



Programs Accreditation

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

Program Name:	Orthopedic Surgery			Program Type:	<input checked="" type="checkbox"/> Residency	<input type="checkbox"/> Fellowship	<input type="checkbox"/> Diploma
Training Center:				City:			
Program Duration:	5 Year(s)	No. of Junior Years(s)		3 Year(s)	No. of Senior Years(s)		2 Year(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 Orthopedic Surgery 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 for the program director					
1.5 Program director 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 consultant / resident 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 residents and patient safety					
3.8.1. Includes educational activities					
3.8.2. Mechanisms to manage and implement resident safety					
3.8.3. Residents/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 resident, 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 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					
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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 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					
1.1 According to curriculum and master rota, all residents having their planned rotations.					
2. Residents appropriately supervised	During on call				
	During daily rounds				
	In outpatient clinics				
	In operating rooms				
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 residents 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 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 ≥ 4 full time consultants to run a new program					No of consultants:
2. Appropriate number & variety of gender of patients, and lab					
3. Clinical services and resources organized to promote education					
3.1 Staff excellent at patient care and training					
3.2 Experienced based learning, multidisciplinary					
3.3 Integration of emergency, acute care, ambulatory, & community experiences					
3.4 Knowledge, skills & attitudes relating to age, gender, culture, ethnicity					
3.5 Knowledge to understand, prevent and handle adverse patient events					
4. Access to computers/on-line references/ information management available nights & weekends and within close proximity					
5. Physical & technical resources meet SCFHS standards of accreditation					
5.1. Adequate space for daily work					
5.2. Enough on call rooms (males & females)					
5.3. Access to technical resources for patient care duties					
5.4. Facilities for direct observation of clinical skills and privacy for confidential discussions					
6. Clinical Services Specific to Orthopedic Surgery					
6.1. In-Patients ≥ 10 beds					
6.2. Operating Room (Operating days/wk) (Minimum surgeries/consultant/yr)					
6.3. Spine surgery					
6.3.1 ≥ 1 consultant					
6.3.2 No. cases/yr					
6.4 Musculoskeletal trauma					
6.4.1 Minimum load					
6.4.2 No. of consultants					
6.5 Arthroscopic & sport surgery					



6.5.1	≥1 consultant					
6.5.2	Resident attached					
6.6	Upper Extremities					
6.7	Foot and Ankle					
6.8	Intensive Care Units					
6.8.1	Adult Intensive Care Unit					
6.8.2	Pediatric Intensive Care Unit					
6.9	Pediatric orthopedics					
6.9.1	≥1 consultant					
6.9.2	Resident attached					
6.10	Orthopedic Oncology					
6.10.1	≥1 Consultant					
6.10.2	Resident attached					
7.	Supporting facilities & services					
7.1.	Support from ICUs as needed					
7.2.	Consultative diagnostic imaging & lab services					
7.3.	Musculoskeletal Radiology					
7.4.	Physiotherapy					
7.5.	Rehabilitation					

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. Manager					
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 (One 45)

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

Stamp