

# **CPOS Fellowship Program Accreditation**

Contents

- CPOS Fellowship Program Accreditation ..... 2
  - Accreditation Application and Process ..... 2
  - Accreditation Requirements..... 2
    - Clinical Exposure..... 2
    - Faculty..... 3
    - Feedback ..... 4
    - Orientation ..... 4
    - Safe Work Environment..... 4
    - Questions?..... 4
- Fellowship Accreditation Application..... 5
  - Clinical Exposure..... 5
  - Faculty..... 5
  - Feedback ..... 5
  - Orientation ..... 5
  - Safe Work Environment..... 5
- Appendix 2..... 7

# CPOS Fellowship Program Accreditation

Purpose: to ensure fellowship programs provide an appropriate volume and breadth of exposure for a fellow to develop the required skills and knowledge for safe independent practice of Paediatric Orthopedics.

## Accreditation Application and Process

1. Accreditation requires completion of the attached application and submission to the Accreditation Committee via email to [cpos@canorth.org](mailto:cpos@canorth.org) before September 1. Late and incomplete submissions will not be reviewed.
2. Accreditation applications for new programs for the upcoming July start date will be considered if submitted by September 1 of the year prior.
3. Accreditation cycles will occur every 4 years (2030, 2034, etc.) with programs needing to resubmit an updated application by September 1 of the year prior (ex - 2029 for 2030 accreditation).
4. Changes to faculty or program design require submission of a Program Update Form and must be communicated to the fellow in writing prior to the proposed start date.

## Accreditation Requirements

### Clinical Exposure

- In alignment with POSNA accreditation guidelines, a minimum operative exposure of 250 cases in patients less than 18yo with each fellow as first assist or primary operator is required. Submission of an anonymized case log by each fellow is required annually.
- Exposure to Paediatric Orthopedic trauma through call or trauma slates is required.
- Clinical exposure over the duration of the fellowship must include basic Paediatric Orthopedic conditions such as developmental dysplasia of the hip, clubfoot, leg length discrepancy, coronal plane malalignment and normal variants.
- Subspecialty clinic exposure is encouraged in areas such as limb reconstruction, hip preservation, hand and upper limb, oncology, neuromuscular care, sports and complex foot and ankle. Fellowship directors should seek out local opportunities for the fellow to explore subspecialty interests if not available at the primary fellowship site.
- At minimum, a fellow should attend clinic once per week.
- A minimum of 46 weeks of attendance in clinical duties is required to consider a 1 year fellowship complete.
- At minimum, fellow teaching rounds should occur biweekly.

### Faculty

- In alignment with POSNA accreditation guidelines, the ratio of attending surgeons to fellowship trainees should be no less than 2:1. If the ratio is less, a detailed written

explanation outlining educational enrichment to assure appropriate learning opportunities is required.

- Regular fellowship faculty should
  - Be an active member of the Canadian Paediatric Orthopedic Society (CPOS)
  - Be a Fellow of the Royal College of Physicians and Surgeons of Canada actively practicing Paediatric Orthopedics (practice must be >50% paediatric orthopedic clinical care)
  - Have at least 1 year of Paediatric Orthopedic or Paediatric Spine or combination thereof of fellowship training; this excludes subspecialty clinics with collaborating adult surgeons

## **Feedback**

- Semi-annual progress meetings with the fellowship director to give and elicit feedback are required.
- Fellows are required to complete an Annual Program Evaluation form and submit to the Fellowship Director and Accreditation Committee due June.

## **Orientation**

- Prior to start date, the following must be communicated to the Fellow in writing
  - Changes to the program (faculty or clinical exposure changes) that occur after the fellowship interview
  - Additional costs incurred by the fellow including provincial College of Physicians and Surgeons registration fees, CMPA fees, and University tuition fees
  - Availability (or lack thereof) of health insurance
  - Availability (or lack thereof) of conference funding
- Programs are encouraged to provide a Fellowship Orientation (in person or in writing) at the start of the Fellowship including expectations for
  - Clinical duties
  - Call
  - Research
  - Teaching
  - Attendance at educational rounds

## **Safe Work Environment**

- A mechanism for anonymous reporting of learner mistreatment through the local University must be available and information provided to the incoming fellows.

## **Questions?**

- Please contact [cpos@canorth.org](mailto:cpos@canorth.org)

# Fellowship Accreditation Application

## Clinical Exposure

- a) Anonymized Case Log  
Submit an anonymized case log for the preceding 1 year per fellow (Appendix 1). In the case of a new fellowship, please submit an anonymized case log of surgeries completed on patients <18yo at the primary fellowship site in the preceding year.
- b) Trauma exposure: Describe call requirements or exposure to day-time trauma slates available.
- c) Exposure to basic Paediatric Orthopedic conditions: Describe clinical exposure available to the fellow.
- d) Access to subspecialty clinical experiences: Describe subspecialty clinical experiences available on and off site to fellow.
- e) Fellowship teaching rounds: Describe frequency and format.

## Faculty

- a) List all regular faculty members including:
  - a. Name
  - b. Fellowship training
  - c. Be an active member of the Canadian Paediatric Orthopaedic Society
  - d. Confirm >50% clinical practice in Paediatric Orthopedics
- b) Ratio (faculty to fellow):
- c) Explanation of clinical exposure augmentation if ratio less than 2:1 faculty to fellow:

## Feedback

- a) Confirmation of semi-annual meeting (fellow and Fellowship Director)
- b) Fellow to submit Program Evaluation to [cpos@canorth.org](mailto:cpos@canorth.org) by June (Appendix 2)

## Orientation

- a) Description of plan for orientation (including additional costs, availability of health insurance and conference funding).

## Safe Work Environment

- a) Description of mechanism for reporting learner mistreatment.

b) Documentation of communication of this information to the fellow.

## Appendix 2

### Paediatric Orthopedic Fellowship Annual Program Evaluation Form

*Your feedback is essential to help improve the quality of fellowship training. Please answer the following questions honestly and thoughtfully. All responses will remain confidential and be released to the applicable program in aggregate only once 3 or more responses are available.*

#### **Name of Program:**

1. **How would you rate the overall quality of your clinical training during the fellowship?**
  - Excellent
  - Good
  - Fair
  - Poor
  - Very Poor

*Optional comments:* \_\_\_\_\_
2. **To what extent were you given appropriate autonomy and responsibility in managing patients under supervision?**
  - Always appropriate
  - Usually appropriate
  - Sometimes excessive or insufficient
  - Rarely appropriate
  - Never appropriate

*Optional comments:* \_\_\_\_\_
3. **How would you describe the accessibility and supportiveness of the faculty?**
  - Extremely accessible and supportive
  - Generally accessible and supportive
  - Variable depending on the faculty member
  - Often unavailable or unsupportive
  - Consistently unavailable or unsupportive

*Optional comments:* \_\_\_\_\_
4. **Did you receive regular and constructive feedback on your clinical performance?**
  - Yes, consistently
  - Yes, but inconsistently
  - Rarely
  - Never

*Optional comments:* \_\_\_\_\_
5. **How effective was the educational content of the fellowship (e.g., teaching rounds, journal clubs, academic sessions)?**
  - Very effective
  - Effective
  - Somewhat effective
  - Ineffective

- Did not attend/Not applicable

*Optional comments:* \_\_\_\_\_

- 6. What aspects of the fellowship were most valuable to your learning and development?**
- 7. Were there any barriers or challenges that negatively impacted your clinical experience (e.g., workload, call structure, institutional issues)?**
- 8. Did you feel comfortable raising concerns during the fellowship, and were concerns addressed appropriately?**
  - Always
  - Usually
  - Sometimes
  - Rarely
  - Never

*Optional comments:* \_\_\_\_\_
- 9. What improvements would you recommend for future fellowship cohorts?**
- 10. Is there anything else you would like to share about your fellowship experience?**