

Frequently Asked Questions: Neuromuscular Medicine
Review Committees for Neurology and Physical Medicine and Rehabilitation
ACGME

Question	Answer
Institutions	
Can the fellowship be completed over two years instead of one year? [Program Requirement: Int. C.]	The 12 required months of rotations may be completed over 24 months, as long as the fellow completes at least six months of the fellowship per academic year. The other half of the time may be used for personal reasons, research, or other academic pursuits. The program must receive approval from the American Board of Psychiatry and Neurology (ABPN) before accepting a fellow into the program half time.
What is considered adequate time and funding for a program coordinator? [Program Requirement: I.A.4.]	The Review Committee 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 that program coordinators may perform or with which they may assist: data collection and reporting; accreditation; fellow recruitment; evaluation processes; appointment process and credentialing; preparation of teaching materials; distribution of schedules and information; fellow function coordination; correspondence and other types of communication; budget; and payroll. The recommendations are: <ul style="list-style-type: none"> • A minimum of 0.1 full time equivalent (FTE) support for each fellowship program with one to two fellows • A minimum of 0.2 FTE support for each fellowship program with three to five fellows • A minimum of 0.5 FTE support for each fellowship program with six or more fellows
Program Personnel and Resources	
Does the program director need to have ABPN certification in neuromuscular medicine? [Program Requirement: II.A.2.b)]	The program director must have current certification in neuromuscular medicine by the ABPN or the American Board of Physical Medicine and Rehabilitation (ABPMR). Any exceptions must be approved by the Review Committee.
What types of meetings will fulfill the requirement that the program director	No, someone else cannot attend a national meeting in place of the program director and fulfil the requirement. The program director must comply with this requirement. Junior

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<p>attend one national meeting per year, and can the associate program director attend a meeting in place of the program director?</p> <p><i>[Program Requirement: II.A.4]</i></p>	<p>faculty members, such as associate program directors, should also be encouraged to attend, but the program director should still attend even if they do as well.</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, and the ACGME Annual Educational Conference.</p>
<p>Must faculty members be board certified in neuromuscular medicine by the ABPN, or will alternative board certifications be accepted?</p> <p><i>[Program Requirement: II.B.3.]</i></p>	<p>While not every faculty member must be board certified in neuromuscular medicine, all eligible faculty members teaching in the program must be board certified in either neuromuscular medicine or clinical neurophysiology by the ABPN. The Review Committee does not consider American Board of Electrodiagnostic Medicine certification as equivalent.</p>
<p>What is an appropriate range of research or scholarly activity for faculty members?</p> <p><i>[Program Requirement: II.B.5.]</i></p>	<p>The majority (at least 51 percent) of the faculty must participate in the scholarship of:</p> <ul style="list-style-type: none"> a) discovery, as evidenced by peer-reviewed funding or by publication of original research in a peer-reviewed journal; b) dissemination, as evidenced by review articles or chapters in textbooks; or, 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. <p>Scholarly activities may also include participation in academic societies, leadership roles in professional societies, journal club, and grand rounds presentations.</p>
Educational Program	
<p>Do fellows need to manage patients in outpatient and inpatient settings?</p> <p><i>[Program Requirement: IV.A.2.b.]</i></p>	<p>Neuromuscular medicine fellows should have experience in direct management of neuromuscular medicine patients in the outpatient area with direct or consultative management in inpatient and intensive care settings. They must demonstrate skills, have formal instruction, and clinical experience to manage inpatients and outpatients with neuromuscular diseases.</p>
<p>How should the requirement for elective time be met?</p> <p><i>[Program Requirement IV.A.3.b).(2).]</i></p>	<p>Fellows should have designated elective time to pursue individual interests. This can be accomplished either in rotation blocks or as longitudinal experiences on a weekly basis, but must be clearly delineated as elective time.</p>

Evaluation

How can a program provide objective assessment of fellow competency?

*[Program Requirement:
V.A.1.b).(1)]*

See the table below for examples.

Competency	Examples of Documentation
Patient Care and Procedural Skills	Milestones, Objective Structured Clinical Examinations (OSCEs), mini-clinical evaluation exercise (mini-CEX), direct observation, structured case discussions, role-play or simulation, chart review, etc.
Medical Knowledge	Milestones, OSCEs, global assessment, direct observation, structured case discussions, other exams, etc.
Practice-based Learning and Improvement	Milestones, fellow portfolios, global assessment, conferences presented by fellows, patient education materials developed by fellows, quality performance measures, chart review, etc.
Interpersonal and Communication Skills	OSCEs, Milestones, Neurology Clinical Evaluation Exercise (NEX), global assessment, direct observation, multi-source feedback, patient surveys, role-play or simulation, etc.
Professionalism	Milestones, fellow portfolios, global assessment, direct observation, multi-source feedback, patient surveys, etc.
Systems-Based Practice	Milestones, fellow portfolios, global assessment, multi-source feedback, quality measures, chart review, etc.

What types of information should be reviewed when performing the

Some specific examples of information programs should use in their reviews are:

<p>Annual Program Evaluation?</p> <p><i>[Program Requirement: V.C.2.]</i></p>	<ul style="list-style-type: none"> • De-identified fellow and faculty member comments • Sponsoring Institution's GMEC review, if applicable • Resources available at each participating site • Quality of supervision • Goals and objectives • ACGME Faculty and Fellow Survey results • Meeting minutes • Milestones • Faculty member and fellow scholarly activity • Board pass rate in last year <p>This list is not meant to be exhaustive.</p>
<p>Who should annually review curriculum goals and objectives and assess whether they have been met?</p> <p><i>[Program Requirement: V.C.2.]</i></p>	<p>In addition to the faculty members of the Program Evaluation Committee, at least one fellow must serve on the committee, and all fellows must have input into the program evaluation process. Goals and objectives should be reviewed as part of this process.</p>
<p>Is ABPN certification of eligible program graduates important in program evaluation?</p> <p><i>[Program Requirements: V.C.4.-V.C.5.b)]</i></p>	<p>Yes, graduate pass rate on the ABPN neuromuscular medicine board exam is one measure of educational effectiveness of the program, and will be considered an important outcome measure by the Review Committee. Pass rates on other board exams are not considered equivalent.</p>
The Learning and Working Environment	
<p>Which licensed independent practitioners may contribute to fellows' education?</p> <p><i>[Program Requirement: VI.A.2.a).(1)]</i></p>	<p>Licensed practitioners include health care professionals who are licensed in the state and have appropriate credentials at the hospital in which they are seeing patients.</p>
<p>What does the Review Committee consider an optimal clinical workload?</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 the fellow's level of knowledge, skills, and abilities when determining the appropriate clinical workload for each fellow.</p>

<i>[Program Requirement: VI.E.1.a)]</i>	
Who should be included in the interprofessional teams?	Nurses, pharmacists, physician assistants, psychologists, social workers, and occupational, physical, and speech therapists, are examples of professional personnel who may be part of interprofessional teams on which fellows must work as members. This list is not exhaustive.
<i>[Program Requirement: VI.E.2.]</i>	
Must every interprofessional team include representation from every profession listed above?	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.