated the necessary knowledge, skills, and behaviors necessary to enter autonomous practice. The evaluation will remain as a part of the trainee's permanent record maintained by GME, and a copy will be provided to the trainee. A Certificate of Completion of Training is issued at the successful completion of a program.

In the interim, if a trainee may require evidence of enrollment to a GME program in MBRU, he/she may contact the respective program coordinator for a "To Whom It May Concern Letter".

9.12. Off-boarding process

Training Completion Process (off-boarding) is an important step in ensuring a smooth and professional transition for GME trainees as they embark on the next phase of their careers. Below is an outline of the off-boarding process for GME trainees:

9.12.1. Notification

GME Admission & Registration will notify potential graduates in advance, typically a few months before the end of their program.

9.12.2. Documentation and Handover

- Trainees must ensure that all patient records, notes, and documentation are up to date and complete.
- Trainees should transfer patient care responsibilities to other medical staff or trainees prior to training completion.
- Trainees to document any outstanding tasks and ongoing projects to facilitate a smooth handover.
- A list of pending documents (including assessments, projects, etc..) will be shared prior to completion of training. Trainees need to ensure completing the same in order to receive completion of training.
- Any pending investigation with the GME office must be completed and the case closed in order for the trainee to receive training completion.

9.12.3. Administrative Procedures

Upon the successful completion of training, the GME Admission & Registration division will initiate the online clearance form to ensure that all hospital or program-owned equipment is returned, no outstanding payments with Finance – if applicable – or outstanding items with Library training-related software(s) are uninstalled, and trainee license is canceled as necessary.

9.12.4. Training Completion Certificate

When the GME Admission & Registration division receives the completed clearance forms, the digital certificate will be issued.

9.12.5. Board Certification

Trainees will receive guidance on the Board Certification issuance process from the GME Admission & Registration division.

9.12.6. HR and Benefits Closure:

GME Admission & Registration division will coordinate with the HR department to ensure seamless closure of payroll, benefits, and other HR-related matters.

10. Annual program review

- The annual program evaluation takes place as a dedicated meeting by members of the Program Evaluation Committee (PEC) that includes representative faculty, a minimum of one trainee representative per training year, and appropriate program staff. Minutes of the meeting are archived.
- As part of this annual evaluation, the PEC will monitor and track trainees' performance, faculty development, graduate performance, and program quality indicators. All data reviewed will be de-identified.
- Examples of trainee performance indicators include the results of formative assessments, benchmarking data such as in-training exams, and scholarly activity including presentations/publications.
- Faculty development activities include not only CME-type activities directed toward the acquisition of clinical knowledge and skills, but also activities directed toward developing teaching abilities, professionalism, and abilities for incorporating the competencies into practice and teaching.
- Graduate performance indicators include the results of performance on board certification examinations.
- Annual surveys of graduates assess current professional activities and perceptions of how well-prepared graduates are.
- Additional program quality indicators will be reviewed such as assessments of rotations or specific assignments, house staff selection process, graduates' practice choices, the didactic curriculum, assessment system used for house staff, results of house staff evaluation of faculty, results of the most recent annual accrediting body trainee/fellow survey, duty hours monitoring, and patient outcomes linked to house staff performance.
- The PEC will review the results of the confidential written or electronic house staff and faculty assessments of the program together with other program evaluation results to improve the program. If deficiencies are found, the PEC will prepare a written plan of action to document initiatives to improve program performance.
- The action plan will be reviewed and approved by the teaching faculty and documented in appropriate meeting minutes such as a faculty meeting.
- A copy of the annual program evaluation will be forwarded to the GME for DIO review. The program director will indicate to the DIO any deficiencies that require additional resources for resolution.

11. GME Policies

- GME policies refer to the set of rules, regulations, and guidelines established by the Deanship of Graduate Medical Education at MBRU in alignment with accrediting organizations to govern training programs.
- These policies aim to ensure high-quality education, patient care, trainee well-being, and program accountability. Understanding the policies ensures that trainees are aware of the rules and regulations governing your training program. Trainees must be knowledgeable about these policies to ensure compliance and avoid any unintentional violations that could have negative consequences on training or future careers.
- It is the responsibility of the trainees to familiarize themselves with all policies related to their training.
- The GME policies are available to all trainees and faculty through the GME intranet. The GME policies are reviewed and updated periodically. Any changes to the policy will be effective for all trainees from the date the policy is approved.
- Below is the list of current GME Policies:
    - GME P001 – Trainees Eligibility and Selection Policy
    - GME P002 – Disciplinary Action and Dismissal from Program policy
    - GME P003 – Grievances Appeal Mechanism for Trainees Policy
    - GME P004 – Intimidation-Harassment-Dignity at Work Policy
    - GME P005 – Trainee Safety Physician Impairment Policy
    - GME P006 – Continuity of Training in a Crisis that disrupts Clinical services
    - GME P007 – Training Program Governance Policy
    - GME P008 – GME Progression Criteria Policy
    - GME P009 – Disclosure of Patients on Trainee Involvement in Patient Care
    - GME P010 – Trainees' Supervision and Assessment Policy
    - GME P011 – Institutional Commitment to Training Faculty development Policy
    - GME P012 - Reduction of Capacity or Closure of Training Program
    - GME P013 – Accommodation for Disabilities Policy
    - GME P014 – Trainee Health and Safety Policy
    - GME P015 – Trainee Vacation and Leave Policy
    - GME P016 – Professional Liability Coverage and welfare of trainees policy
    - GME P017 – Compliance with Duty Hours Policy
    - GME P018 – Interaction with Vendors' Companies Representatives Policy

- GME P019 – Programs Internal review Mechanism Policy
- GME P020 – Quality Improvement in GME Policy
- GME P021 – Reporting and Addressing Conflict Policy
- GME P022 – Trainee Contract Extension Policy
- GME P023 – Statement Writing for Incidents, Complaints, Claims and Inquests Policy
- GME P024 – Trainee Back-up System Policy
- GME P025 – Trainee Code of Professional and Personal Conduct Policy
- GME P026 – Trainee Incomplete and Delinquent Medical Records Policy
- GME P027 – Trainee Remediation and Probation Policy
- GME P028 – Trainees' Academic Activities Policy
- GME P029 – Trainees' Clinical Handover Policy
- GME P030 – MBRU Mentorship of Trainees Policy
- GME P031 - Issuance of Completion of Training Certificate Policy
- GME P032 – Accreditation and Re-accreditation of GME Training Programs Policy
- GME P033 – GME Trainee Records Policy
- GME P034 – GME Scholarly Activities and Core Courses Funding Policy
- GME P035 – GME Elective Rotations Policy
- GME P036 – Change of Specialty (Transfer Admission) Policy
- GME P037 – Program Letter of Agreement Policy
- GME P038 – Trainee Leave of Absence and Withdrawal Policy
- GME P039 – Transfer to MBRU GME Training Programs
- GME P040 – Management of Peer Learners Policy
- GME P041 – Institutional Accreditation and Re-accreditation Policy
- GME P042 – Institutional Internal Review Policy
- GME P043 – Residents and Fellows Council Formation and Election Policy
- GME P000 – Readmission of dismissed/withdrawn Trainees Policy
- GME P000 – Training Postponement Policy

12. Trainee Channel of Communication

- Regular communication with the program director and program coordinator ensures that important information, updates, and concerns are conveyed accurately and promptly. This helps prevent miscommunication or misunderstandings that could impact the trainees' training experience.
- The program director can guide trainees on academic matters, professional development, career planning, and addressing any challenges you may encounter during your residency. They can offer valuable insights based on their experience as well as connect you with appropriate resources or mentors.
- The program coordinator plays a crucial role in managing administrative aspects of trainees' residency training such as scheduling, leave requests, duty hours tracking, documentation requirements, etc. Maintaining open lines of communication with them ensures that these administrative processes run smoothly for you, we do encourage communication with email for matters that might require documentation.
- Based on each program's policy, the chief trainee may be involved to help address some inquiries.
- Trainees should contact their **program director and copy their program coordinator** in the following situations:

  1. **Academic or Professional Concerns**: If trainees have concerns related to their academic progress, educational opportunities, or professional development within the respective residency training, reaching out to the program director is appropriate. They can provide guidance and support in addressing these issues.

  2. **Patient Care Issues**: If trainees encounter significant patient care issues that require attention beyond the immediate healthcare team (e.g., systemic problems impacting patient safety, medical errors, and inadequate supervision), it is necessary to involve the program director. They can help address these concerns, and work towards resolving them.

  3. **Ethical Dilemmas**: When facing ethical dilemmas related to patient care or other aspects of the training, contacting the program director can be helpful. They can provide guidance based on their experience and knowledge of ethical principles.

  4. **Personal Challenges Impacting Training**: If trainees experience personal challenges that significantly affect their ability to fulfill responsibilities as a trainee (e.g., health issues, family emergencies), it is appropriate to reach out to the program director for support and potential accommodations.

  5. **Reporting Harassment or Discrimination**: In cases involving harassment, discrimination, or any

form of mistreatment within the residency program, it is important to contact the program director promptly.

They will guide you through proper channels for reporting, ensure appropriate action is taken, and maintain confidentiality as needed.

- If a trainee's concern was not addressed by the program director, the trainee is encouraged to contact the **Associate Designated Institutional Official** (DIO) at your respective training site (Their contact details are available in the GME intranet).
- If the concern was not addressed by the Associate DIO, the trainee may contact the **Designated Institutional Official (DIO)** at DIO@dubaihealth.ae
- For more information, please refer to the Grievance and Appeal Mechanism for Trainees policy for more details.
- The **program coordinator** is a valuable resource of information and must be included in all correspondence related to your program. The program coordinator can assist you with various matters, including:

  1. **Administrative Inquiries**: If trainees have questions or need assistance with administrative matters related to their program, such as scheduling, leave requests, duty hours, or paperwork/ documentation requirements.

  2. **Rotations and Electives**: If trainees have inquiries about specific rotations or electives within your program, including scheduling conflicts or requesting changes.

  3. **Educational Activities**: For information regarding conferences, workshops, seminars, or other educational activities organized by the program.

  4. **Program Policies and Procedures**: If trainees have general questions about program policies and procedures that do not require direct involvement from higher-level leadership.

  5. **Trainee Events and Social Activities**: For inquiries related to trainee events, social activities, or community-building initiatives organized by the residency program.

  7. **Program Resources and Support Services**: If trainees require guidance on accessing resources such as libraries, educational materials, or support services available through the residency program (e.g., counseling services), the program coordinator can provide relevant information.

  8. **Communication Updates**: If there are changes in contact information (e.g., phone number, email address) that need to be updated within the program's records.

12.1. Confidential Reporting System:

Graduate Medical Education (GME) at Mohammed Bin Rashid University of Medicine and Health Sciences is committed to supporting medical education and training in a healthy and positive environment where trainees and trainers can work together in an atmosphere that fosters professionalism.

The GME trainee confidential report form has been established for all trainees to report any concerns about their training program. A "concern" is an issue, trouble, or distress that someone has about a program and/or its sponsoring institution that creates uncertainty and apprehension. Trainees are encouraged to utilize all the resources available in the program and/or your training site (program director, associate DIO) before submitting a concern to GME unless he/she has a valid reason for not utilizing these resources first. Concerns that occurred before the current and preceding training year may not be considered.

We strive to maintain the confidentiality of the trainee while addressing concerns. However, there may be times when GME may need to identify the trainee on the program and/or institution to advocate for a fair process and to identify options and strategies for resolution. In such cases, the GME administration will seek the trainee's permission prior to doing so. It is important that all trainees keep their contact information updated so that the GME administration may contact the trainee for additional information and to inform him/her about the actions taken in response to the concern.

Please use the following link or QR code to access the confidential reporting system.

13. Training Program Governance

The Deanship of Graduate Medical Education governs all GME Training in MBRU - Dubai Health. The governance structure of GME includes various stakeholders who oversee and manage the programs' operations, policies, and compliance with accreditation standards. While specific structures may vary between institutions, below is the outline of the key components:

- **Graduate Medical Education Operating Committee**: The committee is responsible for providing support, guidance, and oversight of progress to the functions of the GME Deanship.
- **Designated Institutional Official (DIO)**: The DIO is responsible for overseeing all aspects of the GME program within the institution. This individual ensures compliance with accreditation requirements and manages relationships with affiliated training sites.
- **Associate Designated Institutional Official (ADIO)** at the Training Site' is responsible for supporting the DIO and facilitating the implementation of GME education and training activities in the various training sites.
- **Graduate Medical Education Committee (GMEC)** also known as Institutional Training Committee (ITC): The GMEC/ITC is a key governing body that oversees all GME programs within MBRU. It consists of faculty members, program directors, trainee representatives, and other stakeholders. The GMEC/ITC reviews and approves new programs or changes to existing ones, monitors educational quality, establishes policies related to trainee well-being and education, and ensures compliance with accreditation standards.
- **Program Directors:** Each program has its own Program Director who is responsible for overseeing the day-to-day operations of their respective programs. They ensure adherence to educational objectives set by accrediting bodies while guiding trainees in their professional development.
- **Clinical Competency Committees (CCC) also known as Training Program Committees (TPC):** CCCs are established for each program to serve 3 important roles: supervision of training, participation in the program admission and selection process, and continuous trainee evaluation and assessment. The CCC/TPC assesses trainees' progress in meeting competency milestones throughout their training period. These committees review performance evaluations provided by faculty members and make recommendations regarding promotion or remediation as necessary.
- **Trainee Representatives** 'through the **Resident and Fellow Council**.: Trainee representatives play an important role in the governance structure by providing input and representing the interests of their peers. They participate in GMEC/ITC meetings, serve on committees, and provide feedback on program policies and improvements.
- **Institutional Leadership**: Institutional leadership, including the Chief Executive Officer, Chief Academic Officer (CAO), Chief Clinical Officer, and other senior administrators, provides support and resources to ensure the success of GME programs. They collaborate with the Dean of GME and other stakeholders to align GME goals with institutional strategic objectives.

14. The Deanship of Graduate Medical Education

The Deanship of Graduate Medical Education at Mohammed Bin Rashid University of Medicine and Health Sciences provides the leadership, structure, and support necessary to achieve excellence in Graduate Medical Education (GME) education.

The Office of Graduate Medical Education is in the Medical Education and Research Department building, 68R9+FX5 - D81 - Umm Hurair 2 - Dubai. GME website https://www.mbru.ac.ae/postgraduate-medical-education/ . Staff members are available between the hours of 8:00 a.m. and 4:00 p.m., Monday through Thursday, and 8:00 a.m. to 12 p.m. on Friday. Additional hours can be arranged by appointment.

The Deanship is responsible for supervising all GME training programs at MBRU. It carries the institutional administrative responsibilities for these programs and maintains the permanent records of all trainees. The Deanship's primary goals include facilitating trainees' navigation through administrative processes and ensuring that their responsibilities are effectively met."

We are here to help our trainees achieve their goals, and to this end, we are your advocates. A list of the contact information for the GME Deanship team can be found on the GME intranet.

15. GME Leadership at the training site

Every training site has an Associate Designated Institutional Official (ADIO) who plays a vital role in supporting and facilitating the implementation of GME education and training activities in the various training sites at Dubai Health and its affiliated training sites. Contact details for the ADIOs are available on the GME intranet.

15.1. Program Leadership

Each program is supported by a team responsible for overseeing its delivery, headed by the program director and including core faculty members and a program coordinator. This team ensures that the Graduate Medical Education (GME) program operates efficiently and effectively, aligning with both institutional and accreditation standards to foster the professional development of its trainees. Contact information for the program leadership team is available on the GME intranet.

16. ACKNOWLEDGEMENT

I, _____ (PRINT NAME), hereby confirm that I have received the GME Catalog, updated July 2025. By signing below, I acknowledge that I have read and understood the contents of the catalog. I agree to abide by and comply with the policies, procedures, and guidelines set forth in the catalog as a condition of my training.

_____

Name of Trainee

_____

Signature of Trainee

_____

Date

_____

Program Name

Appendix 1: Framework for trainee roles and responsibilities per training year

YEAR 1
Clinical Responsibilities:
• Trainee work on building a strong foundation in the primary speciality. • Responsibilities include conducting patient evaluations, assisting in the management of stable patients under supervision, participating in interdisciplinary team discussions, and developing skills in history-taking, physical examination, and basic procedural techniques.
Teaching Responsibilities
• Trainee actively participate in the mandatory weekly academic activities. • Trainee will prepare and present didactic lectures/ case presentation with faculty supervision during the academic year, utilizing appropriate communication skills and evidence-based medicine.
Administrative Responsibilities:
• Become familiar with the department/clinic daily operations, including the function of all personnel assigned to the department. • Keep up-to-date logs in the online residency tracking software of all procedures, duty hours, leaves and follow-ups. • May be nominated to be member of the program evaluation committee or other committees.
YEAR 2
Clinical Responsibilities: Trainee who successfully complete the first year will be granted expanded clinical responsibilities.
• During the second year of training, trainee begin to transition into more specific rotations. • They gain exposure to various rotation per the program curriculum. • Responsibilities include taking primary responsibility for managing stable patients with appropriate supervision, participating actively in patient care decisions, performing minor procedures under supervision or guidance from attending physicians.
Teaching Responsibilities:

- Trainee will actively participate in the mandatory weekly academic activities.
- Trainee will prepare and present didactic lectures/ case presentation with faculty supervision during the academic year, utilizing appropriate communication skills and evidence-based medicine.
- Participate in the teaching of junior learners in the department utilizing appropriate teaching and feedback techniques.

Administrative Responsibilities:

- Must initiate the research project and obtains IRB approval for the research.
- Keep up-to-date logs in the online residency tracking software of all procedures, duty hours, leaves and follow-ups.
- May be nominated to be member of the program evaluation committee, other committees or trainee council.

Supervisory Responsibilities:

- Trainee are encouraged to begin to take on a limited amount of teaching and supervision of students and junior trainee as the year progresses. These supervisory duties may be expanded at the discretion of the supervising physician during the second-half of the second year.

YEAR 3

Clinical Responsibilities

- In the third year of training, trainee continue to build upon their knowledge and skills while assuming increased responsibility for patient care.
- They serve as senior members of the team and are involved in managing both routine cases as well as more complex cases independently under appropriate supervision.

Teaching Responsibilities:

- Trainee will prepare and present didactic lectures/ case presentations under faculty supervision utilizing appropriate communication skills and evidence-based medicine.
- Lead a Journal Club discussion during the didactic activities.
- Teach medical students, interns, rotating trainee while working in the department.

Administrative Responsibilities:

- Participate in departmental quality improvement activities.
- Works on data gathering and analysis section of the research project
- Keep up-to-date logs in the online learning management tracking software of all procedures, duty hours, leaves and follow-ups.
- May be nominated to be member of the program evaluation committee, other committees or council.

Supervisory Responsibilities:

• Supervise junior trainees and medical students and conducts bedside teaching. • Assume accountability for the cases he or she supervises, and responsibility for informing the supervising faculty of the case.
YEAR 4-6
Clinical Responsibilities
- As senior trainee in their fourth , fifth or sixth years of training, trainee have gained significant clinical experience and are expected to function with greater autonomy while providing comprehensive care. - They manage a wide range of patients independently with faculty indirect supervision or oversight. - Responsibilities also include teaching and supervising junior trainees and medical students, participating in multidisciplinary team discussions, and providing patient education.
Teaching Responsibilities:
- Present a grand rounds style presentation during the academic year, using appropriate lecture and slide presentation skills. - Teach medical students, interns , rotating residents and junior residents.
Administrative Responsibilities:
- Completes the research project requirement. - Completes and presents quality improvement project results. - Keep up-to-date logs in the online program tracking software of all procedures, duty hours, leaves and follow-ups. - May be nominated to be member of the program evaluation committee, other committess or council - Participates in hospital clinical committees as required
Supervisory Responsibilities:
• Supervise junior trainees and medical students and conducts bedside teaching. • Assume accountability for the cases he or she supervises, and responsibility for informing the supervising faculty of the case.