الهيئة السعودية للتخصصات الصحية
Saudi Commission for Health Specialties

# Programs Accreditation

| New Accreditation | ☐ |
|---|---|
| Re-Accreditation | ☐ |
| Maintenance of Accreditation | ☐ |

| Program Name: | Adult Critical Care Medicine | | Program Type: | ☑ Residency | ☐ Fellowship | ☐ Diploma |
|---|---|---|---|---|---|---|
| Training Center: | | | City: | | Date: | |
| Program Duration: | 5 Year(s) | No. of Junior Years(s) | 3 Year(s) | No. of Senior Years(s) | | 2 Years(s) |
| Fellows currently in training | R1 | R2 | R3 | R4 | R5 | |
| | | | | | | |

## 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 consultant or equivalent in discipline | | | | | |
| 1.2 Sufficient time & support (less calls, incentives ... etc) | | | | | |
| 1.3 Coordinating with department head, academic affairsor equivalent, & Local supervisory committee. | | | | | |
| 1.4 The existence of an independent office for the program director | | | | | |
| 1.5 Have an assistant or deputy | | | | | |
| **2. Residency Program Committee** | | | | | |
| 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 faculty/resident interaction, open & collegial discussion and respects confidentiality | | | | | |
| 3.7.3. Evaluate teachers | | | | | |
| 3.7.4. Provide teachers with honest/timely feedback | | | | | |
| 3.7.5. Evaluate learning environment of each component | | | | | |
| 3.8. Policy governing trainees and patient safety | | | | | |
| 3.8.1. Includes educational activities | | | | | |
| 3.8.2. Mechanisms to manage and implement resident safety | | | | | |
| 3.8.3. Residents/faculty aware of mechanisms in place | | | | | |
| **4. Program Coordinator (secretary)** | | | | | |
| 4.1. Independent office (if possible) | | | | | |
| 4.2. Not shared computer | | | | | |
| **5. Training consultants to facilitate & supervise resident, research & scholarly work** | | | | | |

*OTR: Objectives of Training for the Specialty or Subspecialty

## 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 | | | | | |
| **3. Rotation specific G&O (knowledge, skills & attitudes) using the CanMEDS frameworkor 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** | | | | | |
| **2. Residents appropriately supervised** | | | | | |
| 2.1. During on call | | | | | |
| 2.2. During daily rounds | | | | | |
| 2.3. During procedures | | | | | |
| **3. Each resident assumes senior role** | | | | | |
| 3.1. During senior rotations, residents given opportunity to lead rounds (≥ once/week) | | | | | |
| **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** | | | | | |

## D. RESOURCES

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. Sufficient number of qualified staff for training & supervision** | | | | | |
| 1.1. SCFHS certified ≥ two consultants | | | | | |
| 1.2. Dedicated Medical staff to CCU sufficient to cover 24/7/365 (With or without speciality certificate) | | | | | |
| 1.3. ≥ 20 CCU beds excluding step-down | | | | | |
| 1.4. ≥ 2 CCU Isolation beds | | | | | |
| 1.5. Nurse: Bed ratio at least 1:1.5 | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 1.6. Annual Admission rate ≥ 400 patient/year | | | | | | |
| 1.7. Bed occupancy rate ≥ 80% | | | | | | |
| 1.8. The CCU should have its own policies and procedures. | | | | | | Experienced based learning, multidisciplinary |
| 1.9. CCU Data base for admissions and procedures | Diagnosis | | | | | Integration of emergency, acute care, medical & surgical experiences |
| | Age | | | | | |
| | Illness severity | | | | | |
| | Length of stay | | | | | |
| 1.10. 1.12 Infection Control policy | | | | | | |
| 1.11. Hand-washing facilities<br>1.12. (One facility per isolation room) | | | | | | |
| 1.13. Adequate and appropriate lighting for clinical<br>1.14. observation must be available | | | | | | |
| 1.15. Nurse station and a secure area with lock<br>1.16. system for medication. | | | | | | |
| 1.17. Sufficient storage for equipment | | | | | | |
| 1.18. Clean and soiled workrooms | | | | | | |
| 1.19. Facilities and equipment in and related to that unit must meet the | | | | | | |
| 1.20. Generally accepted safety standards of modern critical care units | | | | | | |
| 1.21. Well-defined CCU | Space per bed > 125 sq ft area per bed. | | | | | |
| | Outlets/bed is 2/1 | | | | | |
| | Mechanical ventilator (One ventilator per bed) | | | | | |
| | Blood gas analyzer | | | | | |
| | Defibrillator | | | | | |
| | Emergency cart | | | | | |
| | Warming/cooling systems | | | | | |
| 1.22. Physiological monitoring system | EKG | | | | | |
| | Respiratory rate | | | | | |
| | Oxygen saturation | | | | | |
| | End tidal CO2 monitor | | | | | |
| | Invasive and-invasive pressure monitoring | | | | | |
| 1.23. Monitoring Equipment for Patient Transports | | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 1.24. Procedures | Airway instrumentation | | | | | |
| | Central venous cannulation | | | | | |
| | Arterial line cannulation | | | | | |
| | Chest tube insertion | | | | | |
| | Paracentesis | | | | | |
| 1.25. High frequency oscillatory ventilation (HFOV). | | | | | | |
| 1.26. Ultrasound for placement of intravascular catheters | | | | | | |
| 1.27. Access to Diagnostic bacteriology and virology | | | | | | |
| 1.28. Facilities to monitor intracranial pressure. | | | | | | |
| 1.29. Capabilities for portable studies including radiology, and echocardiography, must be available on a 24/7 basis. | | | | | | |
| 1.30. Electroencephalogram (EEG) monitoring should be available. | | | | | | |
| 1.31. Acute hemodialysis capabilities (HD, CRRT). | | | | | | |
| 1.32. Facilities for special radiographic imaging, including CT, radionuclide scanning, magnetic resonance imaging, and ultrasonography. | | | | | | |
| 1.33. 1.32 Blood bank. | | | | | | |
| 1.34. Must have Quality Improvement activities and Monitoring System | Morbidity and mortality | | | | | |
| | Nosocomial infection | | | | | |
| | Unplanned extubation. | | | | | |
| **2. Access to computers/on-line references/ information management available nights & weekends and within close proximity** | | | | | | |
| **3. Physical & technical resources meet SCFHS standards of accreditation** | | | | | | |
| 3.1 Adequate space for daily work | | | | | | |
| 3.2 Access to technical resources for patient care duties | | | | | | |
| 3.3 Facilities for direct observation of clinical skills and privacy for confidential discussions | | | | | | |
| **4. Supporting facilities & services** | | | | | | |
| 3.4 Respiratory Therapy Services | | | | | | |
| 3.5 Pulmonary Medicine Services | | | | | | |
| 3.6 Cardiology Services | | | | | | |
| 3.7 Nephrology Services | | | | | | |
| 3.8 Neurology Services | | | | | | |
| 3.9 Infectious Disease Services | | | | | | |

| 3.10 General Surgery Services | | | | | |
|---|---|---|---|---|---|
| 3.11 Neurosurgery Services | | | | | |
| 3.12 Orthopaedics Services | | | | | |
| 3.13 Urology Services | | | | | |
| 3.14 OB & GYN Services | | | | | |
| 3.15 Urology Services | | | | | |
| 3.16 Diagnostic Imaging Services | | | | | |
| 3.17 Interventional Radiology Services | | | | | |
| 3.18 Laboratory (Chemistry, hematology and microbiology) Services | | | | | |
| 3.19 Blood Bank Services | | | | | |

## E. CLINICAL, ACADEMIC AND SCHOLARLY CONTENT OF THE PROGRAM

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.

| 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 | | | | | |
| **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** | | | | | |

| | Met | P. Met | Not Met | NA | Comments |
|---|---|---|---|---|---|
| 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 | | | | | |
| 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

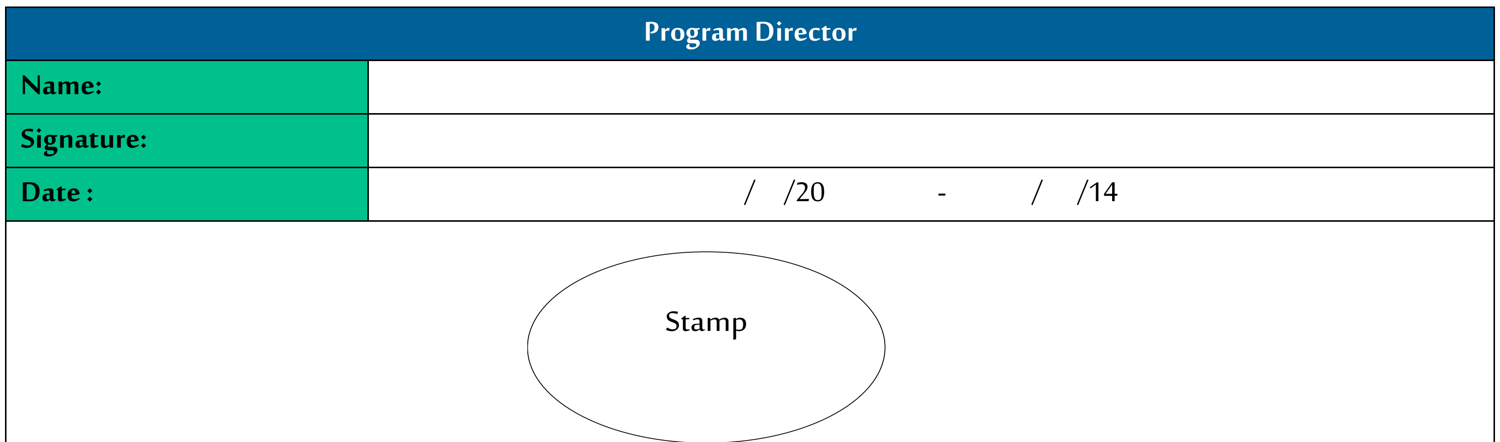
There must be mechanisms in place to ensure the systematic collection and interpretation of evaluation data on each resident enrolled in the program.

| STANDARD | Met | P. Met | Not Met | NA | Comments |
|---|---|---|---|---|---|
| **1. Based on goals & objectives** | | | | | |
| 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**: **F**inal **I**n Training **E**valuation **R**eport

| 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 (10 Junior and 10 Senior) | |
| **11:00 – 11:40** | 40 | Meeting with the faculty Trainers (5-10 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,<br>Training Classrooms,<br>OPD,<br>Wards,<br>ER, OR, Lab,<br>Radiology,<br>pharmacy |
| **13:30 – 15:00** | 90 | Documents Review (Part 2) Surveyors Closed Meeting<br>Preparing the Survey Report | |
| **15:00 – 15:30** | 15 | Exit De-Brief with the Program Director | |



| Program Director | |
|---|---|
| **Name:** | |
| **Signature:** | |
| **Date :** | / /20 - / /14 |

Stamp