



ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA
COLLÈGE ROYAL
DES MÉDECINS ET CHIRURGIENS DU CANADA

Standards of Accreditation for Residency Programs in Adult Critical Care Medicine

2018
VERSION 2.0

INTRODUCTION

The *Standards of Accreditation for Residency Programs in Adult Critical Care Medicine* are a national set of standards maintained by the Royal College, for the evaluation and accreditation of adult Critical Care Medicine residency programs. The standards aim to provide an interpretation of the *General Standards of Accreditation for Residency Programs* as they relate to the accreditation of residency programs in adult Critical Care Medicine, and to ensure these programs adequately prepare residents to meet the health care needs of their patient population(s), upon completion of training.

The standards include requirements applicable to residency programs and learning sites¹ and have been written in alignment with a standards organization framework, which aims to provide clarity of expectations, while maintaining flexibility for innovation.

These standards are intended to be read in conjunction with the *General Standards of Accreditation for Residency Programs*, as well as the discipline-specific documents for adult Critical Care Medicine. In instances where the indicators reflected in the *General Standards of Accreditation for Residency Programs* have been modified within this document to reflect a discipline-specific expectation, the indicator as reflected in this document takes precedence.

¹ Note: The *General Standards of Accreditation for Institutions with Residency Programs* also include standards applicable to learning sites.

STANDARDS

DOMAIN: PROGRAM ORGANIZATION

The *Program Organization* domain includes standards focused on the structural and functional aspects of the residency program, which support and provide structure to meet the *General Standards of Accreditation for Residency Programs*. The Program Organization domain standards aim to:

- Ensure the organizational structure and personnel are appropriate to support the residency program, teachers, and residents;
- Define the high-level expectations of the program director and residency program committee(s); and
- Ensure the residency program and its structure are organized to meet and integrate the requirements for the Education Program; Resources; Learners, Teachers and Administrative Personnel; and Continuous Improvement domains.

STANDARD 1: There is an appropriate organizational structure, leadership and administrative personnel to effectively support the residency program, teachers, and residents.

Refer to Standard 1 and its various components within the *General Standards of Accreditation for Residency Programs*, in addition to elements, requirements, and indicators detailed below.

Element 1.2: There is an effective and functional residency program committee structure to support the program director in planning, organizing, evaluating, and advancing the residency program.

Requirement(s)	Indicator(s)
1.2.2: The residency program committee has a clear mandate to manage and evaluate key functions of the residency program.	1.2.2.4 [Modified]²: The residency program committee structure includes a competence committee responsible for reviewing and making recommendations regarding residents' readiness for increasing professional responsibility, progress in achieving the national standards of adult Critical Care Medicine, promotion, and transition to independent practice.

² "[Modified]" identifies an indicator from the *General Standards of Accreditation for Residency Programs* that has been modified with discipline-specific content.

1.2.2.5: The frequency of competence committee meetings is sufficient for the committee to fulfil its mandate (each resident must be discussed at least twice a year).

1.2.2.6 [Exemplary]: *The competence committee includes one member external to the residency teaching faculty (e.g., critical care program director from another university, program director from another specialty at the local university, patient or family member).*

STANDARD 2: All aspects of the residency program are collaboratively overseen by the program director and the residency program committee.

Refer to the Standard 2 and its various components within *the General Accreditation Standards for Residency Programs*.

DOMAIN: EDUCATION PROGRAM

The *Education Program* domain includes standards focused on the planning, design, and delivery of the residency program, with the overarching outcome to ensure that the residency program prepares residents to be competent to begin independent practice.

NOTE: Time-based residency programs are planned and organized around educational objectives linked to required experiences, whereas Competency Based Medical Education (CBME) residency programs are planned and organized around competencies required for practice. The Education Program domain standards in the General Standards of Accreditation for Residency Programs have been written to accommodate both.

STANDARD 3: Residents are prepared for independent practice.

Refer to Standard 3 and its various components within the *General Standards of Accreditation for Residency Programs*, in addition to elements, requirements, and indicators detailed below.

Element 3.1: The residency program’s educational design is based on outcomes-based competencies and/or objectives that prepare residents to meet the needs of the population they serve in independent practice.

Requirement(s)	Indicator(s)
3.1.1: Educational competencies and/or objectives are in place to ensure residents progressively meet all required standards for the discipline and address societal needs.	3.1.1.1 [Modified]: The competencies and/or objectives meet the specialty-specific requirements for adult Critical Care Medicine, as outlined in the <i>Critical Care Medicine Competencies</i> and the <i>Critical Care Medicine Training Experiences</i> .

Element 3.2: The residency program provides educational experiences designed to facilitate residents’ attainment of the outcomes-based competencies and/or objectives.

Requirement(s)	Indicator(s)
3.2.1: The residency program’s competencies and/or objectives are used to guide the educational experiences while providing residents with opportunities for increasing professional responsibility at each stage or level of training.	3.2.1.2 [Modified]: The educational experiences meet the specialty-specific requirements for adult Critical Care Medicine, as outlined in the <i>Critical Care Medicine Competencies</i> and the <i>Critical Care Medicine Training Experiences</i> .
	3.2.1.3 [Modified]: The educational experiences and supervision are appropriate for residents’ stage or level of training and support residents’ achievement of increasing professional responsibility.
	3.2.1.5: The residency program’s educational experiences provide residents with the option for community-based learning, outside the academic learning centre.
3.2.2: The residency program uses a comprehensive curriculum plan, which is specific to the discipline and addresses all of the CanMEDS/CanMEDS-FM Roles.	3.2.2.7: The curriculum plan includes opportunities for residents to gain experience in epidemiology, specifically in tabulation and evaluation of institutional and regional morbidity and mortality, high risk scoring systems, and patient evaluation systems.
	3.2.2.8: The curriculum plan includes resident participation in a scholarly research, quality assurance, or educational project, under the supervision of a scientist or Critical Care Medicine specialist affiliated with a university; the role of the resident in the research is clearly defined.
	3.2.2.9 [Exemplary]: <i>The residency program incorporates the Critical Care Medicine Pathway to Competence in its curriculum plan.</i>

Element 3.4: There is an effective, organized system of resident assessment.

Requirement(s)	Indicator(s)
<p>3.4.3: There is a well-articulated process for decision-making regarding resident progression, including the decision on satisfactory completion of training.</p>	<p>3.4.3.1 [Modified]: The competence committee regularly reviews (at least twice a year, or once per stage, whichever is more frequent) residents' readiness for increasing professional responsibility, promotion, and transition to independent practice, based on demonstrated achievement of expected competencies and/or objectives for each level or stage of training.</p> <p>3.4.3.5 [Exemplary]: <i>The competence committee's recommendations regarding learner status are consistent with the Royal College's guidelines for Competence by Design.</i></p>
<p>3.4.4: The system of assessment allows for timely identification of and support for residents who are not attaining the required competencies as expected.</p>	<p>3.4.4.2 [Modified]: Residents who are not progressing as expected are provided with the required support and opportunity to improve their performance, as appropriate.</p>

DOMAIN: RESOURCES

The *Resources* domain includes standards focused on ensuring resources are sufficient for the delivery of the education program and to ultimately ensure that residents are prepared for independent practice. The Resources domain standards aim to ensure the adequacy of the residency program's clinical, physical, technical, human and financial resources.

NOTE: In those cases where a university has sufficient resources to provide most of the training in adult Critical Care Medicine 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.

STANDARD 4: The delivery and administration of the residency program is supported by appropriate resources.

Refer to Standard 4 and its various components within the *General Standards of Accreditation for Residency Programs*, in addition to elements, requirements, and indicators detailed below.

*STANDARDS OF ACCREDITATION FOR RESIDENCY PROGRAMS IN
ADULT CRITICAL CARE MEDICINE (2018)*

Element 4.1: The residency program has the clinical, physical, technical, and financial resources to provide all residents with educational experiences needed to acquire all competencies.

Requirement(s)	Indicator(s)
4.1.1: The patient population is adequate to ensure that residents experience the breadth of the discipline.	4.1.1.3: The volume and diversity of patients available to the residency program are sufficient to provide Critical Care Medicine residents with the opportunity to: <ul style="list-style-type: none"> • acquire the knowledge, skills, and attitudes relating to population aspects of age, gender, culture, and ethnicity appropriate to adult Critical Care Medicine; • become competent in the recognition and management of single or multiple organ failure resulting from trauma, infection, malignancy, surgery, or other disorders; • provide resuscitative, transport, and consultative services for the critically ill patient; and • become skilled in the use of technology in critical care, especially with respect to the resuscitation, investigation, and management of disorders that threaten vital organ function.
4.1.2: Clinical and consultative services and facilities are organized and adequate to ensure that residents experience the breadth of the discipline.	4.1.2.4: The critical care units used for residency training are under the direction of a qualified Critical Care Medicine specialist with a university appointment. 4.1.2.5: The residency program has access to intensive care units with facilities that provide the breadth of experience in the discipline. 4.1.2.6: The residency program has access to intensive care units in the community setting.
4.1.3: Diagnostic and laboratory services and facilities are organized and adequate to ensure that residents experience the breadth of the discipline.	4.1.3.2: The residency program has access to a full range of diagnostic services. 4.1.3.3: Dedicated equipment is available to each intensive care unit participating in the residency program to allow residents to achieve competence in the effective, appropriate, and timely performance of diagnostic and therapeutic procedures relevant to adult Critical Care Medicine, as listed in the Critical Care Medicine Competencies.
4.1.4: The residency program has the necessary financial, physical and technical resources.	4.1.4.6: The residency program has access to a unit-dedicated minimal patient dataset appropriate for conducting clinical audits and research. 4.1.4.7: The residency program has access to simulation resources for procedural and crisis resource management training.

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ADULT CRITICAL CARE MEDICINE (2018)

4.1.5: There is appropriate liaison with other programs and teaching services to ensure that residents experience the breadth of the discipline.

4.1.5.2: The university sponsors accredited programs in Anesthesiology, General Surgery, and Internal Medicine.

4.1.5.3: The residency program provides opportunities for consultative services to the emergency department and clinical wards.

4.1.5.4: There is appropriate liaison with teaching services in specialized areas relevant to the practice of critical care, which includes surgery, anesthesia, and medicine and its subspecialties.

Element 4.2: The residency program has the appropriate human resources to provide all residents with the required educational experiences.

Requirement(s)

Indicator(s)

4.2.1: The number, credentials, competencies, and duties of the teachers are appropriate to teach the residency curriculum, supervise and assess trainees, contribute to the program, and role model effective practice.

4.2.1.1 [Modified]: The number, credentials and competencies of the teachers are sufficient to provide the required clinical teaching, academic teaching, assessment, and feedback to residents, including teaching in the basic and clinical sciences related to adult Critical Care Medicine.

4.2.1.2 [Modified]: The number, credentials, competencies, and scope of practice of the teachers are sufficient to provide continuous supervision of residents in all clinical environments, including when residents are on-call and when providing care to patients as part of the residency program, outside of a learning site.

4.2.1.5: The program director has Royal College certification, or equivalent, in a primary entry specialty, and has demonstrated expertise relevant to adult Critical Care Medicine, acceptable to the Royal College.

4.2.1.6: Each resident is assigned an academic advisor who coaches them through the stages of residency.

DOMAIN: LEARNERS, TEACHERS, AND ADMINISTRATIVE PERSONNEL

The *Learners, Teachers, and Administrative Personnel* domain includes standards focused on supporting teachers, learners, and administrative personnel – “people services and supports.” The Learners, Teachers, and Administrative Personnel domain program standards aim to ensure:

- A safe and positive learning environment for all (i.e., residents, teachers, patients, and administrative personnel); and
- Value of and support for administrative personnel.

STANDARD 5: Safety and wellness is promoted throughout the learning environment.

Refer to Standard 5 and its various components within the *General Standards of Accreditation for Residency Programs*, in addition to elements, requirements, and indicators detailed below.

Element 5.1: The safety and wellness of patients and residents are actively promoted.

Requirement(s)	Indicator(s)
5.1.1: Residents are appropriately supervised.	5.1.1.1 [Modified]: Residents and teachers follow the centralized and any program-specific policies regarding supervision of residents, including ensuring the physical presence of the appropriate supervisor, when mandated, during acts or procedures performed by the resident, as appropriate to their stage or level of training.

STANDARD 6: Residents are treated fairly and adequately supported throughout their progression through the residency program.

Refer to Standard 6 and its various components within the *General Standards of Accreditation for Residency Programs*, in addition to elements, requirements, and indicators detailed below.

Element 6.1: The progression of residents through the residency program is supported, fair, and transparent.

Requirement(s)	Indicator(s)
6.1.1: There are effective, clearly defined, transparent, formal processes for the selection and progression of residents.	6.1.1.3: The residency program has effective policies and procedures, or complies with and effectively implements centralized policies and procedures, to address residents who are not progressing as expected through the stages of training.

STANDARD 7: Teachers effectively deliver and support all aspects of the residency program.

Refer to Standard 7 and its various components within the *General Standards of Accreditation for Residency Programs*.

STANDARD 8: Administrative personnel are valued and supported in the delivery of the residency program.

Refer to Standard 8 and its various components within the *General Standards of Accreditation for Residency Programs*.

DOMAIN: CONTINUOUS IMPROVEMENT

The *Continuous Improvement* domain includes standards focused on ensuring a culture of continuous improvement is present throughout the residency program, with the aim of ensuring continuous improvement of residency programs.

NOTE: To reinforce and create clarity with respect to the expectations related to continuous improvement, the Requirements under the Element mimic the continuous improvement cycle (Plan, Do, Study, Act).

STANDARD 9: There is continuous improvement of the educational experiences to improve the residency program and ensure residents are prepared for independent practice.

Refer to Standard 9 and its various components within the *General Standards of Accreditation for Residency Programs*.

This document is to be reviewed by the Specialty Committee in Critical Care Medicine by July 2020.

APPROVED – Specialty Standards Review Committee – July 2018