**New Application: Epilepsy**

**Review Committee for Neurology**

**ACGME**

**Oversight**

**Resources**

1. Briefly describe the inpatient and outpatient facilities, examining areas, conference rooms, and office space available to the program. [PR I.D.1.a)]

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1. Inpatient Data [PR I.D.4.a)]

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- |
| **Admission Data (past year)** | | | | |
| Total admissions to hospital | # | # | # | # |
| To Epilepsy Monitoring Unit (EMU) | # | # | # | # |
| # adults | # | # | # | # |
| # children | # | # | # | # |
| Percent male | # % | # % | # % | # % |
| Average daily EMU census | # | # | # | # |
| Average length of stay | # | # | # | # |

**Personnel**

**Program Director**

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

2. Will the Sponsoring Institution provide salary support for a program coordinator to assist the program director in the administration of the program? [PR II.A.2.b)]  YES  NO

Explain if NO.

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| Click or tap here to enter text. |

**Faculty**

1. Will faculty members with expertise in the performance and interpretation of routine electroencephalography (EEG), video EEG monitoring, and intracranial EEG recording be available to the program?   
   [PR II.B.1.b)]  YES  NO
2. Indicate whether faculty members in each of the following disciplines will be available to fellows: [PR II.B.1.c)]

| **Discipline** | **YES** | **NO** |
| --- | --- | --- |
| Neuroimaging |  |  |
| Neurological surgery |  |  |
| Neuropsychology |  |  |
| Psychiatry |  |  |

**Fellow Appointments**

Does the program criteria for fellow eligibility comply with the specified criteria in the Program Requirements? [PR III.A.1.b)]  YES  NO

Explain if NO.

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| Click or tap here to enter text. |

**Educational Program**

**Curriculum Components**

1. Describe the planned fellow experience in EEG and video-EEG monitoring. [PR IV.A.3.b).(2)-IV.A.3.b).(2).(c)]

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| Click or tap here to enter text. |

2. Will fellows attend journal clubs? [PR IV.A.3.d)]  YES  NO

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| --- | --- |
| If YES, how often? | Click here to enter text. |

Explain if NO.

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| Click or tap here to enter text. |

**ACGME Competencies**

**Patient Care and Procedural Skills**

Indicate the settings and activities in which fellows will demonstrate competence in the evaluation and management of the following areas of patient care. Also indicate the method(s) that will be used to evaluate competency. [PR IV.B.1.b).(1).(a)]

| **Competency Area** | **Settings/Activities** | **Method(s) Used to Evaluate Fellow Competency** |
| --- | --- | --- |
| Diagnostic evaluation, medical management, and surgical evaluations of patients with epilepsy and seizures  [PR IV.B.1.b).(1).(a).(i)] | Click here to enter text. | Click here to enter text. |
| Interviewing and examining patients with epilepsy and seizures  [PR IV.B.1.b).(1).(a).(ii)] | Click here to enter text. | Click here to enter text. |
| Determining the differential diagnosis of the various clinical presentations of epilepsy and seizures  [PR IV.B.1.b).(1).(a).(iii)] | Click here to enter text. | Click here to enter text. |
| Determining the appropriate investigations for the diagnosis of epilepsy and seizures, including laboratory, pathologic, radiologic, and neurophysiologic testing  [PR IV.B.1.b).(1).(a).(iv)] | Click here to enter text. | Click here to enter text. |
| Inpatient and outpatient management of patients with epilepsy and seizures  [PR IV.B.1.b).(1).(a).(v)] | Click here to enter text. | Click here to enter text. |
| Working in multidisciplinary teams and coordinating patient care  [PR IV.B.1.b).(1).(a).(vi)] | Click here to enter text. | Click here to enter text. |

**Medical Knowledge**

Indicate the activities (e.g., lectures, conferences, journal clubs, clinical teaching rounds) in which fellows will demonstrate competence in their knowledge in each of the following areas. Also indicate the method(s) that will be used to evaluate fellow competence in each area. [PR IV.B.1.c).(1)]

| **Competency Area** | **Settings/Activities** | **Method(s) Used to Evaluate Fellow Competency** |
| --- | --- | --- |
| Basic science of epilepsy and seizures  [PR IV.B.1.c).(1).(a)] | Click here to enter text. | Click here to enter text. |
| Genetics of epilepsy and seizures  [PR IV.B.1.c).(1).(b)] | Click here to enter text. | Click here to enter text. |
| Epidemiology of epilepsy and seizures  [PR IV.B.1.c).(1).(c)] | Click here to enter text. | Click here to enter text. |
| Neuroimaging and other diagnostic modalities in epilepsy  [PR IV.B.1.c).(1).(d)] | Click here to enter text. | Click here to enter text. |
| Neuropsychology  [PR IV.B.1.c).(1).(e)] | Click here to enter text. | Click here to enter text. |
| Pharmacologic treatment of epilepsy  [PR IV.B.1.c).(1).(f)] | Click here to enter text. | Click here to enter text. |
| Non-pharmacologic treatments of epilepsy  [PR IV.B.1.c).(1).(g)] | Click here to enter text. | Click here to enter text. |
| Co-morbidity in epilepsy and seizures  [PR IV.B.1.c).(1).(h)] | Click here to enter text. | Click here to enter text. |
| Ictal and interictal EEG patterns across the lifespan  [PR IV.B.1.c).(1).(i)] | Click here to enter text. | Click here to enter text. |
| Prognosis in epilepsy and seizures  [PR IV.B.1.c).(1).(j)] | Click here to enter text. | Click here to enter text. |

**Curriculum Organization and Fellow Experiences**

1. Describe how the program will provide fellows with progressive responsibility for direct patient management. [PR IV.C.3.b)]

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| Click or tap here to enter text. |

1. Indicate fellow experience in each of these areas:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Inpatient** | | **Outpatient** | |
| **Adult** | **Children** | **Adult** | **Children** |
| Routine EEG  [PR IV.C.4.b)] | YES  NO | YES  NO | YES  NO | YES  NO |
| Video EEG monitoring  [PR IV.C.4.b)] | YES  NO | YES  NO | YES  NO | YES  NO |
| Intracranial monitoring  [PR IV.C.4.b).(3)] | YES  NO | YES  NO |  |  |
| Outpatient epilepsy clinics  [PR IV.C.4)] |  |  | YES  NO | YES  NO |
| Inpatient epilepsy consults  [PR IV.C.4)] | YES  NO | YES  NO |  |  |

3. Describe how the program will ensure that fellows are provided with experience in the care of both adults and children. [PR IV.C.5.]

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| Click or tap here to enter text. |

4. Describe how programs that are primarily adult-based will provide a minimum of one month of clinical exposure to the care of children with epilepsy and seizures. [PR IV.C.5.a)]

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1. Describe how programs that are primarily child-based will provide a minimum of one month of clinical exposure to the care of adults with epilepsy and seizures. [PR IV.C.5.b)]

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| Click or tap here to enter text. |

1. List the planned seminars and conferences for fellows. Name the faculty member assigned to the session. Indicate which conferences are mandatory for fellows.   
   [PR IV.C.6-7; II.B.2.f)]

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| Click or tap here to enter text. |

**Scholarship**

1. How will the curriculum advance fellows’ knowledge of the basic principles of evidence-based medicine and research, including how research is conducted, evaluated, explained to patients, and applied to patient care? [PR IV.D.3.a)]

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| Click or tap here to enter text. |

2. Describe the educational resources that will be allocated by the Sponsoring Institution and the program to facilitate fellow involvement in scholarly activities? [PR IV.D.3.c)]

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| Click or tap here to enter text. |

3. Will fellows receive support to attend at least one regional, national, or international professional conference during the program? [PR IV.D.3.d)]  YES  NO

Explain if NO.

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| Click or tap here to enter text. |