### Requirement #: II.B.4.c)

**Requirement Revision (significant change only):**

**There must be one core faculty member for every three residents in the program.**

1. Describe the Review Committee's rationale for this revision:
   
   The Common Program Requirements require Review Committees to specify a minimum number of core faculty members. The Review Committee felt this was a reasonable ratio of faculty members to residents and reflective of current practice.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   
   The requirement will ensure there is a sufficient number of core faculty members to provide education and supervision.

3. How will the proposed requirement or revision impact continuity of patient care?
   
   Not applicable

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   
   Programs will need to assess their current Faculty Roster and determine whether it meets the new program requirement. However, this revision is unlikely to require additional resources, as programs already generally meet this requirement.

5. How will the proposed revision impact other accredited programs?
   
   Not applicable

### Requirement #: IV.B.1.b).(2).(a)-IV.B.1.b).(2).(a).(i)

**Requirement Revision (significant change only):**

Residents must be involved in a minimum of 200 electrodiagnostic evaluations, of which residents must demonstrate competence in the performance, documentation, and interpretation of a minimum of 150 complete electrodiagnostic studies from separate patient encounters. demonstrate competence in the:

1. Describe the Review Committee’s rationale for this revision:
   
   The requirement was modified to incorporate the content of the FAQ related to this requirement; specifically, that 50 observations of EMGs could count toward the total number of EMGs in which residents must be involved.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
As this is the current expectation, no impact is anticipated.

3. How will the proposed requirement or revision impact continuity of patient care?
   Not applicable

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   Not applicable

   How will the proposed revision impact other accredited programs? Not applicable

Requirement #: IV.C.1.a)-b)

Requirement Revision (significant change only):

Assignment of rotations must be structured to minimize the frequency of rotational transitions, and rotations must be of sufficient length to provide a quality educational experience, defined by continuity of patient care, ongoing supervision, longitudinal relationships with faculty members, and meaningful assessment and feedback. (Core)

Clinical experiences should be structured to facilitate learning in a manner that allows the residents to function as part of an effective interprofessional team that works together longitudinally with shared goals of patient safety and quality improvement. (Core)

1. Describe the Review Committee’s rationale for this revision:
   The requirements reflect the need for programs to consider the impact of frequent rotational transitions, such as occurs when fellows are scheduled for a series of short rotations, and the resulting disruption in supervisory continuity, on patient care and fellow education. They are also intended to address the impact of assigning supervising faculty members for very brief assignments.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
   The intent of the requirements is to ensure that programs consider the impact of frequent rotational changes and the accompanying lack of supervisory continuity on patient care. This new requirement prioritizes patient safety and education in curriculum planning.

3. How will the proposed requirement or revision impact continuity of patient care?
   The requirements are intended to minimize the frequency of rotational transitions and emphasize the importance of supervisory continuity. It is expected that this will have a positive impact on continuity of patient care.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
   It is not anticipated that additional resources will be needed.

   How will the proposed revision impact other accredited programs? Not applicable