**New Application: Neurodevelopmental Disabilities**

**Review Committee for Neurology**

**ACGME**

**Oversight**

**Participating Sites**

1. Will the sponsoring institution also sponsor ACGME-accredited residencies in the following specialties? [PR.I.B.1.a)]

Child Neurology  YES  NO

Neurology  YES  NO

Pediatrics  YES  NO

1. Is the program within a department or division with an ACGME-accredited program in neurology or pediatrics located at the sponsoring institution? [PR I.B.1.b)]  YES  NO

**Resources**

1. 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. [PR I.D.1.a).(1)]

|  |  |  |  |
| --- | --- | --- | --- |
| Dates | Click here to enter a date. | to | Click here to enter a date. |

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- |
| **Bed Capacity** | | | | |
| Child neurology beds (assigned or available) | # | # | # | # |
| Neurodevelopmental disabilities beds (assigned or available) | # | # | # | # |
| **Admission Data-Child Neurology (past year)** | | | | |
| Total admissions to child neurology service | # | # | # | # |
| Percent male | # | # | # | # |
| Average daily census / child neurology | # | # | # | # |
| **Planned Average Monthly Team Size-Child Neurology** | | | | |
| Neurodevelopmental disabilities fellows | # | # | # | # |
| Rotating fellows | # | # | # | # |
| Students | # | # | # | # |
| **Admission Data-Neurodevelopmental Disabilities (past year)** | | | | |
| Total admissions to neurodevelopmental disabilities services | # | # | # | # |
| Percent male | # | # | # | # |
| Average daily census / neurodevelopment disabilities | # | # | # | # |
| **Planned Average Monthly Team Size-Neurodevelopmental Disabilities** | | | | |
| Neurodevelopmental disabilities fellows | # | # | # | # |
| Rotating fellows | # | # | # | # |
| Students | # | # | # | # |

1. Neurodevelopmental Disabilities Clinics Outpatient Data [PR I.D.1.a).(1)]

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| --- | --- | --- | --- | --- |
|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| Number of fellow clinics per month | # | # | # | # |
| Average number of visits per month | # | # | # | # |
| Average number of new patients per month | # | # | # | # |
| Planned average number of neurodevelopmental disabilities fellows per clinic | # | # | # | # |
| Planned frequency of neurodevelopmental disabilities fellows assignment to clinic | # | # | # | # |
| Planned average number of attendings in neurodevelopmental disabilities fellow clinics | # | # | # | # |
| Planned average number of neurodevelopmental disabilities fellows in attending clinics | # | # | # | # |

1. 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. [PR I.D.1.a).(1)]

|  |  |  |  |
| --- | --- | --- | --- |
| Dates | Click here to enter a date. | to | Click here to enter a date. |

| **Diagnostic Category** | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- |
| Autoimmune/Vasculitis | # | # | # | # |
| Neurodevelopmental Disabilities-Other- genetic disorders, developmental defects, perinatal insults, etc. | # | # | # | # |
| Disorders of Behavior | # | # | # | # |
| 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 | # | # | # | # |
| Learning Disabilities | # | # | # | # |
| Metabolic Diseases | # | # | # | # |
| 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 | # | # | # | # |
| TOTAL | # | # | # | # |

1. Indicate whether the facilities and resources listed below are available for all participating sites listed in ADS. If more than three hospitals participate, duplicate table. [PR I.D.1.a).(1)]

| **Diagnostic Resources** | **Site #1** | **Site #2** | **Site #3** |
| --- | --- | --- | --- |
| Electrodiagnosis: | YES  NO | YES  NO | YES  NO |
| EEG | YES  NO | YES  NO | YES  NO |
| Ambulatory EEGs | YES  NO | YES  NO | YES  NO |
| Video-EEG Monitoring | YES  NO | YES  NO | YES  NO |
| Intra-operative Monitoring | YES  NO | YES  NO | YES  NO |
| Evoked Potentials- visual, auditory, somatosensory | YES  NO | YES  NO | YES  NO |
| Electroretinograms (ERGs) | YES  NO | YES  NO | YES  NO |
| EMG/NCV | YES  NO | YES  NO | YES  NO |
| Single Fiber Studies | YES  NO | YES  NO | YES  NO |
| Diagnostic Radiological Services | YES  NO | YES  NO | YES  NO |
| MRI and MRA | YES  NO | YES  NO | YES  NO |
| MRS | YES  NO | YES  NO | YES  NO |
| SPECT | YES  NO | YES  NO | YES  NO |
| PET | YES  NO | YES  NO | YES  NO |
| Cytogenetics and Genetic Testing | YES  NO | YES  NO | YES  NO |

1. 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.a).(1)]

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| --- | --- | --- | --- |
| Dates | Click here to enter a date. | to | Click here to enter a date. |

| **Diagnostic Category** | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- |
| Autoimmune/Vasculitis | # | # | # | # |
| Neurodevelopmental Disabilities-Other- genetic disorders, developmental defects, perinatal insults, etc. | # | # | # | # |
| Disorders of Behavior | # | # | # | # |
| 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 | # | # | # | # |
| Learning Disabilities | # | # | # | # |
| Metabolic Diseases | # | # | # | # |
| 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 | # | # | # | # |
| TOTAL | # | # | # | # |

1. Describe the physical facilities at each site for the inpatient and outpatient examination and care of neurodevelopmental disabilities patients. (Limit this to no more than a half-page.) [PR I.D.1.a).(1)]

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

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1. 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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1. Describe the availability of the office space at each site for faculty members, fellows, and support staff. (Limit this to no more than a half-page.) [PR I.D.1.a).(2)]

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1. Describe for each site how space for study, chart work, and dictation will be available for fellows. [PR I.D.1.a).(3)]

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

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1. Use the table below to describe the following office space and resources. [PR I.D.1.a).(5)]

|  | **Site #1** | **Site #2** | **Site #3** |
| --- | --- | --- | --- |
| Faculty Offices and Facilities | | | |
| Neurodevelopmental Disabilities Faculty Offices | YES  NO | YES  NO | YES  NO |
| Secretary Office Space for Neurodevelopmental Disabilities | YES  NO | YES  NO | YES  NO |
| Neurodevelopmental Disabilities Library | YES  NO | YES  NO | YES  NO |
| Fellow Offices and Resources | | | |
| Will each fellow have his or her own office space? | YES  NO | YES  NO | YES  NO |
| Are the offices for groups of fellows? | YES  NO | YES  NO | YES  NO |
| Do the offices have computers and computer Internet search capabilities? | YES  NO | YES  NO | YES  NO |
| Will the fellows have secretary support? | YES  NO | YES  NO | YES  NO |
| Will each fellow have a designated telephone number for patients to call? | YES  NO | YES  NO | YES  NO |
| Will the fellows have access to other offices equipment such as copiers, slide projectors, equipment or services to make slides, and illustration services? | YES  NO | YES  NO | YES  NO |
| Will the fellows have access to major texts in the office? | YES  NO | YES  NO | YES  NO |

**Other Learners and Other Care Providers**

List the graduate medical education (GME) fellows (fellows) from other specialties who rotated through the neurodevelopmental disabilities service during the last academic year. Reference site numbers listed in ADS. [CPR I.E.]

| **Specialty and Year of GME (e.g., Pediatric PGY-2)** | **Number of These Fellows on a NDD Service** | **Average Number Fellows per Month on NDD Service** | **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. Will the program director be provided with support adequate for administration of the program based upon its size and configuration? [PR II.A.2. & II.A.2.a)]  YES  NO

**Faculty**

| **Discipline/Service**  [PR II.B.3.c).(1)] | **Number who interact with neurodevelopmental disabilities patients** | **Name of primary person who will interact with neurodevelopmental disabilities fellows or division chief or chairman** | **Site #** |
| --- | --- | --- | --- |
| **Pediatrics** | | | |
| Child and Adolescent Psychiatry | # | Name | # |
| Dentistry | # | Name | # |
| Genetics | # | Name | # |
| Neonatology | # | Name | # |
| Neuropathology | # | Name | # |
| Neuroradiology | # | Name | # |
| Pediatric Neurorehabilitation | # | Name | # |
| Psychiatry | # | Name | # |
| Psychology | # | Name | # |
| Other (specify) | # | Name | # |
| **Surgical** | | | |
| Neurological Surgery | # | Name | # |
| Otolaryngology | # | Name | # |
| Ophthalmology | # | Name | # |
| Orthopaedic Surgery | # | Name | # |

**Other Program Personnel**

| **Discipline/Service** [PR II.D.1.] | **Number who interact with neurodevelopmental disabilities patients** | **Name of primary person who will interact with neurodevelopmental disabilities fellows or division chief or chairman** | **Site #** |
| --- | --- | --- | --- |
| Audiology/Speech/Language | # | Name | # |
| Neuropsychology | # | Name | # |
| Nutrition | # | Name | # |
| Occupational Therapy | # | Name | # |
| Physical Therapy | # | Name | # |
| Social Work | # | Name | # |
| Special Education | # | Name | # |
| Vocational Rehabilitation | # | Name | # |

**Educational Program**

**Professionalism**

Briefly describe the learning activity(ies), other than lecture, by which fellows demonstrate a commitment to professionalism and an adherence to ethical principles. [PR IV.B.1.a)] (Limit response to 400 words)

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**Patient Care**

Indicate the settings and activities in which fellows 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, conducting a thorough general and neurological examination, and organizing and recording data  [PR IV.B.1.b).(1).(a).(i)] | Settings/activities | Assessment method(s) |
| Management of children and adolescents with psychiatric disorders  [PR IV.B.1.b).(1).(a).(ii)] | Settings/activities | Assessment method(s) |
| Management of pediatric patients with acute neurological disorders in both an intensive care unit and an emergency department  [PR IV.B.1.b).(1).(a).(iii)] | Settings/activities | Assessment method(s) |
| Diagnosing and managing patients with neurodevelopmental disabilities, including: | | |
| Cognitive disorders (mental retardation, learning disabilities, progressive encephalopathies)  [PR IV.B.1.b).(1).(a).(iv).(a)] | Settings/activities | Assessment method(s) |
| Communication disorders  [PR IV.B.1.b).(1).(a).(iv).(b)] | Settings/activities | Assessment method(s) |
| Neurobehavioral disorders (autistic spectrum disorders)  [PR IV.B.1.b).(1).(a).(iv).(c)] | Settings/activities | Assessment method(s) |
| Motor disabilities (cerebral palsy, neuromuscular and other neuromotor disorders, and movement disorders, including Tourette syndrome)  [PR IV.B.1.b).(1).(a).(iv).(d)] | Settings/activities | Assessment method(s) |
| Sensory disorders (visual and auditory)  [PR IV.B.1.b).(1).(a).(iv).(e)] | Settings/activities | Assessment method(s) |
| Multiple disabilities  [PR IV.B.1.b).(1).(a).(iv).(f)] | Settings/activities | Assessment method(s) |
| Pharmacological and non-pharmacological management of neurodevelopmental disorders  [PR IV.B.1.b).(1).(a).(v)] | Settings/activities | Assessment method(s) |

**Medical Knowledge**

Indicate the activities (lectures, conferences, journal clubs, clinical teaching rounds, etc.) in which fellows will demonstrate knowledge in each of the following areas. Also indicate the method(s) that will be used to assess fellow knowledge in each area.

| **Area of Knowledge** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Basic sciences upon which child neurology and neurodevelopment are founded, including: | | |
| Neuroanatomy  [PR IV.B.1.c).(1).(a)] | Settings/activities | Assessment method(s) |
| Neuroembryology  [PR IV.B.1.c).(1).(b)] | Settings/activities | Assessment method(s) |
| Neural development  [PR IV.B.1.c).(1).(c)] | Settings/activities | Assessment method(s) |
| Neuropathology  [PR IV.B.1.c).(1).(d)] | Settings/activities | Assessment method(s) |
| Basic neurophysiology  [PR IV.B.1.c).(1).(e)] | Settings/activities | Assessment method(s) |
| Neuroimaging  [PR IV.B.1.c).(1).(f)] | Settings/activities | Assessment method(s) |
| Neuropsychology  [PR IV.B.1.c).(1).(g)] | Settings/activities | Assessment method(s) |
| Neurochemistry  [PR IV.B.1.c).(1).(h)] | Settings/activities | Assessment method(s) |
| Neuropharmacology  [PR IV.A.5.b).(1).(i)] | Settings/activities | Assessment method(s) |
| Molecular biology  [PR IV.B.1.c).(1).(j)] | Settings/activities | Assessment method(s) |
| Genetics  [PR IV.B.1.c).(1).(k)] | Settings/activities | Assessment method(s) |
| Immunology  [PR IV.B.1.c).(1).(l)] | Settings/activities | Assessment method(s) |
| Epidemiology  [PR IV.B.1.c).(1).(m)] | Settings/activities | Assessment method(s) |
| Biostatistics  [PR IV.B.1.c).(1).(n)] | Settings/activities | Assessment method(s) |
| Principles of psychopathology, psychiatric diagnoses, and therapy, and the indications for and complications of drugs used in psychiatry  [PR IV.B.1.c).(2)] | 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).(3)] | Settings/activities | Assessment method(s) |

**Practice-based Learning and Improvement**

1. Briefly describe one learning activity in which fellows 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)] (Limit response to 400 words)

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**Interpersonal and Communication Skills**

1. Briefly describe one learning activity in which fellows 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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**Systems-based Practice**

1. Briefly describe the learning activity(ies) through which fellows demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, 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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**Curriculum Organization and Fellow 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 fellow education by: preparing and implementing a comprehensive, well-organized, and effective curriculum which includes the presentation of core subspecialty knowledge supplemented by the addition of current information; and providing fellows with direct experience in progressive responsibility for patient management.? [PR IV.C.4.)]

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2. Specify how the fellows will directly manage neurodevelopmental disabilities inpatients. [PR IV.C.4.b)]

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3. Specify how the fellows will directly manage neurodevelopmental disabilities outpatients. [PR IV.C.4.b)]

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4. Describe planned fellow participation in a multidisciplinary patient care team. [PR IV.C.7.c)]

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5. Briefly describe how fellows will be involved in the management of patients with neurological disorders who require emergency and intensive care. [PR IV.C.7.f)]

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6. Briefly describe how fellows will have the opportunity to act as neurodevelopmental pediatric consultants in developmental disabilities of other medical and non-medical disciplines in inpatient, outpatient, and community settings. [PR IV.C.7.g).]

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7. Briefly describe how fellow experience will include assignment on a consultation service to the medical, surgical, and psychiatric services. This experience must include night call. [PR IV.C.7.h)]

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**Didactic Sessions**

1. Insert a clinical conference schedule, including the following disciplines: child neurology, neurorehabilitation, neuropsychology, and clinical pharmacology. [PR IV.C.7.i).(1)-(4)]

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2. Is there a journal club? Specify attendance by fellow and faculty members, the frequency of meeting, and the organization of the club. If there is no journal club, what substitutes for it? [PR IV.C.7.j)]

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3. Briefly describe how fellows will be responsible for the design and presentation of periodic clinical conferences. [PR IV.C.7.k)]

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4. Briefly describe how conference attendance will be documented for faculty members and fellows at all mandatory conferences. [PR IV.C.7.l)]

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**Scholarship**

1. Briefly describe how the curriculum will 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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1. Will fellows participate in scholarly activity under the mentorship of program faculty members? [PR IV.D.3.b)]  YES  NO

If “NO”, explain:

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1. Will the sponsoring institution and program allocate adequate educational resources to facilitate fellow involvement in scholarly activities? [PR IV.D.3.c)]  YES  NO

If “NO”, explain:

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

If “NO”, explain:

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**The Learning and Working Environment**

**Moonlighting**

Moonlighting Policies: Describe the policies on fellow moonlighting; explain whether the policies are written and distributed to all fellows; and describe how the program director monitors the effects of outside activities, including moonlighting, on the program. (Be prepared to provide documentation to the site visitor.) [CPR VI.F.5.]

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**Night Float**

Outline fellow frequency of and responsibilities on night call at each site. [CPR VI.F.6.]

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