

Programs Accreditation

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

Program Name:	Nutrition		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 senior dietitian					
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					
2. Diploma 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 trainee elected					
2.4. At least meets quarterly; minutes kept					
2.5. Communicate to department staff & trainees					
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 trainees					
3.3.1. Organize remediation for trainees 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 trainees used in review					
3.7.2. Appropriate consultant / 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 trainee safety					
3.8.3. Trainees /consultants aware of mechanisms in place					
4. Program Coordinator (secretary)					
4.1. Independent office					
4.2. Not shared computer					
5. Training dietitians to facilitate & supervise trainees, 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 trainees					
3. Rotation specific G&O (knowledge, skills & attitudes) using the CanMEDS framework or others if applicable					
4. Trainees /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 trainee 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					
1.1 According to curriculum and master rota, all trainees having their planned rotations.					
2. Trainees appropriately supervised					
3. Each trainee assumes senior role					
4. Service demands do not interfere with academic program					
5. Trainees 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 trainee safety					
8. Collaboration with other programs for trainees who need expertise in the specialty					
9. The center should be committed to what is stated in the duties and rights of the trainees document that is issued by the 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 trainees 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 SCFHS certified senior dietitians for training & supervision ≥2 senior dietitians ≥1 senior dietitian in each rotation					
2. Surgical and Critical Care Nutrition	Surgical ward	≥15 beds			
		≥2 consultants			



		Senior nurses					
	Critical Care ≥ 10 beds						
	Burn unit (even within ICU)						
	≥ 2 consultants or senior registrars						
	≥ 1 SCFHS certified senior dietitian						
	≥ 1 Surgical dietitian clinic						
	≥ 1 Clinical pharmacist						
	TPN Team includes dietitian (preferably)						
	≥ 1 Respiratory therapist (preferably)						
	≥ 1 Speech therapist in the center (preferably)						
	≥ 1 Occupational therapist in the center (preferably)						
	≥ 1 Social worker						
3. Pediatric Nutrition	Pediatric ward	≥ 15 beds					
		≥ 2 consultants					
		Senior nurses					
	Pediatric Intensive Care	≥ 5 beds					
		≥ 2 consultants or senior registrars					
	Neonatal Intensive Care	≥ 10 beds					
		≥ 2 consultants or senior registrars					
	Pediatric Hematology/Oncology unit						
	Pediatric Cardiac Unit						
	Pediatric Renal Unit						
Pediatric Endocrinology / Diabetes Unit							



	≥1 SCFHS certified senior dietitian						
	≥2 General Pediatric dietitian clinic						
	≥1 Metabolic dietitian clinic (preferably)						
	≥1 Clinical pharmacist						
	TPN Team includes dietitian (preferably)						
	≥1 Respiratory therapist (preferably)						
	≥1 Speech therapist in the center (preferably)						
	≥1 Occupational therapist in the center (preferably)						
	≥1 Social worker						
4. Internal Medicine Nutrition	Medical ward	≥15 beds					
		≥2 consultants					
		Senior nurses					
	Critical Care Unit	≥10 beds					
		≥2 consultants or senior registrars					
	Gastroenterology / Hepatology Unit						
	Hematology/Oncology unit						
	Renal Unit						
	Endocrinology / Diabetes Unit						
	≥1 SCFHS certified senior dietitian						
	≥2 General dietitian clinic						
	≥2 Diabetic clinic / CHO count clinic						
	≥1 Clinical pharmacist						
TPN Team includes dietitian (preferably)							



	≥1 Respiratory therapist (preferably)					
	≥1 Speech therapist in the center (preferably)					
	≥1 Occupational therapist in the center (preferably)					
	≥1 Social worker					
5. Appropriate number & variety of gender of patients						
6. Clinical services and resources organized to promote education						
6.1	Staff excellent at patient care and training					
6.2	Experienced based learning, multidisciplinary					
6.3	Integration of emergency, acute care, ambulatory, & community experiences					
6.4	Knowledge, skills & attitudes relating to age, gender, culture, ethnicity					
6.5	Knowledge to understand, prevent and handle adverse patient events					
7. Dedicated Teaching						
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						
9.1	Adequate space for daily work					
9.2	Access to technical resources for patient care duties					
9.3	Facilities for direct observation of clinical skills and privacy for confidential discussions					
10. Supporting facilities & services						
10.1	Other relevant programs					

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
	