



**AMERICAN
UNIVERSITY OF BEIRUT**

FACULTY OF MEDICINE

Department of Emergency Medicine

**By Laws
Rules and Regulations**

Approved on: June 21, 2023

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ARTICLE I – AUTHORITY

SECTION 1 – INTRODUCTION

1. The Department of Emergency Medicine is an academic department in the Faculty of Medicine at the American University of Beirut. It is organized and established in accordance with the AUB Bylaws of the Faculties, Article IV.
2. The department shall consist of all academic personnel of the appointed faculty as per Article III.
3. The department will have a chair, and with the establishment of divisions, each division will have a division head.

SECTION 2 – MISSION

The Mission of the Department of Emergency Medicine is:

1. To provide state-of-the-art, patient-centered, quality emergency medical care to our patients and community in a DEM that embraces safe and efficient processes.
2. To lead Emergency Medicine System development and disaster response locally, regionally, and globally with a commitment to the highest principles of practice, ethics, and professional integrity.
3. To promote both locally and internationally relevant research in emergency medical care.
4. To be the leader in EM education locally and regionally.

SECTION 3 – VISION

To be an innovative and outstanding service-oriented Department of Emergency Medicine that drives excellence in EM education, research, clinical care, and emergency system development, locally, regionally, and globally.

ARTICLE II - ORGANIZATION OF THE DEPARTMENT OF EMERGENCY MEDICINE

SECTION 1 – FACULTY OF THE DEPARTMENT

DEM primary faculty appointment in the DEM requires proper ACGME-accredited emergency medicine residency training in the specialty of emergency medicine or equivalence. This ensures properly reviewed accreditation criteria have been met. At least 60% of the DEM primary appointed faculty should be board certified/eligible by Tier 1 boards. (Appendix 1)

I. Primary Appointment in DEM:

DEM primary faculty appointment in the DEM requires proper ACGME-accredited emergency medicine residency training in the specialty of emergency medicine or equivalence. This ensures properly reviewed accreditation criteria have been met. At least 60% of the DEM primary appointed faculty should be board certified/eligible by Tier 1 boards. (Appendix 1)

1. DEM primary faculty appointment in the DEM requires proper ACGME-accredited emergency medicine residency training in the specialty of emergency medicine or equivalence. Equivalence in EM specialty training requires that the applicant can demonstrate his/her training and certification including:
 - 1.1 Specialty training in “Emergency Medicine” by a nationally recognized and accredited Emergency Medicine Residency Training program
 - 1.2 EM residency program accreditation and training should be:
 - i- Uniform with what is used for other categorical residency programs in that nation AND
 - ii- Equivalent to what is used by the ACGME.
 - iii- “Board Certification or Board Eligibility” by the nationally-recognized specialty-certification body – using both an oral and a written examination.
 - iv- EM certification body & exam should be uniform with what is used for other categorical residency programs in that nation and equivalent to what is used by the American Board of Medical Specialties and its American Board of Emergency Medicine
 - v- Specialty training program should include no less than 3 years of categorical residency training in Emergency Medicine
 - 1.3 Faculty may be board eligible on appointment but are required to be certified within 3 years of appointment, short of any extraneous circumstances and subject to approval by the department.
 - 1.4 Maintenance of board certification is required for reappointment short of any extraneous circumstances and subject to approval by the department.
2. Exceptionally for track 3 (clinical track), applicant without EM specialty training may be considered for primary full-time faculty appointment in the ED as practitioners, not specialists, if they satisfy the following:
 - 2.1 They have been working in the DEM at AUBMC as a full-time clinical associate for at least 7 years.
 - 2.2 They are in good standing, fulfilling all departmental requirements for emergency medicine, continued medical education and service to the department.
 - 2.3 They have completed training in a specialty through a program that is nationally recognized.
 - 2.4 Their training program holds equivalence to what is used by the ACGME.

- 2.5 “Board Certification or eligibility” by the nationally-recognized specialty-certification body – using both an oral and a written examination for boards that do not have continued lifelong learning.
- 2.6 Specialty training program should include no less than 3 years of categorical residency training.
- 2.7 Eligibility for this pathway requires ACGME-I based criteria for credentialing and privileging in all scope of practice and core competencies of EM for the population that is being cared for. This will be assessed, defined, and proctored individually for this track.

II. Secondary appointment in the DEM requires:

1. Maintenance of a primary appointment in a different AUB department
 - i- Loss of such primary appointment will result in loss of the DEM secondary appointment.
 - ii- The attending could then apply for clinical associate status in the DEM or for primary appointment if he/she meets its requirements.
2. A DEM Faculty majority voted to offer or renew 1–2-year appointments.
3. A *Memo of Understanding (MOU)* signed by the chairs of both departments clearly stipulating:
 - i- Roles and responsibilities (clinical, administrative and/or academic)
 - ii- Percentage time allocation to each department and distribution of time allocation in each department towards clinical, teaching, and administrative.
 - iii- Remuneration that is commensurate with established AAMC ratio for generalist coverage (i.e., FM) in the ED.
4. Faculty with secondary appointments cannot vote on DEM bylaws, personnel or promotion or attend a “closed session” during faculty meetings.
5. Delineation of clinical privileges in the Emergency Department will be based on board certification, accredited residency/fellowship training background, experience and will be reassessed based on demonstrated competence.

III. Secondment of DEM Full-Time Faculty:

Full-time faculty in the Department of Emergency Medicine (DEM, Primary Department) may be seconded to other units/departments (Secondary Unit) within AUB/AUBMC. The below document outlines the responsibilities and reimbursement structure that follows for any secondment agreements between the DEM and other departments/units at AUB/AUBMC.

1. The Secondary Unit will second the full-time faculty member from the DEM for:
 - i- A defined period
 - ii- An effort contribution defined as percentage of total faculty effort (X%)
2. Any secondment agreement needs to be submitted to the Chair for approval in writing six months prior to the assumption of responsibilities in the secondary unit.
3. The effort contribution towards the Secondary Unit will lead to a reciprocal reduction in effort within the DEM, as reflected by a proportional drop in BOTH clinical and non-clinical effort within the DEM (X% drop-in clinical time and X% drop-in non-clinical time).
4. Clinical and non-clinical effort are outlined separately in the Faculty Workload Requirement Document.
5. During the secondment period, the faculty shall receive his/her regular Academic Base salary. The DEM Group Practice will cover the percentage of the base proportional to effort within the DEM (100-X%). The secondary unit shall cover the remaining X% of the Academic Base salary.
6. The faculty member shall be eligible for Variable Income and Value-Based-Compensation from the ED Group Practice in proportion to his effort in the primary department (100-X%).

7. Effort related to the secondary unit will be paid separately as agreed by the faculty member and Secondary Unit.
8. All costs covered will include MDDF/DOF contribution costs.
9. Any additional costs related to the secondary unit appointment will be covered by the secondary unit.
10. The Secondary Unit shall provide the faculty member with necessary office space, equipment, and resources required to perform his/her duties towards the Secondary Unit during the secondment period.
11. During the secondment period, the faculty member shall report to the DEM Chair for all roles and responsibilities related to DEM and to the Secondary Unit supervisor for all obligations and responsibilities assigned to him/her by the Secondary Unit.
12. The DEM and Secondary Unit shall work together to ensure a smooth transition of the faculty back to the DEM at the end of the secondment period.
13. Return of faculty to full-time effort and full participation within the group practice requires a min of 120 days of written notice. Provisions must be clearly defined in the agreement between all three parties to define if, who and how faculty support must be maintained if return to full-time DEM participation is gradual during the 120-days period.
14. The secondment agreement will be for an initial period of one year or less. This may be renewable for an additional year. Any extension beyond two years requires revisiting the terms of the agreement with all parties (faculty, primary department, and secondary unit) prior to renewal.
15. Any faculty who drops below 50% effort within the DEM beyond 2 years, will be required to switch primary appointment accordingly. The DEM then became the secondary appointing department.
16. During Force Majeure the primary department may call on faculty full-time service for the duration of the period of the Force Majeure.
17. Only Faculty whose effort in the DEM remains above 50 % will retain voting rights within the DEM.

SECTION 2 – OFFICERS OF THE DEPARTMENT

I- Department Chair

1. Introduction:

The Department Chair shall be a member of the Active Medical Staff. The Department Chair shall be Emergency Medicine residency trained (from an ACGME or ACGME-I accredited residency training program) and board-certified in Emergency Medicine.

2. Appointment:

Recruitment of chairs of FM academic departments follows the American University of Beirut Bylaws of the Faculty (Section VI). Recruitment of chairs of FM academic departments follows a process by which the search of the chair is announced, and the dean appoints the members and chair of the search committee in consultation with the associate Dean of Faculty Affairs. The dean consults with the hospital administration in addition to the Advisory Committee and approves the appointment of the candidate, sending a copy of the appointment to the provost and president. The FM dean and the president then sign the appointment of clinical department chairs.

3. Roles and Responsibilities:

Subject to the authority of the Medical Board, the Dean, the President and the Board of Trustees, Department Chairs shall have the following duties and responsibilities: To support the vision and mission of the Faculty of Medicine and the Medical Center including its core values and strategic goals.

- 3.1 To develop and implement policies and procedures which promote safe and quality patient care, treatment, and services.
- 3.2 To implement and enforce within the department these Bylaws, Rules and Regulations and the Policies and Procedures of AUBMC.
- 3.3 To oversee the overall operations and functions of the department and align them into those of the organizational goals.
- 3.4 To recommend and plan for recruitment of the required number of qualified personnel and allocation of the needed space, resources, and equipment to provide care or service at excellent standards and to supervise their work.
- 3.5 To oversee and be accountable to the academic, administrative, service, financial and research activities of their departments.
- 3.6 To oversee residency and fellowship training programs in compliance with ACGME-International or its equivalent and to ensure that they are properly aligned and compliant with the Medical Center's policies, procedures, and requirements.
- 3.7 To screen and recommend all applications (initial and renewal) for membership to the Medical Staff and/or clinical privileges and define the criteria for clinical privileges that are relevant to the care provided in the department to the credentialing committee and the Medical Board.
- 3.8 To mentor Medical Staff members and personnel, complete their performance appraisal and oversee their professional development.
- 3.9 To monitor the conduct of Medical Staff members, regardless of department affiliation, and to ensure that their behavior does not negatively affect Medical Center operations and/or patient safety.
- 3.10 To undertake continuous assessment and improvement of the quality of care, treatment, services, patient safety, by participating in, or delegating a member of the department to, performance improvement initiatives or committees and safety initiatives or committees.
- 3.11 To review and act on the Ongoing Professional Practice Evaluation reports (OPPE)
- 3.12 To ensure that members of the department exercise only their approved Core/Non-Core privileges and to recommend eligibility criteria for granting new or temporary clinical privileges to the Credentialing Committee and the Medical Board.
- 3.13 To nurture opportunities for continuing professional education for members in the Department and promote active participation in meetings, conferences committees, taskforces and faculty development activities and programs.
- 3.14 To manage and proactively resolve conflicts in the department.
- 3.15 To conduct and participate regularly in departmental Mortality and Morbidity (M&M) and incident reviews and assist in clinical auditing initiatives.
- 3.16 To encourage and spearhead evidence based clinical practice through the implementation of established guidelines and protocols and ensure compliance.
- 3.17 To assist in utilization reviews and management initiatives.
- 3.18 To ensure continuity of patient care by members of the Department; and to assign another appropriate Medical Staff member(s) to provide the care needed in the absence, non-availability, or suspension of a Medical Staff member.
- 3.19 To evaluate the qualifications and competence of department personnel who are not licensed practitioners and who provide patient care services.
- 3.20 To develop and establish divisions, sections, services and/or programs in their respective Departments subject to the approval of the Medical Board.
- 3.21 The Department Chair shall have the right to review, approve, revise, or reject any recommendation by any standing or ad-hoc committee of the department. The Department Chair has the authority to take the final decision on matters related to the Department.

II - The Vice Chairperson

The Department Chair may appoint one or more members of the academic unit/track as Vice-Chairs to assist as deemed necessary, subject to approval by the dean, renewable annually. Their duties and responsibilities may vary and shall be decided by the Department Chair.

1. Duties and Responsibilities may include:

- 1.1 Assisting the Department Chair in fulfilling his/her academic, clinical operational and administrative duties.
- 1.2 To serve as Acting Department Chair in the absence of the Department Chair, or when a motion involving the Department Chair is being discussed.
- 1.3 To represent the Department Chair as needed in committees.

III - Heads of Divisions

The Department Chair may appoint Heads of Divisions in their respective departments after consulting with the concerned faculty and the Dean. Division heads shall report directly to the Department Chair. The Heads of Divisions shall be appointed for a period of at least 3 years after consultation with voting members of the Division, and/or other Medical Staff, the Vice Chairperson, and the Dean. Such an appointment is renewable upon review every 3 years, for a maximum of 2 terms.

Division Heads are directly responsible and accountable to the Department Chair for the academic program, clinical service, administration, growth, and development of the Division that she/he heads and supervises.

1. Duties and Responsibilities may include:

- 1.1 To organize and coordinate all educational, professional and research functions of the Division.
- 1.2 To make recommendations to the Department Chair on matters of new appointment of medical staff in consultation with voting members of the Division.
- 1.3 To express her/his opinion on reappointment and promotion of members of her/his division in writing to the Department Chair.
- 1.4 To administer effort analysis annually for each staff member and to propose the initial and subsequent remunerations of members of her/his Division to the Chairperson.
- 1.5 To prepare the Annual Divisional Budget including the diagnostic and therapeutic services.
- 1.6 To be responsible for the schedules of the academic and clinical services of the Division.
- 1.7 To provide an initial approval and recommendation on short- and long-term leave for members of her/his divisions.
- 1.8 To call for at least 6 meetings of the Division annually to discuss academic and service matters, or at the request of ?? voting members. Minutes of the meetings shall be kept, and copies shall be sent to the Department Chair.
- 1.9 To submit to the Department, Chair an annual report on all activities of the Division.

IV- Directors and Coordinators

The Department Chair may appoint Directors and Coordinators for the various clinical and academic services of the Department in consultation with the concerned faculty and/or the Chief of Staff as well as the Dean.

The Directors/Coordinators are Director of Clinical Operations (DCO): the DCO is responsible for overseeing ED clinical operations with a focus on improving the quality and safety of clinical care in the ED as well as patient satisfaction.

1. Director of Pediatric Quality: the DPQ is responsible for overseeing the quality of clinical care in the ED for pediatric patients.

2. Director of Residency Training Program (DRP) is responsible for overseeing the EM residency training program and the quality of education/training of EM residents.
3. Director of Medical Student Clerkship (DMC) is responsible for overseeing medical student education and training in the ED.
4. Director of House-physician program (DHP) is responsible for overseeing the hiring, scheduling, orientation, and ongoing performance evaluation of house-physicians in the DEM.

ARTICLE III – FACULTY AND STAFF

SECTION 1 – MEMBERSHIP

1. Membership of the department of emergency medicine includes academic staff of the following ranks:
 - i- Professors
 - ii- Associate professors
 - iii- Assistant professors
 - iv- Emeritus professors
 - v- Adjunct professors (all ranks)
 - vi- Senior lecturers
 - vii- Lecturers
 - viii- Executives-in-residence
 - ix- In-residence faculty
 - x- Research associates
 - xi- Postdoctoral fellows
 - xii- Instructors
 - xiii- Instructors – practice
 - xiv- Assistant instructors
 - xv- Senior research assistants
 - xvi- Research assistants
 - xvii- Associates
 - xviii- Clinical associates
 - xix- Preceptor associates
 - xx- Affiliate or research affiliate

SECTION 2 – VOTING MEMBERS

1. Medical Staff appointees of professorial rank are eligible to vote.
 - 1.1 The voting faculty of the Department of Emergency Medicine shall include all non-visiting full-time faculty members of professorial ranks including clinical faculty.
 - 1.2 Clinical Associates are non-voting members.

SECTION 3 – PREROGATIVES, DUTIES, AND PRIVILEGES

1. Introduction:

The medical staff of the Department of Emergency Medicine, in accordance with the Bylaws of the Faculty of Medicine and through the Department's internal organization, shall determine the academic policy of the Department and shall have the authority to direct its own affairs under the authority of the Department Chair. The Department Chair shall refer, to the Dean, the Chief of Staff or the Medical Center Director on actions or decisions of the department that may affect the financial commitments of the Faculty of Medicine and the Medical Center, the academic policy of the faculty as a whole and the clinical operations/services of the Medical Center.

2. Conduct and Accountability:

- 2.1 Medical Staff/faculty shall conduct themselves in a professional manner in compliance with the AUBMC code of professional conduct. They shall be accountable for the quality and safety of the care that they provide to patients. The quality of this care shall be monitored through several methods such as OPPE reports, patients' complaints and compliments, surveys to assess physician behavior, mortality, and morbidity review etc.
- 2.2 The Department may elect to develop their own policies and procedures which should be.

3. Duties:

Medical Staff/faculty duties shall include contribution to clinical, education, research and service to the department and university in line with their appointment track and rank. Effort contribution to mission areas will follow the Faculty Workload Requirement (Appendix) for that track with modifications as agreed on by the Faculty and Chair/Division Head based on additional specific roles and responsibilities.

4. Privileges:

All Medical Staff shall have designated clinical privileges that are practiced as per their record. The Department Chair, in coordination with the medical staff office in the Chief of staff office, shall determine the credentials needed for the applicant to obtain the privileges requested according to the core and non-core privileges existent within the department and/or its divisions. The medical staff shall be accountable to the Division Head and the Department Chair according to their assigned duties and responsibilities.

SECTION 4 – MEETINGS

1. DEM Faculty Meetings:

- 1.1 Shall be called by the Department Chair at least once a month. An electronic notice with a stated agenda shall be sent to medical staff at least one week prior to the date of the meeting. Unexcused absences shall not exceed 25% of meetings. These meetings will address:
 - i- The strategic departmental decisions related to academics, education, and clinical operations.
 - ii- All hiring, recruitment, promotion, leaves
- 1.2 Special Meetings shall be called whenever any urgent matter arises:
 - i- At the request of the Department Chair
 - ii- At the request of 25% voting members of the department.
 - iii- At the request of the Dean of the Faculty of Medicine, the Chief of Staff, or the Medical Center Director.
- 1.3 Minutes of Meetings shall be sent to the Dean or his designee for clinical affairs.
- 1.4 Quorum: A simple majority of the voting members shall constitute a quorum. In the absence of a quorum, a second meeting shall be called within one week and those present shall constitute a quorum.

2. DEM General Clinical Operations Meeting:

- 2.1 Shall be called by the Director of Clinical Operations. An electronic notice with a stated agenda shall be sent to medical staff at least one week prior to the date of the meeting. Unexcused absences shall not exceed 25% of meetings. These meetings will address:
 - i- Clinical operational initiatives and priorities
 - ii- Clinical policy updates and compliance with accreditation standards

- 2.2 Quorum: A simple majority of all medical staff of the DEM. In the absence of a quorum, a second meeting shall be called within one week and those present shall constitute a quorum.

SECTION 5 – ONGOING PHYSICIAN PERFORMANCE EVALUATION (OPPE)

1. There will be ongoing physician performance evaluation (OPPE) (as per AUBMC Medical Staff Bylaws, Article IV section 3 and the Ongoing Professional Practice Program policy) of all members of the Department of Emergency Medicine to measure and maintain their competency of medical/clinical knowledge, interpersonal and communication skills, professionalism, system-based practice, as well as quality patient care. A written report to the Chief of Staff as per Chief of Staff requirements for OPPE.
2. Focused review of a Medical Staff shall be initiated by the Division Head/Department Chair based on the outcomes of OPPE and/or other special circumstances as determined by the Department Chair. This review shall be transmitted to the Chief of Staff as per.

ARTICLE IV - APPOINTMENTS AND PROMOTIONS

1. Appointments/reappointments and promotions shall be made according to the provisions of Article 4 section 5 of the Bylaws of the Faculty of Medicine and University policies on Appointment and Promotions.
2. Appointments are initiated by the Head of Divisions after consultation with the voting members. At her/his discretion, the Department Chair can recommend a new appointment in consultation with the Division. For subspecialties with no Division, this process is initiated by the Department Chair.
3. In making her/his final recommendation for promotion within University Policies, the Department Chair shall receive a written evaluation from the Head of Division, where applicable.

ARTICLE V - AMENDMENTS

1. Proposals for amendments may be initiated by the Department Chair or by 25% of voting members of the Department. All proposals for amendments shall be submitted in writing. The Department Chair shall give notice of the proposal at the next Departmental meeting. At the following meeting, the proposal will be discussed. A simple majority of the voting members of the Department shall be required for adoption.

ARTICLE VI – COMMITTEES OF THE DEPARTMENT

1. DEM Executive Committee

1.1. Composition:

- i- The Chairperson (Chair of the Committee)
- ii- DEM Directors
- iii- DEM Division Heads
- iv- Quality Officer
- v- Education Coordinator
- vi- Clinical Department Administrator

1.2 Function: This committee deals with the academic, administrative, clinical, and strategic functions of the department. It shall advise the Department Chair on issues such as:

- i- Strategic issues related to all mission areas.
- ii- DEM operations
- iii- Recruitment and appointment of house-physicians
- iv- It shall discuss any issues referred to it by the Department Chair or its faculty member.

1.3 Meetings: The committee shall meet regularly at least once every two months. It may be called to special meetings at the request of the Department Chair. Minutes of all the meetings shall be recorded.

2. DEM Compensation Committee:

2.1 Composition:

- i- The Chairperson (Chair of the Committee)
- ii- Vice Chair
- iii- Director of Clinical Operations
- iv- One faculty member appointed by the Chair (term 2 years)
- v- One elected faculty member from faculty at large (term 2 years)

2.2 Function: The compensation committee serves as advisory body to the Chairperson of the Department of Emergency Medicine with respect to management of the Departmental Group Practice Plan including professional fee billing, group practice reimbursement structure and group practice budgeting for mission areas and reserve.

2.3 Meetings: The committee shall meet a minimum of six times a year to fulfill the duties assigned to it. The Chairperson of the Department of Emergency Medicine presents updates bi-annually at Faculty Meetings

3. DEM Clinical Practice Team Committee

3.1 Composition:

- i- Director of Clinical Operations (Chair of the Committee)
- ii- DEM Officer (Secretary)
- iii- Clinical Department Administrator
- iv- Residency and Clerkship Programs Coordinator
- v- Nurse Leader for Clinical Affairs and Nurse Quality Manager
- vi- Nurse Administrator
- vii- Nurse Case Managers
- viii- Nurse Managers
- ix- Registered Nurses
- x- Emergency Medicine Technician

- xi- Emergency Physicians appointed by the chair of the committee.
 - xii- Transplant Programs Manager
 - xiii- Director of Inhalation Therapy
 - xiv- ED Admin Fellow
 - xv- ED Chief Residents
 - xvi- ASAP Application Analysts
 - xvii- Business Intelligence Analyst/Report Writer
- 3.2 Function: The CPT committee develops efficient and patient centered processes as well as operational and clinical best practices aiming at improving the quality, safety, and service of patient care provided at the Emergency Department.
- 3.3 Meetings: The committee shall meet monthly to fulfill the duties assigned to it and as needed. Minutes of all the meetings shall be recorded and copies shall be sent to QARM.
- 4. DEM Peer Review committee**
- 4.1 Composition:
- i- Committee Chair (appointed by DEM Chair)
 - ii- Six or more Emergency Physicians appointed by the Chair of the Committee
- 4.2 Function: The Peer Review Committee evaluates the quality of clinical care, makes recommendations for improvement/development and monitors staff compliance with clinical best practices as well as institutional policies. Specifically, its functions include:
- i- Review of 72-hour return cases.
 - ii- Review of mortalities in the ED.
 - iii- Preparation of discussion for Mortality & Morbidity sessions.
- 4.3 Meetings: The committee shall meet quarterly to fulfill the duties assigned to it and as needed.
- 5. DEM Clinical Competency Committee (CCC)**
- 5.1 Composition:
- i- Program Director,
 - ii- Associate Program Director,
 - iii- Clerkship Director,
 - iv- A Core Faculty member.
- 5.2 Functions:
- i- Review and discuss resident evaluations.
 - ii- Reach consensus on residents' performance.
 - iii- Familiarize with Specialty Milestones and determine assessment methods.
 - iv- Complete milestone forms every six months.
 - v- Report Milestone Evaluations to ACGME semiannually.
 - vi- Make recommendations to the Program Director on promotion, remediation, or dismissal.
 - vii- Promotion criteria
 - viii- Remediation/dismissal criteria follow institutional policies.
- 5.3 Meetings: Meet twice per year, as well as when deemed necessary to fulfill its responsibilities.
- 6. DEM Program Evaluation Committee PEC**
- 6.1 Composition:
- i- Associate program director
 - ii- Associate Program Director and Clerkship director of the Emergency Medicine Residency Program
 - iii- Resident representatives from each year, including two chief residents.

6.2 Functions:

- i- Conduct annual review of the Emergency Medicine Residency Program
- ii- Monitor resident and graduate performance, faculty development, and program quality
- iii- Evaluate improvement initiatives, program goals, faculty and resident evaluations, performance indicators, and graduate outcomes.
- iv- Develop action plans based on evaluation findings.
- v- Document and approve final report and action plan in faculty meeting minutes.
- vi- Specify measurement and monitoring methods for performance improvement.
- vii- Submit annual action plan and progress report to Graduate Medical Education Office

6.3 Meeting Frequency: At least annually and as needed based on program requirements.

APPENDIX

Appendix 1: Tier Requirements

Credentialing Assessment of Emergency Medicine Specialty Training and Board Certification for Initial Appointment to the Department of Emergency Medicine

1) Tier-1 Specialist Status (eligible/certified):

Requires Emergency Medicine (EM) Specialist Certification by a specialty board certification body that:

- 1.1 Is nationally & internationally recognized by healthcare and licensing authorities as a specialist certification within the country where this certification body is established.
- 1.2 Requires no less than 3 years of categorical full-time residency training in EM - accredited by the American Council of Graduate Medical Education or its equivalent (equivalence regarding ALL its standards)
- 1.3 Enables the diplomat of that board certification to practice unrestrictedly as a specialist in EM within the country or region where this national or regional certification body is located.
- 1.4 Is equivalent to the American Board of Medical Specialties (ABMS) standards - including life-long learning assessment and continuing certification and ongoing professional competence assessment.

2) Tier-2 Specialist Status (eligible/certified):

Requires EM Specialist Certification by a specialty board certification body that:

- 2.1 Is nationally and internationally recognized by healthcare and medical licensing authorities as a specialist certification within the country or region where this certification body is established.
- 2.2 Requires no less than 3 years of categorical full-time residency training in EM - accredited by the American Council of Graduate Medical Education or its equivalent (equivalence regarding ALL its standards)
- 2.3 Enables the diplomat of that board certification to practice unrestrictedly as a specialist in EM within the country or region where this board is located.

3) Tier-3 Specialist Status:

Requires EM Specialist Certification by an academic institutional that:

- 3.1 Is nationally recognized by Lebanese healthcare and medical licensing authorities as an institution where specialists are being trained and where EM specialist are in parity with their peers in other specialties as residents as well as faculty.
- 3.2 Requires no less than 3 years of categorical full-time residency training in EM.
- 3.3 Enables the graduate to practice unrestrictedly as a specialist in EM within the country or region where the institution is located.

Appendix 2: Faculty Workload Requirements

2A: Physician Educator Track

The annual expected workload of Department of Emergency Medicine (DEM) full-time faculty is 2000hrs. Of this, 1300 hrs. will be clinical time and 700 hrs. will be protected time to allow for career development, the pursuit of research and scholarly interest as well as to complete the following departmental obligations:

1. Contribute an average of 1 peer-reviewed publication per year to our DEM departmental portfolio, the first of which being accepted in a journal within the first 3 years of joining AUB.
2. Contribute a minimum of 1 Grand-Rounds-quality 1-hour presentation annually.
3. Contribute to resident and student DEM didactic lecture series.
4. Contribute to bedside teaching of medical students and house staff when working clinically.
5. Provide Medical Student & Resident Evaluations as assigned by DEM Medical Student Education Coordinator
6. Review their own evaluations by our rotating Medical Students and Residents
7. Serve as teaching attending 2 months during the year during which time you are required:
 - i- To attend 2 hours of conference every Wednesday
 - ii- To deliver 2 core EM lectures and 1 EM lecture pertaining to field of choice (disaster, admin).
 - iii- To assist if there are oral board cases or simulation sessions during that month, which will substitute a lecture.
8. Attending 40 hrs. of resident conference per year.
9. Participate as an active member in one committee a year.
10. Attend 80% of bi-monthly pre-scheduled DEM faculty meetings – unless properly excused by the chair (e.g., documented illness, on official leave of absence such as for the yearly vacation period or a pre-approved educational conference)
11. Attend 80% of DEM M&M - unless properly excused (see #8)
12. Contribute to DEM peer-review.

13. Schedule and meet one-on-one with the DEM Chair every six months to review and discuss their individual teaching & academic performance.

Failure to comply with the above requirements may result in loss of protected time. Compliance with this set of academic and teaching commitment will be reflected in the annual reappointment letter and individual work analysis report and in our DEM incentive plan which is funded by our DEM Group Practice Plan.

2B: Clinical Track

The annual expected workload of DEM full-time faculty is 2000hrs. Of this, 1800hrs will be clinical time and 200hrs will be protected time to allow for career development, the pursuit of research and scholarly interest as well as to complete the following departmental obligations:

1. Participate in resident teaching including attending of the month assignments.
2. Contribute to bedside teaching of medical students and house-staff when working clinically.
3. Provide Medical Student & Resident Evaluations as assigned by DEM Medical Student Education Coordinator.
4. Conduct research in line with promotional requirements of track.
5. Participate as an active member in one committee a year.
6. Attend 80% of DEM faculty meetings.
7. Attend 80% of DEM M&M.
8. Contribute to departmental Quality Initiatives as assigned by chair.
9. Review monthly allocated number of 72 hour returns cases for the department.
10. Schedule and meet one-on-one with the DEM Chair once every 6 months to review and discuss their individual teaching & academic performance.

Failure to comply with the above requirements may result in loss of protected time. Compliance with this set of academic and teaching commitment will be reflected in the annual reappointment letter and individual work analysis report and in our DEM incentive plan which is going to be funded by our DEM Group Practice Plan.