

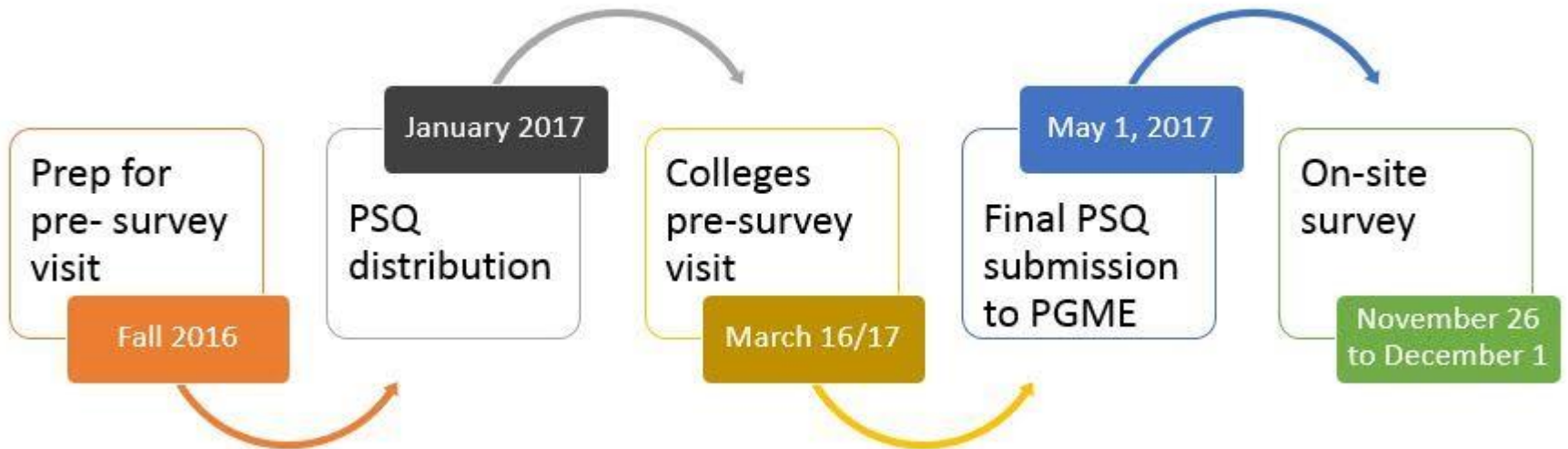
ACCREDITATION SURVEY 2017

WHAT PD'S NEED TO KNOW

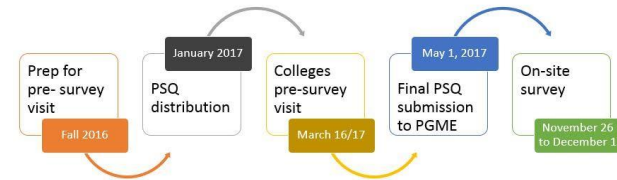


2017 Survey Timeline at U of A

2



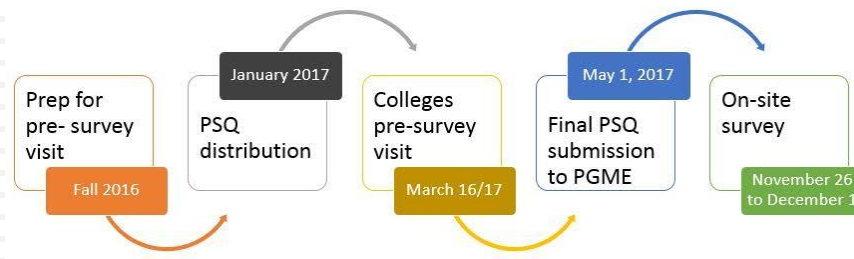
Objectives



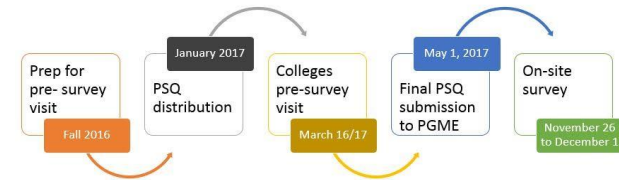
You will be able to:

- Understand the principle and process of Program Accreditation
- Understand and interpret B Standards as it relates to Accreditation
- Be better prepared for 2017 Survey Visit as a Program Director

Accreditation 101



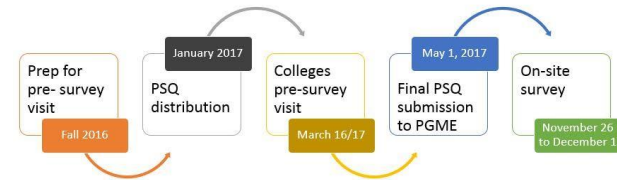
Accreditation



Is a **process** for evaluating residency programs including the educational environment to determine if the program is **meeting the Standards**

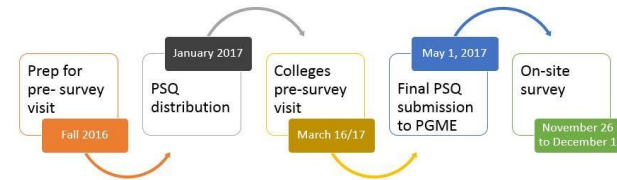
- ▣ A Standards = Institution (University)
- ▣ B Standards = Program
 - General (“**musts**” vs. “**shoulds**”)
 - Blue Book
 - Descriptors
 - Specialty Specific (“**musts**” vs. “**shoulds**”)
 - SSA
 - OTR
 - STR

Principles of Accreditation



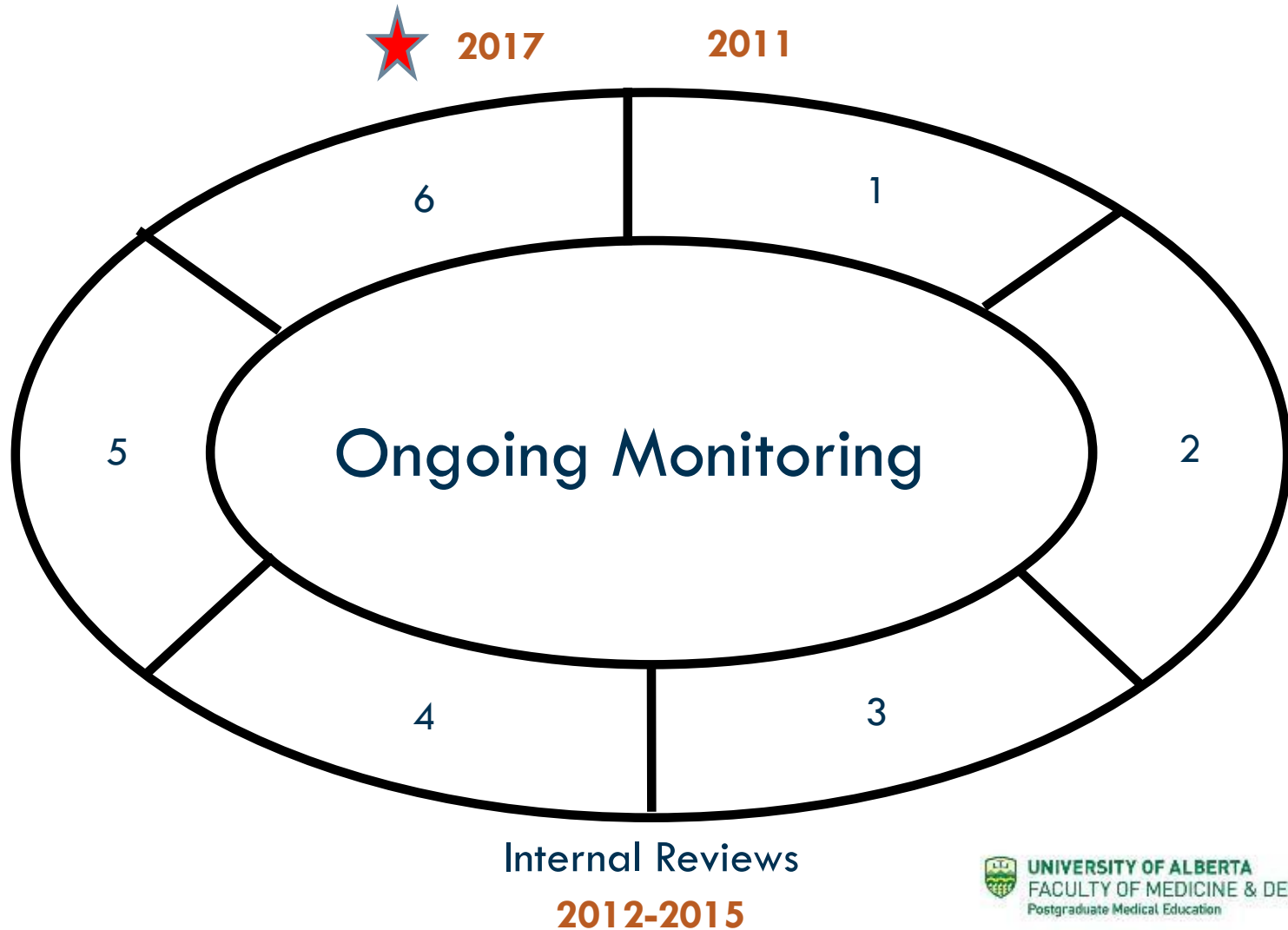
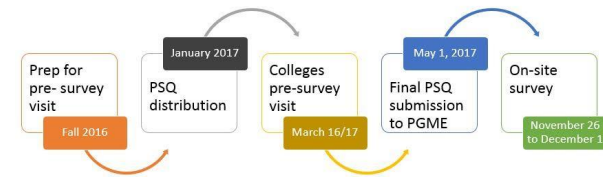
- ❑ Continuing quality improvement
- ❑ Based on a competency framework
- ❑ Peer review
 - ❑ Surveyor from **different** specialty
- ❑ Input from Specialists (Specialty Committee)
- ❑ Regular cycle of review
 - ❑ Regular 6 year Royal College survey
 - ❑ Internal review (usually) in year 3

Accreditation

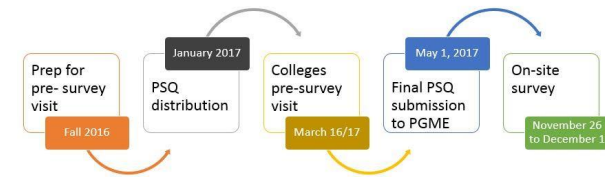


- College does **NOT** accredit:
 - Excellence of departments
 - Excellence and reputation of research
 - Quality and expertise of clinical faculty
 - Moral worth of program directors

Six Year Survey Cycle

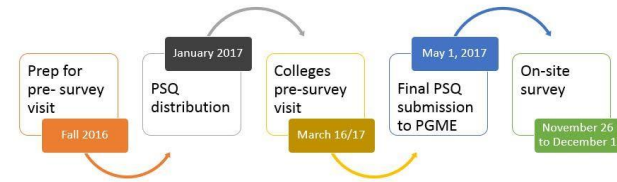


Categories of Accreditation



- Accredited New Program
- Accredited Program
 - With follow-up by **REGULAR SURVEY** (6 y)
 - With follow-up by **PROGRESS REPORT** (12-18 mo)
 - With follow-up by **INTERNAL REVIEW** (24 mo)
 - With follow-up by **EXTERNAL REVIEW** (24 mo)
- Notice of (or) Intent to Withdraw

Categories of Accreditation

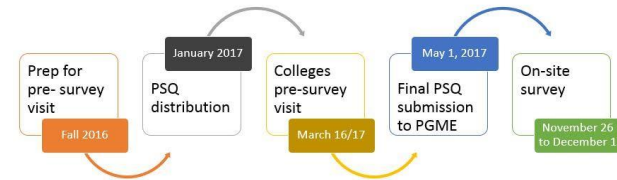


□ Accredited Program –

Follow by next Regular Survey

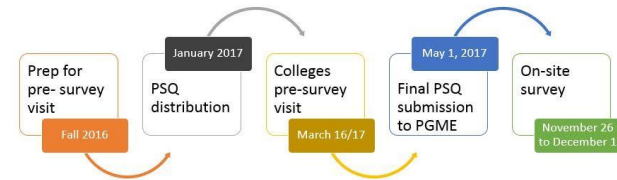
- Program meets Standards of Accreditation
- No major weaknesses identified
- Next Royal College review is in 6 years

Categories of Accreditation



- Accredited Program with **Progress Report**
 - **Specific issue(s)** are identified and require follow-up only on the identified issue(s).
 - A complete review of the whole program is NOT required.
 - The progress report is due within 12-18 months.
 - Report only needs to address issues identified on transmittal letter

Categories of Accreditation

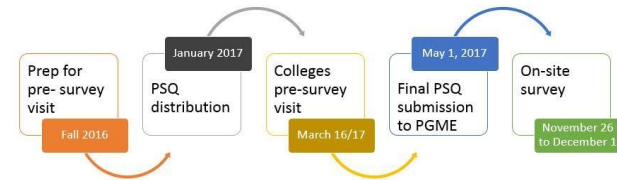


□ Accredited Program with

Mandated Internal Review

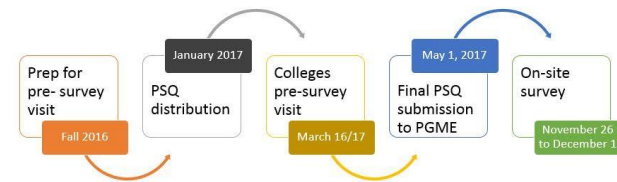
- Major issues are identified in **more than one standard.**
- A **complete review** of the program is required.
- The review is conducted by a University-appointed team of 2-3 people.
- The internal review is due within 24 months.

Categories of Accreditation



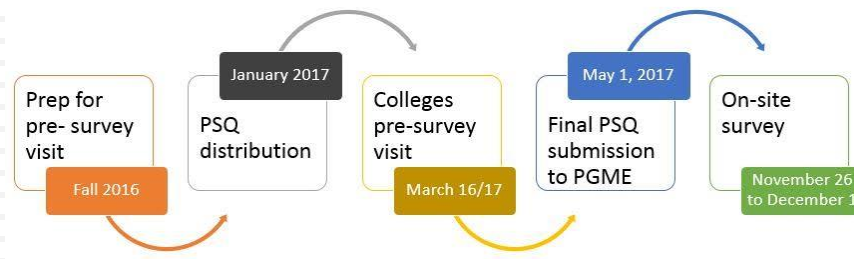
- Accredited Program with **External Review**
 - Major issues are identified in **more than one standard** and concerns are **specialty-specific** and best evaluated by a reviewer from the discipline or
 - concerns have been **persistent** or
 - concerns are strongly influenced by **non-educational issues** and can best be evaluated by a reviewer from outside the university.
 - A focused or **complete review** of the program is required.
 - The review is organized by the respective College.
 - The external review is conducted within 24 months.

Categories of Accreditation

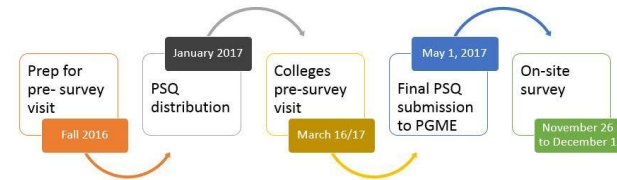


- Notice of **Intent to Withdraw Accreditation**
 - Major and/or continuing weaknesses are identified
 - Concern about the ability of program to provide good educational experiences
 - Question if there is a program
 - External review conducted within 2 years
 - Program required to demonstrate why accreditation should not be withdrawn

The “B” Standards & Common pitfalls ...



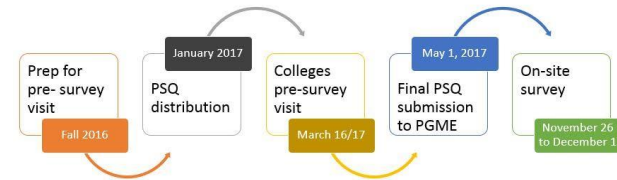
“B” Standards



Standards for EACH residency program

- B1 Administrative Structure
- B2 Goals & Objectives
- B3 Structure and Organization of the Program
- B4 Resources
- B5 Clinical, Academic & Scholarly Content of the Program
- B6 Assessment of Resident Performance

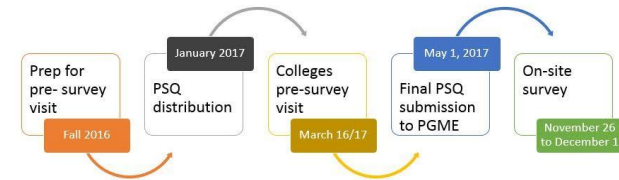
B1 – Administrative Structure



1.1 Program Director

- Overall responsibility for program
- Acceptable qualifications
 - ▣ Royal College certification – should
- **Sufficient time & support**
 - ▣ Generally interpreted as non-clinical time for program administration
 - ▣ **Impact** to operation of program

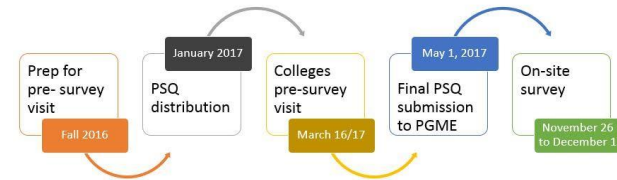
B1 – Administrative Structure



1.2 Residency Program Committee (RPC)

- Representative from **each site & major component**
- Resident member of Committee
 - **Elected by the residents**
 - Accountability
- Meets 4 times/year; keeps minutes
- Communicates regularly with members of program, department, residents
- RPC members responsible for **bilateral flow of communication** with the specific constituencies they represent

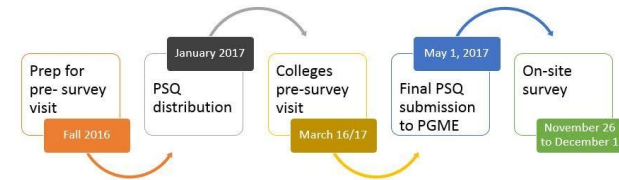
B1 – Administrative Structure



1.3 Responsibilities of RPC

- Planning and operation of program
- Opportunities for residents to attain competencies
- Selection of residents
- Assessment & promotion of residents
- Appeal mechanism
- Career planning & counseling
- Manage stress and wellbeing

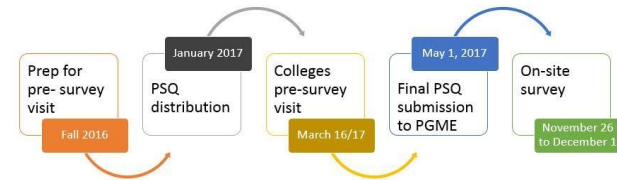
B1 – Administrative Structure



1.3 Responsibilities of RPC

- ❑ **Ongoing program review**
 - ❑ Clinical and academic components
 - ❑ Resources and facilities
 - ❑ **Teachers**
 - ❑ Feedback mechanisms
 - ❑ Learning environment
 - ❑ Anonymous
- ❑ Resident safety
 - ❑ Written policy
 - ❑ Program-specific

B1 – Administrative Structure



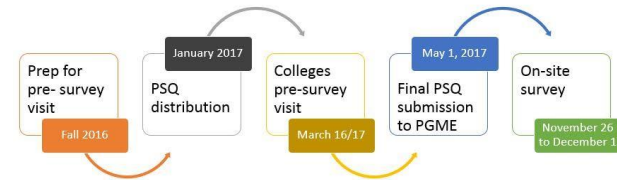
1.4 Site Coordinator

- Active liaison

1.5 Research coordinator

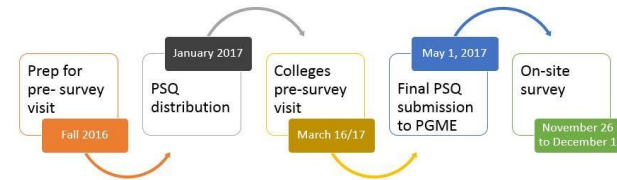
1.6 Environment of inquiry and scholarship

B1 – Administrative Structure Pitfalls”



- Program director autocratic
- Residency Program Committee dysfunctional
 - Unclear Terms of Reference (membership, tasks and responsibilities)
 - Agenda and minutes poorly structured
 - Poor attendance
 - Department/Division head unduly influential
 - RPC is conducted as part of a Dept/Div meeting
- No resident voice

B2 – Goals & Objectives



2.1 Overall statement

2.2 Structured to reflect the CanMEDS competency

- Used in planning & assessment of residents

2.3 **Rotation specific**

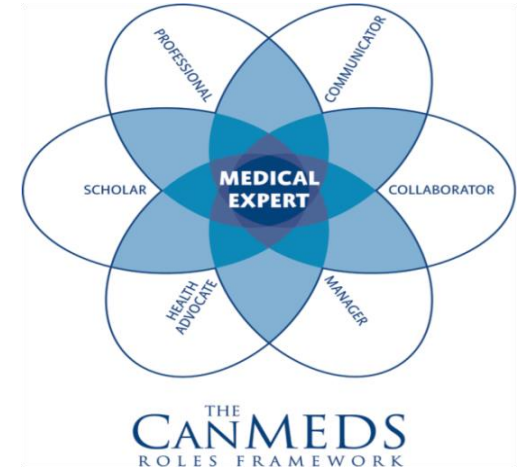
- Used in planning & assessment of residents

2.4 Resident & staff know and use them

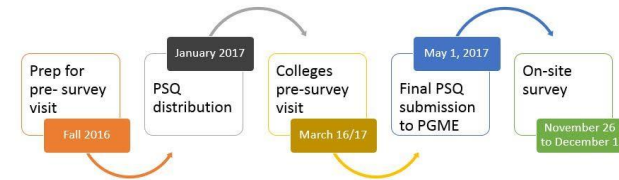
- Used in teaching, learning, assessment
- Learning strategies developed at start of rotation

2.5 **Regular review**

- At least every 2 years

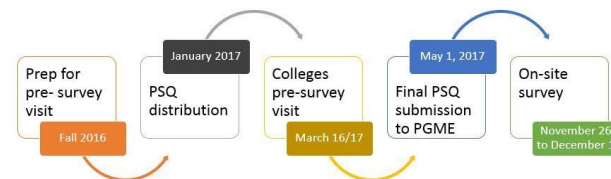


B2 – Goals & Objectives Pitfalls”



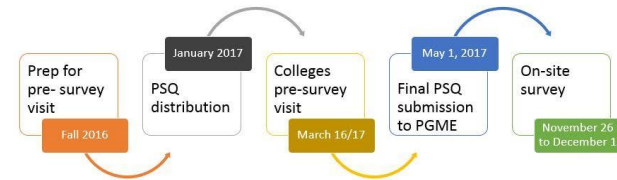
- ❑ Missing CanMEDS roles in overall structure
 - ❑ Okay to have rotations in which all CanMEDS roles may not apply (research, certain electives)
- ❑ **Goals and objectives not used by faculty/residents**
- ❑ Goals and objectives not reflecting resident level of training
- ❑ **Goals and objectives dysfunctional – does not inform assessment**
- ❑ Goals and objectives not reviewed regularly

B3 – Structure & Organization



- 3.1 Program provides all components of training as outlined in the specialty-specific documents (STR)
- 3.2 Appropriate supervision
 - According to level of training, ability/competence and experience
- 3.3 **Increasing professional responsibility**
- 3.4 Senior resident role
- 3.5 **Balance of service and education**
 - Ability to attend academic sessions

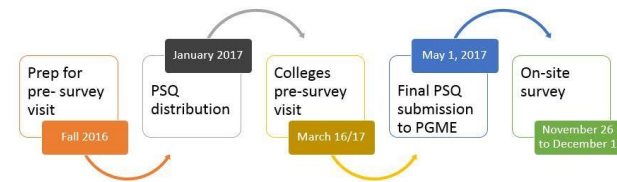
B3 – Structure & Organization



- 3.6 Equivalent opportunity for each resident
- 3.7 Opportunity for electives
- 3.8 Role of each site clearly defined
- 3.9 Safe learning/educational environment
 - ❑ **Free from intimidation, harassment or abuse**
 - ❑ Promotes resident safety
- 3.10 Collaboration with other programs whose residents need to develop expertise in the specialty

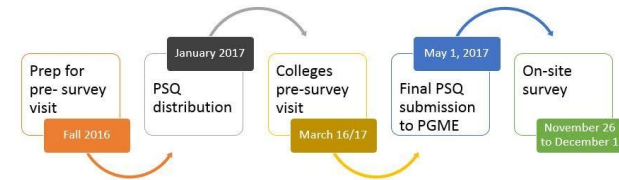
B3 – Structure & Organization

“pitfalls”



- ❑ Graded responsibility absent
- ❑ Service/education imbalance
 - ❑ Service provision by residents should have a defined educational component including evaluation
- ❑ Educational environment poor

B4 – Resources



4.1 Sufficient teaching staff

- ❑ From appropriate health professions

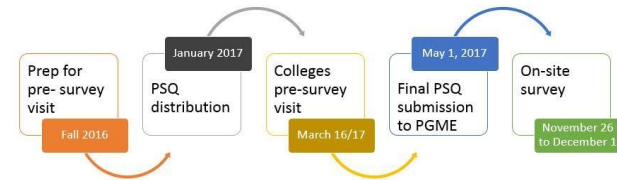
4.2 **Appropriate number and variety** of patients, specimens and procedures

- ❑ Refer to specialty-specific documents

4.3 Clinical services organized to achieve educational objectives

- ❑ Training in collaboration with other disciplines
- ❑ Inpatient, emergency, ambulatory, community
- ❑ Age, gender, culture, ethnicity

B4 – Resources



4.4 **Adequate educational resources**

- ❑ Access to computers, on-line references
- ❑ Close proximity to patient care areas

4.5 Access to physical and technical resources in the setting where they are working

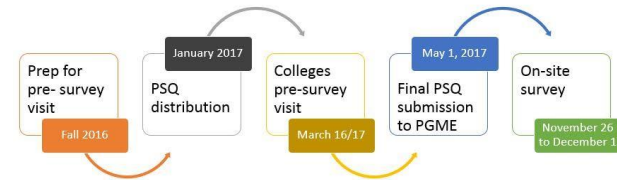
- ❑ Direct observation/privacy for confidential discussions
- ❑ Adequate space for residents

4.6 Adequate supporting facilities

- ❑ ICU, diagnostic, laboratory

B4 – Resources

“Pitfalls”



- ❑ Insufficient faculty for teaching/supervision
- ❑ Insufficient clinical/technical resources
- ❑ Infrastructure inadequate

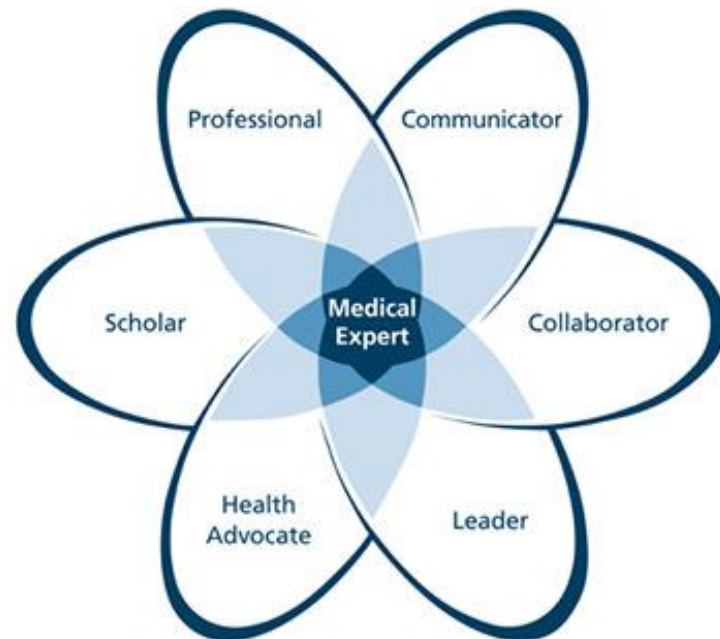
B5 – Clinical, Academic & Scholarly

Content of Program



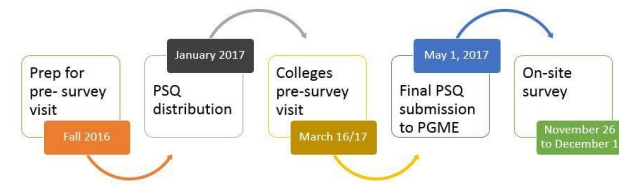
Evidence of teaching each of the CanMEDS roles

- Medical Expert
- Communicator
- Collaborator
- Leader
- Health Advocate
- Scholar
- Professional



CANMEDS

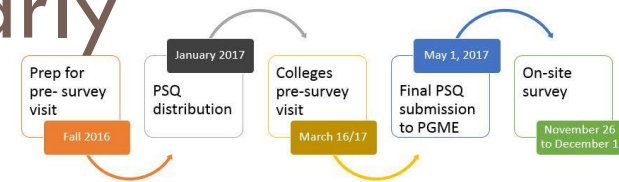
B5 – Clinical, Academic & Scholarly Content of Program



Academic program

- ❑ Organized curriculum
- ❑ Organized teaching in basic & clinical sciences

B5 – Clinical, Academic & Scholarly Content of Program – “pitfalls”



- ❑ **Organized academic curriculum lacking**
or entirely resident driven
 - ❑ Poor attendance by residents and faculty
- ❑ Teaching of intrinsic (non-medical expert)
CanMEDS roles missing
- ❑ Role modeling is the only teaching
modality

Remember the 2015 OTR Special Addendum!



CanMEDS 2015 OTR Special Addendum

The CanMEDS 2015 Special OTR Addendum is a generic document that will supplement the Objectives of Training for the 58 disciplines transitioning to Competence by Design (CBD) in cohorts 3 or later (see list at the end of this document). Therefore, this document should be read in conjunction with the discipline-specific Objectives of Training (OTR) listed below.

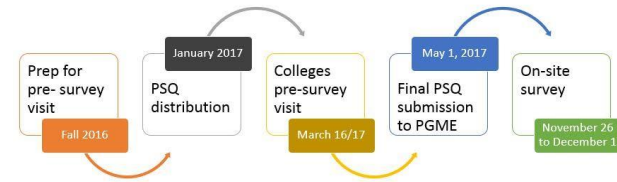
The addendum focuses on major NEW content areas in the CanMEDS 2015 Physician Competency Framework, which will be implemented into the training standards of specific Canadian residency programs on July 1st, 2016.

Program Directors will be responsible for demonstrating that their programs incorporate the CanMEDS 2015 Special OTR Addendum into their teaching and assessments of residents.

Once a discipline has transitioned to CBD and begins to accept trainees into its revised competency based training programs this addendum will no longer apply because the new competency based program will have new national standards based on CanMEDS 2015.

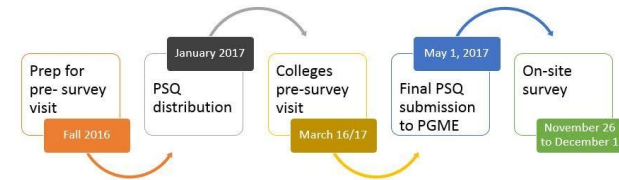
CanMEDs 2015

3 Key Themes



1. Patient safety, Quality improvement & Resource stewardship
2. eHealth and Technology
3. Leadership and Physician Health

B6 – Assessment of Resident Performance



6.1 **Based on Goals & Objectives**

- ❑ Identified methods of evaluation
- ❑ Level of performance expected

6.2 Assessment consistent with competencies being assessed

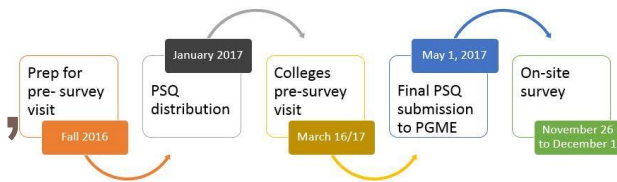
- ❑ Based on specialty-specific requirements

6.3 **Timely, regular, documented feedback**

- ❑ Face-to-face meetings

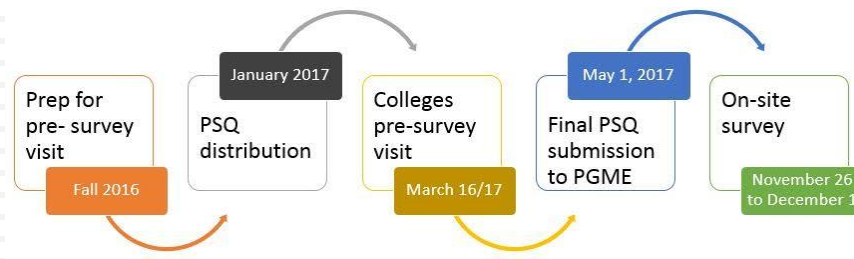
6.4 Residents informed of serious concerns

B6 – Assessment of Resident Performance – “pitfalls”

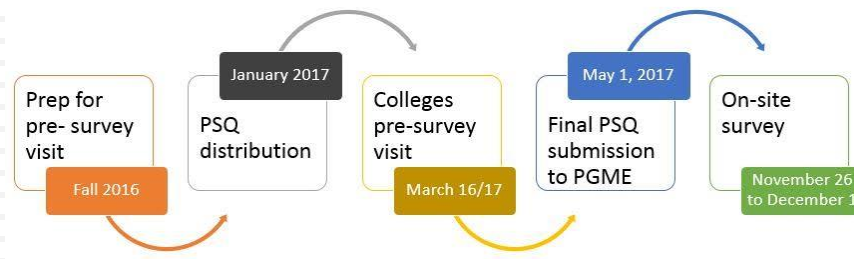


- ❑ Mechanism to monitor, promote, remediate residents lacking
- ❑ Formative feedback not provided and/or documented
- ❑ Assessment not timely (particularly when serious concerns identified), not face to face
- ❑ Summative summative (ITER) inconsistent with formative feedback, unclear documents concerns/weaknesses

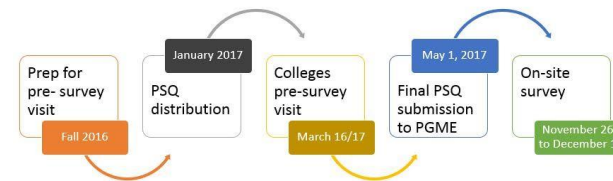
Prepping for 2017 Survey



PSQ



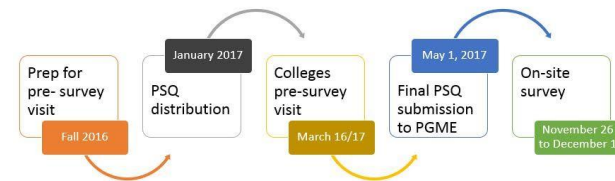
Purpose of the PSQ



- Written summary of the training program
 - ▣ Used by surveyor (s)
 - ▣ Reviewed by Specialty Committee
- Is an essential component in the accreditation survey process
- Questions are linked to the “B” standards
- Standard template
 - ▣ Generic template for General Information, and Sections B1, 2, 3, 5, 6
 - ▣ Specialty-specific template for B4

What's in the PSQs?

Appendices



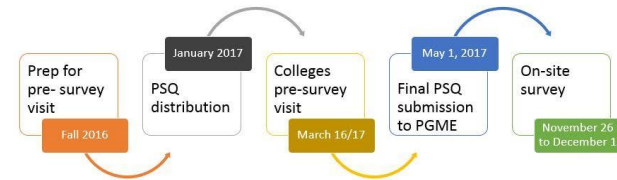
PART I PRE-SURVEY QUESTIONNAIRE

NAME OF PROGRAM :

- Complete each question providing only the information required. Answers should be brief.
- Submit pre-survey questionnaire (Part I and Part II) to the Postgraduate Medical Education Office for transmission to the Royal College.
- The following attachments **must** be included with the pre-survey questionnaire. Electronic or weblink access is acceptable.

Attachment	Electronic	Weblink Access – Provide URL Address	N/A
Appendix 'A' Agendas - Residency Program Committee Meetings (for past 2 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appendix 'B' Program policy on resident safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appendix 'C' Research grants of faculty (for past 12 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appendix 'D' Publication record of faculty (for past 12 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appendix 'E' Rotation-specific goals and objectives of the program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appendix 'F' Overall goals of the residency program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appendix 'G' Interuniversity affiliation agreement(s), if required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appendix 'H' Formal academic curriculum (for past 2 years or longer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appendix 'I' Other educational activities (for past 2 years or longer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appendix 'J' Resident publications (for past 6 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List additional attachments below.			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendices



- ❑ Appendix A: RPC Agendas (2 years)
- ❑ Appendix B: Program policy on resident safety
- ❑ Appendix C: Faculty research grants (12 months)
- ❑ Appendix D: Faculty publications (12 months)
- ❑ Appendix E: Rotation-specific Goals & Objectives
- ❑ Appendix F: Overall goals of the program
- ❑ Appendix G: Inter-university affiliation agreements
- ❑ Appendix H: Formal Academic Curriculum (≥ 2 years)
- ❑ Appendix I: Other Educational Activities (≥ 2 years)
- ❑ Appendix J: Resident publications (6 years)

What's in the PSQ?

Curriculum Mapping

CanMEDS Competency	Teaching in the Clinical Setting	Teaching in the Non-clinical Setting
Communicator		
written and electronic communication and information		
oral communication including difficult communication scenarios, including but not limited to disagreements and emotionally charged conversations		
disclosure of harmful patient safety incidents		
other specialty specific Communicator goals - refer to OTR/STR)		
Collaborator		
interprofessional collaboration		
conflict management		
patient care handover		
other specialty specific Collaborator goals - refer to OTR/STR		

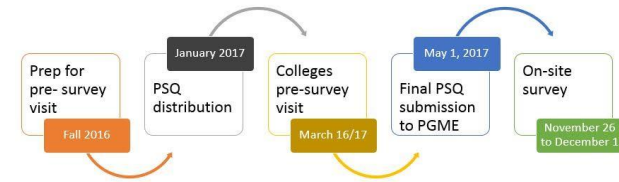
What's in the PSQ?

Assessment Mapping

Competency	Assessment Method	Frequency
Medical Expert		
Knowledge relevant to the discipline		
Clinical and/or technical skills		
Communicator		
Therapeutic relationships with patients and families, including patient-centred approach and shared care planning		
Oral communication, including difficult communication scenarios, including but not limited to disagreements and emotionally charged conversations		
Written and electronic communication and information		
Disclosure of harmful patient safety incidents		
Collaborator		
Conflict resolution		
Patient care handover		
Relationships with health		

Prep for completion of PSQs

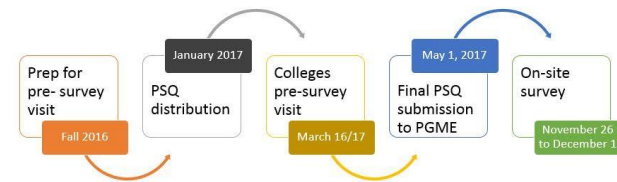
Document Gathering



- Electronic copy of the last completed PSQs (Internal Review or College Survey)
- Last transmittal letter (2011 College Survey or Mandated Internal or External Review)
 - ▣ Approval Status
 - ▣ Summary of Strengths and Weaknesses
- Last Survey Report
 - ▣ Summary of last review
 - ▣ Details of Strengths and Weaknesses
 - ▣ Responses to Specialty Committee concerns

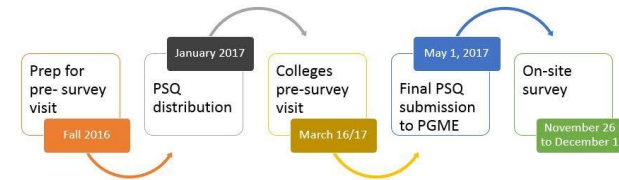
Prep for completion of PSQs

Document Gathering



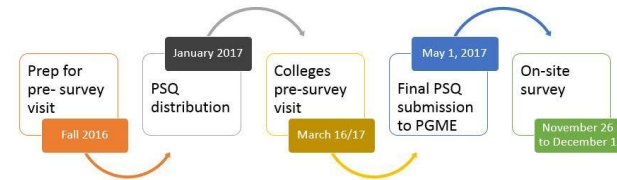
- Material requested as appendices
- Resident training manual (e-copy helpful)
- Resident rotation schedule
 - ▣ Your own and rotating residents from other programs
- Existing assessment schedule and tools in your program
- Your division/department annual report
 - ▣ List of faculty members
 - ▣ Clinical case load census
 - ▣ Needed for PSQ Part 2

Prep Work for PSQs



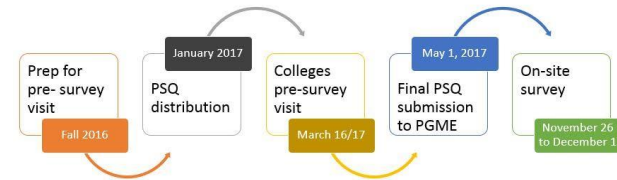
- Specialty specific documents
 - ▣ SSA (Specific Standards of Accreditation)
 - ▣ OTR (Objectives of Training)
 - ▣ STR (Specialty Training Requirements)
 - ▣ 2015 OTR Special Addendum
- “B” Standards
- The Descriptors document
 - ▣ Provides detailed interpretation of the “B” standards
- Common PGME policies/wording
 - ▣ Safety, appeals, well-being

PSQ tips – Do's and Don'ts



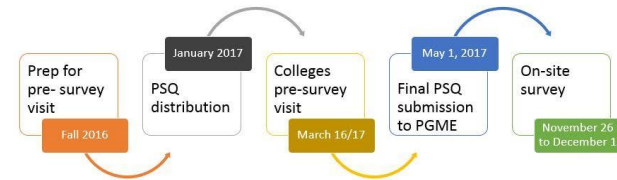
- **DON'T** wait till the last minute!
 - Holes or lack of clarity in PSQs will focus the Specialty Committee and Surveyor to those areas
- **DO** Use the last PSQs as a start template
 - Update, add, subtract, revise
 - Make sure that revision reflects changes in your program and specialty specific documents (SSA, STR, OTR)
- **DO** respond as best you can to previous weaknesses
 - Unresolved weaknesses is a RED FLAG to surveyor
 - **DON'T** be defensive in your wording
- **DO** read through the ENTIRE survey report
 - Minor weaknesses may not be cited in the report summary, but may be a focus for the surveyor to further explore during the survey
- **DON'T** use the PSQ as a leverage/bargaining tool with your Chair or division

PSQ tips



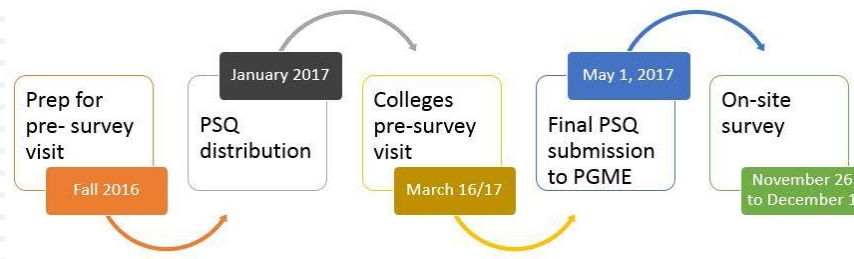
- Answer questions with concise but complete responses (i.e. Not too long and not too short)
- Answer to weaknesses identified either at 2011 Survey or **mandated** internal/external review (NOT the non-mandated internal review)
- “Answer the question”
 - Don’t fill section with “fluff” response without actually answering the question
 - Don’t confuse the Sections (eg. Don’t list how various CanMEDs roles are being assessed in the Content section)
- Avoid words that may be a **RED FLAG** to the reviewers:
 - “APPRENTICE”, “ROLE-MODELLING”
 - “INFORMAL”, “AD-HOC”
- Be **HONEST**
 - The surveyors will be trying to validate the PSQ responses on the day of the survey via meetings and document review

PSQ Tips



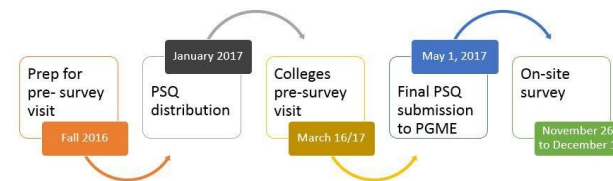
- Look through your first draft to see the “holes” in your program
 - If you have time, try to address them
 - Be prepared to have a response to these “holes” at the time of the survey
 - Identify any new/upcoming initiatives to address the “holes” (but avoid “upcoming initiatives” fatigue) in the PSQ
- Ensure that your program is complying with all the “**must’s**” in the “B” standards and Specialty documents
 - If not, work towards a solution
 - Be prepared to have a response at the time of the survey

Prepping for Survey Day



Preparing for Survey Day

General

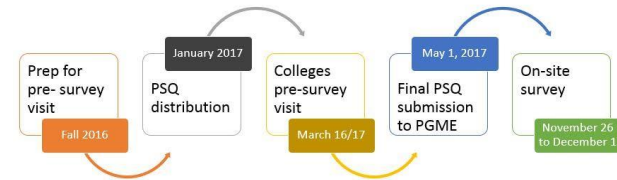


- **Advanced notification** to all attendees to block off calendar
- Ensure that MEPA/C understand the review process
- PD needs to block off time months or weeks ahead of survey to work on review
- Enlist help from others towards prepping for review
- Highlight relevant sections of the PSQ to different groups and distribute highlighted PSQ to them*
 - Everyone should be on the same page

*Winnie's OCD tip

Prepping for Survey Day

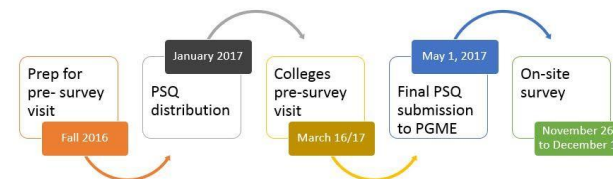
Document Review



- Resident Manual (if applicable)
 - ▣ Ensure that it is updated
 - ▣ Key policies are included
- Overall program goals
 - ▣ Ensure that there is one!
- Rotation specific goals and objectives
 - ▣ In CanMEDS format
 - ▣ Needs to be specific to the rotation (esp. non-medical expert roles)
 - ▣ Needs to reflect different levels of training

Prepping for Survey Day

Document Review



- Resident Assessments
 - ▣ Check for completion rate and timeliness of completion
 - ▣ Check for red-flag ratings
- RPC Agenda and Minutes
 - ▣ Check that at least quarterly meetings
 - ▣ Agenda reflects RPC function
 - ▣ Minutes reflects resident input, and follow-through of issues
- Academic Curriculum
 - ▣ Mapping (Medical Expert and other CanMEDs)
 - ▣ Attendance
 - ▣ Evaluation

Prepping for Survey Day

Survey Day Schedule



- Actual date of survey determined by certifying colleges
- Standard meetings order template which **MUST** be adhered to!

Survey Day Schedule Template

Document Review

Program Director

Division Director or Department Chair

Break

Residents (Group for large programs)

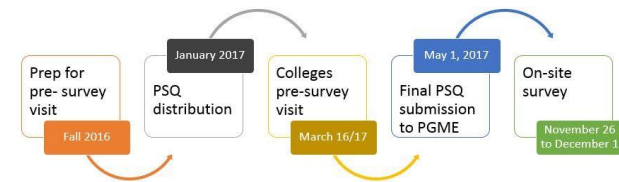
Non RPC Staff

RPC

Break

Exit Interview with Program Director

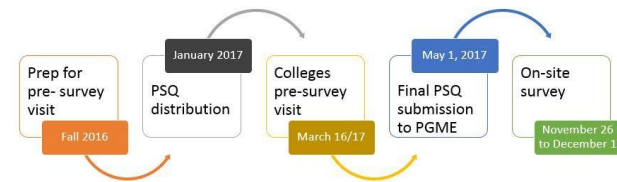
Surveyor Questions for the Chair/Division Director



- Overview of the program
 - ▣ Strengths
 - ▣ Weaknesses/challenges of the program
- Involvement with the PD
 - ▣ Support for PD – is it sufficient, appropriate
- Resources for the program and division
- Teacher Evaluation
 - ▣ How are teachers rewarded
 - ▣ How is feedback provided to teachers
 - ▣ How is poor performance handled

Prepping for Survey Day

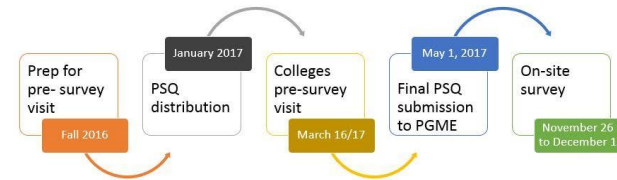
The residents



- Ensure that the residents understand the rationale and process of the review
 - ▣ Quality assurance for program, according to B standards
 - ▣ The review is not intended for personal grievances
- Identify any issues
 - ▣ You should NOT be hearing about new resident issues on the day of the review
- Obtain consent from residents to grant surveyor access to resident files and assessments

Prepping for Survey Day

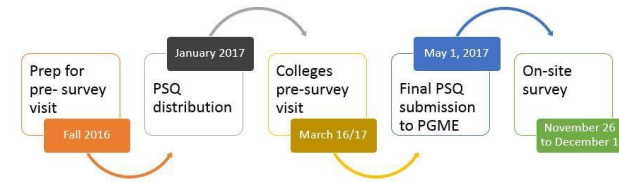
Surveyor's questions for the residents



- Relationship with PD
- Involvement on the RPC
 - ▣ Do they know who the elected rep(s) is?
 - ▣ Do they know the residents role on RPC?
 - ▣ Do they get communication from the RPC?
- Goals and Objectives
 - ▣ Do they receive them?
 - ▣ Are they used in rotation and assessment?
- Educational experiences
 - ▣ Clinical experiences
 - ▣ Skills
 - ▣ Academic Curriculum, intrinsic roles
- Increasing professional responsibility
- Supervision
- Harassment and intimidation

Prepping for Survey Day

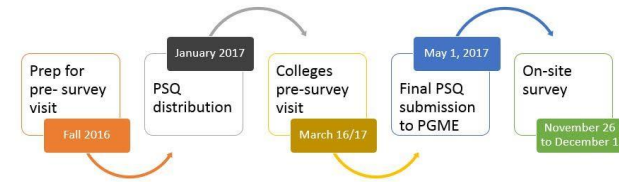
The non-RPC staff



- Helpful to visit all major training sites
 - Explain the process and rationale for the review
 - Find out any issues/grievances
 - Get engagement for the program and the review process
- Surveyor Questions:
 - Strengths & challenges of program
 - Do they receive, understand and use the rotation objectives?
 - Communication with:
 - RPC – are they informed?
 - Is the Program director accessible?
 - Evaluations
 - Resident
 - Faculty
 - Do they feel teaching is valued?
 - Do they have a voice, feel part of program?
 - What is their involvement with the academic program?
 - Do they have opportunities for faculty development?

Prepping for Survey Day

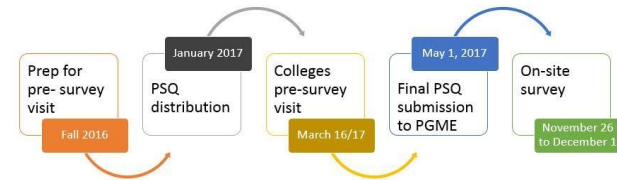
The RPC



- Explain the process and rationale for the review
 - ▣ PD present only for the first half of the meeting
- Surveyor's Intent:
 - ▣ Assess the dynamic and functionality of the RPC
 - Do residents and RPC members have a voice?
 - Is communication open and honest?
 - ▣ Assess the functionality of the RPC
 - Subcommittees
 - Does RPC have the ability to make changes
 - ▣ Looking for verification/clarification from meetings with previous groups

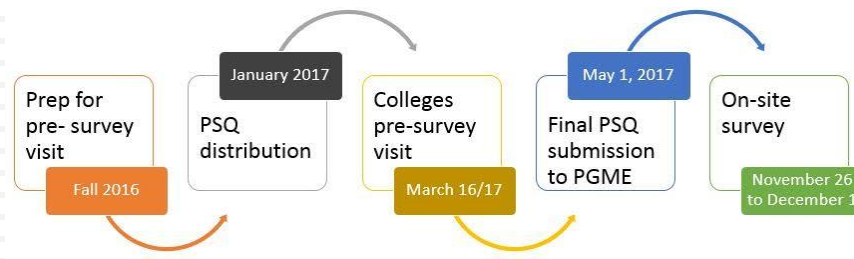
Prepping for Survey Day

The RPC

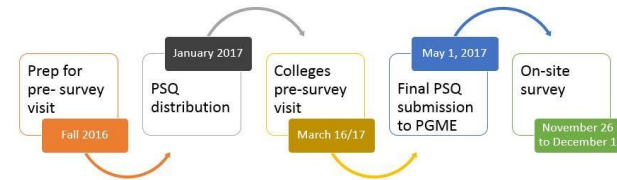


- Surveyor wants to know
 - ▣ Strengths and weaknesses of the program
 - ▣ Who takes responsibility for the program?
 - ▣ Evaluation
 - Programs
 - Teachers
 - ▣ Process for dealing with poor teachers
 - ▣ How are CanMEDS taught?
 - ▣ Resources – are they sufficient?
 - ▣ Does Program Director have sufficient time and support?

Survey Day!

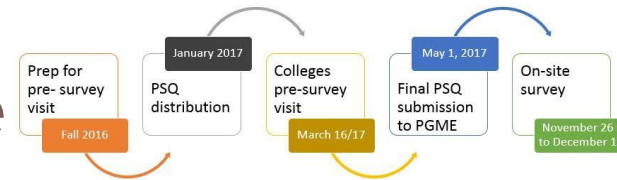


Day of the Survey



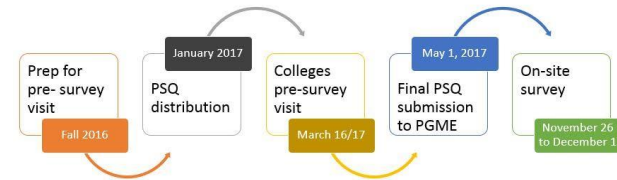
- Take a breath!
- May sure that venue is appropriate and comfortable
- Computer available for electronic access to documents
- Sample assessments (online) – random or specifically requested by surveyor
 - ▣ Average resident
 - ▣ Resident in difficulty
- Contact info for MEPA or PD
 - ▣ In case of questions or missing documents

Documents to be available



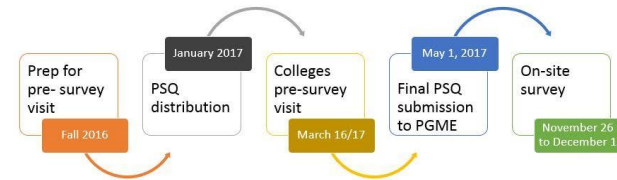
1. Program Review Day Schedule (print)
2. Resident Training Manual (print or online)
3. Resident Rotation Schedules (include PGY1 if applicable)
4. Blank Assessment Forms, (rotation specific) (print or electronic)*
5. Representative Resident files
 - ▣ Surveyor will randomly select file(s) for review
6. RPC Minutes—(two years) (print)
7. Policies
8. Academic Half Day/Journal Club Schedule (Appendices H, I)
9. List of Research Projects or projects unique to your program
10. Consent form from residents for file review

First Meeting with Program Director



- You may be asked to describe your program:
 - ▣ Strengths of program
 - ▣ Challenges facing the program
 - ▣ How the program has responded to previous weaknesses
 - ▣ Is the support (admin/time) sufficient
- You may be asked to review weaknesses from last survey
- You may need to address each Standard
 - ▣ CanMEDS/evidence for teaching and evaluation, especially non medical expert
 - ▣ How does program review itself?
- How does program deal with
 - ▣ Teachers with poor evaluation
 - ▣ Learner in difficulty

Last meeting with Program Director



- A chance for surveyors to clarify issues/points raised during previous meetings
- A chance for surveyors to request missing documentation
- Preliminary list of Strengths and Weaknesses
- Meet again with Surveyor the following am to review Preliminary Accreditation Status

Questions?

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