

**Frequently Asked Questions: Neurology**  
**Review Committee for Neurology**  
**ACGME**

Question	Answer
<b>Duration and Scope of Education</b>	
How is neurology defined?  <i>[Program Requirement Introduction.A.1.]</i>	Neurology is a medical specialty concerned with the diagnosis and treatment of all categories of disease involving the central, peripheral, and autonomic nervous systems, including their coverings, blood vessels, and all effector tissue, such as muscle. For these diseases, the neurologist is often the principal care physician, and may render all levels of care commensurate with his or her education.
What do I need to do if I want to change the format of my program, e.g. a PGY2-4 format to a PGY1-4 format?  <i>[Program Requirement Introduction.A.2.]</i>	Any changes in a program's format should be requested through the Accreditation Data System (ADS), as a change in format is also technically a change in resident complement. Be sure to specify in the educational rationale what type of program format you currently have and for which type you are asking approval.
<b>Sponsoring Institution</b>	
What if I only have 20% administrative full-time equivalent (FTE) support?  <i>[Program Requirement I.A.1.]</i>	Although the second component of this requirement "should provide an additional 1% per trainee" is preceded by the word should, a verifiable rationale must be provided in the Program Information Form if a program director only has 20% support.
What is adequate time and funding for a program coordinator?  <i>[Program Requirement I.A.2.]</i>	The Residency Review Committee for Neurology stipulates both time and funding in order to underscore the importance of administrative time for the coordinator in support of the program director's administrative responsibilities. The following list provides examples of some of the administrative and/or support functions in which program coordinators may perform or assist: data collection and reporting; accreditation; resident recruitment; evaluation processes; appointment process and credentialing; preparation of teaching materials; distribution of schedules and information; resident function coordination; correspondence and other types of communication; budget; and payroll. The recommendations are as follows: <ul style="list-style-type: none"> <li>• A minimum of 0.5 FTE support for programs with three to six residents.</li> <li>• A minimum of a 1.0 FTE support for programs with more than six residents.</li> </ul>
<b>Program Personnel and Resources - Program Director</b>	
Where must the program director have a	If the sponsoring institution is a non-clinical site such as a medical school, the program

Question	Answer
<p>staff appointment if the sponsoring institution is not a clinical site?</p> <p><i>[Program Requirement II.A. 1.a)]</i></p>	<p>director must have a staff appointment at the primary clinical site.</p>
<p>The program director should attend one national meeting per year, what kind of meetings will fulfill this requirement? Can the assistant program director attend a meeting in place of the program director?</p> <p><i>[Program Requirement II.A. 1.b)]</i></p>	<p>Having the program director attend one national program director meeting per year is part of the life-long learning process. The overall goal is to promote sharing of ideas and subsequent program changes to improve each program on a continual basis. The purposes of attending a national program director meeting are to:</p> <ul style="list-style-type: none"> <li>• have a forum for the exchange of views on the administration of neurology residency programs and the teaching of clinical neurology to neurology residents;</li> <li>• discuss the importance of neurology residency education as an academic activity;</li> <li>• facilitate the sharing of educational resources for residency education;</li> <li>• foster the development of educational materials for residency education; and,</li> <li>• find support for residency educational research.</li> </ul> <p>The program director must comply with this requirement. In addition junior faculty members such as assistant program directors should also be encouraged to attend.</p> <p>Examples of meetings that would fulfill this requirement include the biannual meeting of the Consortium of Neurology Program Directors that occurs concurrently with the American Academy of Neurology or the American Neurological Association meetings, as well as, the ACGME's Annual Educational Conference.</p>
<p>Can you provide an example of how a program should deal with impaired residents?</p> <p><i>[Program Requirement II.A.4.p)]</i></p>	<p>Institutions may have an alcohol and chemical policy or something similar. This policy could be coordinated by the program director so guidelines are provided for a safe workplace for all. Programs should be committed to ensuring a substance abuse-free working environment that is underscored by commitment through policy implementation and policy enforcement.</p> <p>The program director should encourage faculty members and staff to contact him/her if there are concerns about the stress level of a resident. The program director might consider meeting with the residents on a frequent basis to discuss such issues as workload and resident stress. Having an "open-door" policy to meet with residents regarding concerns is important. Sometimes other departments such as employee</p>

Question	Answer
	health may need to be involved to determine a resident's ability to continue working and for treatment coordination. Residents' six month evaluations may also be a time for the program director and residents to discuss residents' stress levels.
<b>Program Personnel and Resources - Faculty</b>	
<p>What is considered sufficient time for the required faculty members?</p> <p><i>[Program Requirement II.B.1.c]</i></p>	<p>The four neurology faculty members are designated as each being full-time and not FTE in order to provide continuity and stability for the clinical supervision on the wards, in the clinics and for didactics.</p>
<p>What is an appropriate range of research or scholarly activity for faculty members?</p> <p><i>[Program Requirement II.B.3.b]</i></p>	<p>The majority (at least 51%) of the faculty must participate in the scholarship of:</p> <ul style="list-style-type: none"> <li>a) discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal;</li> <li>b) dissemination, as evidenced by review articles or chapters in textbooks; or</li> <li>c) application, as evidenced by the publication or presentation of, for example, case reports, clinical series, or didactic lectures, at local, regional, or national professional and scientific society meetings.</li> </ul> <p>Scholarly activities may also include participation in academic societies, leadership roles in professional societies; journal club and grand rounds presentations.</p>
<p>What is considered regular participation in organized clinical discussions, rounds, journal clubs and conferences?</p> <p><i>[Program Requirement II.B.5.a]</i></p>	<p>Faculty members should participate in a manner that promotes spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research such as research design and statistical analysis); and the provision of support for residents' participation, as appropriate, in scholarly activities.</p>
<b>Program Personnel and Resources - Resources</b>	
<p>What are the typical disorders or syndromes that should be seen by a neurology resident?</p> <p><i>[Program Requirement II.D.1.]</i></p>	<p>There should be a large enough number and diversity of patients throughout the residency program for residents to have clinical experiences with patients and disorders in inpatient, outpatient, intensive care and emergency settings.</p> <p>At least the common neurology disorders or diseases listed below should be seen by a resident. Numbers are not indicated as it is the responsibility of the program director and faculty members to determine each resident's competence in the treatment and management of these disorders.</p> <ul style="list-style-type: none"> <li>• autoimmune and vasculitis</li> <li>• common debilitating neurological disorders</li> <li>• common neurologic diseases or disorders of the elderly</li> <li>• disorders of cognition</li> </ul>

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	<ul style="list-style-type: none"> <li>• epilepsy</li> <li>• genetic disorders</li> <li>• infections</li> <li>• metabolic/endocrine disorders</li> <li>• movement disorders</li> <li>• multiple sclerosis</li> <li>• muscle disease</li> <li>• neoplastic diseases</li> <li>• neuro-endocrinology disorders</li> <li>• neurologic emergencies &amp; ICU patients</li> <li>• neuro-ophthalmology disorders</li> <li>• neuro-otology disorders</li> <li>• other degenerative disorders</li> <li>• sleep disorders</li> <li>• stroke</li> <li>• syncope</li> <li>• trauma drugs and toxic disorders</li> </ul>
<p>How do I know if I have adequate facilities and space for the program?</p> <p><i>[Program Requirement II.D.2.a)]</i></p>	<ul style="list-style-type: none"> <li>• Conference facilities must be available to the neurology program.</li> <li>• Residents and faculty members must have access to study or work space, desks, and locked storage cabinets or lockers.</li> <li>• Secure, conveniently located computer and reference material access must be available for use in patient care areas, resident and faculty office areas, and call rooms.</li> <li>• Confidential dictation space must be available.</li> <li>• Research resources should include laboratory space and equipment, computer and statistical consultation services.</li> <li>• Sharing of administrative offices, study areas or conference facilities is acceptable as long as it does not prohibit resident teaching, service or learning.</li> <li>• Although all resources do not need to be available at every site, resources should be at each site so as not to impede resident education and patient care.</li> </ul>
<p>What do I need for adequate diagnostic resources related to diagnostic therapeutic services?</p>	<p>Resources such as laboratory facilities; imaging facilities/diagnostic radiology; charts; dictation and record keeping support; access to computers; IV support; phlebotomy support; patient transport; transport for specimens, radiographs, etc.; nursing support;</p>

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<p><i>[Program Requirement II.D.2.b)]</i></p>	<p>and clerical support for patient care must be available for all programs.            Diagnostic resources should include:</p> <ul style="list-style-type: none"> <li>a) Electrodiagnosis:               <ul style="list-style-type: none"> <li>• EEG</li> <li>• Ambulatory EEGs</li> <li>• Video-EEG Monitoring</li> <li>• Intraoperative Monitoring</li> <li>• Evoked Potentials- visual, auditory, somatosensory</li> <li>• EMG/NCV</li> <li>• Single Fiber Studies</li> </ul> </li> <li>b) Diagnostic Radiological Services               <ul style="list-style-type: none"> <li>• MRI and MRA</li> <li>• PET</li> </ul> </li> <li>c) Genetic Testing</li> </ul> <p>Diagnostic therapeutic services should include:</p> <ul style="list-style-type: none"> <li>a) Psychiatric Services</li> <li>b) Genetic Counseling Service</li> <li>c) Interventional Neuroradiology</li> <li>d) Occupational Therapy</li> <li>e) Pain Management</li> <li>f) Rehabilitation Medicine</li> <li>g) Physical Therapy</li> <li>h) Radiation Oncology service &amp; facilities</li> <li>i) Psychology Services</li> <li>j) Social Services</li> <li>k) Speech</li> </ul> <p>Although all resources do not need to be available at every site, resources should be at each site so as not to impede resident education and patient care.</p>
<b>Resident Appointments - Resident Transfers</b>	
<p>What is considered a transferring resident?  <i>[Program Requirement III.C.1.]</i></p>	<p>Residents are considered transferring residents under several conditions, including:</p> <ul style="list-style-type: none"> <li>• When moving from one program to another within the same or different sponsoring institution; and</li> <li>• When entering a PGY2 program requiring a preliminary year, even if the resident was simultaneously accepted into the prelim PGY1 program and the PGY2</li> </ul>

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	<p>program as part of the match (e.g., accepted to both programs right out of medical school).</p> <p>Before accepting a transferring resident, the "receiving" program director must obtain written or electronic verification of prior education from the current program director. Verification includes evaluations, rotations completed, procedural/operative experience, and a summative competency-based performance evaluation.</p> <p>The term 'transfer resident' and the responsibilities of the two program directors noted above do not apply to a resident who has successfully completed a residency and is then accepted into a subsequent residency or fellowship program. (Reference: <a href="http://www.acgme.org/acWebsite/navPages/commonpr_documents/IIIABCD_Resident_Appointments_Explanation.pdf">http://www.acgme.org/acWebsite/navPages/commonpr_documents/IIIABCD_Resident_Appointments_Explanation.pdf</a>)</p>
<p>Can I still accept a transfer resident if I have documentation showing that I have requested a transferring resident's summative competency-based performance evaluation from the previous program(s) but have not received it?</p> <p><i>[Program Requirement III.C.1.]</i></p>	<p>No, you should not accept such a resident, as there is no verification of what he/she has previously done satisfactorily.</p>

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<b>Educational Program</b>																											
How do I know the curriculum includes the required educational components?	Program directors may use the following checklist to determine if all required curricular components are included as part of the educational program:																										
<i>[Program Requirement PR IV.]</i>	<table border="1"> <thead> <tr> <th data-bbox="787 381 1528 418"><b>Educational Program Checklist</b></th> <th data-bbox="1535 381 1598 418"><b>Y/N</b></th> </tr> </thead> <tbody> <tr> <td data-bbox="787 423 1528 490">1. Are overall educational goals for the program distributed to the residents annually? (IV.A.1)</td> <td data-bbox="1535 423 1598 490"></td> </tr> <tr> <td data-bbox="787 495 1528 561">2. Are overall educational goals for the program distributed to the faculty annually? (IV.A.1)</td> <td data-bbox="1535 495 1598 561"></td> </tr> <tr> <td data-bbox="787 566 1528 665">3. Is resident education based on supervised clinical work with increasing responsibility for outpatients and inpatients? (IV.A.1.a))</td> <td data-bbox="1535 566 1598 665"></td> </tr> <tr> <td data-bbox="787 670 1528 769">4. Does resident education have a foundation of organized basic neurosciences instruction? (IV.A.1.a))</td> <td data-bbox="1535 670 1598 769"></td> </tr> <tr> <td data-bbox="787 774 1528 841">5. Are goals and objectives competency-based? (IV.A.2)</td> <td data-bbox="1535 774 1598 841"></td> </tr> <tr> <td data-bbox="787 846 1528 912">6. Are the goals and objectives specific to each rotation AND each educational level? (IV.A.2)</td> <td data-bbox="1535 846 1598 912"></td> </tr> <tr> <td data-bbox="787 917 1528 984">7. Are goals and objectives reviewed by residents at the start of each rotation? (IV.A.2)</td> <td data-bbox="1535 917 1598 984"></td> </tr> <tr> <td data-bbox="787 989 1528 1088">8. Do the goals and objectives reflect increasing levels of responsibility and professional maturation for each PGY level? (IV.A.2 – IV.A.2.a))</td> <td data-bbox="1535 989 1598 1088"></td> </tr> <tr> <td data-bbox="787 1092 1528 1159">9. Are didactic sessions scheduled on a regular basis? (IV.A.3)</td> <td data-bbox="1535 1092 1598 1159"></td> </tr> <tr> <td data-bbox="787 1164 1528 1230">10. Do residents attend required seminars, conferences and journal clubs? (IV.A.3.a))</td> <td data-bbox="1535 1164 1598 1230"></td> </tr> <tr> <td data-bbox="787 1235 1528 1302">11. Do residents demonstrate increasing responsibility for conference planning and supervision? (IV.A.3.b))</td> <td data-bbox="1535 1235 1598 1302"></td> </tr> <tr> <td data-bbox="787 1307 1528 1373">12. Do didactics include the full spectrum of neurological disorders across the lifespan? (IV.A.3.c))</td> <td data-bbox="1535 1307 1598 1373"></td> </tr> </tbody> </table>	<b>Educational Program Checklist</b>	<b>Y/N</b>	1. Are overall educational goals for the program distributed to the residents annually? (IV.A.1)		2. Are overall educational goals for the program distributed to the faculty annually? (IV.A.1)		3. Is resident education based on supervised clinical work with increasing responsibility for outpatients and inpatients? (IV.A.1.a))		4. Does resident education have a foundation of organized basic neurosciences instruction? (IV.A.1.a))		5. Are goals and objectives competency-based? (IV.A.2)		6. Are the goals and objectives specific to each rotation AND each educational level? (IV.A.2)		7. Are goals and objectives reviewed by residents at the start of each rotation? (IV.A.2)		8. Do the goals and objectives reflect increasing levels of responsibility and professional maturation for each PGY level? (IV.A.2 – IV.A.2.a))		9. Are didactic sessions scheduled on a regular basis? (IV.A.3)		10. Do residents attend required seminars, conferences and journal clubs? (IV.A.3.a))		11. Do residents demonstrate increasing responsibility for conference planning and supervision? (IV.A.3.b))		12. Do didactics include the full spectrum of neurological disorders across the lifespan? (IV.A.3.c))	
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	13. Are all additional required topics covered during didactics? (IV.A.3.d) and (IV.A.3.f))	
	14. Do didactics include the basic science curriculum? (IV.A.3.e))	
	15. Do residents attend at least one national professional conference? (IV.A.3.g))	
	16. Are residents clearly informed about their patient care responsibilities? (IV.A.4)	
	17. Are residents provided progressive responsibility for patient management? (IV.A.4)	
	18. Are residents provided supervision throughout the program? (IV.A.4)	
	19. Are residents provided a combination of patient care, teaching and research experiences? (IV.A.4.a))	
	20. Do patient care responsibilities include inpatient experiences? (IV.A.4.a))	
	21. Do patient care responsibilities include outpatient experiences? (IV.A.4.a))	
	22. Do patient care responsibilities include consultation experiences? (IV.A.4.a))	
	23. Did the first year of the 48 months of education include either: eight months in internal medicine with primary responsibility in patient care; OR six months in internal medicine with primary responsibility in patient care, and at least two months time in a combination of the following: one or more months in pediatrics; emergency medicine; internal medicine or family medicine. (IV.A.4.a)(1)-(2))	
	24. Did residents have two months or less of neurology during the year of six months internal medicine? (IV.A.4.a)(2))	

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<p>What is considered increasing responsibility for the planning and supervision of conferences?</p> <p><i>[Program Requirement IV.A.3.b)]</i></p>	<p>As residents progress through the residency program, they should have increasing responsibility. Various levels of responsibility may include:</p> <ul style="list-style-type: none"> <li>• Attending required conferences</li> <li>• Providing feedback on conference topics</li> <li>• Presenting a portion of a didactic session</li> <li>• Presenting an entire didactic session</li> <li>• Planning and presenting a session such as grand rounds which includes</li> </ul>																				

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<p>What are the main clinical categories that program didactics should include?</p> <p><i>[Program Requirement IV.A.3. - IV.A.3.f).(2)]</i></p>	<p>considerations for continuing medical education credit.</p> <ul style="list-style-type: none"> <li>• Alcohol dependence/substance abuse</li> <li>• Altered states of consciousness</li> <li>• Behavioral/personality changes associated with structural changes</li> <li>• Bioethics</li> <li>• Cerebrospinal fluid</li> <li>• Cost-effective care</li> <li>• Development/disorders of childhood</li> <li>• Diagnostic procedures</li> <li>• Epidemiology</li> <li>• Forensic psychiatry/neurology</li> <li>• Memory disorders/cortical changes with dysfunction</li> <li>• Neuroanatomy</li> <li>• Neurochemistry</li> <li>• Neuroendocrinology</li> <li>• Neurogenetics/molecular neurology/neuroepidemiology</li> <li>• Neuroimaging</li> <li>• Neuroimmunology/neurovirology</li> <li>• Neuro-ophthalmology</li> <li>• Neuro-otology</li> <li>• Neuropathology</li> <li>• Neuropharmacology</li> <li>• Neurophysiology</li> <li>• Nonpharmacological therapeutic modalities</li> <li>• Palliative care</li> <li>• Patient Safety/quality assessment of clinical care</li> <li>• Physician-patient relationships</li> <li>• Psychiatric/neurologic problems associated with medical diseases</li> <li>• Psychiatry: diagnostic criteria/transcultural/forensic /psychopharmacology</li> <li>• Public mental health</li> <li>• Statistics</li> <li>• Systems-based practice</li> </ul>
<p>What are the basic science categories that</p>	<p>The more common basic sciences include:</p>

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<p>program's didactics must include?</p> <p><i>[Program Requirement IV.A.3.e)]</i></p>	<ul style="list-style-type: none"> <li>• Genetics</li> <li>• Immunology</li> <li>• Molecular biology</li> <li>• Neural development</li> <li>• Neuropsychology</li> </ul>
<p>What types of conferences count as a national professional conferences?</p> <p><i>[Program Requirement IV.A.3.g)]</i></p>	<p>Residents must attend a conference in an area where they have a particular interest such as epilepsy or sleep medicine in order to fulfill this requirement. Since many programs budget money for conference travel, books, or computer software, finding a conference for each resident to attend during the three years should not be a burden.</p>
<p>Can I take an individual who has an osteopathic internship year into my program?</p> <p><i>[Program Requirement IV.A.4.b)]</i></p>	<p>No, all experiences must be completed in ACGME- or RCPSC- accredited program. As such, the osteopathic internship experiences would not meet the Program Requirements for Neurology.</p>
<p>Assuming 8 months of internship are completed in non-neurologic disciplines (primarily internal medicine), how flexible can the remaining 4 months of the R1 year be in terms of educational experiences?</p> <p><i>[Program Requirement IV.A.4.b) - IV.A.4.b).(2)]</i></p>	<p>The remaining four months may be spent in one to two FTE months of emergency medicine, family medicine, internal medicine, neurology, or pediatrics.</p> <p>Dedicated rotations in the coronary care unit and medical ICU are encouraged in the R1 year during non-neurology months, but are not required.</p> <p>Neurology residents in the R1 year may have a monthly neurology continuity clinic during the year.</p>
<p>If my program is comprised of 13 four-week blocks in a year, will I still meet the one-year of broad clinical experience in general internal medicine requirement?</p> <p><i>[Program Requirement IV.A.4.b) - IV.A.4.c).(4)]</i></p>	<p>Yes, one four-week block is an acceptable alternative to a one-month rotation.</p>
<p>May a clinical experience in neuro<u>logical</u> surgery fulfill part of the first year requirement of two months in neurology?</p> <p><i>[Program Requirement IV.A.4.b).(2)]</i></p>	<p>No, it may not.</p>

Question	Answer
<p>How much time must a resident spend in the continuity clinic if he/she cannot participate due to a rotation such as ICU or due to having been out for leave?</p> <p><i>[Program Requirement IV.A.4.c).(1).(b)]</i></p>	<p>The spirit of the continuity clinic is that of an organized, continuous, and supervised clinical experience in which one's clinic patient panel is followed over a long period of time on a weekly basis. An outpatient clinic where the same patients cannot be followed over a long period of time will not fulfill the requirement. Scheduling of continuity clinics may be deferred the month prior to or deferred the month after a busy inpatient month in which inpatient continuity of care is paramount (e.g.-neurocritical care or night float rotations). Although there may be a few gaps based on rotations such as ICU or night float, the same total number of continuity clinics (40 per year minimum) must be seen with the same patient panel in the same academic year. If weekly continuity clinics are occasionally deferred in the manner described above, then the program director must provide proof at the time of the ACGME site visit that each resident has completed at least 40 continuity clinics per year for each of the three years during PGY2 through PGY4.</p>
<p>What criteria should an off-site elective meet?</p> <p><i>[Program Requirement IV.A.4.c).(2)]</i></p>	<p>Off-site elective time may be considered, if:</p> <ul style="list-style-type: none"> <li>• The program director has oversight of curriculum and education.</li> <li>• The residents are evaluated, according to the core competencies, based on that curriculum and education.</li> <li>• Physicians available to educate residents at the host site meet program requirement qualifications.</li> <li>• There is a completed Program Letter of Agreement, specifying curriculum, supervision and evaluation.</li> <li>• The elective is not available at the home institution.</li> <li>• The elective is not a core requirement.</li> <li>• The Designated Institutional Official (DIO) and Graduate Medical Education Committee (GMEC) of the home institution have approved the elective.</li> </ul>
<p>Can a psychiatry rotation taken at another institution during an intern year be credited for the psychiatry rotation required for neurology?</p> <p><i>[Program Requirement IV.A.4.c).(4)]</i></p>	<p>This depends on the content of the psychiatry experience. If the psychiatry rotation is to count, the program should have the following documentation on file:</p> <ol style="list-style-type: none"> <li>1. Goals and objectives for the completed psychiatry rotation, placed in the resident's file.</li> <li>2. A signed statement by the internship program director and the resident stating the goals and objectives were accomplished.</li> <li>3. Evaluation(s) of the resident by immediate supervisors of the psychiatry rotation.</li> </ol> <p>If the program can provide this documentation, the experience can be approved. If this documentation is not provided, the resident must redo the psychiatry rotation.</p>

Question	Answer														
<p>What are examples of resident scholarly activity?</p> <p><i>[Program Requirement IV.B.2.]</i></p>	<p>Examples of resident scholarship include: participation in research; publication and presentation at national and regional meetings; preparation and presentation of neurological topics at educational conferences and programs; organization and administration of educational programs; and activity related to professional leadership. Peer-review activities and quality of care programming are additional examples of scholarship.</p>														
<b>Evaluation</b>															
<p>What can I use to provide objective assessments of resident competency?</p> <p><i>[Program Requirement V.A. 1.b).(1)]</i></p>	<p>See the table below for examples</p> <table border="1" data-bbox="785 513 1900 1247"> <thead> <tr> <th data-bbox="785 513 1178 550">Competency</th> <th data-bbox="1184 513 1900 550">Examples of Documentation</th> </tr> </thead> <tbody> <tr> <td data-bbox="785 555 1178 704">Patient Care</td> <td data-bbox="1184 555 1900 704">Attendance for neuroimaging conference, block diagrams, yearly resident rotation and clinic schedules, Objective Structured Clinical Examination (OSCEs), mini-clinical evaluation exercise (mini-CEX), direct observation, chart audits, etc.</td> </tr> <tr> <td data-bbox="785 709 1178 922">Medical Knowledge</td> <td data-bbox="1184 709 1900 922">American Academy of Neurology's Residency In-service Training Exam (RITE); conference schedules/topics/speakers; attendance for conferences, journal clubs and national professional conferences registrations; evaluation of the residents' increasing responsibility in planning conferences, and if applicable, examples of tests, etc.</td> </tr> <tr> <td data-bbox="785 927 1178 1019">Practice-based Learning and Improvement</td> <td data-bbox="1184 927 1900 1019">Resident portfolios, meeting minutes, conferences presented by residents, patient education materials developed by residents, examples of evidence-based medicine, etc.</td> </tr> <tr> <td data-bbox="785 1024 1178 1117">Interpersonal and Communication Skills.</td> <td data-bbox="1184 1024 1900 1117">Resident portfolios, conferences presented by residents, Objective Structured Clinical Examination (OSCEs), mini-clinical evaluation exercise (mini-CEX), etc.</td> </tr> <tr> <td data-bbox="785 1122 1178 1182">Professionalism</td> <td data-bbox="1184 1122 1900 1182">Resident portfolios, incident forms/policies, patient surveys, etc.</td> </tr> <tr> <td data-bbox="785 1187 1178 1247">Systems-Based Practice</td> <td data-bbox="1184 1187 1900 1247">Resident portfolios, involvement in quality improvement processes or meeting minutes, etc.</td> </tr> </tbody> </table>	Competency	Examples of Documentation	Patient Care	Attendance for neuroimaging conference, block diagrams, yearly resident rotation and clinic schedules, Objective Structured Clinical Examination (OSCEs), mini-clinical evaluation exercise (mini-CEX), direct observation, chart audits, etc.	Medical Knowledge	American Academy of Neurology's Residency In-service Training Exam (RITE); conference schedules/topics/speakers; attendance for conferences, journal clubs and national professional conferences registrations; evaluation of the residents' increasing responsibility in planning conferences, and if applicable, examples of tests, etc.	Practice-based Learning and Improvement	Resident portfolios, meeting minutes, conferences presented by residents, patient education materials developed by residents, examples of evidence-based medicine, etc.	Interpersonal and Communication Skills.	Resident portfolios, conferences presented by residents, Objective Structured Clinical Examination (OSCEs), mini-clinical evaluation exercise (mini-CEX), etc.	Professionalism	Resident portfolios, incident forms/policies, patient surveys, etc.	Systems-Based Practice	Resident portfolios, involvement in quality improvement processes or meeting minutes, etc.
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<p>Who needs to evaluate residents?</p> <p><i>[Program Requirement V.A. 1.b).(2) - V.A. 1.b).(2).(a)]</i></p>	<p>Multiple evaluators should be used, including faculty members, other residents, patients, the residents themselves, and other professional staff such as ancillary staff in the residents' longitudinal clinic and on the neurology service. In addition, each resident must be evaluated by at least one American Board of Psychiatry and Neurology's (ABPN)-certified child neurologist and two ABPN-certified neurologists.</p>														

Question	Answer
	Please refer to the ABPN website for information regarding required Neurology Clinical Skills Evaluation and clinical skills verification.
<p>What types of information should be reviewed when performing program evaluation?</p> <p><i>[Program Requirement V.C. 1.]</i></p>	<p>Some specific examples of information you should use to review your program are:</p> <ul style="list-style-type: none"> <li>• De-identified resident and faculty comments</li> <li>• The recent report of the GMEC of the sponsoring institution</li> <li>• Resources available at participating site</li> <li>• Quality of supervision</li> <li>• Goals and Objectives</li> <li>• ACGME resident survey</li> <li>• Meeting minutes</li> <li>• RITE scores</li> </ul> <p>This list is not meant to be all inclusive.</p>
<p>Are goals and objectives needed only for rotations when evaluating a program?</p> <p><i>[Program Requirement V.C. 1.d).(3)]</i></p>	<p>In addition to rotations goals and objectives, longitudinal experience and didactic goals and objectives should be reviewed for program evaluation. It is acceptable for a single set of goals and objectives to be used for a multispecialty rotation. Outcomes based upon these goals and objectives should also be assessed as part of the program evaluation.</p>
<p>Who should review program goals and objectives and assess whether they have been met?</p> <p><i>[Program Requirement VI.B. 1.]</i></p>	<p>In addition to the faculty, residents must have input in the annual program evaluation process.</p>
<b>Duty Hours</b>	
<p>What licensed independent practitioners may contribute to residents' education?</p> <p><i>[Program Requirement VI.D.1.]</i></p>	<p>Licensed practitioners may include licensed practical nurses and physician assistants. These practitioners should be licensed in the state, and have appropriate credentials at the hospital, in which they are seeing patients.</p>
<p>What is an optimal clinical workload?</p> <p><i>[Program Requirement VI.E.]</i></p>	<p>The program director must make an assessment of the learning environment, including patient safety, complexity of patient illness/condition, available support services, and level of knowledge, skills and abilities when determining the appropriate clinical workload for each resident.</p>
<p>Who should be included in the interprofessional teams?</p>	<p>Nurses, pharmacists, physician assistants, social workers, and occupational, physical, and speech therapists, are examples of professional personnel who may be part of</p>

Question	Answer
<i>[Program Requirement VI.F.]</i>	interprofessional teams on which residents must work as members.
Must every interprofessional team include representation from every profession listed in II.B.2.c)?  <i>[Program Requirement VI.F.]</i>	No. The Review Committee recognizes that the needs of specific patients change with their health statuses and circumstances. The Review Committee's intent is to ensure that the program has access to these professional and paraprofessional personnel, and that interprofessional teams be constituted as appropriate and as needed, not to mandate that all be included in every case.

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