ACGME Program Requirements for Graduate Medical Education in Neurotology

Common Program Requirements are in BOLD

Effective: ~~July 1, 2007~~

Introduction

Int.A. Definition and Scope of the Specialty

The neurotology ~~lateral skull base surgery~~ program ~~will~~ provides advanced education, beyond that afforded in otolaryngology residency, in the diagnosis and management of disorders of the temporal bone, lateral skull base, and related anatomical structures, as well as advanced diagnostic expertise and advanced medical and surgical management skills in neurotology. Surgery of the lateral skull base involving the mesial aspect of the dura or intradural structure requires the joint effort of a neurotology and neurological surgery team. ~~A 24-month educational program will ensure that concentrated time is available for the neurotology fellow to develop advanced diagnostic expertise and advanced medical and surgical management skills in neurotology. This advanced education is required so that the neurotology fellow may develop expertise with extradural skull base approaches in collaboration with neurological surgery. The postoperative care of lateral skull base surgery patients requires the joint management of both neurological surgery and neurotology. This advanced education is also necessary for fellows to gain expertise in the joint collaborative management of patients undergoing lateral skull base surgery. The program will also permit exposure to new research opportunities and time to explore new research ideas.~~ Neurotologists are trained in surgery and postoperative care of patients undergoing lateral skull base surgery and work in close collaboration with the neurological surgery team. During education, neurotologists gain exposure to new research opportunities and have time to explore new research ideas.

Int.B. Duration ~~and Scope~~ of Education

The ~~duration~~ educational program in neurotology ~~of the program is~~ must be 24 months in length~~, all of which must be spent at participating sites approved by the residency Review Committee~~.

~~Int.B.1. The program must provide structured clinical opportunities for fellows to develop advanced skills in neurotology and lateral skull base surgery, including exposure to intracranial approaches.~~

~~Int.B.2. The diagnosis and medical, surgical and rehabilitative management of congenital, traumatic, inflammatory, degenerative, neoplastic, and idiopathic diseases and other disease states of the temporal bone, occipital bone, sphenoid bone, craniovertebral junction, and related structures are required experiences.~~

I. Institutions

I.A. Sponsoring Institution

One sponsoring institution must assume ultimate responsibility for the program, as described in the Institutional Requirements, and this responsibility extends to fellow assignments at all participating sites.

The sponsoring institution and the program must ensure that the program director has sufficient protected time and financial support for his or her educational and administrative responsibilities to the program.

I.A.1. The neurotology program must be associated with an Accreditation Council for Graduate Medical Education (ACGME)-accredited otolaryngology program.

I.B. Participating Sites

I.B.1. There must be a program letter of agreement (PLA) between the program and each participating site providing a required assignment. The PLA must be renewed at least every five years.

The PLA should:

I.B.1.a) identify the faculty who will assume both educational and supervisory responsibilities for fellows;

I.B.1.b) specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document;

I.B.1.c) specify the duration and content of the educational experience; and,

I.B.1.d) state the policies and procedures that will govern fellow education during the assignment.

I.B.2. The program director must submit any additions or deletions of participating sites routinely providing an educational experience, required for all fellows, of one month full time equivalent (FTE) or more through the Accreditation Council for Graduate Medical Education (ACGME) Accreditation Data System (ADS).

I.B.2.a) ~~The Review Committee must approve the addition and deletion of all participating sites.~~

II. Program Personnel and Resources

II.A. Program Director

II.A.1. There must be a single program director with authority and accountability for the operation of the program. The sponsoring

institution's GMEC must approve a change in program director. After approval, the program director must submit this change to the ACGME via the ADS.

II.A.2. **The program director should continue in his or her position for a length of time adequate to maintain continuity of leadership and program stability.**

II.A.3. **Qualifications of the program director must include:**

II.A.3.a) **requisite specialty expertise and documented educational and administrative experience acceptable to the Review Committee;**

II.A.3.b) **current certification in the specialty by the American Board of** Otolaryngology~~ and be certified in the subspecialty of neurotology~~**, or specialty qualifications that are acceptable to the Review Committee; and,**

II.A.3.c) **current medical licensure and appropriate medical staff appointment.**

II.A.3.d) ~~licensure to practice medicine in the state where the sponsoring institution is located~~ current certification in the subspecialty of neurotology.

II.A.4. **The program director must administer and maintain an educational environment conducive to educating the fellows in each of the ACGME competency areas. The program director must:**

II.A.4.a) **oversee and ensure the quality of didactic and clinical education in all sites that participate in the program;**

II.A.4.b) **approve a local director at each participating site who is accountable for fellow education;**

II.A.4.c) **approve the selection of program faculty as appropriate;**

II.A.4.d) **evaluate program faculty and approve the continued participation of program faculty based on evaluation;**

II.A.4.e) **monitor fellow supervision at all participating sites;**

II.A.4.f) **prepare and submit all information required and requested by the ACGME, including but not limited to the program information forms and annual program fellow updates to the ADS, and ensure that the information submitted is accurate and complete;**

II.A.4.g) **provide each fellow with documented semiannual evaluation of performance with feedback;**

154
155 **II.A.4.h)** **ensure compliance with grievance and due process**
156 **procedures as set forth in the Institutional Requirements and**
157 **implemented by the sponsoring institution;**
158
159 **II.A.4.i)** **provide verification of fellowship education for all fellows,**
160 **including those who leave the program prior to completion;**
161
162 **II.A.4.j)** **implement policies and procedures consistent with the**
163 **institutional and program requirements for fellow duty hours**
164 **and the working environment, including moonlighting, and, to**
165 **that end, must:**
166
167 **II.A.4.j).(1)** **distribute these policies and procedures to the fellows**
168 **and faculty;**
169
170 **II.A.4.j).(2)** **monitor fellow duty hours, according to sponsoring**
171 **institutional policies, with a frequency sufficient to**
172 **ensure compliance with ACGME requirements;**
173
174 **II.A.4.j).(3)** **adjust schedules as necessary to mitigate excessive**
175 **service demands and/or fatigue; and,**
176
177 **II.A.4.j).(4)** **if applicable, monitor the demands of at-home call and**
178 **adjust schedules as necessary to mitigate excessive**
179 **service demands and/or fatigue.**
180
181 **II.A.4.k)** **monitor the need for and ensure the provision of back up**
182 **support systems when patient care responsibilities are**
183 **unusually difficult or prolonged;**
184
185 **II.A.4.l)** **comply with the sponsoring institution's written policies and**
186 **procedures, including those specified in the Institutional**
187 **Requirements, for selection, evaluation and promotion of**
188 **fellows, disciplinary action, and supervision of fellows;**
189
190 **II.A.4.m)** **be familiar with and comply with ACGME and Review**
191 **Committee policies and procedures as outlined in the ACGME**
192 **Manual of Policies and Procedures;**
193
194 **II.A.4.n)** **obtain review and approval of the sponsoring institution's**
195 **GMEC/DIO before submitting to the ACGME information or**
196 **requests for the following:**
197
198 **II.A.4.n).(1)** **all applications for ACGME accreditation of new**
199 **programs;**
200
201 **II.A.4.n).(2)** **changes in fellow complement;**
202
203 **II.A.4.n).(3)** **major changes in program structure or length of**
204 **training;**

II.A.4.n).(4) **progress reports requested by the Review Committee;**

II.A.4.n).(5) **responses to all proposed adverse actions;**

II.A.4.n).(6) **requests for increases or any change to fellow duty hours;**

II.A.4.n).(7) **voluntary withdrawals of ACGME-accredited programs;**

II.A.4.n).(8) **requests for appeal of an adverse action;**

II.A.4.n).(9) **appeal presentations to a Board of Appeal or the ACGME; and,**

II.A.4.n).(10) **proposals to ACGME for approval of innovative educational approaches.**

II.A.4.o) **obtain DIO review and co-signature on all program information forms, as well as any correspondence or document submitted to the ACGME that addresses:**

II.A.4.o).(1) **program citations, and/or**

II.A.4.o).(2) **request for changes in the program that would have significant impact, including financial, on the program or institution.**

II.A.4.p) coordinate ~~in addition to~~ combined interdisciplinary educational conferences ~~with the other disciplines listed in IV.B.2.a, must~~ that emphasize cooperative diagnostic efforts among neurological surgeons, surgical team approaches to operative therapy with neurosurgeons, and combined approaches to rehabilitative efforts with physical medicine and rehabilitation~~.~~ and,

II.A.4.q) prepare and implement a supervision policy that specifies lines of responsibility ~~must be clearly delineated~~ ~~between~~ for both neurotology fellows and otolaryngology residents in the areas of education and clinical responsibilities~~, and duration of training~~. ~~Such information must be supplied to the Review Committee at the time of the review and survey~~.

II.B. **Faculty**

II.B.1. **At each participating site, there must be a sufficient number of faculty with documented qualifications to instruct and supervise all fellows at that location.**

II.B.1.a) **The faculty must:**

II.B.1.a).(1) **devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; and to demonstrate a strong interest in the education of fellows, and**

II.B.1.a).(2) **administer and maintain an educational environment conducive to educating fellows in each of the ACGME competency areas.**

II.B.2. **The physician faculty must have current certification in the specialty by the American Board of** Otolaryngology**, or possess qualifications acceptable to the Review Committee.**

II.B.2.a) ~~There must be at least one neurotology faculty member, in addition to the program director.~~

II.B.2.b) ~~Program faculty must be responsible to the patient and the neurotology fellow. In the event that a neurotologist plans an operation in which the dura may be entered, neurological consultation will be obtained to determine whether a joint surgical effort by both neurotology and neurosurgery is required.~~

II.B.2.c) ~~Because advanced neurotology is multidisciplinary in nature and because interactions with peers from related disciplines contribute to the quality of education, the faculty from related disciplines such as neurology, neurological surgery, audiology, neuroophthalmology, neuroradiology, and neuropathology should participate in the program. Close interaction with physical medicine and neurologic rehabilitation in particular is highly desirable.~~

II.B.3. **The physician faculty must possess current medical licensure and appropriate medical staff appointment.**

II.B.4. **The nonphysician faculty must have appropriate qualifications in their field and hold appropriate institutional appointments.**

II.B.5. **The faculty must establish and maintain an environment of inquiry and scholarship with an active research component.**

II.B.5.a) **The faculty must regularly participate in organized clinical discussions, rounds, journal clubs, and conferences.**

II.B.5.b) **Some members of the faculty should also demonstrate scholarship by one or more of the following:**

II.B.5.b).(1) **peer-reviewed funding;**

II.B.5.b).(2) **publication of original research or review articles in peer-reviewed journals, or chapters in textbooks;**

II.B.5.b).(3) **publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; or,**

II.B.5.b).(4) **participation in national committees or educational organizations.**

II.B.5.c) **Faculty should encourage and support fellows in scholarly activities.**

II.B.6. There must be at least one FTE ~~neurotology~~ faculty member, in addition to the program director, who is Board-certified in neurotology.

II.C. Other Program Personnel

The institution and the program must jointly ensure the availability of all necessary professional, technical, and clerical personnel for the effective administration of the program.

II.D. Resources

The institution and the program must jointly ensure the availability of adequate resources for fellow education, as defined in the specialty program requirements.

II.D.1. Additional educational resources must be available for the neurotology program, ~~in neurotology are required. These include~~ including a temporal bone dissection laboratory and testing facilities for complete auditory and vestibular evaluation that include facilities for ~~intra~~cranial nerve monitoring~~; other diagnostic, therapeutic, and research facilities deemed appropriate~~.

II.D.2. A sufficient volume and variety of cases must be available to ensure ~~adequate inpatient and outpatient experience for each neurotology fellow~~ that fellows achieve competence in all key procedures.

II.E. Medical Information Access

Fellows must have ready access to specialty-specific and other appropriate reference material in print or electronic format. Electronic medical literature databases with search capabilities should be available.

III. Fellow Appointments

III.A. Eligibility Criteria

The program director must comply with the criteria for fellow eligibility as specified in the Institutional Requirements.

III.A.1. ~~Admission to the program is contingent on completion of~~ Prior to appointment in the program, fellows must have successfully completed a residency program in otolaryngology accredited by either the

358 Accreditation Council for Graduate Medical Education (ACGME) or the
359 Royal College of Physicians and Surgeons of Canada.
360
361 **III.B. Number of Fellows**
362
363 **The program director may not appoint more fellows than approved by the**
364 **Review Committee, unless otherwise stated in the specialty-specific**
365 **requirements. The program's educational resources must be adequate to**
366 **support the number of fellows appointed to the program.**
367
368 III.B.1. One new neurotology fellow should be enrolled each academic year. A
369 program without a fellow for more than two successive years will be
370 administratively withdrawn. The Review Committee will develop an
371 annual fellow reporting system to ensure that ACGME procedures are
372 followed in this respect.
373
374 III.B.2. A program may not graduate more fellows in any given year than are
375 approved by the Review Committee unless prior approval has been
376 received. Any increase in the number of fellows in any year of the
377 program, or in the total number of fellows, must receive the prior approval
378 of the Review Committee. Any such request for change in the approved
379 fellow complement must include a strong educational rationale.
380
381 **III.C. Fellow Transfers**
382
383 **III.C.1. Before accepting a fellow who is transferring from another program,**
384 **the program director must obtain written or electronic verification of**
385 **previous educational experiences and a summative competency-**
386 **based performance evaluation of the transferring fellow.**
387
388 **III.C.2. A program director must provide timely verification of fellowship**
389 **education and summative performance evaluations for fellows who**
390 **leave the program prior to completion.**
391
392 **III.D. Appointment of Fellows and Other Learners**
393
394 **The presence of other learners (including, but not limited to, fellows from**
395 **other specialties, subspecialty fellows, PhD students, and nurse**
396 **practitioners) in the program must not interfere with the appointed fellows'**
397 **education. The program director must report the presence of other learners**
398 **to the DIO and GMEC in accordance with sponsoring institution guidelines.**
399
400 III.D.1. Lines of responsibility must be clearly delineated between neurotology
401 fellows and otolaryngology fellows in the areas of training, clinical
402 responsibilities, and duration of training. Such information must be
403 supplied to the Review Committee at the time of the review and survey.
404
405 **IV. Educational Program**
406
407 **IV.A. The curriculum must contain the following educational components:**
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409 **IV.A.1.** **Overall educational goals for the program, which the program must**
410 **distribute to fellows and faculty annually;**
411
412 **IV.A.2.** **Competency-based goals and objectives for each assignment at**
413 **each educational level, which the program must distribute to fellows**
414 **and faculty annually, in either written or electronic form. These**
415 **should be reviewed by the fellow at the start of each rotation;**
416
417 **IV.A.3.** **Regularly scheduled didactic sessions;**
418
419 IV.A.3.a) Clinical, basic science, and research conferences and seminars,
420 as well as the review of critical knowledge about the subspecialty,
421 must be conducted regularly and as scheduled.
422
423 IV.A.3.a).(1) ~~The neurotology residents~~ Fellows must participate in both
424 planning and conducting conferences.
425
426 IV.A.3.a).(2) Both the faculty and ~~neurotology residents~~ fellows must
427 attend and participate in multidisciplinary conferences.
428
429 ~~must have a comprehensive and well-organized course of study in~~
430 ~~neurotology that must provide each resident with progressive~~
431 ~~responsibility managing patients, in both inpatient and outpatient~~
432 ~~environments.~~
433
434 IV.A.3.b) There must be advanced didactic sessions, ~~should have~~
435 ~~education~~ beyond the scope of otolaryngology residency
436 education, in the basic sciences related to neurotology, including
437 allergy and immunology, audiology and rehabilitative audiology,
438 genetics, neuroanatomy, neurophysiology, neuropathology,
439 neuropharmacology, neuro-ophthalmology, physical medicine and
440 rehabilitation, temporal bone histopathology, and vestibular
441 pathophysiology. The course of study must ~~reflect~~ include the
442 following content areas:
443
444 IV.A.3.b).(1) neurophysiology, neuropathophysiology, and the diagnosis
445 and therapy of advanced neurotologic disorders, including
446 advanced audiologic and vestibular testing; the evaluation
447 of cranial nerves and related structures; the interpretation
448 of imaging techniques of the temporal bone and lateral
449 skull base; and the electrophysiologic monitoring of cranial
450 nerves VII, VIII, X, XI, and XII;
451
452 IV.A.3.b).(2) vestibular rehabilitation;
453
454 IV.A.3.b).(3) auditory and speech rehabilitation of the hearing-impaired;
455 and
456
457 IV.A.3.b).(4) the management and rehabilitation of extradural cranial
458 nerve defects and those defined in the definition and
459 description of the specialty.

IV.A.4. **Delineation of fellow responsibilities for patient care, progressive responsibility for patient management, and supervision of fellows over the continuum of the program; and,**

IV.A.5. **ACGME Competencies**

The program must integrate the following ACGME competencies into the curriculum:

IV.A.5.a) **Patient Care**

Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Fellows:

IV.A.5.a).(1) must demonstrate competence in performing key procedures, including:

IV.A.5.a).(1).(a) retrosigmoid approach to the Cerebello-pontine angle;

IV.A.5.a).(1).(b) translabyrinthine approach to the Cerebello-pontine angle;

IV.A.5.a).(1).(c) lateral skull base approach to the jugular fossa; and

IV.A.5.a).(1).(d) middle cranial fossa craniotomy.

IV.A.5.a).(2) must ~~gain~~ demonstrate diagnostic expertise~~,~~ and ~~develop~~ competency in medical and surgical management strategies, including intracranial exposure, as well as the postoperative care necessary to treat congenital, inflammatory, neoplastic, idiopathic, and traumatic diseases of the petrous apex, internal auditory canal, cerebellopontine angle, cranial nerves, and lateral skull base, including the occipital bone, temporal bone, craniovertebral junction, vascular neoplasms of the lateral and posterior fossa skull base; and

IV.A.5.a).(3) must ~~have experience~~ demonstrate competence in the habilitation and rehabilitation of the vertiginous patient and the treatment of intracranial and intratemporal facial nerve disorders.

IV.A.5.b) **Medical Knowledge**

Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. Fellows:

511
512 IV.A.5.b).(1) must be proficient in their knowledge of neurotology, to a level appropriate for unsupervised practice, as defined by the required didactic curriculum.
515
516 **IV.A.5.c) Practice-based Learning and Improvement**
517
518 **Fellows must 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. Fellows are expected to develop skills and habits to be able to meet the following goals:**
524
525 **IV.A.5.c).(1) identify strengths, deficiencies, and limits in one's knowledge and expertise;**
527
528 **IV.A.5.c).(2) set learning and improvement goals;**
529
530 **IV.A.5.c).(3) identify and perform appropriate learning activities;**
531
532 **IV.A.5.c).(4) systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;**
535
536 **IV.A.5.c).(5) incorporate formative evaluation feedback into daily practice;**
538
539 **IV.A.5.c).(6) locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;**
542
543 **IV.A.5.c).(7) use information technology to optimize learning; and,**
544
545 **IV.A.5.c).(8) participate in the education of patients, families, students, fellows and other health professionals.**
547
548 **IV.A.5.d) Interpersonal and Communication Skills**
549
550 **Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Fellows are expected to:**
554
555 **IV.A.5.d).(1) communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;**
558
559 **IV.A.5.d).(2) communicate effectively with physicians, other health professionals, and health related agencies;**
561

562 **IV.A.5.d).(3)** **work effectively as a member or leader of a health care**
563 **team or other professional group;**
564
565 **IV.A.5.d).(4)** **act in a consultative role to other physicians and**
566 **health professionals; and,**
567
568 **IV.A.5.d).(5)** **maintain comprehensive, timely, and legible medical**
569 **records, if applicable.**
570
571 **IV.A.5.e)** **Professionalism**
572
573 **Fellows must demonstrate a commitment to carrying out**
574 **professional responsibilities and an adherence to ethical**
575 **principles. Fellows are expected to demonstrate:**
576
577 **IV.A.5.e).(1)** **compassion, integrity, and respect for others;**
578
579 **IV.A.5.e).(2)** **responsiveness to patient needs that supersedes self-**
580 **interest;**
581
582 **IV.A.5.e).(3)** **respect for patient privacy and autonomy;**
583
584 **IV.A.5.e).(4)** **accountability to patients, society and the profession;**
585 **and,**
586
587 **IV.A.5.e).(5)** **sensitivity and responsiveness to a diverse patient**
588 **population, including but not limited to diversity in**
589 **gender, age, culture, race, religion, disabilities, and**
590 **sexual orientation.**
591
592 **IV.A.5.f)** **Systems-based Practice**
593
594 **Fellows must demonstrate an awareness of and**
595 **responsiveness to the larger context and system of health**
596 **care, as well as the ability to call effectively on other**
597 **resources in the system to provide optimal health care.**
598 **Fellows are expected to:**
599
600 **IV.A.5.f).(1)** **work effectively in various health care delivery**
601 **settings and systems relevant to their clinical**
602 **specialty;**
603
604 **IV.A.5.f).(2)** **coordinate patient care within the health care system**
605 **relevant to their clinical specialty;**
606
607 **IV.A.5.f).(3)** **incorporate considerations of cost awareness and**
608 **risk-benefit analysis in patient and/or population-**
609 **based care as appropriate;**
610
611 **IV.A.5.f).(4)** **advocate for quality patient care and optimal patient**
612 **care systems;**

IV.A.5.f).(5) **work in interprofessional teams to enhance patient safety and improve patient care quality; and,**

IV.A.5.f).(6) **participate in identifying system errors and implementing potential systems solutions.**

IV.A.6. Fellows' educational experiences must include:

IV.A.6.a) ~~must have~~ graduated responsibility for patients in both inpatient and outpatient environments;

IV.A.6.a).(1) ~~Direct surgical experience in all procedures must be documented.~~

IV.A.6.a).(2) The experience must include neurotology and lateral skull base surgery techniques, with intracranial exposures performed jointly with neurosurgery.~~;~~

IV.A.6.b) ~~will participate~~ participation in a multidisciplinary surgical team managing disorders of the temporal bone, cerebellopontine angle, lateral skull base, and related structures, as well as ~~These skills include care of the diseases and~~ disorders of the petrous apex, infratemporal fossa, internal auditory canals, cranial nerves (e.g., vestibular nerve section and joint neurosurgical-neurotological resection of intradural VIII nerve tumors), and lateral skull base, including the occipital bone, sphenoid bone, and temporal bone;

~~IV.A.6.b).(1)~~ Members of the team should include audiologists, speech language pathologists, electrophysiologists, head and neck surgeons, neurologists, neuroradiologists, neurological surgeons, ~~neuro-ophthalmologists,~~ neuropathologists, and neurotologists, to meet the needs of the patient. ~~and physiatrists; and,~~

IV.A.6.c) ~~will have training in performing~~ performance of advanced surgical techniques, including reconstructive repair of deficits, to manage diseases and disorders of the auditory and vestibular systems, the ~~extradural~~ lateral skull base, including ~~the sphenoid bone and~~ the occipital bone, sphenoid bone and temporal bone~~. These techniques must include reconstructive repair of deficits in these areas~~;

IV.A.6.d) ~~Each neurotology fellow must prepare documenting of~~ documentation , in the ACGME Case Log System, surgical experience as both assistant surgeon and surgeon in middle cranial fossa, posterior cranial fossa, and lateral skull base surgical procedures for the treatment of disorders of the auditory and vestibular system; facial nerve disorders; and congenital inflammatory, neoplastic, idiopathic, and traumatic disorders of the ~~extradural~~ ~~petrous~~ temporal bone ~~and apex~~, occipital bone,

sphenoid bone, and related structures;

IV.A.6.e) ~~Fellows must have experiences in~~ audiometric testing, including auditory brainstem responses and otoacoustic emissions, as well as vestibular testing, facial nerve testing, electrophysiologic monitoring strategies, and neuroradiologic procedures used to evaluate the temporal bone, skull base, and related structures; and

IV.A.6.f) experiences in related specialties such as physical medicine and rehabilitation, neurology, neurological surgery, neuroradiology, and neuropathology ~~must be must be available to the fellow~~.

IV.B. Fellows' Scholarly Activities

IV.B.1. The curriculum must advance fellows' knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care.

IV.B.1.a) The course of study must include research methodology~~, not to exceed six months,~~ with protected time, not to exceed six months, for the pursuit of scholarly activities and research.

IV.B.1.b) The neurotology ~~resident~~ fellow should study epidemiology, statistical methods, experimental design, and manuscript preparation, including literature searches and the use of computerized databases.

IV.B.2. Fellows should participate in scholarly activity.

IV.B.2.a) ~~It is highly desirable that the residents~~ During the course of the fellowship program, each fellow should prepare and submit, at minimum, one paper for publication in a peer-reviewed journal. ~~While the specific content will be related to the particular expertise, interest, and capability of the program faculty and institutional resources, the general goal of the research experience should be maintained.~~

IV.B.3. The sponsoring institution and program should allocate adequate educational resources to facilitate fellow involvement in scholarly activities.

V. Evaluation

V.A. Fellow Evaluation

V.A.1. Formative Evaluation

V.A.1.a) The faculty must evaluate fellow performance in a timely manner during each rotation or similar educational assignment, and document this evaluation at completion of

the assignment.

V.A.1.b) **The program must:**

V.A.1.b).(1) **provide objective assessments of competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice;**

V.A.1.b).(2) **use multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff);**

V.A.1.b).(3) **document progressive fellow performance improvement appropriate to educational level; and,**

V.A.1.b).(4) **provide each fellow with documented semiannual evaluation of performance with feedback.**

V.A.1.b).(4).(a) ~~maintain a record of neurotology operative cases performed by the service and by each neurotology fellow. These records must be reviewed annually by the program director with the fellow as a part of the director's responsibility for evaluation of~~ The program director must review the operative Case Log data, at least semiannually with each fellow, to ensure fellows' ~~the~~ balanced progress, ~~of each fellow~~ as well as the quality of the program's curriculum. ~~These data must be submitted to the Review Committee at the time of the program review.~~

V.A.1.c) **The evaluations of fellow performance must be accessible for review by the fellow, in accordance with institutional policy.**

V.A.1.c).(1) Review and feedback must take place in face-to-face meetings involving the fellow and program director.

V.A.1.d) ~~The evaluation methods must include observation, assessment, and substantiation of the resident's acquired body of knowledge, skills in physical examination and patient communication, technical proficiency, professional attitudes, humanistic qualities as demonstrated in the clinical setting, consultation skills, patient management, decision making, and critical analysis of clinical situations.~~

V.A.2. **Summative Evaluation**

The program director must provide a summative evaluation for each fellow upon completion of the program. This evaluation must

766 **become part of the fellow's permanent record maintained by the**
767 **institution, and must be accessible for review by the fellow in**
768 **accordance with institutional policy. This evaluation must:**
769
770 **V.A.2.a)** **document the fellow's performance during the final period of**
771 **education, and**
772
773 **V.A.2.b)** **verify that the fellow has demonstrated sufficient competence**
774 **to enter practice without direct supervision.**
775
776 **V.B.** **Faculty Evaluation**
777
778 **V.B.1.** **At least annually, the program must evaluate faculty performance as**
779 **it relates to the educational program.**
780
781 **V.B.2.** **These evaluations should include a review of the faculty's clinical**
782 **teaching abilities, commitment to the educational program, clinical**
783 **knowledge, professionalism, and scholarly activities.**
784
785 **V.B.3.** **This evaluation must include at least annual written confidential**
786 **evaluations by the fellows.**
787
788 **V.C.** **Program Evaluation and Improvement**
789
790 **V.C.1.** **The program must document formal, systematic evaluation of the**
791 **curriculum at least annually. The program must monitor and track**
792 **each of the following areas:**
793
794 **V.C.1.a)** **fellow performance;**
795
796 **V.C.1.b)** **faculty development;**
797
798 **V.C.1.c)** **graduate performance, including performance of program**
799 **graduates on the certification examination; and,**
800
801 **V.C.1.d)** **program quality. Specifically:**
802
803 **V.C.1.d).(1)** **Fellow s and faculty must have the opportunity to**
804 **evaluate the program confidentially and in writing at**
805 **least annually, and**
806
807 **V.C.1.d).(2)** **The program must use the results of fellows'**
808 **assessments of the program together with other**
809 **program evaluation results to improve the program.**
810
811 **V.C.2.** **If deficiencies are found, the program should prepare a written plan**
812 **of action to document initiatives to improve performance in the**
813 **areas listed in section V.C.1. The action plan should be reviewed**
814 **and approved by the teaching faculty and documented in meeting**
815 **minutes.**
816

817 **VI. Fellow Duty Hours in the Learning and Working Environment**
818
819 **VI.A. Principles**
820
821 **VI.A.1. The program must be committed to and be responsible for**
822 **promoting patient safety and fellow well-being and to providing a**
823 **supportive educational environment.**
824
825 **VI.A.2. The learning objectives of the program must not be compromised by**
826 **excessive reliance on fellows to fulfill service obligations.**
827
828 **VI.A.3. Didactic and clinical education must have priority in the allotment of**
829 **fellows' time and energy.**
830
831 **VI.A.4. Duty hour assignments must recognize that faculty and fellows**
832 **collectively have responsibility for the safety and welfare of patients.**
833
834 **VI.B. Supervision of Fellows**
835
836 **The program must ensure that qualified faculty provide appropriate**
837 **supervision of fellows in patient care activities.**
838
839 **VI.C. Fatigue**
840
841 **Faculty and fellows must be educated to recognize the signs of fatigue and**
842 **sleep deprivation and must adopt and apply policies to prevent and**
843 **counteract its potential negative effects on patient care and learning.**
844
845 **VI.D. Duty Hours (the terms in this section are defined in the ACGME Glossary**
846 **and apply to all programs)**
847
848 **Duty hours are defined as all clinical and academic activities related to the**
849 **program; i.e., patient care (both inpatient and outpatient), administrative**
850 **duties relative to patient care, the provision for transfer of patient care,**
851 **time spent in-house during call activities, and scheduled activities, such as**
852 **conferences. Duty hours do *not* include reading and preparation time spent**
853 **away from the duty site.**
854
855 **VI.D.1. Duty hours must be limited to 80 hours per week, averaged over a**
856 **four-week period, inclusive of all in-house call activities.**
857
858 **VI.D.2. Fellows must be provided with one day in seven free from all**
859 **educational and clinical responsibilities, averaged over a four-week**
860 **period, inclusive of call.**
861
862 **VI.D.3. Adequate time for rest and personal activities must be provided.**
863 **This should consist of a 10-hour time period provided between all**
864 **daily duty periods and after in-house call.**
865
866 **VI.E. On-call Activities**
867

868 **VI.E.1.** **In-house call must occur no more frequently than every third night,**
869 **averaged over a four-week period.**
870
871 **VI.E.2.** **Continuous on-site duty, including in-house call, must not exceed 24**
872 **consecutive hours. Fellows may remain on duty for up to six**
873 **additional hours to participate in didactic activities, transfer care of**
874 **patients, conduct outpatient clinics, and maintain continuity of**
875 **medical and surgical care.**
876
877 **VI.E.3.** **No new patients may be accepted after 24 hours of continuous duty.**
878
879 **VI.E.4.** **At-home call (or pager call)**
880
881 **VI.E.4.a)** **The frequency of at-home call is not subject to the every-**
882 **third-night, or 24+6 limitation. However at-home call must not**
883 **be so frequent as to preclude rest and reasonable personal**
884 **time for each fellow.**
885
886 **VI.E.4.b)** **Fellows taking at-home call must be provided with one day in**
887 **seven completely free from all educational and clinical**
888 **responsibilities, averaged over a four-week period.**
889
890 **VI.E.4.c)** **When fellows are called into the hospital from home, the**
891 **hours fellows spend in-house are counted toward the 80-hour**
892 **limit.**
893
894 **VI.F.** **Moonlighting**
895
896 **VI.F.1.** **Moonlighting must not interfere with the ability of the fellow to**
897 **achieve the goals and objectives of the educational program.**
898
899 **VI.F.2.** **Internal moonlighting must be considered part of the 80-hour weekly**
900 **limit on duty hours.**
901
902 **VI.G.** **Duty Hours Exceptions**
903
904 **VI.G.1.** **A Review Committee may grant exceptions for up to 10% or a**
905 **maximum of 88 hours to individual programs based on a sound**
906 **educational rationale.**
907
908 **VI.G.2.** **In preparing a request for an exception the program director must**
909 **follow the duty hour exception policy from the ACGME Manual on**
910 **Policies and Procedures.**
911
912 **VI.G.3.** **Prior to submitting the request to the Review Committee, the**
913 **program director must obtain approval of the institution's GMEC and**
914 **DIO.**
915
916 **VII.** **Experimentation and Innovation**
917
918 **Requests for experimentation or innovative projects that may deviate from the**

919 **institutional, common and/or specialty specific program requirements must be**
920 **approved in advance by the Review Committee. In preparing requests, the**
921 **program director must follow Procedures for Approving Proposals for**
922 **Experimentation or Innovative Projects located in the ACGME Manual on Policies**
923 **and Procedures. Once Review Committee approves a project, the sponsoring**
924 **institution and program are jointly responsible for the quality of education offered**
925 **to fellows for the duration of such a project.**
926
927 ***
928
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