Program Identifying data

1. Name of program:

(drop down menu with list of programs)

1. What is your primary language of instruction?

(checkbox)

English

French

1. How many residents does your program take, on average, per year?

(checkbox)

1-2

3-4

5-6

7-8

>9

1. Does your program have different streams (eg. return of service or rural)?

(checkbox)

yes

no

* 1. If yes, please list specific streams below (click all that apply):

(checkboxes)

return of service

rural

community

language specific

other (textbox)

1. Do you take return of service residents (as defined as currently out in family medicine practice and returning as per Ministry of Health Return of Service eligibility)?

(checkbox)

yes

no

* 1. If yes, how many return of service residents do you take on average per 5 years?

(check box)

1-2

3-4

5-6

Structure

1. Do you have an Assistant Program Director?

(checkbox)

yes

no

1. Do you have any administrative support (ie. a program assistant)?

(checkbox)

yes

no

* 1. How many hours per week does he/she spend on your program? (FTE=full time equivalent)

(drop down menu)

0.1 FTE (4 hours per week on average)

0.2 FTE (8 hours per week on average)

0.3 FTE (12 hours per week on average)

0.4 FTE (16 hours per week on average)

0.5 FTE (20 hours per week on average)

> 0.5 FTE

* 1. Who primarily funds this administrative support?

(drop down menu)

Department of Family Medicine

Department of Emergency Medicine

both Departments of Family and Emergency Medicine

respective university

Other (textbox)

1. As Program Director, I get protected time to carry out my portfolio.

(checkbox)

yes

no

* 1. On average per week, how much protected time do you get.

(drop down menu)

½ day (4 hours) per week

1 day (8 hours) per week

1.5 days (12 hours) per week

Other (textbox)

1. As Program Director, I get a stipend to carry out my portfolio.

(checkbox)

yes

no

* 1. My yearly stipend is:

(checkbox)

<10,000

11,000-20,000

21,000-30,000

31,000-40,000

41,000-50,000

51,000-60,000

>61,000

* 1. Who primarily funds your stipend?

(drop down menu)

Department of Family Medicine

Department of Emergency Medicine

both Departments of Family and Emergency Medicine

respective University

other (textbox)

Connection to family medicine?

1. I have a close relationship with my Department of Family Medicine (eg. Enhanced Skills Director or Program Director of Family Medicine)

(checkbox)

yes

no

1. I attend my Department of Family Medicine postgraduate meetings / enhanced skills meetings frequently.

(checkbox)

yes

no

1. We maintain family medicine ties at our program through (click all that apply):

(checkboxes)

having PGY-3 residents teaching at family medicine academic day

doing “half day backs”

having social events with other family/enhanced skills residents

doing a quality improvement project involving the Department of Family Medicine

presenting at family medicine research day

having a mandatory rotation where residents do some family medicine (eg. rural or

community rotation)

other (text box)

1. “Half day backs” in family medicine are a mandatory component of the residents PGY-3 EM year at my center?

(checkbox)

yes

no

1. My program has a process in place should a resident want to do “half day backs”?

(checkbox)

yes

no

1. In the last 5 years, how many residents in total have done “half day backs”?

(drop down menu))

0

1-2

3-4

5-6

7-8

>8

1. There is a mandatory rotation in my 3rd year EM program where residents are expected to do family medicine (eg. rural or community rotation)

(checkbox)

yes

no

US

1. The ultrasound curriculum in your program offers the following to residents as part of their CORE training (click all that apply):

(checkboxes)

US Course for FAST / AAA/ gynecological assessment

US Course for central lines

US Course for procedures (joint injections/ thoracentesis/ paracentesis/ LP/ abscess)

US Course for regional nerve blocks

advanced US course (eg. gallbladder/ CVP/ ophthalmologic/echo)

protected time for scanning shifts

mandatory number of scanning images per indication (eg. 50 FAST scans per year)

any quality assurance (eg. revision by staff of images)

certificate for Independent Practice

US exam

we don’t offer our own course but pay for our residents to do an US course elsewhere

other (please specify) (textbox)

1. The ultrasound curriculum in your program offers the following to residents as ELECTIVE OR residents need to pay for (click all that apply):

(checkboxes)

US Course for FAST / AAA/ Gynecological

US Course for Central Lines

US Course for Procedures (joint injections/ thoracentesis/ paracentesis/ LP/ abscess)

US Course for Regional Nerve Blocks

Advanced US Course (eg. Gallbladder/ CVP/ ophthalmologic/echo)

Any quality assurance (eg. revision by staff of images)

We don’t offer our own course but ask our residents to do an US course elsewhere

Other (please specify) (textbox)

1. Other than any US course(s) offered to your residents, how many hours of one on one supervised scanning time do you do with your residents over the course of their year?

(drop down menu)

none

< 5 hours

5-10 hours

11-15 hours

16-20 hours

21-25 hours

26-30 hours

>30 hours

SIM

1. Your simulation curriculum comprises of (click all that apply):

(checkboxes)

SIMulation Bootcamp

low fidelity SIMulation

high fidelity SIMulation

In situ SIMulation

none

1. How many hours of SIMulation do you give to your residents on average per month?

(dropdown menu)

< 5 hours

5-10 hours

11-15 hours

16-20 hours

21-25 hours

26-30 hours

>30 hours

none

1. We use SIMulation primarily as a(n):

(checkbox)

evaluative tool (feedback is given to you as PD of the residents’ performance)

formative tool (no feedback is given to you as PD of the residents’ performance)

1. What statement best describes your SIMulation curriculum?

(dropdown menu)

i. we have a formal SIMulation curriculum with well developed cases that progress through different levels of competence during the year

ii. we have a formal SIMulation curriculum with well developed cases

iii. we have no formal SIMulation curriculum but do SIMulation on an ad hoc basis

iv. we have no formal SIMulation curriculum

1. Do you have a high fidelity SIMulation center at your institution?

(checkbox)

yes

no

Academic project

* + - 1. At my site, the academic project required as set out in the B Standards of the Red Book typically involve(s) (click all that apply):

(checkboxes)

research proposal only (no ethics submitted and project not carried out)

full research project (including ethics, data collection, analysis)

quality improvement project (no ethics)

presentation (eg. Grand Rounds or Journal Club)

critical appraisal/review of the literature (not a full systematic review)

critical appraisal/review of the literature (formal systematic review)

Other (textbox)

1. Residents have a structured process (timelines, methodologist, supervisor) for their project (click all that apply)?

(checkboxes)

timelines with deadlines

supervisor

methodologist

research coordinator/ admin assistant

funding

protected time

none

1. Residents are expected to write up their research project as an abstract for publication OR presentation at a national conference?

(checkbox)

yes

no

1. Residents are expected to present their project at (click all that apply):

(checkbox)

Emergency Medicine Research Day

Family Medicine Research Day

CAEP

none

other (textbox)

Academic Day

1. Do you give your residents protected time for getting core lectures (eg. academic day)?

(checkbox)

yes

no

1. How many hours per week of mandatory teaching (not including SIM/US) do you give your residents?

(drop down menu)

0-2 hours

3-4 hours

5-6 hours

7-8 hours

9-12 hours

>12 hours

1. If you have a FRCP Program at your institution, are the core academic lectures held jointly between the FRCP Emergency Medicine and CCFP-EM groups?

(drop down menu)

yes

no

mostly

sometimes

1. The teaching sessions given to residents are primarily given by

(drop down menu)

ER staff in our department

specialist colleagues

CCFP-EM residents teaching one another

50:50 mix of ER staff and specialists

50:50 mix of ER staff and CCFP-EM residents teaching one another

mostly ER staff with some lectures by specialists

mostly residents with some ER staff

1. Is your core curriculum based on “Priority Topics” as per the CFPC?

(checkbox)

yes

no

* 1. If no, what is your curriculum based on? (textbox)

1. What is the primary textbook you recommend to your residents to read during their CCFP EM PGY-3 year?

(drop down menu)

Tintinalli

Rosens

First Aid

Just the Facts

Rivers

Other (text box)

1. Do you give your residents written practice exams to prepare for the ‘Specialty Exam in Emergency Medicine’?

(checkbox)

yes

no

* 1. If yes, how many practice written exams do you give your residents per year?

(checkbox)

1

2

3

4

5

6 or more

* 1. Are these practice written exams mostly formative (no consequence to the resident no matter what the mark) or evaluative (there is a consequence to the resident based on an exam mark they get)?

(checkbox)

formative

evaluative

1. Do you give your residents practice oral exams to prepare them for the ‘Specialty Exam in Emergency Medicine’?

(checkbox)

yes

no

* 1. How many practice oral exams do you give each of your residents per year?

(checkbox)

1-5

6-10

11-15

16-20

20-25

> 25

* 1. Are these oral exams formative (no consequence to the resident no matter what the mark) or evaluative (there is a consequence to the resident based on an exam mark they get)?

(checkbox)

formative

evaluative

Competency based education

1. Do your residents get documented ‘direct observations’?

(checkbox)

yes

no

1. How are ‘direct observations’ carried out at your institution (click all that apply)?

(checkboxes)

on clinical shift

during a scheduled time outside of clinical shifts

in the SIM Lab

other (textbox)

1. Do you require your residents to keep a log book or equivalent to keep track of core competencies/ procedures they do during their emergency medicine training?

(checkbox)

yes

no

1. Is the logbook or equivalent in an electronic OR paper format?

(checkbox)

electronic

paper

1. Are you residents required to perform a certain number of each of these specific competencies/procedures during their year?

(checkbox)

yes

no

1. What are you doing at your institution at present to move towards competency based education (click all that apply)?

(checkboxes)

direct observations

tracking core competencies

using SIMulation to carry out uncommon procedures/scenarios

other (texbox)

Opinions:

1. In my experience as program director, most of my graduating residents end up working in:

(checkbox)

tertiary care ED

community ED

rural ED

1. In my experience as program director, the majority of past residents from my program

(checkbox)

practice both emergency and family medicine

practice emergency medicine only

practice family medicine only

1. In my opinion as program director, I feel family medicine half day backs should be a mandatory component of the PGY-3 EM year?

(checkbox)

yes

no

1. In my opinion as program director, I feel more family medicine should be incorporated into the PGY-3 EM year?

(checkbox)

yes

no

1. In my opinion as program director, I feel that the College of Family Physicians values the PGY-3 specialty training in emergency medicine?

(checkbox)

yes

no

1. In my opinion, as program director, the CCFP-EM program and FRCP program at my institution have a collegial and collaborative relationship?

(checkbox)

yes

no

N/A

1. In my opinion as program director, there is a need to expand the number of 3rd year EM spots across the country?

(checkbox)

yes

no

1. How many residents per year on average do you have in your program?

|  |  |  |
| --- | --- | --- |
| **Answer Options** | **Response Percent** | **Response Count** |
| 1-3 | 0.0% | 0 |
| 4-6 | 41.2% | 7 |
| 7-9 | 47.1% | 8 |
| 10-12 | 11.8% | 2 |
| > 12 | 0.0% | 0 |
| Other (please specify) | | 1 |
| ***answered question*** | | **17** |
| ***skipped question*** | | **0** |

1. Do you have an administrative assistant dedicated to helping with the CCFP program?

|  |  |  |
| --- | --- | --- |
| **Answer Options** | **Response Percent** | **Response Count** |
| Yes | 94.1% | 16 |
| No | 5.9% | 1 |
| ***answered question*** | | **17** |
| ***skipped question*** | | **0** |

1. If yes, how many hours per week does he/she dedicate to the CCFP program?

|  |  |  |
| --- | --- | --- |
| **Answer Options** | **Response Percent** | **Response Count** |
| 0 - 10 hours | 14.3% | 2 |
| 10 - 20 hours | 50.0% | 7 |
| 20 - 30 hours | 28.6% | 4 |
| > 30 hours | 0.0% | 0 |
| N/A | 7.1% | 1 |
| Other (please specify) | | 4 |
| ***answered question*** | | **14** |
| ***skipped question*** | | **3** |

1. If yes, where does the funding for the administrative assistant come from?

|  |  |  |
| --- | --- | --- |
| **Answer Options** | **Response Percent** | **Response Count** |
| Dept. of Family Medicine | 50.0% | 7 |
| Dept of Emergency Medicine | 21.4% | 3 |
| University | 14.3% | 2 |
| Emergency Physician Business Group | 0.0% | 0 |
| N/A | 14.3% | 2 |
| Other (please specify) | | 4 |
| ***answered question*** | | **14** |
| ***skipped question*** | | **3** |

1. As program director, are you paid a stipend/salary?

|  |  |  |
| --- | --- | --- |
| **Answer Options** | **Response Percent** | **Response Count** |
| Yes | 100.0% | 17 |
| No | 0.0% | 0 |
| ***answered question*** | | **17** |
| ***skipped question*** | | **0** |

1. If yes, how much per year are you paid as Program Director?

|  |  |  |
| --- | --- | --- |
| **Answer Options** | **Response Percent** | **Response Count** |
| <$5,000 | 0.0% | 0 |
| $5,000-$10,000 | 0.0% | 0 |
| $10,000-$15,000 | 0.0% | 0 |
| $15,000-$20,000 | 5.9% | 1 |
| $20,000-$25,000 | 17.6% | 3 |
| $25,000-$30,000 | 23.5% | 4 |
| >$30,000 | 52.9% | 9 |
| N/A | 0.0% | 0 |
| Other (please specify) | | 0 |
| ***answered question*** | | **17** |
| ***skipped question*** | | **0** |

1. If yes, who pays your stipend / salary?

|  |  |  |
| --- | --- | --- |
| **Answer Options** | **Response Percent** | **Response Count** |
| Dept of Family Medicine | 50.0% | 8 |
| Dept of Emergency Medicine | 18.8% | 3 |
| University | 31.3% | 5 |
| Emergency Physician Business Group | 6.3% | 1 |
| N/A | 6.3% | 1 |
| Other (please specify) | | 4 |
| ***answered question*** | | **16** |
| ***skipped question*** | | **1** |
|  | |  |

1. As program director, do you get protected time to peform your duties?

|  |  |  |
| --- | --- | --- |
| **Answer Options** | **Response Percent** | **Response Count** |
| Yes | 41.2% | 7 |
| No | 58.8% | 10 |
| ***answered question*** | | **17** |
| ***skipped question*** | | **0** |

1. If yes, how much protected time per week do you get?

|  |  |  |
| --- | --- | --- |
| **Answer Options** | **Response Percent** | **Response Count** |
| 1/2 day | 15.4% | 2 |
| 1 full day | 23.1% | 3 |
| > 1 full day | 15.4% | 2 |
| N/A | 46.2% | 6 |
| Other (please specify) | | 1 |
| ***answered question*** | | **13** |
| ***skipped question*** | | **4** |

1. How much funding per resident / per year does the program get from your postgraduate dept (ie. From your university you are affiliated with)?

|  |  |  |
| --- | --- | --- |
| **Answer Options** | **Response Percent** | **Response Count** |
| <$2,000 | 57.1% | 8 |
| $2,000 - $4,000 | 21.4% | 3 |
| $4,000 - $6,000 | 7.1% | 1 |
| $6,000 - $8,000 | 7.1% | 1 |
| >$8,000 | 7.1% | 1 |
| Other (please specify) | | 6 |
| ***answered question*** | | **14** |
| ***skipped question*** | | **3** |

1. Do you receive any other funding for your program?

|  |  |  |
| --- | --- | --- |
| **Answer Options** | **Response Percent** | **Response Count** |
| Yes | 70.6% | 12 |
| No | 29.4% | 5 |
| ***answered question*** | | **17** |
| ***skipped question*** | | **0** |

1. If yes, where do you receive other funding from?

|  |  |  |
| --- | --- | --- |
| **Answer Options** | **Response Percent** | **Response Count** |
| Dept. of Family Medicine | 18.2% | 2 |
| Dept. of Emergency Medicine | 27.3% | 3 |
| Emergency Physician Business Group | 45.5% | 5 |
| Pharmaceutical company | 9.1% | 1 |
| Military | 0.0% | 0 |
| N/A | 9.1% | 1 |
| Other (please specify) | | 1 |
| ***answered question*** | | **11** |
| ***skipped question*** | | **6** |

1. If yes, how much other funding do you receive on average per year?

|  |  |  |
| --- | --- | --- |
| **Answer Options** | **Response Percent** | **Response Count** |
| <$5,000 | 41.7% | 5 |
| $5,000 - $10,000 | 25.0% | 3 |
| $10,000 - $15,000 | 8.3% | 1 |
| >$15,000 | 16.7% | 2 |
| N/A | 8.3% | 1 |
| Other (please specify) | | 0 |
| ***answered question*** | | **12** |
| ***skipped question*** | | **5** |

1. Do you have an Enhanced Skills Director?

|  |  |  |
| --- | --- | --- |
| **Answer Options** | **Response Percent** | **Response Count** |
| Yes | 88.2% | 15 |
| No | 11.8% | 2 |
| ***answered question*** | | **17** |
| ***skipped question*** | | **0** |

1. Do you have a Residency Planning Committee (RPC)?

|  |  |  |
| --- | --- | --- |
| **Answer Options** | **Response Percent** | **Response Count** |
| Yes | 100.0% | 17 |
| No | 0.0% | 0 |
| Other (please specify) | | 0 |
| ***answered question*** | | **17** |
| ***skipped question*** | | **0** |

1. If yes, how many times per year do you meet?

|  |  |  |
| --- | --- | --- |
| **Answer Options** | **Response Percent** | **Response Count** |
| once | 0.0% | 0 |
| twice | 5.9% | 1 |
| three times | 5.9% | 1 |
| four times | 58.8% | 10 |
| five times | 11.8% | 2 |
| > six | 17.6% | 3 |
| N/A | 0.0% | 0 |
| Other (please specify) | | 2 |
| ***answered question*** | | **17** |
| ***skipped question*** | | **0** |

1. Do you have an US program for your residents?

|  |  |  |
| --- | --- | --- |
| **Answer Options** | **Response Percent** | **Response Count** |
| Yes | 88.2% | 15 |
| No | 11.8% | 2 |
| ***answered question*** | | **17** |
| ***skipped question*** | | **0** |

1. If yes, what does it comprise of? Please check all that apply.

|  |  |  |
| --- | --- | --- |
| **If yes, what does it comprise of? Please check all that apply.** | | |
| **Answer Options** | **Response Percent** | **Response Count** |
| US Course for FAST | 93.3% | 14 |
| US Course for Central Lines | 60.0% | 9 |
| Advances US Course (eg. Gallbladder scans) | 0.0% | 0 |
| Protected time for Scanning shifts | 33.3% | 5 |
| Mandatory number of scanning images per indication (eg. 50 FAST scans per year) | 66.7% | 10 |
| Any quality assurance (Eg. Exam / revision by staff of images) | 40.0% | 6 |
| Certificate for Independent Practice | 60.0% | 9 |
| N/A | 6.7% | 1 |
| Other (please specify) | | 2 |
| ***answered question*** | | **15** |
| ***skipped question*** | | **2** |

1. Do you receive any funding for your US Program?

|  |  |  |
| --- | --- | --- |
| **Answer Options** | **Response Percent** | **Response Count** |
| Yes | 76.5% | 13 |
| No | 23.5% | 4 |
| ***answered question*** | | **17** |
| ***skipped question*** | | **0** |

1. If yes, where do you receive funding from?

|  |  |  |
| --- | --- | --- |
| **Answer Options** | **Response Percent** | **Response Count** |
| Dept of Family Medicine | 38.5% | 5 |
| Dept of Emergency Medicine | 30.8% | 4 |
| Emergency Physician Business Group | 15.4% | 2 |
| N/A | 15.4% | 2 |
| Other (please specify) | | 3 |
| ***answered question*** | | **13** |
| ***skipped question*** | | **4** |

1. Do you have a SIMulation program for your residents?

|  |  |  |
| --- | --- | --- |
| **Answer Options** | **Response Percent** | **Response Count** |
| Yes | 94.1% | 16 |
| No | 5.9% | 1 |
| ***answered question*** | | **17** |
| ***skipped question*** | | **0** |

1. How many sessions per year do your residents attend?

|  |  |  |
| --- | --- | --- |
| **Answer Options** | **Response Percent** | **Response Count** |
| 1 - 2 | 6.3% | 1 |
| 3 - 4 | 31.3% | 5 |
| 5 - 6 | 37.5% | 6 |
| 7 - 8 | 6.3% | 1 |
| 9 - 10 | 6.3% | 1 |
| > 10 | 12.5% | 2 |
| N/A | 0.0% | 0 |
| ***answered question*** | | **16** |
| ***skipped question*** | | **1** |

1. Do you receive any funding for your SIMulation program?

|  |  |  |
| --- | --- | --- |
| **Answer Options** | **Response Percent** | **Response Count** |
| Yes | 58.8% | 10 |
| No | 41.2% | 7 |
| N/A | 0.0% | 0 |
| ***answered question*** | | **17** |
| ***skipped question*** | | **0** |

1. If yes, where does the funding come from?

|  |  |  |
| --- | --- | --- |
| **Answer Options** | **Response Percent** | **Response Count** |
| Dept. of Family Medicine | 7.1% | 1 |
| Dept. of Emergency Medicine | 28.6% | 4 |
| Emergency Physician Business Group | 21.4% | 3 |
| University | 14.3% | 2 |
| Other | 0.0% | 0 |
| N/A | 28.6% | 4 |
| Other (please specify) | | 1 |
| ***answered question*** | | **14** |
| ***skipped question*** | | **3** |

1. Does your program have its own AHD (ie. only CCFP-EM residents)?

|  |  |  |
| --- | --- | --- |
| **Answer Options** | **Response Percent** | **Response Count** |
| Yes | 62.5% | 10 |
| No | 37.5% | 6 |
| ***answered question*** | | **16** |
| ***skipped question*** | | **1** |