PGME Accreditation 2023

Regular Site - Survey Visit for Accreditation of Postgraduate Medical Education Residency Programs at the University of Saskatchewan

Further to our earlier collective efforts: Final communiqué to Learners, Faculty & Administration

Dates of Site Survey / Roles and Responsibilities of Stakeholders

Upcoming Dates

Site Visit: Nov. 26 - Dec 01, 2023

Program reviews: Itineraries with the programs

Institution Review: Itinerary with the PGME office

Reception (for connecting surveyors with program directors): Nov. 26, 5.30-7.00 PM (by invitation)

Exit meeting: Dec. 01, 8.30 AM (Rm. 1130, E-Wing, HSc. Bldg). OPEN TO ALL. In-person and zoom.

Current Status

30 programs (25 RCPSC specialty & 5 Fam Med programs.

Not being surveyed:

Medical Oncology, Forensic Psychiatry & CIP

Decisions

Recommendations for the accreditation status of the programs will be announced at the exit meeting. **Final decisions** will be forthcoming in the summer of 2024.

What will be assessed?

The main purpose of the survey visit is to assess if the training in the programs is in accordance with the **CURRENT** accreditation standards. There is a **focus on identifying the requirements (including exemplary indicators) that are met, areas for improvement (AFIs), and Leading Practices and Innovation**.

The **underlying premise** for the accreditation visit is an open and honest communication of strengths, AFIs and work done and being done to address the issues.

Further, the emphasis has shifted towards **continuous quality improvement** of residency education. You may wish to view your role in a constructive manner to enhance the programs for current and future residents, while remaining sincere about the current status.

The site-survey is essentially **triangulation** of information (in the CanAMS documentation and specialty committee comments) through document review and meetings with stakeholders with different perspectives (program administration, provincial department heads, faculty members and residents) and institutional leaders and staff.

What will NOT be assessed?

You may have heard of changes being made to the accreditation standards related to EDI; these changes are not in effect yet and will not be assessed.

Accreditation Standards

Institutional standards

Residency program-specific standards

In addition:

A) For RCPSC residency programs there are: Specialty-specific Competencies, EPA guide and Training experiences listed on the RCPSC website.

B) For Family Medicine programs refer to the Standards of Accreditation for Family Medicine Residency Programs (the RED BOOK).

The next page has a quick recap of your roles and responsibilities:

Roles and Responsibilities at the site-survey visit

If you are	Should be able to address (among other points)
Program Director	 Do you have the overall pulse of the program? Work done to address the deficiencies since the last on-site survey & internal review. Be able to speak to the status of each standard in the program. How are ongoing challenges being addressed? Timely and effective access to Dept. Head for addressing non-educational issues. Provide the responses to specialty committee questions on a USB to the surveyors.
Provincial Department Head	 Knowledgeable about the strengths, weaknesses & challenges. Ability to identify and address non-educational issues affecting the program. Ensure you are arms-length from the Program Director for RPC decisions and work. Ensure the following are timely and effective; a) resources, b) faculty evaluations of their teaching; c) research support for the program and residents.
Faculty Member	 What is the value of the programs and the residents to you? Do you feel valued and supported by the institution for your work? Current challenges in supervising residents? (Time, space, others). Do you have timely evaluations of your teaching?
Resident	 Strengths and weaknesses from your perspective. Use of goals and objectives for learning & assessment (learning experience-specific). Timelines of feedback and assessments - are these face-to-face? Training and assessment of intrinsic CanMEDS roles - integrated, relevant. Increasing professional responsibility, service-education balance. Resources including IT, physical space, books, monies etc. Processes for addressing intimidation and harassment. Is there adequate support and opportunity for research, conference travel etc. Faculty available for guidance and feedback during academic teaching sessions.
Residency Program Committee Member	 Ensure the RPC is functional (e.g.; role in generating/reviewing the CanAMS document; review of Internal Review report). Follow-up on action items and issues. Ensure the RPC can work without the PD. Role of each member & the residents? Role of the RPC in its various functions (program evaluation, resident assessment etc.) How are the issues brought forward by the residents addressed in a timely manner.
Program Administrator	 Ensure all documentation is available including online access (e.g., Elentra, One45) Ensure consent for resident files being made available to the surveyors Be available to answer any last minute questions by the surveyors (ensure they know where your office is and how to contact you - cell phone etc.). Work with the surveyors to keep meetings on time. Ensure the surveyors have adequate time for nutrition breaks including lunch. Ensure the surveyors know the location of washrooms. Ensure the PD is available, if needed, after the last meeting with the RPC. Be open and honest in your discussions with the surveyors at your own meeting with respect to time, support, professional development and performance feedback.

Background and work to date:

Individual programs and the PGME office and individual programs and the departments have been preparing for this review since 2020. This work has involved:

- 1. Internal reviews and follow-up on corrective actions
- 2. Work based on leveraging strengths in the programs including appreciative inquiry
- 3. The stellar amount of work done by our APEC and Internal Review teams
- 4. Multiple action-oriented meetings with all programs (program directors, program administrators, residency program committees, department heads, and residents) and senior leadership (Dean, Vice-Deans, Associate Deans, Administrative leadership at the College (and briefing sessions with the University & SHA leadership).
- 5. Review of the CanAMS documentation and submitting these documents to the national colleges on time.
- 6. Finalizing the visit schedule and getting ready for the site visit.

Thank you to all of you:

Preparing for accreditation of a diverse and geographically dispersed operation such as PGME involves a tremendous amount of work by many people and I would like to thank all of you:

Dean Residents

Vice-Dean Education Program Directors (including Asst. & Site Directors)
USask - Provost & Deputy Provost Residency Program and Competence Committees

SHA senior leadership (CEO, CMO, ACOS)

Program Administrators

Associate Dean, Regina, Provincial Department Heads and faculty members

Associate Dean, Rural Institutional and program CBME Leads

Administrative leads in the Dean's office Co-chairs / members of Internal Review Committee

Administrative staff in the Dean's office Academic Program Enhancement Committee

Ms. Crystal Maslin (CoM); Ms. Adrienne Hagen, Mr. Steve Chard, Dr. Brandy Winquist (SHA)

& Vice Deans Faculty Engagement, Research and Indigenous Health

& Staff in the PGME office and the Accreditation Oversight Team

who have worked diligently to address issues so that we offer high quality programs. Thank you for your valued contributions to the process to date and your participation in the forthcoming visit.

Your participation is truly important. Please be available to offer your insights to the survey team(s) - the programs have already communicated the schedules to you.

If you have any questions, please do not hesitate to contact:

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After the accreditation visit is over, we will continue with the strategic initiatives related to the current strategic plan and ensuring implementation fidelity of competency-based medical education.