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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. |

|  |  |  |  |
| --- | --- | --- | --- |
| **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. |