**New Application: Child Neurology**

**Review Committee for Child Neurology**

**ACGME**

**Oversight**

**Participating Sites**

1. Will the sponsoring institution or the participating sites also sponsor ACGME-accredited residencies in the following specialties? [PR.I.B.1.a)]
2. Neurology  YES  NO
3. Pediatrics  YES  NO
4. Will child neurology education be conducted in centers where there is active ongoing research in both clinical and basic neuroscience fields? [PR I.B.1.b)]  YES  NO

**Resources**

Inpatient Data: Reference site numbers in ADS. [PR I.D.1.a).(1)]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| Bed Capacity | | | | |
| Child neurology beds (assigned or available) | # | # | # | # |
| Admission Data (past year) | | | | |
| Total admissions to child neurology service | # | # | # | # |
| Percent male | #% | #% | #% | #% |
| Average daily census on child neurology | # | # | # | # |
| Average Monthly Team Size | | | | |
| Child neurology residents | # | # | # | # |
| Rotating residents | # | # | # | # |
| Students | # | # | # | # |

1. Briefly describe the physical facilities at each site for the inpatient and outpatient examination and care of neurology patients. [PR I.D.1.a).(1)]

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2. Describe conference facilities at each site. [PR I.D.1.a).(1)]

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3. Describe the space provided for child neurology faculty member and resident research at each site. [PR I.D.1.a).(1)]

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4. Describe for each site how the charts or medical records are made available for inpatients, outpatients, and consultation use. [PR I.D.1.a).(1)]

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5. Briefly describe the availability of the office space at each site for faculty members, child neurology residents, and support staff members. [PR I.D.1.a).(2)]

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6. Are the following office spaces and resources available? Duplicate this section if more than four sites are used. [PR I.D.1.a).(2)-(3)]

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- |
| **Faculty Offices and Facilities** | | | | |
| Child Neurology Faculty Offices | YES  NO | YES  NO | YES  NO | YES  NO |
| Adult Neurology Faculty Offices | YES  NO | YES  NO | YES  NO | YES  NO |
| Secretary Office Space for Child Neurology | YES  NO | YES  NO | YES  NO | YES  NO |
| Departmental Library | YES  NO | YES  NO | YES  NO | YES  NO |
| **Resident Offices and Resources** | | | | |
| Does each resident have their own office? | YES  NO | YES  NO | YES  NO | YES  NO |
| Are the offices for groups of residents? | YES  NO | YES  NO | YES  NO | YES  NO |
| Do the offices have computers and computer internet search capabilities? | YES  NO | YES  NO | YES  NO | YES  NO |
| Do the residents have secretarial support? | YES  NO | YES  NO | YES  NO | YES  NO |
| Does each resident have a designated telephone number for patients to call? | YES  NO | YES  NO | YES  NO | YES  NO |
| Does each resident have access to other offices equipment such as copiers and projectors, or services to make slides and illustrations? | YES  NO | YES  NO | YES  NO | YES  NO |
| Does each resident have access to major texts in the office? | YES  NO | YES  NO | YES  NO | YES  NO |

7. Describe clinical laboratory facilities at each site, including mechanisms for reporting of test results. [PR I.D.1.a).(4)]

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8. Indicate whether the facilities and resources listed below are AVAILABLE for all participating sites listed in ADS. [PR I.D.1.a).(4)]

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- |
| **Diagnostic Resources** | | | | |
| a) Electrodiagnostic: |  |  |  |  |
| EEG | YES  NO | YES  NO | YES  NO | YES  NO |
| Ambulatory EEGs | YES  NO | YES  NO | YES  NO | YES  NO |
| Video-EEG Monitoring | YES  NO | YES  NO | YES  NO | YES  NO |
| Intraoperative Monitoring | YES  NO | YES  NO | YES  NO | YES  NO |
| Evoked Potentials- Visual, Auditory, Somatosensory | YES  NO | YES  NO | YES  NO | YES  NO |
| EMG/NCV | YES  NO | YES  NO | YES  NO | YES  NO |
| Single Fiber Studies | YES  NO | YES  NO | YES  NO | YES  NO |
| b) Diagnostic Radiological Services |  |  |  |  |
| CT | YES  NO | YES  NO | YES  NO | YES  NO |
| MRI and MRA | YES  NO | YES  NO | YES  NO | YES  NO |
| MRS | YES  NO | YES  NO | YES  NO | YES  NO |
| SPECT | YES  NO | YES  NO | YES  NO | YES  NO |
| PET | YES  NO | YES  NO | YES  NO | YES  NO |
| c) Cytogenetics and Genetic Testing | YES  NO | YES  NO | YES  NO | YES  NO |
| **Related Diagnostic and Therapeutic Services** | | | | |
| a) Child Psychiatric Services | YES  NO | YES  NO | YES  NO | YES  NO |
| b) Genetic Counseling Service | YES  NO | YES  NO | YES  NO | YES  NO |
| c) Interventional Neuroradiology | YES  NO | YES  NO | YES  NO | YES  NO |
| d) Occupational Therapy | YES  NO | YES  NO | YES  NO | YES  NO |
| e) Pain management | YES  NO | YES  NO | YES  NO | YES  NO |
| f) Pediatric Rehabilitation Medicine | YES  NO | YES  NO | YES  NO | YES  NO |
| g) Physical Therapy | YES  NO | YES  NO | YES  NO | YES  NO |
| h) Radiation Oncology Service and Facilities | YES  NO | YES  NO | YES  NO | YES  NO |
| i) Psychology Services | YES  NO | YES  NO | YES  NO | YES  NO |
| j) Social Services | YES  NO | YES  NO | YES  NO | YES  NO |
| k) Speech and Language Therapy and Audiology | YES  NO | YES  NO | YES  NO | YES  NO |

9. Consultation Data: Residents must participate in the management of pediatric patients with acute neurological disorders in an intensive care unit and an emergency department. Reference site numbers in ADS. [PR I.D.1.b)]

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- |
| Number of consultations per year | # | # | # | # |
| Inpatient (other than NICU) | # | # | # | # |
| Emergency room | # | # | # | # |
| Nursery ICU | # | # | # | # |

10. Inpatient Statistics: Provide the number of inpatients in each of the following diagnostic categories that were available in the program for the past year. Each patient should be listed only once in the most appropriate category. Reference site numbers in ADS. [PR I.D.1.b).(1)]

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- |
| Autoimmune/Vasculitis | # | # | # | # |
| Child Neurology-Other- genetic disorders, developmental defects, perinatal insults, etc. | # | # | # | # |
| Degenerative Diseases | # | # | # | # |
| Disorders of Cognitive Function | # | # | # | # |
| Disorders of Cranial Nerves | # | # | # | # |
| Disorders of Intracranial Pressure | # | # | # | # |
| Disorders of Spinal Cord, Nerve Roots, and Plexus | # | # | # | # |
| Drug Effects and Dependency | # | # | # | # |
| Endocrine Disorders | # | # | # | # |
| Epilepsy | # | # | # | # |
| Infectious Diseases | # | # | # | # |
| Metabolic Diseases | # | # | # | # |
| Movement Disorders | # | # | # | # |
| Multiple Sclerosis | # | # | # | # |
| Muscle Diseases | # | # | # | # |
| Neoplastic Diseases | # | # | # | # |
| Neuropathies | # | # | # | # |
| Nutritional Deficiencies | # | # | # | # |
| Other Neurologic Diagnoses | # | # | # | # |
| Pain Disorders | # | # | # | # |
| Psychiatric Conditions | # | # | # | # |
| Sleep Disorders | # | # | # | # |
| Stroke, Anoxia, and Hypoxia | # | # | # | # |
| Syncope and Other Alterations of Consciousness | # | # | # | # |
| Toxic Disorders | # | # | # | # |
| Traumatic Injuries | # | # | # | # |
| Miscellaneous | # | # | # | # |
| TOTAL | # | # | # | # |

11. Consultation Diagnostic Categories: Provide the number of consults in each of the following diagnostic categories that were available in the program for the past year. Each patient should be listed only once in the most appropriate category. [PR I.D.1.b).(1)]

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- |
| Autoimmune/Vasculitis | # | # | # | # |
| Child Neurology-Other- genetic disorders, developmental defects, perinatal insults, etc. | # | # | # | # |
| Degenerative Diseases | # | # | # | # |
| Disorders of Cognitive Function | # | # | # | # |
| Disorders of Cranial Nerves | # | # | # | # |
| Disorders of Intracranial Pressure | # | # | # | # |
| Disorders of Spinal Cord, Nerve Roots, and Plexus | # | # | # | # |
| Drug Effects and Dependency | # | # | # | # |
| Endocrine Disorders | # | # | # | # |
| Epilepsy | # | # | # | # |
| Infectious Diseases | # | # | # | # |
| Metabolic Diseases | # | # | # | # |
| Movement Disorders | # | # | # | # |
| Multiple Sclerosis | # | # | # | # |
| Muscle Diseases | # | # | # | # |
| Neoplastic Diseases | # | # | # | # |
| Neuropathies | # | # | # | # |
| Nutritional Deficiencies | # | # | # | # |
| Other Neurologic Diagnoses | # | # | # | # |
| Pain Disorders | # | # | # | # |
| Psychiatric Conditions | # | # | # | # |
| Sleep Disorders | # | # | # | # |
| Stroke, Anoxia, and Hypoxia | # | # | # | # |
| Syncope and Other Alterations of Consciousness | # | # | # | # |
| Toxic Disorders | # | # | # | # |
| Traumatic Injuries | # | # | # | # |
| Miscellaneous | # | # | # | # |
| TOTAL | # | # | # | # |

12. Outpatient Data: Child Neurology Clinics [PR I.D.1.b).(1)]

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- |
| Average number of visits per month | # | # | # | # |
| Average number of new patients per month | # | # | # | # |
| Planned average number of child neurology residents per clinic | # | # | # | # |
| Planned frequency of child neurology residents assignment to clinic | # | # | # | # |
| Average number of attendings in child neurology resident clinics | # | # | # | # |
| Planned average number of child neurology residents in attending clinics | # | # | # | # |

13. Outpatient Diagnostic Categories: Provide the number of outpatients in each of the following diagnostic categories that were available in the program for the past year. Each patient should be listed only once in the most appropriate category. Reference site numbers in ADS. [PR I.D.1.b).(1)]

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- |
| Autoimmune/Vasculitis | # | # | # | # |
| Child Neurology-Other- genetic disorders, developmental defects, perinatal insults, etc. | # | # | # | # |
| Degenerative Diseases | # | # | # | # |
| Disorders of Cognitive Function | # | # | # | # |
| Disorders of Cranial Nerves | # | # | # | # |
| Disorders of Intracranial Pressure | # | # | # | # |
| Disorders of Spinal Cord, Nerve Roots, and Plexus | # | # | # | # |
| Drug Effects and Dependency | # | # | # | # |
| Endocrine Disorders | # | # | # | # |
| Epilepsy | # | # | # | # |
| Infectious Diseases | # | # | # | # |
| Metabolic Diseases | # | # | # | # |
| Movement Disorders | # | # | # | # |
| Multiple Sclerosis | # | # | # | # |
| Muscle Diseases | # | # | # | # |
| Neoplastic Diseases | # | # | # | # |
| Neuropathies | # | # | # | # |
| Nutritional Deficiencies | # | # | # | # |
| Other Neurologic Diagnoses | # | # | # | # |
| Pain Disorders | # | # | # | # |
| Psychiatric Conditions | # | # | # | # |
| Sleep Disorders | # | # | # | # |
| Stroke, Anoxia, and Hypoxia | # | # | # | # |
| Syncope and Other Alterations of Consciousness | # | # | # | # |
| Toxic Disorders | # | # | # | # |
| Traumatic Injuries | # | # | # | # |
| Miscellaneous | # | # | # | # |
| TOTAL | # | # | # | # |

**Other Learners and Other Care Providers**

1. List the graduate medical education (GME) residents (fellows) from other specialties who rotated through the child neurology service during the last academic year. [CPR I.E.]

| **Specialty and Years of GME (e.g., PGY-2 Pediatric)** | **# of these Residents in the Last Year** | **Months Each Resident Rotated through Neurology** | **Neurology Assignment (ward, clinic, other)** | **Site #** |
| --- | --- | --- | --- | --- |
| Adult Neurology PGY- # | # | # | Assignment | # |
| Pediatrics PGY- # | # | # | Assignment | # |
| Neurological Surgery PGY- # | # | # | Assignment | # |
| Physical Medicine and Rehabilitation PGY- # | # | # | Assignment | # |
| Psychiatry PGY- # | # | # | Assignment | # |
| Transitional PGY- # | # | # | Assignment | # |
| Other PGY- # | # | # | Assignment | # |

**Personnel**

**Program Director**

1. Local Site Director

|  |  |
| --- | --- |
| **Site #** | **List the person responsible for sponsoring the resident education activities of the program at each site.** [PR I.B.3.a)] |
| **1** | Click here to enter text. |
| **2** | Click here to enter text. |
| **3** | Click here to enter text. |
| **4** | Click here to enter text. |
| **5** | Click here to enter text. |

1. Will the percentage of salary support and protected time provided for the program director be at least 10 percent FTE? [PR. II.A.2.a)]……………………………………………………  YES  NO

**Faculty**

Provide the following information for program faculty members:

| **Discipline/Service** [PR II.B.3.a)-c)] | **Available to fellows on a regular basis?** | **Number who interact with child neurology patients** | **Name of primary person who will interact with child neurology residents or division chief or chairman** | **Site #** |
| --- | --- | --- | --- | --- |
| **Pediatrics** | YES  NO | # | Name | # |
| Child and Adolescent Psychiatry | YES  NO | # | Name | # |
| Child Neurology | YES  NO | # | Name | # |
| Clinical Neurophysiology | YES  NO | # | Name | # |
| Cognitive Development | YES  NO | # | Name | # |
| Critical Care | YES  NO | # | Name | # |
| Infectious Diseases | YES  NO | # | Name | # |
| Neonatal Neurology | YES  NO | # | Name | # |
| Neurogenetics | YES  NO | # | Name | # |
| Neuroimaging | YES  NO | # | Name | # |
| Neuroimmunology | YES  NO | # | Name | # |
| Neurology | YES  NO | # | Name | # |
| Neuromuscular Disorder | YES  NO | # | Name | # |
| Neurooncology | YES  NO | # | Name | # |
| Neuroophthalmology | YES  NO | # | Name | # |
| Pain Management | YES  NO | # | Name | # |
| Other (specify): Specify | YES  NO | # | Name | # |
| **Neuropathology** | YES  NO | # | Name | # |
| **Neuroradiology** | YES  NO | # | Name | # |
| **Pediatric Neurorehabilitation** | YES  NO | # | Name | # |
| **Psychiatry** | YES  NO | # | Name | # |
| **Psychology** | YES  NO | # | Name | # |
| **Surgical** | YES  NO | # | Name | # |
| Neurological Surgery | YES  NO | # | Name | # |

**Educational Program**

**Curriculum Components**

1. Are there competency-based goals and objectives for each assignment at each educational level? [CPR IV.A.2.]  YES  NO
2. Will these competency-based goals and objectives be distributed to residents and faculty members at least annually? [CPR IV.A.2.]  YES  NO
3. Briefly describe how residents will participate in the education of patients, families, students, residents, and other health professionals: [PR IV.B.1.e).(1).(d)] (Limit response to 400 words)

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**ACGME Competencies**

**Professionalism**

Briefly describe the learning activity(ies), other than lecture, by which residents demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles, including: compassion, integrity, and respect for others; responsiveness to patient needs that supersedes self-interest; cultural humility; respect for patient privacy and autonomy; accountability to patients, society, and the profession; and sensitivity and responsiveness to a diverse patient population, including to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation. [PR IV.B.1.a).(1).(a)-(f)] (Limit response to 400 words)

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**Patient Care and Procedural Skills**

Indicate the settings and activities in which residents will demonstrate competence in the following areas of patient care. Also indicate the method(s) that will be used to assess competence.

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Obtaining an orderly and detailed history from the patient, in conducting a thorough general and neurological examination, and in organizing and recording data  [PR IV.B.1.b).(1).(a)] | Settings/activities | Assessment method(s) |
| Indications for neurodiagnostic tests and their interpretation  [PR IV.B.1.b).(1).(a).(i)] | Settings/activities | Assessment method(s) |
| Recognition of psychiatric disorders in children and adolescents, and must utilize the consultation and referral of mental health providers  [PR IV.B.1.b).(1).(b)] | Settings/activities | Assessment method(s) |
| Management of neurological disorders interacting with psychiatric disorders  [PR IV.B.1.b).(1).(c)] | Settings/activities | Assessment method(s) |
| Management of pediatric patients with acute neurological disorders in an intensive care unit and an emergency department  [PR IV.B.1.b).(1).(d)] | Settings/activities | Assessment method(s) |
| Formulating a differential diagnosis and management plan  [PR IV.B.1.b).(1).(e)] | Settings/activities | Assessment method(s) |
| Management of infants, children, and adolescents with neurologic disorders  [PR IV.B.1.b).(1).(f)] | Settings/activities | Assessment method(s) |
| Diagnosing and managing common and complex neurologic problems, including headaches, epilepsy, pediatric stroke, and neurometabolic and neurogenetics problems  [PR IV.B.1.b).(1).(g)] | Settings/activities | Assessment method(s) |
| Use of appropriate and compassionate methods of terminal palliative care, including adequate pain relief  [PR IV.B.1.b).(1).(h)] | Settings/activities | Assessment method(s) |

**Medical Knowledge**

Indicate the activity(ies) (lectures, conferences, journal clubs, clinical teaching rounds, etc.) in which residents will demonstrate competence in their knowledge in each of the following areas. Also indicate the method(s) that will be used to assess competence.

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Psychological aspects of the patient-physician relationship, and the importance of personal, social, and cultural factors in disease processes and their clinical expression  [PR IV.B.1.c).(1)] | Settings/activities | Assessment method(s) |
| Basic principles of psychopathology, common psychiatric diagnosis and therapies, and the indications for and common complications of psychiatry drugs  [PR IV.B.1.c).(2)] | Settings/activities | Assessment method(s) |
| Basic principles of rehabilitation for neurological disorders, including pediatric neurological disorders  [PR IV.B.1.c).(3)] | Settings/activities | Assessment method(s) |
| Use of principles of bioethics and in the provision of appropriate and cost-effective evaluation and treatment for children with neurologic disorders  [PR IV.B.1.c).(4)] | Settings/activities | Assessment method(s) |
| Basic sciences on which clinical child neurology is founded, through application of this knowledge in the care of their patients and by passing clinical skills examinations  [PR IV.B.1.c).(5)] | Settings/activities | Assessment method(s) |
| Epidemiology and statistics, genetics, immunology, molecular biology, neural and behavioral development, neuroanatomy, neurochemistry, neuroimaging, neuropathology, neuropharmacology, neurophysiology, and, neuropsychology  [PR IV.B.1.c).(5).(a)] | Settings/activities | Assessment method(s) |

**Practice-based Learning and Improvement**

1. Briefly describe one learning activity in which residents demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. [PR IV.B.1.d)]

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1. Briefly describe one planned learning activity in which residents engage to identify strengths, deficiencies, and limits in their knowledge and expertise (self-reflection and self-assessment); set learning and improvement goals; and identify and perform appropriate learning activities to achieve self-identified goals (life-long learning). [PR IV.B.1.d).(1).(a)-(c)] (Limit response to 400 words)

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1. Briefly describe one planned quality improvement activity or project that will allow residents to demonstrate an ability to analyze, improve, and change practice or patient care, including activities aimed at reducing healthcare disparities. Describe planning, implementation, evaluation, and provisions of faculty member support and supervision that will guide this process. [PR IV.B.1.d).(1).(d)] (Limit response to 400 words)

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1. Briefly describe how residents will receive and incorporate formative evaluation feedback into daily practice. (If a specific tool is used to evaluate these skills have it available for review by the site visitor.) [PR IV.B.1.d).(1).(e)] (Limit response to 400 words)

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1. Briefly describe one example of a learning activity in which residents engage to develop the skills needed to use information technology to locate, appraise, and assimilate evidence from scientific studies and apply it to their patients' health problems. [PR IV.B.1.d).(1).(f)] (Limit response to 400 words)

The description should include:

* Locating information
* Appraising information
* Assimilating evidence information (from scientific studies)
* Applying information to patient care

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1. Briefly describe how residents will assume responsibility for learning about major developments in both the basic and clinical sciences relating to child neurology. [PR IV.B.1.d).(1).(g)] (Limit response to 400 words)

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**Interpersonal and Communication Skills**

1. Briefly describe one learning activity in which residents demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. [PR IV.B.1.e)] (Limit response to 400 words)

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1. Briefly describe one learning activity in which residents develop competence in communicating effectively with patients and patients’ families across a broad range of socioeconomic circumstances and cultural backgrounds, and language capabilities and with physicians, other health professionals, and health-related agencies. [PR IV.B.1.e).(1).(a)-(b)] (Limit response to 400 words)

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1. Briefly describe one learning activity in which residents develop their skills and habits to work effectively as a member or leader of a health care team or other professional group. In the example, identify the members of the team, responsibilities of the team members, and how team members communicate to accomplish responsibilities. [PR IV.B.1.e).(1).(c)] (Limit response to 400 words)

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1. Briefly describe how residents will be provided with opportunities to act in a consultative role to other physicians and health professionals. [PR IV.B.1.e).(1).(e)] (Limit response to 400 words)

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1. Briefly describe how residents will be provided with opportunities to maintain comprehensive, timely, and legible health care records, if applicable. [PR IV.B.1.e).(1).(f)] (Limit response to 400 words)

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1. Briefly describe how residents will provide psychosocial support and counseling for patients and family members about terminal palliative care. [PR IV.B.1.e).(3)] (Limit response to 400 words)

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**Systems-based Practice**

1. Briefly describe the learning activity(ies) through which residents demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. [PR IV.B.1.f)] (Limit response to 400 words)

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1. Describe the learning activity(ies) through which residents achieve competence in the elements of systems-based practice: working effectively in various health care delivery settings and systems, coordinating patient care within the health care system; incorporating considerations of cost-containment and risk-benefit analysis in patient care; advocating for quality patient care and optimal patient care systems; and working in interprofessional teams to enhance patient safety and care quality. [PR IV.B.1.f).(a)-(f)] (Limit response to 400 words)

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3. Describe an activity that fulfills the requirement for experiential learning in identifying system errors and implementing potential systems solutions. [PR IV.B.1.f).(1).(c)] (Limit response to 400 words)

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**Curriculum Organization and Resident Experiences**

1. Briefly describe how the program director will, with assistance from the members of the faculty, develop and implement the academic and clinical program of resident education by preparing and implementing a comprehensive, well-organized, and effective curriculum that includes the presentation of core subspecialty knowledge supplemented by the addition of current information, and providing residents with direct experience in progressive responsibility for patient management. [PR IV.C.3.- IV.C.3.b)]

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1. Specify how each program resident will directly manage child neurology inpatients. [PR IV.C.4.b)]

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| --- |
| Click here to enter text. |

3. Specify how each program resident will directly manage child neurology outpatients. [PR IV.C.4.b).(1)]

|  |
| --- |
| Click here to enter text. |

4. Briefly describe the planned resident responsibility, frequency of service, and type of supervision in the emergency room at each site. [PR IV.C.4.e)]

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| --- |
| Click here to enter text. |

5. Briefly describe the planned resident experience in the evaluation and management of patients with disorders of the nervous system requiring surgical management. [PR IV.C.4.f)]

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| --- |
| Click here to enter text. |

6. Briefly describe the resident assignment on a consultation service to the medical, surgical, and psychiatric services. [PR IV.C.4.g)]

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| Click here to enter text. |

7. Continuity Clinic: Briefly describe the resident continuity clinic and the frequency with which the residents will attend. Include whether the patients are adults or children. Is it continuous throughout the three years of education? If not, explain. [PR IV.C.5]

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1. Insert a list of the courses, conferences, and/or lectures given in each of the subspecialties of behavioral neurology, child and adolescent psychiatry, clinical neurophysiology, epilepsy, infectious disease, movement disorders, neonatal neurology, neurocritical care, neurogenetics, neuroimaging, neuroimmunology, neuromuscular medicine, neuro-oncology, neuro-ophthalmology, neuropathology, neurotology, pain management, sleep disorders, and vascular neurology. Indicate for each if child neurology resident attendance is mandatory. [PR IV.C.6.]

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2. Insert a schedule of gross and microscopic pathology conferences and clinical pathological conferences for child neurology residents in each site. Name the faculty member assigned to the conference. Indicate which conferences are mandatory for child neurology residents. [PR IV.C.7.]

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3. Is there a journal club? [PR IV.C.8.]  YES  NO

Specify attendance by residents and faculty members, the frequency of meeting, and the organization of the club. If there is no journal club, what substitutes for it?

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4. Provide a list of seminars, lectures, and didactic courses that address the major developments in both the basic and clinical sciences related to child neurology. [PR IV.C.8.]

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5. What teaching responsibilities will child neurology residents have? [PR IV.C.9.]

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6. Teaching Rounds and Inpatient Service: Describe the frequency of teaching rounds held each week for patients on the child neurology inpatient service and/or the consult service. Describe the complement of the team that will make attending rounds. Describe the panned responsibilities of the child neurology residents and of residents rotating from other services. [PR IV.C.9.a)-b)]

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**Scholarship**

1. Will residents receive support to attend one regional, national, or international professional conference during the program? [PR IV.D.1.b).(1)]  YES  NO

**Evaluation**

**Resident Evaluation**

Will the program perform a formal, observed clinical evaluation exercise (CEX) on residents at least once during the first two years of their education? [PR V.A.1.h)]  YES  NO

**The Learning and Working Environment**

How will continuity of care be ensured? Will residents maintain care throughout their patients’ hospitalizations? Will residents see their patients on weekends, and if not how will the continuity of care be maintained? Will residents see patients admitted to them in clinic follow-up? [PR VI.C.2; VI.D.2.]

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**Clinical Experience and Education**

1. Outline resident responsibility and frequency on night call at each site. [PR VI.F.6.]

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2. What is the maximum number of consecutive weeks of night float assigned to residents?   
[PR VI.F.6.a)] [ # ]

3. What is the total number of weeks per year each resident will be assigned night float?   
[PR VI.F.6.a)] [ # ]