**New Application: Clinical Neurophysiology**

**Review Committee for Child Neurology or Neurology**

**ACGME**

**Oversight**

**Participating Sites**

1. Will the Sponsoring Institution also sponsor an ACGME-accredited residency program in child neurology or neurology? [PR.1.2.a.]  YES  NO

**Resources**

1. Briefly describe the physical facilities at each participating site for clinical neurophysiology outpatient and inpatient evaluation and for care of patients with seizure, neuromuscular, and sleep disorders. [PR 1.8.a.] (Limit response to 400 words)

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2. Briefly describe the availability of office space at each participating site for staff members, fellows. [PR 1.8.a.] (Limit response to 400 words)

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3. Briefly describe the space provided for faculty members’ and fellows’ research at each participating site. [PR 1.8.a.] (Limit response to 400 words)

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4. Indicate whether the facilities and resources listed below are available for all participating sites listed in ADS. [PR 1.8.a.]

| **Diagnostic Resources** | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** |
| --- | --- | --- | --- | --- | --- |
| Electroencephalography | | | | | |
| EEG | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| Ambulatory EEGs | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| Video-EEG monitoring | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| Intra-operative monitoring | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| Electromyography: | | | | | |
| EMG/NCV | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| Neuromuscular transmission testing, including single fiber studies | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| Cranial nerve testing, including blink reflexes and facial nerve evaluation | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| Sleep Lab: | | | | | |
| Polysomnography | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| Multiple sleep latency | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| Other clinical neurophysiology modalities: | | | | | |
| Evoked potentials | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| Visual | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| Auditory | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| Somatosensory | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| Autonomic testing | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| Movement disorder assessment with botulinum toxin therapy | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| Central EMG | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| Magnetoencephalography | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| Electroretinograms (ERGs) | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| Diagnostic neuroimaging services | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| MRI and MRA | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| CT | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| SPECT | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| PET | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| Related diagnostic and therapeutic services: | | | | | |
| Cytogenetics and genetic testing | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| Genetic counseling service | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| Occupational therapy | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| Pain management | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| Adult rehabilitation medicine | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| Pediatric rehabilitation medicine | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |
| Physical therapy | YES  NO | YES  NO | YES  NO | YES  NO | YES  NO |

**Clinical Teaching – Outpatient**

1. Clinical neurophysiology fellow outpatient experience can include block time and longitudinal time in the outpatient clinics described under curriculum. For non-continuity and clinical neurophysiology-related clinics, list the following as averages per fellow per clinic half day: [PR 1.8.b.]

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Clinic** | **Estimated # New Patients Seen** | **Estimated # Follow-Up Patients Seen** | **Planned Staff/Fellow Ratio** |
| Click here to enter text. | # | # | 0:0 |
| Click here to enter text. | # | # | 0:0 |
| Click here to enter text. | # | # | 0:0 |

2. For the continuity seizure and/or neuromuscular longitudinal clinics, list the following as averages per fellow per clinic half day. [PR 1.8.b.]

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Clinic** | **Estimated # New Patients Seen** | **Estimated # Follow-Up Patients Seen** | **Planned Staff/Fellow Ratio** |
| Click here to enter text. | # | # | 0:0 |
| Click here to enter text. | # | # | 0:0 |
| Click here to enter text. | # | # | 0:0 |

**Clinical Neurophysiology EEG/EMG/SLEEP Diagnostic Categories**

Provide the number of patients in each of the following diagnostic categories that were available in the program during the past year. Each patient should be listed only once in the most appropriate category. [PR 1.8.b.]

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** |
| --- | --- | --- | --- | --- | --- |
| **Epilepsy (adult/child)** |  |  |  |  |  |
| Generalized | # | # | # | # | # |
| Tonic-clonic | # | # | # | # | # |
| Absence | # | # | # | # | # |
| Myoclonic | # | # | # | # | # |
| **Localization-related** |  |  |  |  |  |
| Simple partial | # | # | # | # | # |
| Complex partial | # | # | # | # | # |
| Secondarily generalized | # | # | # | # | # |
| Syncope | # | # | # | # | # |
| Vasovagal | # | # | # | # | # |
| Indeterminate spells | # | # | # | # | # |
| **Other alterations of consciousness** |  |  |  |  |  |
| Coma | # | # | # | # | # |
| **Motor unit disorders (adult/child)** |  |  |  |  |  |
| Motor neuron disorders | # | # | # | # | # |
| Nerve root disorders | # | # | # | # | # |
| Plexopathies | # | # | # | # | # |
| Polyneuropathies | # | # | # | # | # |
| Mononeuropathies | # | # | # | # | # |
| Cranial nerve disorder | # | # | # | # | # |
| Neuromuscular junction disorder | # | # | # | # | # |
| **Muscle disorders** |  |  |  |  |  |
| Dystrophies | # | # | # | # | # |
| Congenital myopathies | # | # | # | # | # |
| Channelopathies | # | # | # | # | # |
| Inflammatory | # | # | # | # | # |
| **Sleep disorders** |  |  |  |  |  |
| Dyssomnias | # | # | # | # | # |
| Obstructive sleep apnea | # | # | # | # | # |
| Central sleep apnea | # | # | # | # | # |
| Narcolepsy | # | # | # | # | # |
| Periodic limb movements | # | # | # | # | # |
| Parasomnias | # | # | # | # | # |
| **Autonomic disorders (adult/child)** | # | # | # | # | # |
| **Stroke related disorders** | # | # | # | # | # |
| **Neoplastic disease** | # | # | # | # | # |
| **Movement disorders** | # | # | # | # | # |
| **Cognitive disorders** | # | # | # | # | # |
| **Multiple sclerosis** | # | # | # | # | # |
| **Metabolic disorders** | # | # | # | # | # |
| **Trauma** | # | # | # | # | # |
| **Drugs and other toxic disorders** | # | # | # | # | # |
| **Psychiatric disorders** | # | # | # | # | # |
| **TOTAL** | # | # | # | # | # |

**Outpatient Specialty Clinics** [PR 1.8.b.]

| **Specialty Clinics** | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** |
| --- | --- | --- | --- | --- | --- |
| Clinic Name: **Seizure** |  |  |  |  |  |
| Number of clinics per month | # | # | # | # | # |
| Average number of visits per clinic | # | # | # | # | # |
| Estimated % of visits that will be seen by the fellows | #% | #% | #% | #% | #% |
| Clinic Name: **Neuromuscular** |  |  |  |  |  |
| Number of clinics per month | # | # | # | # | # |
| Average number of visits per clinic | # | # | # | # | # |
| Estimated % of visits that will be seen by the fellows | #% | #% | #% | #% | #% |
| Clinic Name: **Sleep** |  |  |  |  |  |
| Number of clinics per month | # | # | # | # | # |
| Average number of visits per clinic | # | # | # | # | # |
| Estimated % of visits that will be seen by the fellows | #% | #% | #% | #% | #% |

**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 2.3.and 2.3.a]  YES  NO

Explain any “NO” responses. (Limit response to 400 words)

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**Educational Program**

**ACGME Competencies**

**Patient Care and Procedural Skills**

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. [PR IV.B.1.b).(1); PR V.A.1.c)]

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Developing and executing a plan of patient evaluation and treatment  [PR 4.4.b.] | Settings/activities | Assessment method(s) |
| The ability to accurately report results in at least two of the following: [PR 4.5.a.] | | |
| EEG and video EEG interpretation  [PR IV.B.1.b).(2).(a).(i)] | Settings/activities | Assessment method(s) |
| EMG and nerve conduction studies performance and interpretation  [PR 4.5.a.] | Settings/activities | Assessment method(s) |
| Intra-operative monitoring studies interpretation  [PR 4.5.a.] | Settings/activities | Assessment method(s) |
| Interpretation of sleep studies  [PR 4.5.a.] | Settings/activities | Assessment method(s) |
| Application of electrical, magnetic, and mechanical methods to evaluate a wide range of diseases salient to the fellow’s two or more areas of clinical neurophysiology experience  [PR 4.5.b.] | Settings/activities | Assessment method(s) |

**Medical Knowledge**

Indicate the activities (lectures, conferences, journal clubs, clinical teaching rounds, etc.) 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 assess competence.

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Normal electrophysiology of the nervous system  [PR 4.6.a.] | Settings/activities | Assessment method(s) |
| The disease states involving abnormal electrophysiology of the nervous system  [PR 4.6.b.] | Settings/activities | Assessment method(s) |

**Practice-based Learning and Improvement**

1. Briefly describe one learning activity in which fellows will 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 lifelong learning. [PR 4.7.] (Limit response to 400 words)

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**Interpersonal and Communication Skills**

1. Briefly describe one learning activity in which fellows will demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. [PR 4.8.] (Limit response to 400 words)

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**Systems-based Practice**

1. Briefly describe the learning activity(ies) by which fellows will 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 4.9.] (Limit response to 400 words)

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**Curriculum Organization and Fellow Experiences**

**Clinical and Basic Science**

| **Clinical Area** [PR 4.11.a.-4.11.c.] | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** |
| --- | --- | --- | --- | --- | --- |
| **EEG** |  |  |  |  |  |
| Name of director(s) | Name | Name | Name | Name | Name |
| Number of studies per year | # | # | # | # | # |
| EEG: adult/child | # | # | # | # | # |
| Other | # | # | # | # | # |
| Months fellows assigned | # | # | # | # | # |
| Fellows’ responsibilities | Responsibilities | Responsibilities | Responsibilities | Responsibilities | Responsibilities |
| **EMG** |  |  |  |  |  |
| Name of director(s) | Name | Name | Name | Name | Name |
| Number of studies per year | # | # | # | # | # |
| EMG: adult/child | # | # | # | # | # |
| Other | # | # | # | # | # |
| Months fellows assigned | # | # | # | # | # |
| Fellows’ responsibilities | Responsibilities | Responsibilities | Responsibilities | Responsibilities | Responsibilities |
| **Sleep** |  |  |  |  |  |
| Name of director(s) | Name | Name | Name | Name | Name |
| Number of studies per year | # | # | # | # | # |
| EMG: adult/child | # | # | # | # | # |
| Other | # | # | # | # | # |
| Months fellows assigned | # | # | # | # | # |
| Fellows’ responsibilities | Responsibilities | Responsibilities | Responsibilities | Responsibilities | Responsibilities |
| **Autonomic** |  |  |  |  |  |
| Name of director(s) | Name | Name | Name | Name | Name |
| Number of studies per year | # | # | # | # | # |
| EMG: adult/child | # | # | # | # | # |
| Other | # | # | # | # | # |
| Months fellows assigned | # | # | # | # | # |
| Fellows’ responsibilities | Responsibilities | Responsibilities | Responsibilities | Responsibilities | Responsibilities |

**Scholarship**

**Fellows’ Scholarly Activities**

1. Briefly describe how fellows will demonstrate scholarly activity during the educational program. [PR 4.15.-4.15.c.] (Limit response to 400 words)

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| Click here to enter text. |

1. Will fellows participate in scholarly activity under the mentorship of program faculty members?

[PR 4.15.a.]  YES  NO

1. Will the Sponsoring Institution and program allocate adequate educational resources to facilitate fellows’ involvement in scholarly activities?

[PR 4.15.b.]  YES  NO

1. Will fellows receive support to attend one regional, national, or international professional conference during the program? [PR 4.15.c.]  YES  NO

**The Learning and Working Environment**

**Night Float**

Outline fellow responsibility and frequency on night call at each site. [PR 6.26.]

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