المجلس العماني للاختصاصات الطبية
Oman Medical Specialty Board

Annual Program Evaluation (APE) Checklist

Note: Information contained in this checklist are representation of the major requirements set forth by the Standards. For full details and explanations of the requirements, please refer to the OMSB Program (P) and Training Sites (S) Standards.

Training Program: **Academic Year:**

DOMAIN		YES	NO	PEC COMMENTS
DOMAIN 1. ADMINISTRATION				
STANDARD P.1: There **must** be an appropriate administrative structure for the training programs. Education and training must be planned and maintained through transparent processes that show who is responsible at each stage.				
Sponsoring Institution				
1.1	Ensure the PD is provided with sufficient protected time and support for his/her educational and administrative responsibilities.	☐	☐	
1.2	Assume responsibility for Trainees' assignments at all participating training sites.	☐	☐	
1.3	Ensure that the Trainees are medico-legally covered throughout training.	☐	☐	
Participating Sites				
1.4	Program Letter of Agreement (PLA) for each participating site and renewal at least every five years.	☐	☐	
1.5	Information on additions or deletions of participating sites submitted to the DIO, GMEC, and ADS.	☐	☐	
1.6	Trainees assigned away from the primary training sites are not prevented from participating in their regular required didactics.	☐	☐	
For **Residency** Training Programs, please complete items **1.7 to 1.9.** For **Fellowship** Training Programs, please complete **1.10 to 1.16.**				
Education Committee (EC)				
1.7	Representation from each major training site.	☐	☐	
1.8	Regular documented meetings, at least six (6) times per year.	☐	☐	
1.9	Trainee representation.	☐	☐	
Fellowship Subcommittee (FSC)				
1.10	An FSC under the Chairman/PD of the Core EC.	☐	☐	
1.11	Elected PD is available at the primary training site.	☐	☐	
1.12	PD is a Member of the Core EC.	☐	☐	

	DOMAIN	YES	NO	PEC COMMENTS
1.13	Has at least two (2) additional Members who hold fellowship certification in the same field.	☐	☐	
1.14	Core Faculty to Fellow ratio of 1:2	☐	☐	
1.15	Meet regularly, at least four (4) times a year, keep minutes, and submit them timely to the Core EC.	☐	☐	
1.16	Submits an annual report regarding the activities of the FSC to the Core EC before the beginning of the next academic year.	☐	☐	
Chairman				
1.17	Oversees and provides the overall vision of the program.	☐	☐	
Program Director (PD)				
1.18	Meets the qualifications and experience laid out by OMSB and ACGME-I.	☐	☐	
1.19	Dedicates no less than 50% (minimum of 20 hours per week) of his/her professional time to the administrative and educational activities of the program.	☐	☐	
1.20	Oversees and organizes educational program activities in all institutions.	☐	☐	
1.21	Ensures the quality of clinical education and supervision at the various participating training sites.	☐	☐	
1.22	Ensures distribution of policies and procedures to Faculty and Trainees.	☐	☐	
1.23	Ensures implementation of fair policies, grievance procedures, and due process.	☐	☐	
1.24	Ensures that counseling and career planning mechanisms are in place.	☐	☐	
1.25	Ensures the implementation of mechanisms and available services in dealing with challenges that the Trainees may encounter.	☐	☐	
1.26	Provides semi-annual feedback and evaluations to the Trainees.	☐	☐	
1.27	Provides a review of educational experience quality and ensures optimal utilization of resources and facilities.	☐	☐	
1.28	Ensures regular and periodic assessment of Trainees.	☐	☐	
1.29	Evaluate and provide regular feedback to the program Faculty, and approve their continued participation based on evaluation.	☐	☐	
1.30	Ensures an acceptable balance between education and service at all participating training sites.	☐	☐	
1.31	Monitors duty hours, mitigating excessive service demands and/or fatigue.	☐	☐	

	DOMAIN	YES	NO	PEC COMMENTS
1.32	Ensures the provision of a support system for difficult or prolonged patient care responsibilities.	☐	☐	
1.33	Ensures that Trainees have the opportunity to raise concerns and confidentially provide feedback as appropriate without fear of intimidation or retaliation.	☐	☐	
1.34	Seeks approval of the EC and OMSB for changes in the program, i.e., significantly alter Trainees' educational experience.	☐	☐	
1.35	Prepares and timely submits all information required and requested by the OMSB/ACGME-I and ensures the information submitted is accurate and complete.	☐	☐	
1.36	Obtains GMEC/DIO approval before submitting to ACGME-I any information about changes in the program.	☐	☐	
1.37	Provides timely verification of training program education and summative performance evaluations for Trainees who leave the program.	☐	☐	
Associate Program Director (APD)				
1.38	APD is assigned at each site that is used for the required core rotations.	☐	☐	
1.39	Meets qualifications set by OMSB.	☐	☐	
1.40	Assists PD in training center-related matters.	☐	☐	
Educational Supervisors/Mentors/Coaches				
1.41	The Program ensures that Trainees receive mentoring, coaching, or educational supervision for the entire duration of their training, and the Educational Supervisor-to-Trainee ratio does not exceed 1:4.	☐	☐	
Subcommittees				
1.42	Required subcommittees established.	☐	☐	
1.43	The Chairman of each Subcommittee provides periodic reports to the EC/FSC about the progress and achievements of their respective Subcommittee.	☐	☐	
1.44	Written description of responsibilities, including the responsibility to the Sponsoring Institution and the Program Director.	☐	☐	
1.45	Regular documented meetings at least two (2) times/year.	☐	☐	
1.46	PD is not a Member of the PEC.	☐	☐	
1.47	Trainee representation in the Subcommittees, except the Clinical Competency Committee.	☐	☐	

DOMAIN		YES	NO	PEC COMMENTS
Supervising Faculty				
1.48	Receive assessment feedback from the PD/Chairman and a confidential summary of their assessment conducted by the Trainees.	☐	☐	
1.49	Attend the required Faculty development workshops as stipulated by the EC/FSC.	☐	☐	
1.50	Participation in educational activities and other program activities.	☐	☐	
1.51	Maintenance of the minimum requirement listed in the Faculty Evaluation Form.	☐	☐	
1.52	Evidence of scholarly activity per year.	☐	☐	
Trainee Appointments				
1.53	Eligibility criteria comply with OMSB requirements.	☐	☐	
1.54	The maximum number of Trainees complies with the number stipulated by ACGME-I, OMSB, and/or the Accreditation Committee (AC).	☐	☐	
1.55	Educational resources are adequate to support the number of Trainees accepted into the program.	☐	☐	
1.56	Trainee transfers comply with academic bylaws.	☐	☐	
1.57	The presence of other learners does not interfere with the Trainees' education.	☐	☐	
DOMAIN 2: STRUCTURE AND ORGANIZATION				
STANDARD P.2: The program **must** be designed and organized to provide Trainees with the opportunity to fulfill the educational requirements and achieve the targeted competency in their specialty.				
2.1	Trainees are provided with all the components of training outlined in the specialty documents.	☐	☐	
2.2	The program is structured to attain the required medical competencies.	☐	☐	
2.3	Responsibilities are graded commensurate with Trainees' level of training, ability, and experience.	☐	☐	
2.4	Trainees assume the role of senior Trainees under supervision as per OMSB guidelines.	☐	☐	
2.6	Clearly defined roles of each training site.	☐	☐	
2.7	Safe, intimidation, harassment, and abuse-free training environment.	☐	☐	
2.8	Competency-based learning process in collaboration with other disciplines.	☐	☐	
2.9	Trainee's participation in specialty-relevant medical activities, e.g., on-call duties.	☐	☐	

	DOMAIN	YES	NO	PEC COMMENTS
2.10	Environment of inquiry, research, and scholarship is maintained in the program.	☐	☐	

DOMAIN 3: TRAINING RESOURCES

STANDARD P.3: The Sponsoring Institution, the Participating Training Sites, and the Programs **must** jointly ensure the availability of the appropriate resources necessary for Trainees' education, as defined in the specialty-specific Program Requirements. These include a sufficient number of Faculty and a variety of patients, for the respective specialty. In addition, there **must** be available facilities and services necessary to provide the opportunity for all Trainees in the program to achieve their educational objectives and fulfill the training requirements as defined by the specialty. This includes simulation facilities available for Trainees.

3.1	A sufficient number of Faculty (core, non-core, and Non-Physician, if applicable) that fulfill the required Faculty to Trainees ratio and with appropriate qualifications/credentials.	☐	☐	
3.2	APDs/Site Directors are present at each of the training sites utilized by the Program.	☐	☐	
3.3	Faculty foster an environment of inquiry and scholarship at training sites.	☐	☐	
3.4	Participating training sites provide the necessary clinical services, facilities, and resources to support educational objectives, specialty experience, faculty development, information management, presentations, and publications.	☐	☐	
3.5	Sufficient time is dedicated to the Faculty for teaching as well as supporting program goals and objectives.	☐	☐	
3.6	The presence of other learners at training sites does not restrict the program's trainees' access to resources and opportunities.	☐	☐	

DOMAIN 4: EDUCATIONAL PROGRAM

STANDARD P.4A: Goals and Objectives
The overall educational Goals and Objectives of the program **must** be clearly stated. These **must** be competency-based and directed towards producing a competent physician able to undertake an unsupervised comprehensive medical practice, in keeping with the needs of the community and the health care system of the country.

4A.1	Program goals and objectives are structured to reflect desired competencies and specific educational objectives for each rotation.	☐	☐	
4A.2	Copy of goals and objectives given to Trainees and Faculty.	☐	☐	
4A.3	Discussion of individual learning strategies to meet the objectives at the beginning of each rotation, between Faculty and Trainees.	☐	☐	
4A.4	Goals and objectives are reviewed periodically by EC.	☐	☐	
4A.5	Clearly defined mechanism of formal assessment to reflect the achievement of objectives.	☐	☐	

STANDARD P.4B: Curriculum
The contents of the curriculum, the extent, and sequence of both practical and didactic components, **must** be described in sufficient and clear detail. The curriculum **must** enable Trainees to achieve the required competencies and the learning outcomes.

DOMAIN		YES	NO	PEC COMMENTS
4B.1	All curricular elements are clearly stated, i.e., balance between core and optional elective content with expected learning outcomes.	☐	☐	
4B.2	Integration of basic and clinical sciences.	☐	☐	
4B.3	Didactic educational program is comprehensive for the specialty and clearly outlined in the curriculum.	☐	☐	
4B.4	The curriculum is competency-based with graded responsibilities.	☐	☐	
4B.5	The methods of assessment are clearly outlined.	☐	☐	
4B.6	The Trainees are provided with protected time to attend the mandatory educational activities.	☐	☐	
STANDARD P.4C: Scholarly Activity All Programs **must** maintain an educational environment of inquiry and scholarship and show evidence of Scholarly Activities for both Trainees and Faculty in the program. The curriculum **must** advance Trainees' knowledge of the basic principles of Research and Quality Assurance. It **must** also prepare Trainees for lifelong self-directed learning and professional development.				
4C.1	General and specific scholarly activities are organized for Trainees.	☐	☐	
4C.2	Trainees' participation in specific scholarly activities is ensured, e.g., QI/PS projects, and are part of the progression criteria.	☐	☐	
4C.3	There is adequate training in basic principles of research methodology.	☐	☐	
4C.4	There is adequate training on concepts of Quality Assurance/Patient Safety.	☐	☐	
4C.5	Completion of research and QI/PS projects before graduation is ensured.	☐	☐	
4C.6	Faculty provide evidence of scholarly activities, continuous professional development (e.g., peer-reviewed publications, conference proceedings), and QI/PS activities.	☐	☐	
DOMAIN 5: PROGRAM RESPONSIBILITIES TOWARD PATIENT SAFETY				
STANDARD P.5. The program **must** be committed to promote a culture of patient safety and give high priority to train the Trainees to attain a satisfactory level of patient safety and the safety of other health professionals. The Safety Competencies are defined as Enhancement of Patient Safety across Health Professions, adopting the patient safety in education, and continuing professional development activities.				
STANDARD P.5A: Contribution to a Culture of Patient Safety.				
5A.1	Commit to patient & healthcare provider safety.	☐	☐	
5A.2	Apply and enhance patient safety practices through ongoing learning and demonstrate a spirit of inquiry as an aspect of professional practice and patient safety.	☐	☐	
STANDARD P.5B: Teamwork for Patient Safety.				

	DOMAIN	YES	NO	PEC COMMENTS
5B.1	Effective and appropriate participation in healthcare teams and meaningful engagement with patients as a participant in their healthcare teams.	☐	☐	
5B.2	Share leadership and decision-making effectively, as well as manage professional conflicts constructively with colleagues.	☐	☐	
STANDARD P.5C: Effective Communication for Patient Safety.				
5C.1	Effective demonstration of verbal and nonverbal communication skills including the use of approved communication technologies to provide safe patient care and prevent adverse events.	☐	☐	
5C.2	Communicate effectively in high-risk situations to ensure the safety of patients.	☐	☐	
STANDARD P.5D: Safety Risk Management.				
5D.1	Anticipation and recognition of high-risk situations and settings in which safety risks and hazards may arise.	☐	☐	
5D.2	Systematic identification, implementation, and evaluation of context-specific safety solutions.	☐	☐	
STANDARD P.5E: Optimization of Human and Environmental Factors				
5E.1	Identification of environmental factors that can affect human performance in healthcare settings.	☐	☐	
5E.2	Learn critical-thinking techniques in developing safety decisions.	☐	☐	
STANDARD P.5F: Management and Disclosure of Adverse Events				
5F.1	Recognize the occurrence of an adverse event or near miss and participate in timely incident reporting, event analysis, reflective practice, and planning for its prevention.	☐	☐	
5F.2	Mitigate harm, address risks, and report adverse events/near misses for patients and others	☐	☐	
5F.3	Participate in medical error disclosure and the occurrence of an adverse event to patients/families	☐	☐	
5F.4	Training in context-specific adverse events management.	☐	☐	
DOMAIN 6: COMPETENCE-TARGETED TRAINING				
STANDARD P.6A: Training Components The clinical, educational, and scholarly content of the program **must** be appropriate for the postgraduate education and training to prepare the Trainees to attain the required level of aptitude and proficiency in the recognized core competencies and fulfill all of the roles of the specialist.				
Professionalism Trainees **must** demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.				
6A.1	Effective teaching in appropriate professional conduct, ethical behavior, relevant legislation, and regulations.	☐	☐	

	DOMAIN	YES	NO	PEC COMMENTS
6A.2	Understanding of basic principles and practice of bioethics in accordance with the Oman Law governing the practice of the Medical Professional and Allied Health professions.	☐	☐	
6A.3	Trainees are taught to respect patients' wishes and opinions, demonstrate sensitivity to cultural diversity, and adhere to doctor-patient confidentiality.	☐	☐	
6A.4	Mechanism of recognizing misconduct, including misuse of social media platforms.	☐	☐	
6A.5	Clearly distinguish research from clinical practice by obtaining informed consent, adhering to ethical guidelines, prioritizing patient welfare, and ensuring transparency	☐	☐	
Patient Care and Procedural Skills Trainees **must** provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.				
6A.6	The Program provides adequate supervision and guidance to the Trainees to provide and coordinate patient care, as they progress towards independent practice.	☐	☐	
6A.7	The Program ensures Trainees can identify and address patient health needs, understand community health, promote well-being, advocate for health, and recognize health determinants and access barriers.	☐	☐	
6A.8	The Program trains Trainees to identify and respond to vulnerable populations, address patient safety, and educate peers on community health and health advocacy.	☐	☐	
Medical Knowledge Trainees must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.				
6A.9	Effective teaching programs are in place for Trainees to acquire medical expertise and decision-making skills, to translate, promote, and monitor health safety in clinical settings, and to recognize misconduct.	☐	☐	
6A.10	Patient-centered teaching includes issues on age, gender, culture, ethnicity, end-of-life, and aspects of alternative and traditional medicine.	☐	☐	
6A.11	Training Trainees to manage acutely ill patients and resuscitate patients when necessary.	☐	☐	
Practice-Based Learning and Improvement Trainees **must** demonstrate the ability to utilize technology to manage information, access online medical content and other available means to investigate and evaluate their care of patients, appraise and assimilate scientific evidence, and continuously improve patient care based on constant self-evaluation and lifelong learning.				
6A.12	Opportunities for Trainees to acquire effective teaching skills and contribute to the creation, dissemination, and application of new medical knowledge.	☐	☐	
6A.13	The Program ensures that Trainees can appraise scientific evidence for patient care and contribute to medical knowledge.	☐	☐	

	DOMAIN	YES	NO	PEC COMMENTS
6A.14	Promotion of self-directed lifelong learning, analyzing practice, and implementing changes to improve practice and evaluate outcomes.	☐	☐	
6A.15	Opportunities for Trainees to attend scientific conferences outside their training centers.	☐	☐	
Interpersonal and Communication Skills Trainees **must** demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.				
6A.16	Adequate training in communication skills for the Trainees, both written and verbal.	☐	☐	
6A.17	The Program ensures that Trainees facilitate dynamic doctor-patient relationships by using appropriate language, practicing attentive listening, and employing various communication styles.	☐	☐	
6A.18	Effective teaching and development of interpersonal and communication skills enabling Trainees to work effectively with all interprofessional healthcare team.	☐	☐	
6A.19	Skills are taught informally, formally, and along the continuum of patient care.	☐	☐	
6A.20	Trainees are taught to use their expertise to encourage and support patients' involvement in their care, and include caretakers, supporters, and advocates in patient information.	☐	☐	
6A.21	The Program ensures the Trainees recognize and respect diverse roles, demonstrate effective teamwork, and exhibit leadership skills within healthcare teams	☐	☐	
Systems-Based Practice Trainees must demonstrate an awareness of and responsiveness to the larger context and system of healthcare, including the social determinants of health, as well as the ability to call effectively on other resources in the system to provide optimal patient care.				
6A.22	Trainees' participation in activities contributes to the effective management of healthcare organizations and systems.	☐	☐	
6A.23	Effective management of finite healthcare resources – cost-effective.	☐	☐	
6A.24	Opportunities for Trainees to serve in administrative, hospital-based committees and leadership roles.	☐	☐	
STANDARD P.6B: Lifelong Self-Learning Lifelong learning is a self-initiated, information-seeking, and sustained motivation attitude that each Trainee must develop. This should be accompanied with an ability of the Trainees to identify their own learning needs. The training should encourage Trainees to become competent within their chosen field of medicine and should prepare them for lifelong, self-directed learning and professional development.				

	DOMAIN	YES	NO	PEC COMMENTS
6B.1	Interactive educational environment emphasizing the balance between basic and clinical service and ensuring that the concept of evidence-based medicine is taught to the Trainees and is applied in daily practice.	☐	☐	
DOMAIN 7: TRAINING SUPERVISION				
STANDARD P.7: Each Training Program **must** use a clear set of Supervision Standards, direct and indirect, scholarly, or clinical that are relevant to the particular specialty. Faculty and Trainees **must** practice appropriately various levels of supervision relevant to the graded responsibility of the Trainees.				
STANDARD P.7A: Responsibilities of the Program				
7A.1	Appropriate level of educational supervision of clinical and nonclinical competencies (e.g., research, teaching, and other scholarly activities).	☐	☐	
7A.2	Supervision is ensured at various stages of training, with the appropriate level of clinical supervision for all Trainees.	☐	☐	
7A.3	Guidelines for circumstances in which Trainees must communicate with Faculty are in place, whereby Trainees can raise problems or concerns.	☐	☐	
7A.4	Guidelines on Trainees' responsibility towards the patient, community, and society are in place.	☐	☐	
7A.5	Sufficient time is allocated by the faculty for training, supervision, and providing adequate feedback to the Trainees.	☐	☐	
7A.6	Appropriate forms of supervision (Direct, Indirect, and Oversight) are in place. This should include orientation to a new rotation/block (verbally or via providing documents)	☐	☐	
7A.7	Logbook or portfolio maintained and appropriately monitored.	☐	☐	
7A.8	Regular mid and end-of-the-rotation/block feedback is provided.	☐	☐	
7A.9	Trainees are given the opportunity to provide confidential feedback.	☐	☐	
7A.10	Access to career advice and support.	☐	☐	
7A.11	Information about interruptions and re-joining policies is given to Trainees.	☐	☐	
7A.12	Trainees are aware of and supervised during academic activities.	☐	☐	
7A.13	Adherence to OMSB duty hours and on-call policies.	☐	☐	
STANDARD P.7B: Responsibilities of the Faculty				
7B.1	Understanding of the structure and purpose of and their roles in the program.	☐	☐	

	DOMAIN	YES	NO	PEC COMMENTS
7B.2	The Faculty ensures having and reviewing an up-to-date copy of the Sponsoring Institution's approved curriculum.	☐	☐	
7B.3	Delegating part of patient care to the training of Trainees.	☐	☐	
7B.4	Spending sufficient supervision duration to assess the knowledge and skills of Trainees.	☐	☐	
7B.5	Delegating an appropriate level of patient care authority and graded responsibility to the Trainees.	☐	☐	
7B.6	Participating and contributing to the learning environment in which patient care and training occur.	☐	☐	
7B.7	Informing patients of the Faculty and Trainees' respective roles in patient care.	☐	☐	
STANDARD P.7C: Responsibilities of the Trainees				
7C.1	Senior Trainees seek opportunities to serve in a supervisory role over junior Trainees.	☐	☐	
7C.2	Timely communication between the Trainees and appropriate supervisors in situations of significant importance, such as the transfer of patients to the ICU or end-of-life decisions.	☐	☐	
7C.3	Awareness of signs of fatigue and application of sleep deprivation policies, both by Faculty and Trainees.	☐	☐	
7C.4	Trainees acknowledge and accept limits and authority under various circumstances of clinical care.	☐	☐	
DOMAIN 8: IN-TRAINING EVALUATION AND ASSESSMENT				
Standard P.8A: Assessment of Trainees The Program **must** ensure there are mechanisms in place for the regular assessment of Trainees. The assessment **must** be timely and systematically completed after collation and interpretation of the data on each Trainee. The assessment has to be appropriate to the level of training and the Trainee's knowledge. Timely feedback must be provided while ensuring confidentiality.				
8A.1	Reliable, valid, and appropriate in-training evaluation tools are in place, including a logbook/portfolio, and are based on goals and objectives.	☐	☐	
8A.2	There is regular formative assessment, using multiple tools to assess all core competencies as per training level.	☐	☐	
8A.3	Evaluation, feedback, and assessment reports of Trainees are fair, timely, and done confidentially.	☐	☐	
8A.4	Trainees' performance is continuously monitored and evaluated throughout the block with face-to-face feedback.	☐	☐	
8A.5	All Faculty involved in the Trainee's training during a block participate in the evaluation.	☐	☐	

	DOMAIN	YES	NO	PEC COMMENTS
8A.6	Summative assessment reports of the Trainees' progress are conducted six-monthly and annually.	☐	☐	
8A.7	The Final In-Training Assessment Report (FITAR) of Trainees confirms that necessary competencies are achieved, ensuring the Trainees' ability to practice without direct supervision.	☐	☐	
8A.8	Remedial support and mechanisms are available.	☐	☐	
8A.9	Trainees maintain documented records of verified procedural skills in the program-approved platform.	☐	☐	
STANDARD P.8B: Assessment of Faculty The Program must ensure that there are mechanisms in place for the regular assessment of Faculty. Trainees must assess the Faculty anonymously and regularly every block. These assessments must be systematically compiled and periodically discussed by the PD or designee with the Faculty.				
8B.1	Faculty are evaluated by Trainees at the end of each block.	☐	☐	
8B.2	Faculty performance is evaluated by the program leaders annually.	☐	☐	
8B.3	PD/Designee meets with the Faculty at least once a year.	☐	☐	
8B.4	Mechanisms are in place for counseling underperforming Faculty.	☐	☐	
8B.5	Faculty satisfy scholarly activity requirements and participate in Faculty Development programs.	☐	☐	
STANDARD P.8C: Program Evaluation and Improvement There **must** be a mechanism in place for regular, systematic internal evaluation of the Program. The PEC of the Program is primarily responsible for such evaluation and reporting its findings and improvement plan to the EC.				
8C.1	PEC conducts a yearly review of the program including meeting with Trainees and faculty, conducting site visits, and producing and submitting reports to OMSB.	☐	☐	
8C.2	PEC reviews all accreditation and site visit reports, prepares the necessary 'Self-Study,' draws an action plan for correction of deficiencies, and documents initiatives to improve performance (program improvement plan/progress report).	☐	☐	
8C.3	PEC ensures the program conducts regular and documented evaluations of Trainees including milestone reviews.	☐	☐	
8C.4	PEC ensures the program has mechanisms in place to ensure both Faculty and Trainee wellbeing.	☐	☐	
8C.5	PEC ensures the program provides fair and adequate opportunities for Faculty development.	☐	☐	

	DOMAIN	YES	NO	PEC COMMENTS
8C.6	Both Faculty and Trainees have the opportunity to provide feedback on the program's performance at least once a year.	☐	☐	
8C.7	Faculty and Trainees' program evaluations are utilized to make improvements.	☐	☐	
8C.8	PEC evaluates new training sites and subsequently assesses their contribution to the program.	☐	☐	
DOMAIN 9: TRAINEE AND FACULTY WELL-BEING				
STANDARD P.9: The training environment must be conducive to the psychological, emotional, and physical well-being of Trainees and Faculty. The program must ensure there are mechanisms in place to promote and foster Trainee and Faculty well-being as well as mitigate the effects of stress and prevent burnout.				
STANDARD P.9A: Responsibilities of the Program to the Trainees				
9A.1	Trainee well-being is prioritized, including compliance with the work hour policies.	☐	☐	
9A.2	Effective teaching and promotion of physicians' health, safety, and well-being.	☐	☐	
9A.3	Continuity of patient care is ensured if a Trainee is unable to perform their patient care responsibilities due to excessive fatigue in accordance with the program's policies and procedures.	☐	☐	
9A.4	Appropriate resources to do their work and receive appropriate supervision for the tasks they perform are provided to the Trainees.	☐	☐	
9A.5	A culture of self-care is promoted for the safety of all.	☐	☐	
9A.6	Clear communication is maintained, especially during crises, with Trainee feedback actively solicited on how well their needs are being met during crisis, with suggestions on opportunities for improvement.	☐	☐	
9A.7	Stress management skills, including self-awareness and empowerment, are taught.	☐	☐	
9A.8	Trainees can express concerns without fear of reprisal.	☐	☐	
9A.9	Sleep facilities/safe transportation are available for fatigued trainees.	☐	☐	
9A.10	Approved leave is granted without fear of negative consequences.	☐	☐	
9A.11	Medical/mental health/dental appointments are accommodated.	☐	☐	
9A.12	Confidential mental health support is readily available.	☐	☐	
9A.13	Career guidance and exploration of interests are encouraged.	☐	☐	
STANDARD P.9B: Responsibilities of the Program to the Trainees and Faculty				

	DOMAIN	YES	NO	PEC COMMENTS
9B.1	Respect for diversity and protection of Trainees and Faculty from discrimination.	☐	☐	
9B.2	Trainees and Faculty are educated on burnout, depression, and substance abuse, including their identification, self-care, and assistance of others who experience these conditions.	☐	☐	
9B.3	Trainees and Faculty are encouraged to report concerns about burnout, depression, substance abuse, suicidal ideation, or potential for violence.	☐	☐	
9B.4	Systems are in place to identify and address well-being issues.	☐	☐	
9B.5	Well-being surveys and other tools are routinely used to identify early indicators and address them.	☐	☐	
9B.6	Trainees and Faculty are educated to recognize signs of fatigue and sleep deprivation as well as their management and mitigation to manage the potential negative effects on patient care.	☐	☐	
9B.7	Workplace safety is maintained through evaluation and improvement.	☐	☐	
9B.8	Dedicated channel/venue to address the well-being of Trainees and Faculty, including policies and programs that encourage health/personal care access, recognition of burnout, depression, and substance use disorders.	☐	☐	
STANDARD P.9C: Responsibilities of the Trainees and Faculty				
9C.1	Self-educate on burnout, depression, and substance use disorders and proactively seek well-being improvements and resilience strategies.	☐	☐	
9C.2	Report concerns about colleagues displaying signs of impairment (burnout, depression, substance abuse, suicidal ideation, violence).	☐	☐	
9C.3	Have medico-legal coverage.	☐	☐	
DOMAIN 10. OUTCOME EVALUATION				
STANDARD P.10: The impact of the standards **must** be measured against Trainee outcomes and clear linkages should be established. The outcomes for the competencies for the Junior and Senior levels of Training **must** be recorded for the Trainees and collectively for the Program. All Trainees **must** meet the OMSB graduation criteria and specialty-specific competencies before they are awarded the Completion of Training Certificate.				
Comment whether the Graduating Trainees and the Program show evidence and demonstrate the required outcomes and competencies in the following aspects:				
Outcomes Assessment				
10.1	Multiple assessment approaches must be used to assess Outcomes by multiple Evaluators and according to pre-specified standards or criteria to ensure fairness.	☐	☐	

DOMAIN		YES	NO	PEC COMMENTS
10.2	Assessment methods used are feasible and provide valid, reliable data and valuable information.	☐	☐	
Graduating Students				
10.3	Respect for human life and the ability to care for patients without supervision.	☐	☐	
10.4	Acquire patient trust.	☐	☐	
10.5	Achievement of all medical competencies, required specialty outcomes, and quality of practice.	☐	☐	
The Training Program				
10.6	Demonstration of required competency on different occasions and in clinical settings.	☐	☐	
10.7	Clearly defined objectives to produce competent physicians.	☐	☐	
10.9	Encouraging innovation, striving for Trainees to acquire competencies broader than the minimally required, and constantly endeavors to improve patient care.	☐	☐	
10.10	Encouraging Trainees to be scholars in their specialties and have developed lifelong self-directed learning habits and readiness for Professional Development.	☐	☐	

Reviewed and Approved By: **Date:**

(PEC Chairman Name)
PEC Chairman