



Programs Accreditation

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|------------------------------|--------------------------|
| New Accreditation | <input type="checkbox"/> |
| Re-Accreditation | <input type="checkbox"/> |
| Maintenance of Accreditation | <input type="checkbox"/> |

| | | | | | | |
|-------------------------------|-------------------|------------------------|---------------|------------------------------------|--|----------------------------------|
| Program Name: | Pediatric Imaging | | Program Type: | <input type="checkbox"/> Residency | <input checked="" type="checkbox"/> Fellowship | <input type="checkbox"/> Diploma |
| Training Center: | | | City: | | Date: | |
| Program Duration: | 1 Year(s) | No. of Junior Years(s) | - Year(s) | No. of Senior Years(s) | 1 Year(s) | |
| Fellows currently in training | F1 | | | | | |

| Accreditation Standards' Compliance Scoring Definition: | |
|---|---|
| Fully Met | When the Compliance to the Accreditation Standard is at 90% or above (Comment <u>when</u> Required) |
| Partially Met | When the Compliance to the Accreditation Standard is at 51-89% (Comment <u>is</u> Required) |
| Not Met | When the Compliance to the Accreditation Standard is at 50% or less (Comment <u>is</u> Required) |
| Not Applicable (N/A) | When the Standard does not apply to the Training Center (Comment <u>is</u> Required) |

| A. Administrative Structure | | | | | |
|---|-----|--------|---------|----|----------|
| There must be an appropriate administrative structure for each training program. | | | | | |
| STANDARD | Met | P. Met | Not Met | NA | Comments |
| 1. Program Director | | | | | |
| 1.1 Should be SCFHS certified pediatric radiology consultant | | | | | |
| 1.2 Sufficient time & support (less calls, incentives ... etc) | | | | | |
| 1.3 Coordinating with department head, academic affairs or equivalent, & local supervisory committee. | | | | | |
| 1.4 The existence of an independent office for the program director | | | | | |
| 1.5 Program director deputy | | | | | |
| 2. Residency Program Committee | | | | | |



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| 2.1. Headed by the program director | | | | | |
| 2.2. Representation from most units sites & major components of program if possible | | | | | |
| 2.3. At least one resident elected | | | | | |
| 2.4. At least meets quarterly; minutes kept | | | | | |
| 2.5. Communicate to department staff & residents | | | | | |
| 3. Program Director & Committee responsible | | | | | |
| 3.1. Opportunities to attain competencies outlined in the SCFHS OTR* | | | | | |
| 3.2. Selection of candidates | | | | | |
| 3.3. Promotion of residents | | | | | |
| 3.3.1. Organize remediation for residents not meeting required level of competence | | | | | |
| 3.4. Appeal mechanism | | | | | |
| 3.5. Career planning & counselling | | | | | |
| 3.6. Stress counselling | | | | | |
| 3.6.1. Residents aware of services available & how to access them | | | | | |
| 3.7. Ongoing review of program with documentation | | | | | |
| 3.7.1. Opinions of residents used in review | | | | | |
| 3.7.2. Appropriate consultant / resident interaction, open & collegial discussion and respects confidentiality | | | | | |
| 3.7.3. Evaluate consultants | | | | | |



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| 3.7.4. Provide consultants with honest/timely feedback | | | | | |
| 3.7.5. Evaluate learning environment of each component | | | | | |
| 3.8. Policy governing residents and patient safety | | | | | |
| 3.8.1. Includes educational activities | | | | | |
| 3.8.2. Mechanisms to manage and implement resident safety | | | | | |
| 3.8.3. Residents/consultants aware of mechanisms in place | | | | | |
| 4. Program Coordinator (secretary) | | | | | |
| 4.1. Independent office | | | | | |
| 4.2. Not shared computer | | | | | |
| 5. Training consultants to facilitate & supervise resident, research & scholarly work | | | | | |

| B. Goals & Objectives | | | | | |
|---|-----|--------|---------|----|----------|
| There must be a clearly worded statement (provided by the scientific council) outlining the goals of the residency program and the educational objectives of the residents and implemented by the institution/center. | | | | | |
| STANDARD | Met | P. Met | Not Met | NA | Comments |
| 1. Statement of overall goals of training | | | | | |
| 2. Defined G&O for each CanMED competencies (if applicable) | | | | | |
| 2.1 Functional & reflected in planning/organization of program | | | | | |
| 2.2 Reflected in assessment of residents | | | | | |



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|--|------------|---------------|----------------|-----------|-----------------|
| 3. Rotation specific G&O (knowledge, skills & attitudes) using the CanMEDS framework or others. | | | | | |
| 4. Residents/Consultants receive copy of G&O | | | | | |
| 4.1 Objectives used in teaching, learning & assessment | | | | | |
| 5. G&O reviewed every 4 years | | | | | |
| C. STRUCTURE & ORGANIZATION OF THE PROGRAM | | | | | |
| There must be an organized program of rotations and other educational experiences, both mandatory and elective, designed (provided by the scientific council) to provide each resident with the opportunity to fulfil the educational objectives and achieve required competence in the specialty or subspecialty. | | | | | |
| STANDARD | Met | P. Met | Not Met | NA | Comments |
| 1. Provides all components in the SCFHS specialty documents a. According to curriculum and master rota, all residents having their planned rotations. | | | | | |
| 2. Residents appropriately supervised | | | | | |
| 3. Each resident assumes senior role | | | | | |
| 4. Service demands do not interfere with academic program | | | | | |
| 5. Residents has equal opportunity to meet educational needs | | | | | |
| 6. Opportunity for electives and rotations in other accredited centers as needed | | | | | |
| 7. Teaching and learning in environments free of intimidation, harassment, abuse and promotes resident safety | | | | | |
| 8. Collaboration with other programs for residents who need expertise in the specialty | | | | | |
| 9. The center should be committed to what is stated in the duties and rights of the residents document that is issued by the SCFHS | | | | | |



| D. ESOURCES | | | | | |
|---|--------------------------|--------|---------|----|----------|
| There must be sufficient resources including teaching faculty, the number and variety of patients, physical and technical resources, as well as the supporting facilities and services necessary to provide the opportunity for all residents in the program to achieve the educational objectives and receive full training as defined by the SCFHS specialty training requirements. | | | | | |
| STANDARD | Met | P. Met | Not Met | NA | Comments |
| 1. The center is already accredited by SCFHS for residency training in Medical Imaging | | | | | |
| 2. The center has an established subspecialty Pediatric radiology section | | | | | |
| 3. The center has a minimum of two subspecialty certified radiologists in Pediatric radiology including PD | | | | | |
| 4. Pediatrics (inpatients & outpatients) | | | | | |
| 5. Pediatric Emergency | | | | | |
| 6. Anesthesia Service | | | | | |
| 7. Diagnostic Imaging | CT (≥ 10 /wk) | | | | |
| | MRI (≥ 10 /wk) | | | | |
| | US (≥ 10 /wk) | | | | |
| | Interventional Radiology | | | | |
| | Nuclear Medicine | | | | |
| 8. Access to computers/on-line references/ information management available nights & weekends and within close proximity | | | | | |
| 9. Physical & technical resources meet SCFHS standards of accreditation | | | | | |



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| 9.1. Adequate space for daily work | | | | | |
| 9.2. Enough on call rooms (males & females) | | | | | |
| 9.3. Access to technical resources for patient care duties | | | | | |
| 9.4. Facilities for direct observation of clinical skills and privacy for confidential discussions | | | | | |
| 10. Supporting facilities & services | | | | | |
| 10.1. Support from ICUs as needed | | | | | |
| 10.2. Consultative therapeutic & lab services | | | | | |

| E. CLINICAL, ACADEMIC AND SCHOLARLY CONTENT OF THE PROGRAM | | | | | |
|---|-----|--------|---------|----|----------|
| <p>The clinical, academic and scholarly content of the program must be appropriate for a postgraduate education and adequately prepare residents to fulfil all needed competencies. The quality of scholarship in the program will, in part, be demonstrated by a spirit of enquiry during clinical discussions, at the bedside, in clinics or in the community, and, and in seminars, rounds, and conferences. Scholarship implies an in-depth understanding of basic mechanisms of normal and abnormal states and the application of current knowledge to practice.</p> | | | | | |
| STANDARD | Met | P. Met | Not Met | NA | Comments |
| 1. Medical Expert | | | | | |
| 1.1. Training programs for medical expertise & decision-making skills | | | | | |
| 1.2. Teaching consultation to other professionals | | | | | |
| 1.3. Structured academic curriculum< Teaching of basic and clinical sciences | | | | | |
| 1.3.1 Academic half-day | | | | | |
| 1.4. Issues of age, gender, culture, ethnicity | | | | | |



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| 2. Communicator | | | | | |
| 2.1. Demonstrate adequate teaching and understanding of communication skills | | | | | |
| 2.2. Reporting adverse events, write patient records & utilize electronic medical record | | | | | |
| 2.3. Write letters of consultation or referral | | | | | |
| 3. Collaborator | | | | | |
| 3.1. Ensure effective teaching & development of collaborative skills with inter-professional healthcare team including physicians & other health professionals | | | | | |
| 3.2. Manage conflict | | | | | |
| 4. Leader | | | | | |
| 4.1. Skills in management & administration | | | | | |
| 4.2. Allocation of healthcare resources | | | | | |
| 4.3. Teaching of management of practice & career | | | | | |
| 4.4. Serve in administration & leadership roles | | | | | |
| 4.5. Learn principles and practice of quality assurance | | | | | |
| 5. Health Advocate | | | | | |
| 5.1. Understand, respond, promote health needs of patients, communities & populations | | | | | |
| 6. Scholar | | | | | |
| 6.1. Teaching skills | | | | | |
| 6.1.1 Feedback to resident on their teaching | | | | | |
| 6.2. Critical appraisal of medical literature using knowledge of research methodology & biostatistics | | | | | |



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| 6.3. Promote self-assessment & self-directed learning | | | | | |
| 6.4. Conduct a scholarly project | | | | | |
| 6.5. Participation in research | | | | | |
| 6.6. Opportunities to attend outside conferences | | | | | |
| 7. Professional | | | | | |
| 7.1. Teaching in professional conduct & ethical behaviours | | | | | |
| 7.2 Deliver high quality care with integrity, honesty, compassion | | | | | |
| 7.3 Exhibit professional, intra-professional, inter-professional & interpersonal behaviours | | | | | |
| 7.4 Practice medicine in an ethically responsible manner | | | | | |
| 7.4.1 Analyse/reflect adverse events & strategize to prevent recurrence | | | | | |
| 7.4.2 Bioethics | | | | | |
| 7.4.3 Relevant legal and regulatory framework | | | | | |
| 7.4.4 Physician health & well-being | | | | | |

| F. EVALUATION OF RESIDENT PERFORMANCE | | | | | |
|---|-----|--------|---------|----|----------|
| There must be mechanisms in place to ensure the systematic collection and interpretation of evaluation data on each resident enrolled in the program. | | | | | |
| STANDARD | Met | P. Met | Not Met | NA | Comments |
| 1. Based on goals & objectives | | | | | |



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| 1.1 Clearly defined methods of evaluation | | | | | |
| 2. Evaluation compatible with characteristic being assessed | | | | | |
| 2.1 Knowledge | | | | | |
| 2.2 Clinical skills by direct observation | | | | | |
| 2.3 Attitudes and professionalism | | | | | |
| 2.4 Communication abilities with patients & families, colleagues | | | | | |
| 2.5 Written communications | | | | | |
| 2.6 Collaborating abilities | | | | | |
| 2.7 Teaching abilities | | | | | |
| 2.8 Age, gender, culture & ethnicity issues | | | | | |
| 3. Honest, helpful, timely, documented feedback sessions | | | | | |
| 3.1 Ongoing informal feedback | | | | | |
| 3.2 Face-to-face meetings | | | | | |
| 4. Residents informed of serious concerns | | | | | |
| 5. Provides document for successful completion of program | | | | | |
| 6. FITER Provided** | | | | | |

**FITER: Final In Training Evaluation Report



| Rotations | | | |
|------------------------|------------|-------------------|-------------------|
| جدول الدورات التدريبية | | | |
| معتد Accredited | | المدة Duration | الدورات التدريبية |
| لا لا | نعم نعم | weeks | |
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| Signature: | |
| Date: | / /20 - / /14 |
| <div style="border: 1px solid black; border-radius: 50%; width: 150px; height: 80px; margin: auto; display: flex; align-items: center; justify-content: center;"> Stamp </div> | |



Programs Accreditation Survey Agenda

| Time | Minutes | Agenda | Remarks |
|---------------|---------|---|--|
| 08:00 – 09:00 | 60 | Meeting the program Director | |
| 09:00 – 10:00 | 60 | Documents Review (Part 1) | |
| 10:00 – 11:00 | 60 | Meeting with the Trainees | |
| 11:00 – 11:40 | 40 | Meeting with the faculty Trainers | |
| 11:40 – 12:00 | 20 | Meeting with the Head of Department | |
| 12:00 – 12:45 | 45 | Break | |
| 12:45 – 13:30 | 45 | Facility Tour | On-Call Rooms, Lounge, Training Classrooms, OPD, Wards, ER, OR, Lab, Radiology, pharmacy |
| 13:30 – 15:00 | 90 | Documents Review (Part 2) Surveyors Closed Meeting Preparing the Survey Report | |
| 15:00 – 15:30 | 15 | Exit De-Brief with the Program Director | |