

Standards of Accreditation for Areas of Focused Competence Programs in Child Maltreatment Pediatrics

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INTRODUCTION

The Specific Standards of Accreditation for Areas of Focused Competence (AFC) Programs in Child Maltreatment Pediatrics are a national set of standards maintained by the Royal College of Physicians and Surgeons of Canada for the evaluation and accreditation of Child Maltreatment Pediatrics AFC programs. The standards aim to provide an interpretation of the General Standards of Accreditation for Areas of Focused Competence Programs as they relate to the accreditation of AFC programs in Child Maltreatment Pediatrics, and to ensure these programs adequately prepare trainees to meet the health care needs of their patient population(s) upon completion of training.

The standards include requirements applicable to AFC programs and learning sites and have been written in alignment with the standards organization framework used in the general standards that 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 Areas of Focused Competence Programs*, as well as the discipline-specific documents for Child Maltreatment Pediatrics. In instances where the indicators reflected in the *General Standards of Accreditation for Areas of Focused Competence Programs* have been modified within this document to reflect a discipline-specific expectation, the indicator as reflected in this document takes precedence.

STANDARDS

DOMAIN: PROGRAM ORGANIZATION

The *Program Organization* domain includes standards focused on the structural and functional aspects of the AFC program, which support and provide structure to meet the general and discipline-specific standards of accreditation for AFC programs.

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

Refer to Standard 1 and its various components within the *General Standards of Accreditation for Areas of Focused Competence Programs.*

DOMAIN: EDUCATION PROGRAM

The *Education Program* domain includes standards focused on the planning, design, and delivery of the AFC program, with the overarching outcome to ensure that the AFC program prepares trainees to be competent for practice in the discipline.

STANDARD 2: Trainees are prepared for independent practice in the AFC discipline.

Refer to Standard 2 and its various components within the *General Standards of Accreditation for Areas of Focused Competence Programs* in addition to the indicators detailed below.

Element 2.1: The AFC program is designed to facilitate trainees' attainment of the required competencies.

Requirement(s)	Indicator(s)
2.1.1: The AFC program's design and delivery is based on the standards of training for the AFC discipline.	2.1.1.6: The educational experiences provide opportunities for decision-making regarding whether a medical examination needs to be conducted; training regarding the appropriateness of examination techniques, laboratory testing, imaging studies, and forensic evidence collection; and decision making about the involvement of the child protection and law enforcement systems.

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	 2.1.1.7: The educational experiences include trainee participation in reviewing information from investigations and clinical history, examination of patients, and opinion formulation. 2.1.1.8: The educational experiences include the opportunity for trainees to provide interpretation and relevance of examination and laboratory/medical imaging findings to clinical colleagues, police, and child protection workers.
	2.1.1.9: The educational experiences include regular meetings, case discussions, and case review sessions where clinical findings are discussed with interprofessional team members.
	2.1.1.10: The educational experiences include a formal teaching program.
	2.1.1.11: The educational experiences include collaborative research opportunities.
	2.1.1.12: The educational experiences include the opportunity for each trainee to participate in case review and opinion formulation as part of pre-trial preparation.
2.1.2: The educational design allows trainees to identify and address individual learning objectives.	2.1.2.3 (modified): The AFC program fosters a culture of reflective practice, life-long learning, and continuous improvement, including through opportunities for case reviews.

Element 2.2: There is an effective, organized system of trainee assessment.

Requirement(s)	Indicator(s)
2.2.1: The AFC program has a planned, defined and implemented system of assessment.	2.2.1.3 (modified): The system of assessment includes identification and use of appropriate assessment tools tailored to the experiences and competencies being assessed, including but not limited to:
	 written or oral examinations of required knowledge;
	 assessment of physical examination skills by direct observation, with or without simulated encounters; review of consultation records/reports; multisource feedback assessments of communication, collaboration, and professionalism; and assessment of the trainee's teaching. 2.2.1.4: Trainees maintain a log of directly and indirectly assessed patients and a teaching dossier, and provide both to the AFC program director for review.

DOMAIN: RESOURCES

The *Resources* domain includes standards focused on ensuring that the AFC program's clinical, physical, technical, financial, and human resources are sufficient for the delivery of the education program and, ultimately, to prepare trainees for practice in the discipline.

STANDARD 3: The delivery and administration of the AFC program is supported by appropriate resources.

Refer to Standard 3 and its various components within the *General Standards of Accreditation for Areas of Focused Competence Programs* in addition to the indicators detailed below.

Element 3.1: The AFC program has the clinical, physical, technical, and financial resources to provide all trainees with the educational experiences needed to acquire all competencies.

Requirement(s)	Indicator(s)
3.1.1: The patient population is adequate to ensure that trainees attain required competencies.	3.1.1.2: The AFC program's patient population is sufficient to provide each trainee with the opportunity to directly evaluate a variety of patients.
	3.1.1.3: The AFC program's patient population is sufficient to provide opportunities for each trainee to perform indirect assessments using telephone consultation and/or assessment supported by documentation.
	3.1.1.4: To support trainee educational experiences related to patient evaluation and assessment, the AFC program's patient population includes a sufficient range with respect to age, presentations of maltreatment, and diagnostic conclusions.
3.1.2: Clinical and consultative services and facilities are effectively organized and adequate to ensure that trainees attain the required competencies.	3.1.2.5: The AFC program has access to an ambulatory clinic with interview and examination rooms permitting confidential assessments, and with facilities for gynecologic examinations, including but not limited to colposcopy, and the collection of forensic materials.
	3.1.2.6: The AFC program has access to an emergency department.
	3.1.2.7: The AFC program has access to an inpatient service.
	3.1.2.8: The AFC program has access to an intensive care unit
	3.1.2.9: Trainees have access to a laboratory information system.
	3.1.2.10: The AFC program has close links with the departments of pediatrics, emergency medicine, medical imaging, and medical and surgical services, including but not limited to:
	 gynecology hematology, genetics, and endocrinology neurosurgery, and orthopedic, plastic, and general surgery ophthalmology psychiatry
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	 3.1.2.11: The AFC program has access to hematology, biochemistry, genetic, and microbiology laboratories. 3.1.2.12: The AFC program has access to diagnostic services in pediatric radiology, pediatric neuroradiology, and forensic pathology.
3.1.3: The AFC program has the necessary financial, physical, and technical resources.	3.1.3.2 (modified): Trainees have appropriate access to adequate facilities and services to conduct their work, including on-call rooms, workspaces, a computer that provides access to email, internet, a library with medical resources and/or online resources for literature searches, and patient records.
	3.1.3.5: The AFC program has access to resources for photographic documentation, including secure archival and retrieval systems.
	3.1.3.6: The AFC program has access to scientists and researchers at the institution to enable provision of collaborative research opportunities.
3.1.4: There is appropriate liaison with other programs and teaching services to ensure that trainees experience the breadth of the discipline.	3.1.4.2: The university sponsors an accredited program in Pediatrics.

Element 3.2: The AFC program has the appropriate human resources to provide all trainees with the required educational experiences.

Requirement(s)	Indicator(s)
3.2.1 : Teachers appropriately implement the curriculum, supervise and assess trainees, contribute to the program, and role model effective practice.	3.2.1.1 (modified): The number, credentials, competencies, and scope of practice of the teachers are adequate to provide the breadth and depth of the discipline, including required clinical teaching, academic teaching, appropriate research, and assessment and feedback to trainees. The AFC program's teachers include:
	 At least one Pediatrician, in addition to the program director, who has completed formal training in Child Maltreatment Pediatrics, or has more than five years' practice experience in the discipline, with a significant commitment to child maltreatment pediatrics during this period. Clinical and mental health social workers and/or psychologists to provide teaching in the mental health sciences related to Child Maltreatment Pediatrics.
	3.2.1.4: The AFC director has Royal College certification in Pediatrics, or equivalent.
	3.2.1.5: The AFC director has expertise in Child Maltreatment Pediatrics, demonstrated by completion of formal training or more than five years' practice experience in the discipline, and is actively engaged in clinical and academic work in the area of Child Maltreatment Pediatrics.

DOMAIN: LEARNERS, TEACHERS, AND ADMINISTRATIVE PERSONNEL

The *Learners*, *Teachers*, *and Administrative Personnel* domain includes standards focused on safety, wellness, and support for learners and teachers.

STANDARD 4: Safety and wellness are promoted throughout the learning environment.

Refer to Standard 4 and its various components within the *General Standards of Accreditation for Areas of Focused Competence Programs.*

STANDARD 5: Trainees are treated fairly throughout their progression through the AFC program.

Refer to Standard 5 and its various components within the *General Standards of Accreditation for Areas of Focused Competence Programs*.

STANDARD 6: Teachers effectively deliver and support all aspects of the AFC program.

Refer to Standard 6 and its various components within the *General Standards of Accreditation for Areas of Focused Competence Programs.*

Element 6.1: Teachers are assessed, recognized and supported in their development as positive role models for trainees in the AFC program.

Requirement(s)	Indicator(s)
6.1.2: Teachers in the AFC program are effective role models for trainees.	6.1.2.4: Teachers in the program promote the culture of reflective practice, life-long learning, and continuous improvement among its teachers.

DOMAIN: CONTINUOUS IMPROVEMENT

The *Continuous Improvement* domain includes standards focused on ensuring a systematic approach to the evaluation and improvement of the AFC program.

STANDARD 7: There is continuous improvement of the educational experiences to improve the AFC program and ensure trainees are prepared for independent practice in the discipline.

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

Drafted – Area of Focused Competence discpline committee and Office of Specialty Education September 2019

Approved – Based on version approved by the Area of Focused Competence discipline committee January 2018.

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