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**National Institute for Health Specialties**

**Rubrics for Emergency Medicine Residency Program**

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| **GENERAL INFORMATION** | | | | | |
| **1 Institution Information** | | | | | |
| Institution: | Click or tap here to enter text. | | | | |
| Address: | Click or tap here to enter text. | | | | |
| Date: | Click or tap here to enter text. | | | | |
| **Requirements** | **Status** | | | **Evidence if applicable** | **Comments** |
| **Met** | **P. Met** | **Not Met** |
| **INSTITUTION** | | | | | |
| 1. The program is sponsored by a National Institute for Health Specialties accredited sponsoring institution |  |  |  |  |  |
| 1. A valid program letter of agreement (PLA) exists with each participating site |  |  |  |  |  |
| 1. The program has a mechanism to monitor the clinical learning and working environment at each participating site |  |  |  |  |  |
| **OVERALL ASSESSMENT FOR INSTITUTION SECTION:** | Click or tap here to enter text. | | | | |
| **PROGRAM PERSONNEL AND RESOURCES** | | | | | |
| **Program Director** | | | | | |
| 1. The program director has an active consultant license |  |  |  |  |  |
| 1. The program director has qualification(s) or competency in medical education |  |  |  |  |  |
| 1. The program director has at least 3-years’ experience in residency training/management |  |  |  |  |  |
| 1. The sponsoring institution provides the program director with adequate protected time for program administration (0.5 Full-Time Equivalent) |  |  |  |  |  |
| 1. The program director actively participates in the Graduate Medical Education Committee |  |  |  |  |  |
| **Associate Program Director** | | | | | |
| * + 1. The program has appointed (an) associate program director(s) (if required based on standards) |  |  |  |  |  |
| * + 1. The associate program director actively participates in program administration and educational activities |  |  |  |  |  |
| * + 1. The sponsoring institution provides the associate program director with adequate protected time for program administration (0.3 Full-Time Equivalent) |  |  |  |  |  |
| **Faculty** | | | | | |
| * + 1. Physician faculty hold a specialist or a consultant license in EM specialty |  |  |  |  |  |
| * + 1. The program director has designated core faculty members who have a significant role in resident education and supervision |  |  |  |  |  |
| * + 1. The program director has designated Rotation Faculty coordinators in all of the non-EM rotations. |  |  |  |  |  |
| * + 1. The sponsoring institution provides core faculty members with adequate protected time for resident education (0.2 Full-Time Equivalent) |  |  |  |  |  |
| * + 1. The ratio of core faculty to residents is a minimum of 1:4 |  |  |  |  |  |
| * + 1. The ratio of all faculty to residents is a minimum of 1:1 |  |  |  |  |  |
| * + 1. Faculty members regularly participate in organized educational and teaching activities |  |  |  |  |  |
| * + 1. Faculty members regularly attend faculty development activities |  |  |  |  |  |
| * + 1. Faculty are evaluated at least annually by the program director |  |  |  |  |  |
| **Program Coordinator** | | | | | |
| * + 1. The program has a dedicated program coordinator |  |  |  |  |  |
| * + 1. The sponsoring institution provides the program coordinator with adequate time and support to perform the administrative duties of the program |  |  |  |  |  |
| **Resources** | | | | | |
| 1. The following clinical services are available in the sponsoring institution or the participating site(s). |  |  |  |  |  |
| * + - 1. General Surgery / Trauma Service |  |  |  |  |  |
| * + - 1. Internal Medicine |  |  |  |  |  |
| * + - 1. Orthopaedic Service |  |  |  |  |  |
| * + - 1. Neurology and Neurosurgery Services |  |  |  |  |  |
| * + - 1. Obstetrics and Gynaecology Services |  |  |  |  |  |
| * + - 1. Radiology/ Diagnostic imaging including plain radiography, CT and ultrasound and timely access to radiologist consultation and image interpretation |  |  |  |  |  |
| * + - 1. Designated area for the assessment and management of paediatric patients |  |  |  |  |  |
| * + - 1. Critical Care |  |  |  |  |  |
| * + - 1. Operating Theatre / Anaesthesia service |  |  |  |  |  |
| * + - 1. Clinical Pathology service |  |  |  |  |  |
| 1. The patient population served is diverse with a variety of clinical problems |  |  |  |  |  |
| 1. Allied healthcare services are available (including social workers, case managers, dieticians, physiotherapists, etc.) to assist in patient care |  |  |  |  |  |
| 1. Consultation from other clinical services is available in a timely manner |  |  |  |  |  |
| 1. Adequate clinical and teaching space is available including meeting rooms, classrooms, examination rooms, computers, visual and other educational aids, and office space for educational staff |  |  |  |  |  |
| 1. The program has a mechanism to monitor the number of other learners (including medical students, interns, residents from other programs), to ensure it does not interfere with the program’s residents’ learning experience |  |  |  |  |  |
| **OVERALL ASSESSMENT OF PERSONNEL AND RESOURCES SECTION:** | Click or tap here to enter text. | | | | |
| **RESIDENT APPOINTMENT** | | | | | |
| 1. There is a minimum of three residents in each year of the program. |  |  |  |  |  |
| 1. There is a minimum of 12 residents enrolled in the program at all times. |  |  |  |  |  |
| 1. Eligibility and selection of residents as per NIHS criteria |  |  |  |  |  |
| 1. Program orientation process for new residents available including but not limited to policies, work structure, curriculum, wellbeing, physician impairment, fatigue and sleep deprivation, etc. |  |  |  |  |  |
| **OVERALL ASSESSMENT OF RESIDENT APPOINTMENT:** | Click or tap here to enter text. | | | | |
| **EDUCATIONAL PROGRAM** | | | | | |
| **Curriculum** | | | | | |
| 1. The program has written competency-based goals and objectives for each rotation |  |  |  |  |  |
| 1. The goals and objectives are available for all residents and faculty members |  |  |  |  |  |
| 1. Didactic activities take place regularly |  |  |  |  |  |
| 1. The following didactic sessions take place |  |  |  |  |  |
| * 1. Grand rounds |  |  |  |  |  |
| * 1. Case-based discussions |  |  |  |  |  |
| * 1. Procedure workshops |  |  |  |  |  |
| * 1. Morbidity and mortality |  |  |  |  |  |
| * 1. Journal Club |  |  |  |  |  |
| * 1. Simulation |  |  |  |  |  |
| 1. Residents are provided with protected time to attend didactic activities |  |  |  |  |  |
| **Clinical Experiences** | | | | | |
| 1. Residents’ clinical experience includes the following rotations: |  |  |  |  |  |
| * 1. 25 Block of Adult EM (AEM)   1. ED US training (core)  2. ED Administration (core) |  |  |  |  |  |
| * 1. 6 blocks of Pediatrics Emergency Medicine (PEM) |  |  |  |  |  |
| * 1. 1 block of Toxicology (TOX) |  |  |  |  |  |
| * 1. 1 block of Emergency Medical Services- EMS |  |  |  |  |  |
| * 1. 1 block of Anesthesia (Anes) |  |  |  |  |  |
| * 1. 4 blocks of Adult Intensive Care (ICU) |  |  |  |  |  |
| * 1. 1 block of CCU/ cardiology |  |  |  |  |  |
| * 1. 2 blocks of Pediatric Intensive Care (PICU) |  |  |  |  |  |
| * 1. 1 block of radiology/research |  |  |  |  |  |
| * 1. 1 block of ENT/Research |  |  |  |  |  |
| * 1. 1 block of Ophthalmology/ research |  |  |  |  |  |
| * 1. 1 block of Obs/Gyn |  |  |  |  |  |
| * 1. 1 block of Internal Medicine (Med) (Can be replaced by AEM) |  |  |  |  |  |
| * 1. 2 blocks of Electives |  |  |  |  |  |
| * 1. 1 block of General Surgery (Gen Surg) (Can be replaced by AEM) |  |  |  |  |  |
| * 1. 1 block of Trauma |  |  |  |  |  |
| * 1. 1 block of Orthopedic (Can be replaced by AEM) |  |  |  |  |  |
| * 1. 1 block of Plastic surgery (Can be replaced by AEM) |  |  |  |  |  |
| 1. The program has a mechanism to ensure that PGY1 and 2 residents are seeing 1 patient per hour when in ED rotation |  |  |  |  |  |
| 1. The program has a mechanism to ensure that residents are working under supervision of one faculty per shift |  |  |  |  |  |
| 1. The program has a mechanism to ensure that residents receive adequate clinical supervision |  |  |  |  |  |
| 1. The program has a mechanism to ensure that PGY3 and 4 residents see 1.5 patients per hour when in ED shift |  |  |  |  |  |
| 1. The program has a mechanism to ensure that senior EM residents are able to supervise junior residents/ Medical students or Interns during ED rotations |  |  |  |  |  |
| 1. The program has a mechanism to train residents on the performance of the following procedures: Chest Tube Insertion, Endotracheal Intubations, Cast placement, Wound Closure, Procedural Sedation, Adult and Paediatrics resuscitation, central venous line placements, ABGs, drawing venous blood, ECG, lumbar puncture, nasogastric intubation, placing a peripheral venous line, Cardioversion, surgical airway. |  |  |  |  |  |
| 1. The program has a mechanism to evaluate the number of procedures and competence of each resident in above-mentioned procedures |  |  |  |  |  |
| **OVERALL ASSESSMENT OF THE EDUCATIONAL PROGRAM SECTION:** | Click or tap here to enter text. | | | | |
| **SCHOLARLY ACTIVITIES** | | | | | |
| **Resident Scholarly Activities** | | | | | |
| * + 1. The program provides the residents with research training |  |  |  |  |  |
| * + 1. The program provides residents with opportunities to participate in scholarly activities |  |  |  |  |  |
| * + 1. All residents in the program participate in scholarly activities |  |  |  |  |  |
| **Faculty Scholarly Activities** | | | | | |
| * + 1. Faculty demonstrate accomplishment in scholarly activities |  |  |  |  |  |
| * + 1. The program demonstrate dissemination of scholarly activities among faculty |  |  |  |  |  |
| **OVERALL ASSESSMENT OF THE SCOLARLY ACTIVITIES SECTION:** | Click or tap here to enter text. | | | | |
| **RESIDENT EVALUATION AND PROMOTION** | | | | | |
| **Resident Evaluation** | | | | | |
| * + 1. The program has objective performance evaluation tools for all competencies of training. |  |  |  |  |  |
| * + 1. Residents are evaluated by multiple evaluators (e.g. faculty, peers, patients, etc.) |  |  |  |  |  |
| * + 1. Residents receive feedback after each rotation |  |  |  |  |  |
| * + 1. Evaluations are documented at the end of each rotation |  |  |  |  |  |
| * + 1. The PD or designee meet at least semi-annually with each resident, and review the resident’s performance |  |  |  |  |  |
| * + 1. Semi-annual evaluations are documented for each resident |  |  |  |  |  |
| * + 1. Final evaluations are completed for each resident at the end of the training period (Summative letter) |  |  |  |  |  |
| **Resident Promotion** | | | | | |
| * + 1. The program has written annual resident promotion criteria |  |  |  |  |  |
| * + 1. The promotion criteria is available for residents to review |  |  |  |  |  |
| **OVERALL ASSESSMENT OF RESIDENT EVALUATION AND PROMOTION SECTION:** | Click or tap here to enter text. | | | | |
| **CLINICAL COMPETENCY COMMITTEE (CCC)** | | | | | |
| * 1. The program has a clinical competency committee (CCC) that meets at least semi-annually |  |  |  |  |  |
| * 1. CCC has at least three members |  |  |  |  |  |
| * 1. At least one of the CCC members is a core faculty |  |  |  |  |  |
| * 1. CCC has a written description of the duties, meeting process, decision making and reporting of the committee |  |  |  |  |  |
| * 1. CCC meetings are minuted |  |  |  |  |  |
| * 1. CCC reviews each resident’s performance at least bi-annually (every 6 months), and develops individual plans for residents |  |  |  |  |  |
| * 1. The PD or designee meets with each resident bi-annually and shares the CCC’s findings and plan |  |  |  |  |  |
| **OVERALL ASSESSMENT OF CLINICAL COMPETENCY COMMITTEE SECTION:** | Click or tap here to enter text. | | | | |
| **PROGRAM EVALUATION COMMITTEE (PEC)** | | | | | |
| 1. The program has a program evaluation committee that meets at least annually |  |  |  |  |  |
| 1. The PEC has at least two faculty members, one of whom is a core faculty |  |  |  |  |  |
| 1. The PEC has resident representatives from each year of training |  |  |  |  |  |
| 1. The PEC has a written description of the duties, meeting process, decision making and reporting of the committee |  |  |  |  |  |
| 1. The PEC produces an annual program evaluation report |  |  |  |  |  |
| 1. The program annual report is presented by the PD or designee to the GMEC annually |  |  |  |  |  |
| 1. At minimum, the PEC evaluates the following aspects of the program: |  |  |  |  |  |
| * 1. Competency-based rotation goals and objectives |  |  |  |  |  |
| * 1. Curriculum |  |  |  |  |  |
| * 1. Resident and faculty scholarly activity. |  |  |  |  |  |
| * 1. Written program evaluations |  |  |  |  |  |
| * 1. Annual program survey by faculty and residents |  |  |  |  |  |
| * 1. Aggregate faculty evaluation |  |  |  |  |  |
| * 1. Aggregate resident in-training examination |  |  |  |  |  |
| * 1. Board pass rates |  |  |  |  |  |
| * 1. Graduate performance |  |  |  |  |  |
| * 1. Resident recruitment and retention |  |  |  |  |  |
| * 1. Quality and safety of patient care |  |  |  |  |  |
| * 1. Prior annual program reports |  |  |  |  |  |
| 1. The annual report is distributed and discussed with the residents and faculty |  |  |  |  |  |
| **OVERALL ASSESSMENT OF PROGRAM EVALUATION COMMITTEE SECTION:** | Click or tap here to enter text. | | | | |
| **DUTY HOURS** | | | | | |
| * 1. The program has a mechanism to monitor residents’ working hours |  |  |  |  |  |
| * 1. The program adheres with duty hour regulations |  |  |  |  |  |
| * 1. Duty hours are 70-hours maximum weekly limit averaged over 4-weeks (when in ED rotations) and 80 Hours when in off service rotations. |  |  |  |  |  |
| * 1. Residents have one day off in seven free from all clinical and educational duties, averaged over 4-weeks |  |  |  |  |  |
| * 1. A minimum of 10-hours off in between duty periods |  |  |  |  |  |
| **OVERALL ASSESSMENT OF DUTY HOURS SECTION:** | Click or tap here to enter text. | | | | |
| **RESIDENT SUPERVISION** | | | | | |
| * 1. The program has a written supervision policy |  |  |  |  |  |
| * 1. Each resident in the program has appropriate privileges assigned to them based on their level of training, ability, and complexity and acuity of the situation |  |  |  |  |  |
| * 1. Faculty are aware of supervision requirements |  |  |  |  |  |
| * 1. The program has a written supervision policy |  |  |  |  |  |
| **OVERALL ASSESSMENT OF RESIDENT SUPERVISION SECTION:** | Click or tap here to enter text. | | | | |
| Overall assessment of all Sections: | Click or tap here to enter text. | | | | |

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| --- | --- | --- | --- |
| **POSITION** | **NAME** | **SIGNATURE** | **DATE** |
| ***Program Director*** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| ***Designated Institutional Official/ Head of Medical Education Department*** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |