



Programs Accreditation

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

Program Name:	Cardiac Anesthesia	Program Type:	<input type="checkbox"/> Residency	<input checked="" type="checkbox"/> Fellowship	<input 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	F1		F2		

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 cardiac anesthesia 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					
1.5 Have an assistant or deputy (in large programs)					
2. Fellowship 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 fellow elected					
2.4. At least meets quarterly; minutes kept					
2.5. Communicate to department staff & fellows					
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 fellows					
3.3.1. Organize remediation for fellows not meeting required					



level of competence					
3.4. Appeal mechanism					
3.5. Career planning & counselling					
3.6. Stress counselling					
3.6.1. Fellows aware of services available & how to access them					
3.7. Ongoing review of program with documentation					
3.7.1. Opinions of fellows used in review					
3.7.2. Appropriate consultant / fellow interaction, open & collegial discussion and respects confidentiality					
3.7.3. Evaluate consultants					
3.7.4. Provide consultants with honest/timely feedback					
3.7.5. Evaluate learning environment of each component					
3.8. Policy governing fellows and patient safety					
3.8.1. Includes educational activities					
3.8.2. Mechanisms to manage and implement fellow safety					
3.8.3. Fellows/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 fellow, 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 committee) outlining the goals of the fellowship program and the educational objectives of the fellows 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 fellows					
3. Rotation specific G&O (knowledge, skills & attitudes) using the CanMEDS framework or others.					
4. fellows/Consultants receive copy of G&O					
4.1 Objectives used in teaching, learning & assessment					

5. G&O reviewed every 4 years					
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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 fellow 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. fellow appropriately supervised					
2.1. During on call					
2.2. During daily intra-operative patient care					
2.3. Pre-anesthesia clinics					
2.4. Others					
3. Each fellow assumes senior role					
3.1. Under senior supervision the fellow he can start the anesthesia					
3.2. Under senior supervision he can insert the arterial and central veins catheter line					
4. Service demands do not interfere with academic program					
5. Fellows 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 fellow safety					
8. Collaboration with other programs for fellows 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 fellows 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 (minimum 2 consultants)					

1.1 Total number of SCFHS certified Consultants					
1.1.1 ≥ 2 Consultants					
1.2 Total number of SCFHS certified senior registrars (SR)					
1.2.1 ≥ 2 senior registrars					
1.3 Experienced based learning, multidisciplinary					
1.4 Specialists Integration of emergency, acute care, ambulatory, & community experiences					
1.5 Knowledge, skills & attitudes relating to age, gender, culture, ethnicity					
1.6 Knowledge to understand, prevent and handle adverse patient events					
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. Facilities & Services					
4.1 Total number of cardiac beds					
4.1.1 > 50 beds					
4.2 Total number of cardiac ICU beds					
4.2.1 > 5 beds					
4.3 Total number of CCU beds					
4.3.1 > 5 beds					
4.4 Total number of Cardiac Operating Room					
4.4.1 > 2 rooms					
4.5 Total number of Cardiac Surgery per year					
4.5.1 > 300					
4.6 Anesthesia for Adult Cardiac Surgery					
4.7 Anesthesia for Pediatric Cardiac Surgery					
4.8 Anesthesia and Sedation for Adult Cardiac patients in Cath Lab					
4.9 Anesthesia and Sedation for Pediatric Cardiac patients in Cath Lab					
4.10 Number of pediatric patients in Cath Lab / year					
4.10.1 > 100					

4.11 Anesthesia and sedation for Adult Cardiac patients in Electro – Physiology Lab					
4.12 Anesthesia and Sedation for Pediatric Cardiac patients in Electro – Physiology Lab					
4.13 Anesthesia and Sedation for Adult Cardiac MRI CT Angio and Transesophageal Echo (TEE) pts					
4.14 Anesthesia and sedation for Pediatric Cardiac MRI, CT Angio and TEE Patients					
4.15 Anesthesia for Cardiac Patients for Non-Cardiac Surgery					
4.16 Cardiac Anesthesia Clinic					
4.17 Intra-operative TEE					
5. Consultative, diagnostic imaging and lab 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					
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					
7.1.1 Deliver high quality care with integrity, honesty, compassion					
7.1.2 Exhibit professional, intra-professional, inter-professional & interpersonal behaviours					
7.1.3 Practice medicine in an ethically responsible manner					
7.1.4 Analyse/reflect adverse events & strategize to prevent recurrence					
7.2. Bioethics					
7.3. Relevant legal and regulatory framework					
7.4. 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: 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

