

2008

INTRODUCTION

The purpose of this document is to provide program directors and surveyors with an interpretation of the general standards of accreditation as they relate to the accreditation of programs in Pediatrics. This document should be read in conjunction with the *General Standards of Accreditation*, the *Objectives of Training* and the *Specialty Training Requirements in Pediatrics*.

Pediatrics is that branch of medicine concerned with the study and care of infants, children and youth in health and disease, their growth and development, and their opportunity to achieve full potential as adults. In the remainder of this document, reference to children also includes infants, children and youth.

STANDARD B1: ADMINISTRATIVE STRUCTURE

There must be an appropriate administrative structure for each residency program.

Please refer to Standard B1 in the *General Standards of Accreditation* for the interpretation of this standard.

STANDARD B2: GOALS AND OBJECTIVES

There must be a clearly worded statement outlining the goals of the residency program and the educational objectives of the residents.

The general goals and objectives for Pediatrics are outlined in the *Objectives of Training* and the *Specialty Training Requirements in Pediatrics*. Based upon these general objectives each program is expected to develop rotation specific objectives suitable for that particular program, as noted in Standard B2 of the *General Standards of Accreditation*.

STANDARD B3: STRUCTURE AND 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.

The structure and organization of each accredited program in Pediatrics must be consistent with the specialty training requirements as outlined in the *Objectives of Training* and the *Specialty Training Requirements in Pediatrics*.

In addition to offering the components noted in the specialty training requirements all accredited programs in Pediatrics must offer community-based learning experiences.

Residents must be provided with increasing individual professional responsibility, under appropriate supervision, according to their level of training, ability, and experience.

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 specialty training requirements.

In those cases where a university has sufficient resources to provide most of the training in Pediatrics but lacks one or more essential elements, the program may still be accredited provided that formal arrangements have been made to send residents to another accredited residency program for periods of appropriate prescribed training.

Learning environments must include experiences that facilitate the acquisition of knowledge, skills, and attitudes relating to aspects of age, gender, culture, ethnicity, and disability appropriate to Pediatrics.

1. Teaching Faculty

There must be a sufficient number of qualified teaching staff to supervise the residents and provide teaching in the basic and clinical sciences related to Pediatrics. The Program Director must have RCPSC certification in Pediatrics.

The teaching faculty must be supported with adequate resources in order to carry out their teaching responsibilities, such as provision of coverage for clinical duties when teaching and the availability of appropriate resources for the development of teaching material.

2. Number and Variety of Patients

The number and variety of patients available for teaching under each of the following headings must be sufficient to meet the educational needs of the residents:

a. General Pediatrics

The program must provide an adequate volume of patients to give experience in the diagnosis and management of the wide variety of clinical problems seen in Pediatric practice.

b. Clinical Subspecialties

Adequate numbers of patients and qualified staff must be available for the teaching of residents in the following specialized areas of pediatric medicine: Developmental Pediatrics, Pediatric Emergency Medicine, Adolescent Medicine, Pediatric Clinical Immunology and Allergy, Pediatric Cardiology, child neglect/social pediatrics, child psychiatry, Pediatric Endocrinology and Metabolism, Pediatric Gastroenterology, pediatric genetics/metabolics, Pediatric Hematology/Oncology, Pediatric Infectious

Diseases, Pediatric Nephrology, Pediatric Neurology, Pediatric Respiratory, Pediatric Rheumatology.

c. Neonatal Pediatrics

Newborn nurseries and intensive care units, under the direction of qualified pediatricians, must be available. The volume of patients and the organization of these units must be such as to ensure full training in the clinical and technical skills associated with the management of normal and special-care newborn infants.

d. Acute Care Pediatrics

Pediatric critical care and emergency care experiences, under the direction of qualified specialists, must be available. The volume of patients and the organization of these experiences must be such as to ensure full training in the clinical and technical skills associated with the management of such patients.

3. Clinical Services Specific to Pediatrics

Clinical training must be based on adequate resources to ensure full training for each resident in all branches of Pediatrics.

a. In-Patient

Pediatric services participating in the program may be organized into one or more formal clinical teaching units, each with an adequate number of patients available for teaching and administered by a chief-of-service to whom the senior resident is directly responsible.

b. Ambulatory

In-patient and out-patient teaching services should be integrated so far as possible, in order to provide continuity of observation of patients both in and out of hospital. Ambulatory care facilities must be available to provide learning opportunities in the management of patients with complex needs including palliative care. Coordination of consultation services with various subspecialties, including those of surgical and psychiatric clinics is highly desirable.

c. Consultation

Throughout the program, the resident must be provided with opportunities to develop skills as a consultant to other Pediatricians and to other health care professionals.

d. Community Learning Experiences

Community experiences must provide a learning environment with appropriate supervision and evaluation based on rotation specific objectives. This assumes administrative support and linkages with the program.

e. Intensive Care Units

Organized clinical and learning experiences in pediatric and neonatal critical care medicine are required.

f. Emergency Department

There must be appropriate supervision of residents to ensure expertise in the initial management of all types of emergencies involving infants and children, including injuries, poisoning and violence. The organization of the emergency department must be such as to ensure that residents in Pediatrics obtain experience in initial patient assessment in addition to acting as consultants.

g. The program must provide opportunities in learning about child and youth maltreatment.

4. Supporting Services - Clinical, Diagnostic, Technical

There must be appropriate liaison with teaching services in Pathology, Anesthesiology, Dermatology, Diagnostic Imaging, Obstetrics and Gynecology, Psychiatry and Surgery.

The following special facilities and services must be available and closely coordinated with the overall residency program:

- an active psychiatric service with adequate arrangements for the training of pediatric residents in child psychiatry, under the supervision of qualified teaching staff;
- facilities for the study and management of behavioral problems in infants, children and adolescents;
- facilities for the comprehensive assessment and care of mentally and physically handicapped children;
- active obstetrical and pediatric surgical services, preferably in the same institutions as the general pediatric and neonatal teaching units;
- facilities and resources to provide an opportunity for all residents in the program to receive appropriate training in pediatric advanced life support.

Hospitals with a major role in the pediatrics program should also be engaged in medical undergraduate teaching.

5. There must be resources available to facilitate resident research and provide teaching of research methodology and critical appraisal.

STANDARD B5: CLINICAL, ACADEMIC AND SCHOLARLY CONTENT OF THE PROGRAM

The clinical, academic and scholarly content of the program must be appropriate for university postgraduate education and adequately prepare residents to fulfill all of the CanMEDS Roles of the specialist. 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 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.

Please refer to Standard B5 of the *General Standards of Accreditation*, the *Objectives of Training*, the *Specialty Training Requirements in Pediatrics*, and the CanMEDS Framework for the interpretation of this standard. Each program is expected to develop a curriculum for each of the CanMEDS Roles, which reflects the uniqueness of the program and its particular environment. Specific additional requirements are listed below.

1. Medical Expert

In addition to the *General Standards of Accreditation*, the following requirements apply.

- The program must include definitive organized teaching in the basic sciences, and in the advanced clinical and scientific knowledge essential to an understanding of those areas of pediatrics outlined in the preceding sections. Special attention must be paid to instruction in genetics, growth and development, the provision of health care and the social aspects of Pediatrics.

2. Communicator

The *General Standards of Accreditation* apply to this section.

3. Collaborator

The *General Standards of Accreditation* apply to this section.

4. Manager

The *General Standards of Accreditation* apply to this section.

5. Health Advocate

The *General Standards of Accreditation* apply to this section.

6. Scholar

In addition to the *General Standards of Accreditation*, the following requirements apply.

- The program must provide opportunities for a resident to complete or significantly participate in a scholarly project.

7. Professional

The *General Standards of Accreditation* apply to this section.

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.

The in-training evaluation system must be based on the goals and objectives of the program and must clearly identify the methods by which residents are to be evaluated and the level of performance expected of residents in the achievement of these objectives.

Please refer to Standard B6 in the *General Standards of Accreditation* for the interpretation of this standard.

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