Programs Accreditation

New Accreditation	☐
Re-Accreditation	☐
Maintenance of Accreditation	☐

Program Name:	Colorectal Surgery		Program Type:	☐ Residency	☑ Fellowship	☐ 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	

Accreditation Standards' Compliance Scoring Definition:	
Fully Met	When the Compliance to the Accreditation Standard is at 90% or above (Comment <u>when</u> Required)
Partially Met	When the Compliance to the Accreditation Standard is at 51-89% (Comment <u>is</u> Required)
Not Met	When the Compliance to the Accreditation Standard is at 50% or less (Comment <u>is</u> Required)
Not Applicable (N/A)	When the Standard does not apply to the Training Center (Comment <u>is</u> Required)

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					

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2.2 At least meets quarterly; minutes kept					
3. Program Director & Committee responsible					
3.1 Stress counselling					
3.1.1Residents aware of services available & how to access them					
3.2 Ongoing review of program with documentation					
3.2.1.Opinions of residents used in review					
3.2.2.Appropriate faculty/resident interaction, open & collegial discussion and respects confidentiality					
3.2.3.Evaluate teachers					
3.2.4.Provide teachers with honest/timely feedback					
3.2.5.Evaluate learning environment of each component					
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)					

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	Met	P. Met	Not Met	NA	Comments
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					

<table>
<tr><td colspan="6">C. STRUCTURE & ORGANIZATION OF THE PROGRAM</td></tr>
<tr><td colspan="6">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.</td></tr>
</table>

STANDARD	Met	P. Met	Not Met	NA	Comments
1. Provides all components in the SCFHS specialty documents					
2. Residents appropriately supervised					
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					

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STANDARD	Met	P. Met	Not Met	NA	Comments
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					

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 Support from ICUs as needed					

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	STANDARD	Met	P. Met	Not Met	NA	Comments
6.2	Consultative, diagnostic imaging & lab services					

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					

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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					

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	Met	P. Met	Not Met	NA	
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					

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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 **I**n **T**raining **E**valuation **R**eport

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Rotations				
معتمد Accredited		المدة Duration	Rotations	الدورات التدريبية
لا	نعم			

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List of Affiliated Training Sites

(Training Sites that are linked to the Governance of the same Training Center and accredited for the Training Program)

Training Site		Training Site	
	11		1
	12		2
	13		3
	14		4
	15		5
	16		6
	17		7
	18		8
	19		9
	20		10

List of Participating Training Sites

(List of Training Sites that are linked to the Governance of another Training Center that collaborate with the Training Program to bridge a certain gap or to expand the Clinical Training Exposure)

Training Site		Training Center	
			1
			2
			3
			4
			5
			6
			7
			8
			9
			10
			11
			12
			13
			14
			15

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Programs Accreditation Survey Agenda			
Time	Minutes	Agenda	Remarks
8:00 - 09:00	60	Meeting the Program Director	
9:00 - 10:00	60	Documents Review (Part 1)	
10:00 - 11:00	60	Meeting with the Trainees	
11:00 - 11:40	40	Meeting with the Faculty Trainers	
11:40 - 12:15	35	Meeting with the Head of Department	
12:15 – 13:00	45	Break	
13:00- 13:45	45	Facility Tour	On-Call Rooms, Lounge, Training Classrooms, OPD, Wards, ER, OR, Lab, Radiology, Pharmacy
13:45 - 15:15	90	Documents Review (Part 2) Surveyors Closed Meeting & Preparing the Survey Report	
15:15 – 16:00	45	Exit De-Brief with the Program Director	

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لاستخدام المركز التدريبي فقط	FOR TRAINING CENTER USE ONLY

Program Director

Name:	
Signature:	
Date:	/ /20 - / /14

Stamp

لاستخدام الإدارة التنفيذية للاعتماد فقط	FOR EXECUTIVE ADMINISTRATION OF ACCREDITATION USE ONLY

توصية فريق زيارة الاعتماد

اسم البرنامج التدريبي	
اسم المركز التدريبي	

الدولة		المدينة	

التاريخ	/ / 14هـ الموافق / / 20م

التوصيات

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نوع قرار الاعتماد		
حالات التحديث: (إن وجد)		

فئة اعتماد البرنامج التدريبي ٠

فئة معايير الاعتماد			
عدد المعايير غير المستوفاة	عدد المعايير المستوفاة	الإجمالي	فئة معايير الاعتماد
			الفئة الصفرية (ETR0)
			الفئة الأولى (ETR1)
			الفئة الثانية (ETR2)

الطاقة الاستيعابية المقترحة في كل مستوى (لا ينطبق على رفض الاعتماد البرامجي أو تجميد الاعتماد البرامجي)						
المستوى 7	المستوى 6	المستوى 5	المستوى 4	المستوى 3	المستوى 2	المستوى 1

مصادقة فريق الزيارة					
العضو المشارك الثاني		العضو المشارك الأول		المقرر	
	الاسم		الاسم		الاسم
	التوقيع		التوقيع		التوقيع

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