

General Standards applicable to all residency programs

**Checklist**

January 2011 edition

UNIVERSITY: PROGRAM:

| STANDARD | YES | NO | COMMENTS |
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| **STANDARD B1: ADMINISTRATIVE STRUCTURE** | | | |
| **There must be an appropriate administrative structure for each residency program.** | | | |
| 1. Program Director |  |  |  |
| * Royal College should be RCPSC certified in discipline |  |  |  |
| * CFPC must hold certification in family medicine |  |  |  |
| * CMQ must hold attestation in family medicine or specialist certification from CMQ |  |  |  |
| * sufficient time & support |  |  |  |
| 2. Residency Program Committee |  |  |  |
| 2.1 representation from each site & major component of program |  |  |  |
| 2.2 at least one resident elected |  |  |  |
| 2.3 meets quarterly; minutes kept |  |  |  |
| 2.4 communicates regularly with members of RPC, department, residents |  |  |  |
| 3. Program Director & Committee responsible: |  |  |  |
| 3.1 program meets GSA\*+ SSA\* |  |  |  |
| 3.2 opportunities to attain competencies outlined in the Royal College or CFPC OTR\* |  |  |  |
| 3.3 selection of candidates |  |  |  |
| 3.4 evaluation & promotion of residents |  |  |  |
| organize remediation for residents not meeting level of competence |  |  |  |
| 3.5 appeal mechanism |  |  |  |
| 3.6 career planning |  |  |  |
| 3.7 stress counselling |  |  |  |
| residents aware of services available & how to access them |  |  |  |
| 3.8 ongoing review of program |  |  |  |
| opinions of residents used in review |  |  |  |
| appropriate faculty/resident interaction, open & collegial discussion |  |  |  |
| conducted in a manner that respects confidentiality |  |  |  |
| evaluate each clinical and academic component |  |  |  |
| evaluate use of resources/facilities |  |  |  |
| evaluate teachers |  |  |  |
| provide teachers with honest/timely feedback |  |  |  |
| evaluate learning environment of each component |  |  |  |
| 3.9 policy governing resident safety |  |  |  |
| includes educational activities |  |  |  |
| mechanisms to manage resident safety |  |  |  |
| residents/faculty aware of mechanisms in place |  |  |  |
| 4. Program Coordinator in each institution |  |  |  |
| 5. Faculty member to facilitate & supervise resident research & scholarly work |  |  |  |
| 6. Environment of inquiry and scholarship |  |  |  |
| Faculty research and scholarly activity |  |  |  |

\*GSA: General Standards of Accreditation

\*SSA: Specific Standards of Accreditation for the Specialty of Subspecialty

\*OTR: Objectives of Training for the Specialty or Subspecialty

\*STR: Specialty Training Requirements for the Specialty or Subspecialty

| STANDARD | YES | NO | COMMENTS |
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| **STANDARD B2: GOALS & OBJECTIVES** | | | |
| **There must be a clearly worded statement outlining the goals of the residency program and the educational objectives of the residents.** | | | |
| 1. Statement of overall goals |  |  |  |
| 2. Defined G&O for each CanMEDS/CanMEDS-FM competencies |  |  |  |
| 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/CanMEDS-FM framework that are functional, reflected in planning, organization and evaluation |  |  |  |
| 4. Residents/faculty receive copy of G&O |  |  |  |
| 4.1 objectives used in teaching, learning & assessment |  |  |  |
| 4.2 faculty develops learning objectives/strategies for resident at beginning of rotation |  |  |  |
| 5. G&O reviewed every 2 years |  |  |  |
|  | | | |
| **STANDARD B3: STRUCTURE & ORGANIZATION OF THE PROGRAM** | | | |
| **There must be an organized program of rotations and other educational experiences, both mandatory and elective, designed to provide each resident with the opportunity to fulfil the educational requirements and achieve competence in the specialty or subspecialty.** | | | |
| 1. Provides all components in the Royal College or CFPC specialty documents |  |  |  |
| 2. Residents appropriately supervised |  |  |  |
| 3. Increasing professional responsibility |  |  |  |

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| 4. Each resident assumes senior role |  |  |  |
| 5. Service responsibilities ensure educational objectives attained |  |  |  |
| 5.1 service demands do not interfere with academic program |  |  |  |
| 6. Resident has equal opportunity to meet educational needs |  |  |  |
| 7. Opportunity for electives |  |  |  |
| 8. Role of each education site clearly defined & accepted |  |  |  |
| 9. Teaching and learning in environments free of intimidation, harassment, abuse and promotes resident safety |  |  |  |
| 10. Collaboration with other programs for residents who need expertise in the specialty |  |  |  |
| \*OTR: Objectives of Training for the Specialty or Subspecialty  \*STR: Specialty Training Requirements for the Specialty or Subspecialty  \*SSA: Specific Standards of Accreditation for the Specialty or Subspecialty | | | |

| STANDARD | YES | NO | COMMENTS |
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| **STANDARD B4: 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 Royal College or CFPC specialty training requirements.** | | | |
| 1. Sufficient number of qualified staff for teaching & supervision |  |  |  |
| 2. Appropriate number & variety of male and female patients or lab specimens |  |  |  |
| 3. Clinical services and resources organized to promote education |  |  |  |
| 3.1 staff excellent at patient care and teaching |  |  |  |
| 3.2 experienced based learning, multidisciplinary |  |  |  |
| 3.3 integration of emergency, 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 Royal College/CFPC 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 support from ICUs as needed |  |  |  |
| 6.2 consultative & lab services |  |  |  |
| 6.3 emergency |  |  |  |
| each resident does initial assessments |  |  |  |
| 6.4 ambulatory care and/or community |  |  |  |
| pre-admission & post discharge |  |  |  |
| 6.5 other relevant programs |  |  |  |
| \*STR: Specialty Training Requirements for the Specialty or Subspecialty | | | |

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| **STANDARD B5: CLINICAL, ACADEMIC AND SCHOLARLY CONTENT OF THE PROGRAM** | | | |
| **The clinical, academic and scholarly content of the program must be appropriate for a university postgraduate education and adequately prepare residents to fulfil all of the CanMEDS/CanMEDS-FM Roles. 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.** | | | |
| 1. **Medical Expert** |  |  |  |
| 1.1 teaching 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 in communication skills |  |  |  |
| interact with patients & families, colleagues, students & co-workers |  |  |  |
| 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 interprofessional 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 |  |  |  |

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| **6. Scholar** |  |  |  |
| 6.1 teaching skills |  |  |  |
| 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 |  |  |  |
| deliver high quality care with integrity, honesty, compassion |  |  |  |
| exhibit professional, intra-professional, interprofessional & interpersonal behaviours |  |  |  |
| practice medicine in an ethically responsible manner |  |  |  |
| analyse/reflect adverse events & strategize to prevent recurrence |  |  |  |
| 7.2 bioethics |  |  |  |
| 7.3 relevant legal and regulatory framework |  |  |  |
| 7.4 physician health & well-being |  |  |  |
| **STANDARD B6: 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.** | | | |
| 1. Based on goals & objectives |  |  |  |
| 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 |  |  |  |
| written communications |  |  |  |
| 2.5 collaborating abilities |  |  |  |
| 2.6 teaching abilities |  |  |  |
| 2.7 age, gender, culture & ethnicity issues |  |  |  |
| 3. Honest, helpful, timely, documented feedback sessions |  |  |  |
| ongoing informal feedback |  |  |  |
| face-to-face meetings |  |  |  |
| 4. Residents informed of serious concerns |  |  |  |
| 5. provides document for successful completion of program |  |  |  |