



## Educational Objectives for Clinical Fellowship

***This form is for recognized specialists whose postgraduate medical training program is designed to give them additional expertise but does not lead to additional credentials for practice. The College of Physicians and Surgeons of Ontario (CPSO) requires the submission of a statement of objectives before issuing a postgraduate education certificate of registration for a clinical fellowship appointment.***

- Fellowship
- SEAP – Subspecialty Examination Affiliate Program
- AFC – Areas of Focused Competence Diploma Program

### **Trainee Information**

Name of Clinical Fellow: \_\_\_\_\_  
*First name* *Last name*

Specialty Certification:

Title of Certification: \_\_\_\_\_

Country Issuing Certification: \_\_\_\_\_

### **General Information**

Department Name: \_\_\_\_\_

Division Name (If applicable): \_\_\_\_\_

Name of Fellowship (*Will appear on the Certificate of Completion issued by PGME – please inform PGME of any changes to name of fellowship*): \_\_\_\_\_

Fellowship Site: \_\_\_\_\_

Fellowship Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
*Month, Day, Year* *Month, Day, Year*

If re-appointment:

Reappointment Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
*Month, Day, Year* *Month, Day, Year*

Name of Supervisor: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Fellowship Overview**

***Please provide a brief statement of the clinical focus and educational purpose of the fellowship:  
The answer space below will expand to accept point form or paragraph entries. If this fellowship is a re-appointment, please describe the clinical focus and educational purpose of the re-appointment only.***

\_\_\_\_\_



## **Fellowship Objectives: CanMEDS Roles**

*Where applicable, please provide objective(s) for each of the following:*

*The answer space below will expand to accept point form or paragraph entries; enter "N/A" if individual CanMEDS role is not applicable*

### **1. Medical Expert**

*As Medical Experts, physicians integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional attitudes in their provision of patient-centered care. Medical Expert is the central physician Role in the CanMEDS framework*

### **2. Communicator**

*As Communicators, physicians effectively facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter.*

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### **3. Collaborator**

*As Collaborators, physicians effectively work within a healthcare team to achieve optimal patient care.*

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### **4. Leader**

*As Managers, physicians are integral participants in healthcare organizations, organizing sustainable practices, making decisions about allocating **resources**, and contributing to the effectiveness of the healthcare system.*

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### **5. Health Advocate**

*As Health Advocates, physicians responsibly use their expertise and influence to advance the health and well-being of individual patients, communities, and populations.*

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### **6. Scholar**

*As Scholars, physicians demonstrate a lifelong commitment to reflective learning, as well as the creation, dissemination, application and translation of medical knowledge.*

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### **7. Professional**

*As Professionals, physicians are committed to the health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behaviour.*

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**Additional Comments** *(Optional)*



**Authorizing Signatures**

\_\_\_\_\_  
*Name of Fellowship Supervisor*

\_\_\_\_\_  
*Signature (Digital signature images can be inserted on the line above. Resize the image if needed.)*

\_\_\_\_\_  
*Date of Signature*

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\_\_\_\_\_  
*Name of Fellowship Director / Departmental Program Director / Chair (as appropriate)*

\_\_\_\_\_  
*Signature (Digital signature images can be inserted on the line above. Resize the image if needed.)*

\_\_\_\_\_  
*Date of Signature*

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Dr. Meredith Giuliani, MBBS, MEd, PhD, FRCPC, DRCPSC  
*Associate Dean, Postgraduate Medical Education*

\_\_\_\_\_  
*Signature (Digital signature images can be inserted on the line above. Resize the image if needed.)*

\_\_\_\_\_  
*Date of Signature*

- The Associate Dean, Postgraduate Medical Education, signs this statement of educational objectives on the understanding that the fellowship supervisor will provide a copy of the objectives to the clinical fellow prior to the start of the fellowship.
- Successful completion of these educational objectives is a requirement for the issuance of a PGME certificate of completion of fellowship training.