



Programs Accreditation

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

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|-------------------------------|----------------------|------------------------|---------------|------------------------------------|--|----------------------------------|
| Program Name: | Gynecologic Oncology | | Program Type: | <input type="checkbox"/> Residency | <input checked="" type="checkbox"/> Fellowship | <input type="checkbox"/> Diploma |
| Training Center: | | City: | | Date: | | |
| Program Duration: | 3 Year(s) | No. of Junior Years(s) | 2 Year(s) | No. of Senior Years(s) | | 1 Year(s) |
| Fellows currently in training | F1 | | F2 | | F3 | |
| | | | | | | |

| 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/Training Coordinator | | | | | |
| 1.1 Should be SCFHS certified consultant Gynecologic Oncologist | | | | | |
| 1.2 Sufficient time & support (less calls, incentives, etc) | | | | | |
| 1.3 Coordinating with department/unit head, academic affairs or equivalent, & local supervisory committee. | | | | | |
| 1.4 The existence of an independent office | | | | | |
| 2. Fellowship Program Committee | | | | | |
| 2.1. Headed by the program director/coordinator | | | | | |
| 2.2. Representation from training consultants | | | | | |
| 2.3. At least one fellow elected | | | | | |
| 2.4. At least meets quarterly; minutes kept | | | | | |
| 2.5. Communicate to department/unit staff & fellows | | | | | |
| 3. Program Director & Committee responsible | | | | | |
| 3.1. Opportunities to attain competencies outlined in the SCFHS OTR* | | | | | |
| 3.2. Selection or participating in 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 | | | | | |



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| 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 faculty/fellow 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 fellows and patient safety | Includes educational activities | | | | | |
| | Mechanisms to manage and implement fellow safety | | | | | |
| | Fellows/consultants aware of mechanisms in place | | | | | |
| 4. Program Coordinator (secretary) if needed | | | | | | |
| 4.1. Independent office | | | | | | |
| 4.2. Not shared computer | | | | | | |
| 5. Training consultants to facilitate & supervise fellows, 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 | | | | | | |
| 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 | | | | | | |

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. Fellows appropriately supervised | | | | | |
| 3. Each fellow assumes senior role | | | | | |
| 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 | | | | | |
| 9. The center should be committed to what is stated in the duties and rights of the fellow'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 (≥ 3 SCFHS certified consultants) | | | | | |
| 2. Obstetric & Gynecology | | | | | |
| 2.1 Total beds | | | | | |
| 2.2 Accredited program | | | | | |



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|---|---|--|--|--|--|--|
| 3. Gynecologic Oncology | | | | | | |
| 3.1 Total beds \geq 20 | | | | | | |
| 3.2 Total admissions \geq 350 / year | | | | | | |
| 3.3 Total surgeries \geq 300 / year | | | | | | |
| 3.4 Outpatients clinics \geq 6 / weak | | | | | | |
| 3.5 Outpatients visits \geq 300 / year | | | | | | |
| 3.6 Referrals from outside hospital to the specialty | | | | | | |
| 4. Supportive Specialties | | | | | | |
| 4.1 Medical Oncology | | | | | | |
| 4.2 Surgical Oncology | | | | | | |
| 4.3 Radiation Oncology | | | | | | |
| 4.4 Palliative Medicine | | | | | | |
| 4.5 Medical Nutrition for metabolic diseases | | | | | | |
| 4.6 Physiotherapy | | | | | | |
| 5. Access to computers/on-line references/ information management available nights & weekends and within close proximity | | | | | | |
| 6. Educational Activities | Morning Rounds \geq 5 /weak | | | | | |
| | Clinical Meetings \geq 1 / weak | | | | | |
| | Lectures \geq 4 / month | | | | | |
| | Research | | | | | |
| | Multidisciplinary Meetings \geq 2 / month | | | | | |
| 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 | | | | | |
| 8. Supporting facilities & services | Diagnostic imaging services | | | | | |
| | Lab services including molecular biology & genetic studies | | | | | |



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 | | | | | |



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|---|--|--|--|--|--|
| 6.1. Teaching skills | | | | | |
| 6.1.1. Feedback to fellow 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 FELLOW PERFORMANCE | | | | | |
|---|-----|--------|---------|----|----------|
| There must be mechanisms in place to ensure the systematic collection and interpretation of evaluation data on each fellow 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 | | | | | |

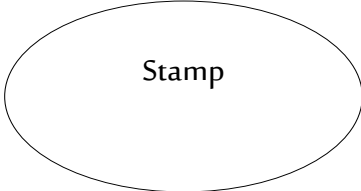


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|--|--|--|--|--|--|
| 3.1 Ongoing informal feedback | | | | | |
| 3.2 Face-to-face meetings | | | | | |
| 4. Fellows informed of serious concerns | | | | | |
| 5. Provides document for successful completion of program | | | | | |
| 6. FITER Provided** | | | | | |

**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 |
|  | |