THE ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA

INTERNAL REVIEW

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **UNIVERSITY:** |  | | **PROGRAM:** |  | |
| **SURVEYORS:** |  | | **DATE OF SURVEY:** | |  |
| **PROGRAM DIRECTOR:** | |  | **CURRENT STATUS OF PROGRAM:** | | |

### INTRODUCTION

**a. Review of documents**

The following documents were reviewed by the surveyors:

Minutes, Residency Program Committee Meetings

Goals & Objectives

Schedule of Rounds

Educational Curriculum

Resident Evaluation Files

Other, please describe

|  |
| --- |
|  |

**b. Survey arrangements**

**c. Brief program description**

**d. Response of the program to the last on-site survey**

The category of accreditation given to the program in       was       **.** Weaknesses identified at that time and actions taken by the program to correct the weaknesses include:



### II. ADMINISTRATIVE STRUCTURE OF THE PROGRAM (Standard B1)

Following the review of the Minutes of the Residency Program Committee, and in discussions with the Program Director and others involved in the program, the following assessment was made on the responsibilities of the RPC:

|  |  |  |
| --- | --- | --- |
| Program Director: | Time |  |
|  | Support |  |

|  |  |  |
| --- | --- | --- |
| Residency Program Committee: | Number of meetings per year: |  |

**yes no**

Coordinator for Each Site & Liaison

Elected Resident

Minutes

Admissions

Evaluation & Promotion of Residents

Appeals

Career Planning

Stress Counselling

Regular Review of Program

Opinions of Residents Used in Review

Assessment of Teachers

**Comments:**

### III. GOALS AND OBJECTIVES OF THE PROGRAM (Standard B2)

Following review of the goals and objectives of the program, the following information was confirmed.

**yes no**

Overall statement

Rotation specific

CanMEDS format

Received by residents

Received by faculty

Reviewed regularly

Used in evaluation

**Comments:**

### STRUCTURE AND ORGANIZATION OF THE PROGRAM (Standard B3)

1. **General organization of the program**

1. **Increasing individual professional responsibility**

1. **Service/education balance**

### RESOURCES (Standard B4)

1. **General description of resources available to the program**

1. **Role of each participating education site (including inter-university affiliations)**

### CLINICAL, ACADEMIC AND SCHOLARLY CONTENT OF THE PROGRAM

**(Standard B5)**

**Academic Curriculum**

**Medical Expert**

**Communicator**

**Collaborator**

**Manager**

**Health Advocate**

**Scholar**

**Professional**

### EVALUATION OF RESIDENT PERFORMANCE (Standard B6)

**Format for evaluation used in this program:**

**yes no**

Mid-rotation evaluations

Face-to-face meetings

Evaluations are timely

**Comments:**

**Indicate the assessment tools used in this program**.

**yes no**

Chart and other written review

Direct clinical observation

Exams - oral

- written

**-** OSCE

Specialty-specific in-training exams

CEX or Mini CEX

Portfolio

360° degree evaluation

Focused observation

Other, please describe

**Comments:**

### GENERAL COMMENTS

1. **Meeting with the residents – met with       of       residents**

1. **Other pertinent information not included elsewhere in the report**

**IX. SUMMARY**

**a. Strengths of the program**



**b. Weaknesses of the program**

1. *Weaknesses noted at the last review and not corrected*
2. *Weaknesses arising since the last review*