

Programs Accreditation

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

Program Name:	Pediatric Hematology& 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 Years(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					
1.1 Should be SCFHS certified consultant or equivalent in discipline					
1.2 Sufficient time & support (less calls, incentives ... etc)					
1.3 Coordinating with both department head, academic affairs, or equivalent, & Local supervisory committee.					
2. Residency Program Committee					
2.1 At least one resident elected					
2.2 At least meets quarterly; minutes kept					
3. Program Director & Committee responsible					
3.1 Ongoing review of program with documentation					
3.1.1 Opinions of residents used in review					
3.1.2 Appropriate faculty/resident interaction, open & collegial discussion, and respects confidentiality					
3.1.3 Evaluate teachers					
3.1.4 Provide teachers with honest/timely feedback					



4. Program Coordinator					
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					
1. Residents appropriately supervised					
2. Each resident assumes senior role					
3. Service demands do not interfere with academic program					
4. Residents has equal opportunity to meet educational needs					



5. Opportunity for electives and rotations in other accredited centers as needed					
6. Teaching and learning in environments free of intimidation, harassment, abuse and promotes resident safety					
7. Collaboration with other programs for residents who need expertise in the specialty					
8. Chemotherapy-Certified nurses With patient /nurse ratio of maximum 1 to 5					
9. Number of assigned beds for pediatric haematology /oncology					
9.1. Minimum of 15 beds is required for haematology /oncology recognition					
9.2. Minimum of 5 BMT beds is required for BMT recognition					
9.3. Occupancy rate (minimum 70 %)					
10. Presence of Treatment Area					
11. Number of new patients per a year					
11.1. Minimum of 40 new oncology patients per year for oncology recognition					
11.2. Minimum of 40 new hematology patients per year for hematology recognition					
11.3. Minimum of 25 new BMT patients per year for BMT recognition.					
12. Outpatient clinic					
12.1. Hematology					
12.2. Oncology Hemostasis					
12.3. Hemostasis					
12.4. stem cell Transplant					

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					
2. Appropriate number & variety of gender of patients, and lab specimens					
3. Clinical services and resources organized to promote education					
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 Access to technical resources for patient care duties					
5.3 Facilities for direct observation of clinical skills and privacy for confidential discussions					
6. Supporting facilities & services					
6.1 Access to Hematopathology lab:					
6.1.1 Coagulation					
6.1.2 Flowcytometry					
6.1.3 Cytogenetics					
6.1.4 Molecular					
6.2. Microbiology lab					
6.2.1 General microbiology lab					
6.2.2 Virology lab					
6.2.3 Mycology lab					
6.2.4 Immunology lab					
6.3. Subspecialty needed:					
6.3.1 Radiologist					
6.3.2 Pediatric Surgeon					
6.3.3 Pediatric Intensivist					
6.3.4 Neuro-Surgeon					
6.3.5 Urologist					
6.3.6 Orthopedic					
6.3.7 Ophthalmologist					
6.3.8 ENT Surgeon					
6.3.9 Dentist					



6.3.10Gynecologist					
6.3.11Radiation Oncologist					
6.3.12Hematopathologist					
6.3.13Pathologist					
6.3.14Anesthesiologist					
6.3.15Pediatric Infectious Disease					
6.3.16Pediatric Cardiologist					
6.3.17Pediatric Neurologist					
6.3.18Pediatric Endocrinologist					
6.3.19Pediatric Gastroenterologist					
6.3.20Child Psychiatrist					
6.3.21Pediatric Nephrologist					
6.3.22Pediatric Pulmonology					
6.4. Pathology					
6.5. Blood Bank					

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					
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					
6.2 Feedback to resident on their teaching					
6.3 Critical appraisal of medical literature using knowledge of research methodology & biostatistics					
6.4 Promote self-assessment & self-directed learning					
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					
8. Presence of Scientific Activities					



8.1 Ground Round					
8.2 Tumor Board					
8.3 Journal Club					

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					
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

NB. If this form is filled for first time (New accreditation), indicate "Not Applicable" for any standard not yet available



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
	