

Programs Accreditation

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

Program Name:	Blood Banking & Transfusion Diploma	Program Type:	<input type="checkbox"/> Residency	<input type="checkbox"/> Fellowship	<input checked="" type="checkbox"/> Diploma
Training Center:		City:		Date:	
Program Duration:	2 Year(s)	No. of Junior Years(s)	1 Year(s)	No. of Senior Years(s)	1 Year(s)
Fellows currently in training	D1		D2		

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 blood transfusion medicine or equivalent					
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 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	Includes educational activities					
	Mechanisms to manage and implement resident safety					
	Residents/faculty 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						

*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 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					
2.	Residents appropriately supervised					
	During on call					
	During daily rounds					
	In blood bank					
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 resident's documents that is issued by SCFHS					

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					No of total consultants:
	In the department at least one SCFHS certified consultant					
	At least 2 certified specialist who provide procedures training					No of specialist who is practicing transfusion procedures:
2.	Blood Transfusion departments					No of bags
	Number of blood bags collected (at least 30/day)					
	Lab for serology and immune hematology					
	Apheresis machines for					



	collection and therapy					
3. Blood Donation Unit						
3.1 Number of donors						
3.2 Number of units. (stable or mobile)						
3.3 Nurse / donor ratio	Level 1	1:1				
	Step down	1:2 - 1:3				
3.4 physician	Number ≥ 2					
	SCFHS certified for donor					
	Examinations					
	Cover the units whole year					
4. Blood Components Preparation Unit						
4.1 Number of blood bags centrifuges						
4.2 Number of technicians						
4.3 Number of technologists						
4.4 Number of consultants / BB specialist each shift	(≥ 1)					
	SCFHS certified					
5. Blood Bank Emergency						
5.1 Separate unit						
5.2 Number of beds (≥ 2)						
5.3 Number of consultants / B.B.specialist each shift (≥ 1)						
5.4 Rotating resident does initial assessment under supervision.						
5.5 Rotating senior resident can take decision for blood donor management and discharge under supervision						
6. Access to computers/on-line references/ information management available nights & weekends and within close proximity						
7. Physical & Technical resources meet SCFHS standards of accreditation	Adequate space for daily work					
	Access to technical resources for patient care duties					
	Facilities for direct observation of clinical skills and privacy for confidential discussions					
	Other lab services if needed					

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.

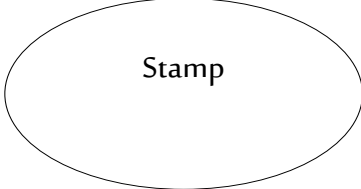
STANDARD	Met	P. Met	Not Met	NA	Comments
1. Medical Expert					
1.1. Training programs for medical expertise & decision-making skills					
1.2. Teaching consultation to other professionals					
1.3. Structured academic curriculum< Teaching of basic and clinical sciences					
1.4. Issues of age, gender, 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					
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 TRAINEES 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: Final In Training Evaluation Report



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, 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	

Program Director	
Name:	
Signature:	
Date:	/ /20 - / /14
 <p>Stamp</p>	