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**National Institute for Health Specialties**

**Neurology Program Information Form**

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| **Application Information** | | |
| Date: | Click or tap here to enter text. | |
| Application Type: | New (Initial Accreditation Application)  Renewal (Continued Accreditation Application) | |
| Program Name: | Click or tap here to enter text. | |
| Institution Name: | Click or tap here to enter text. | |
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| **1. INTRODUCTION** | | |
| **A. Duration of Education** | | |
| 1. What will be the length, in months, of the educational program? | Click or tap here to enter text. | |
| **2. INSTITUTIONS** | | |
| **A. Participating Sites** | | |
| * + - 1. Is the program based at the primary clinical site? | Yes | No |
| Explain if ‘NO’. (Limit 250 words)  Click or tap here to enter text. | | |
| * + - 1. Is there a program letter of agreement (PLA) between the program and all participating sites? | Yes | No |
| Explain if ‘NO’. (Limit 250 words)  Click or tap here to enter text. | | |
| * + - 1. Describe how the program ensures that each participating site offers significant educational opportunities to residents. (Limit 300 words).   Click or tap here to enter text. | | |
| * + - 1. Are any of the planned participating sites at such a distance from the primary clinical site that residents’ attendance at rounds and lectures is impractical? | Yes | No |
| If ‘YES’, explain how the program ensures that residents can access or attend rounds and lectures when assigned to these sites. (Limit 300 words).  Click or tap here to enter text. | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **3. PROGRAM PERSONNEL AND RESOURCES** | | | | | | | | | |
| **A. Program Director** | | | | | | | | | |
| 1. If multiple sites are used, describe how the program director ensures that a unified educational experience occurs to each resident. (Limit 400 words).   Click or tap here to enter text. | | | | | | | | | |
| **B. Associate Program Director(s)** | | | | | | | | | |
| * + - 1. Will the program have associate program director(s)? | | | | | | Yes | | No | |
| Explain if ‘NO’. (Limit 250 words).  Click or tap here to enter text. | | | | | | | | | |
| 1. If ‘YES’, describe the criteria for appointment as an associate program director. (Limit 300 words)   Click or tap here to enter text. | | | | | | | | | |
| 1. Will the associate program director(s): | | | | | | | | | |
| 1. Dedicate at least 0.3 Full-Time Equivalent per week to the administration and educational aspects of the program. | | | | | | Yes | | No | |
| 1. Report directly to the program director. | | | | | | Yes | | No | |
| 1. Participate in educational programs to enhance their educational professional development. | | | | | | Yes | | No | |
| Explain any ‘NO’ responses. (Limit 250 words):  Click or tap here to enter text. | | | | | | | | | |
| **C. Faculty** | | | | | | | | | |
| * + - 1. Do all faculty members hold appropriate qualifications in their field? | | | | | | Yes | | No | |
| Explain if ‘NO’. (Limit 250 words):  Click or tap here to enter text. | | | | | | | | | |
| * + - 1. Will the faculty: | | | | | | | | | |
| 1. Dedicate time for administration and education as per the requirements of the NIHS? | | | | | | Yes | | No | |
| 1. Participate in faculty development activities? | | | | | | Yes | | No | |
| Explain if ‘NO’. (Limit 250 words):  Click or tap here to enter text. | | | | | | | | | |
| * + - 1. Will the program director identify Subspecialty Education Coordinators (SECs) for each of the required subspecialties? | | | | | | Yes | | No | |
| Explain if ‘NO’. (Limit 250 words):  Click or tap here to enter text. | | | | | | | | | |
| 1. Indicate whether faculty members in each of the following disciplines will be available to residents on a regular basis:  |  |  |  | | --- | --- | --- | | **Discipline** | **YES** | **NO** | | Behavioural Neurology |  |  | | Cerebrovascular disease |  |  | | Child Neurology |  |  | | Clinical Neurophysiology |  |  | | Critical Care |  |  | | Epilepsy |  |  | | Infectious disease |  |  | | Movement disorder |  |  | | Neurogenetics |  |  | | Neuroimaging |  |  | | Neuroimmunology |  |  | | Neurology of aging |  |  | | Neuromuscular disease |  |  | | Neuro-oncology |  |  | | Neuro-ophthalmology |  |  | | Neuro-otology |  |  | | Pain management |  |  | | Psychiatry |  |  | | Sleep disorders |  |  |   Explain any ‘NO’ responses. (Limit 250 words):  Click or tap here to enter text. | | | | | | | | | |
| If ‘YES’, indicate the SECs by completing the table below. Add rows as needed. Site #1 is the primary clinical site. | | | | | | | | | |
| **Subspecialty Education Coordinator’s Name** | | **Based Primarily at Site #** | | | **Specialty/Field** | | | **Currently Board Certified** | |
|  | |  | | |  | | | Yes  No | |
|  | |  | | |  | | | Yes  No | |
|  | |  | | |  | | | Yes  No | |
|  | |  | | |  | | | Yes  No | |
| * + - 1. Will the SECs be accountable to the program director for coordination of the residents’ subspecialty educational experiences to accomplish the goals and objectives in the subspecialty? | | | | | Yes | | | No | |
| Explain if ‘NO’. (Limit 250 words):  Click or tap here to enter text. | | | | | | | | | |
| **D. Other Program Personnel** | | | | | | | | | |
| Is there a dedicated coordinator who has sufficient time to fulfil the responsibilities essential in meeting the educational goals and administrative requirements of the program? | | | | | Yes | | | No | |
| Explain if ‘NO’. (Limit 250 words):  Click or tap here to enter text. | | | | | | | | | |
| **E. Resources** | | | | | | | | | |
| 1. Briefly describe the physical facilities at each participating site for the inpatient and outpatient examination and care of neurology patients. (Limit response to 400 words)  Click or tap here to enter text. | | | | | | | | | |
| Indicate if the following office spaces and resources are available to the residency program.  Neurology Faculty offices  Yes  No  Secretary Faculty office space for neurology  Yes  No  Do residents have access to adequate workspace?  Yes  No  Are there offices for residents?  Yes  No | | | | | | | | | |
| Briefly describe clinical laboratory facilities, including mechanisms for reporting of test results: (Limit response to 400 words)  Click or tap here to enter text. | | | | | | | | | |
| Briefly describe the research facilities available to the program (Limit response to 400 words)  Click or tap here to enter text. | | | | | | | | | |
| 1. Briefly describe the conference facilities available to the program. (Limit response to 400 words)   Click or tap here to enter text. | | | | | | | | | |
| 1. Indicate resources provided at the planned clinical sites by completing the table below. *Site #1 is the primary clinical site.* | | | | | | | | | |
| **Does the Institution provide:** | **Institution #1** | | | **Institution #2** | **Institution #3** | | **Institution #4** | | **Institution #5** |
| Cytogenetics and Genetic Testing | Yes  No | | | Yes  No | Yes  No | | Yes  No | | Yes  No |
| Diagnostic Radiological services | Yes  No | | | Yes  No | Yes  No | | Yes  No | | Yes  No |
| PET | Yes  No | | | Yes  No | Yes  No | | Yes  No | | Yes  No |
| MRI and MRA | Yes  No | | | Yes  No | Yes  No | | Yes  No | | Yes  No |
| Electrodiagnostics | Yes  No | | | Yes  No | Yes  No | | Yes  No | | Yes  No |
| Ambulatory EEGs | Yes  No | | | Yes  No | Yes  No | | Yes  No | | Yes  No |
| Routine outpatient EEG | Yes  No | | | Yes  No | Yes  No | | Yes  No | | Yes  No |
| Routine Inpatient EEG | Yes  No | | | Yes  No | Yes  No | | Yes  No | | Yes  No |
| EMG/NCS | Yes  No | | | Yes  No | Yes  No | | Yes  No | | Yes  No |
| Evoked Potentials – Visual, auditory, somatosensory | Yes  No | | | Yes  No | Yes  No | | Yes  No | | Yes  No |
| Intraoperative Monitoring | Yes  No | | | Yes  No | Yes  No | | Yes  No | | Yes  No |
| Single Fibre Studies | Yes  No | | | Yes  No | Yes  No | | Yes  No | | Yes  No |
| Video-EEG Monitoring | Yes  No | | | Yes  No | Yes  No | | Yes  No | | Yes  No |
| Related Diagnostic and Therapeutic Services | Yes  No | | | Yes  No | Yes  No | | Yes  No | | Yes  No |
| Interventional Neuroradiology | 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 |
| Physical Therapy | Yes  No | | | Yes  No | Yes  No | | Yes  No | | Yes  No |
| Rehabilitation Medicine | Yes  No | | | Yes  No | Yes  No | | Yes  No | | Yes  No |
| Speech Therapy | Yes  No | | | Yes  No | Yes  No | | Yes  No | | Yes  No |
| Genetic Counselling Service | Yes  No | | | Yes  No | Yes  No | | Yes  No | | Yes  No |
| Psychiatric Services | Yes  No | | | Yes  No | Yes  No | | Yes  No | | Yes  No |
| Psychology Services | Yes  No | | | Yes  No | Yes  No | | Yes  No | | Yes  No |
| Radiation Oncology services and facilities | Yes  No | | | Yes  No | Yes  No | | Yes  No | | Yes  No |
| Social services | Yes  No | | | Yes  No | Yes  No | | Yes  No | | Yes  No |
| Describe any additional resources not indicated above. (Limit 300 words)  Click or tap here to enter text.   1. In the table below, provide the requested inpatient data for each participating site used by the program.  |  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Site #6** | **Site #7** | **Site #8** | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Bed Capacity** | | | | | | | | | | Neurology beds | # | # | # | # | # | # | # | # | | # Adults | # | # | # | # | # | # | # | # | | # Children | # | # | # | # | # | # | # | # | | **Admission Data (past year)** | | | | | | | | | | Total admissions to hospital | # | # | # | # | # | # | # | # | | To neurology services | # | # | # | # | # | # | # | # | | # Adults | # | # | # | # | # | # | # | # | | # Children | # | # | # | # | # | # | # | # | | Percent Male | # % | # % | # % | # % | # % | # % | # % | # % | | Average daily neurology census | # | # | # | # | # | # | # | # | | Average length of stay | # | # | # | # | # | # | # | # | | **Hospital Consultations** | | | | | | | | | | # Adults | # | # | # | # | # | # | # | # | | # Children | # | # | # | # | # | # | # | # |  1. Diagnostic Categories: In the Table below, Indicate the conditions for which residents will be involved in patient management:  |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Inpatient | | Outpatient | | | Condition | Adult | Children | Adult | Children | | Autoimmune and Vasculitis | Yes  No | Yes  No | Yes  No | Yes  No | | Disorders of cognition | Yes  No | Yes  No | Yes  No | Yes  No | | Drugs and toxic disorders | Yes  No | Yes  No | Yes  No | Yes  No | | Epilepsy | Yes  No | Yes  No | Yes  No | Yes  No | | Infections | Yes  No | Yes  No | Yes  No | Yes  No | | Metabolic/endocrine disorders | Yes  No | Yes  No | Yes  No | Yes  No | | Movement disorders | Yes  No | Yes  No | Yes  No | Yes  No | | Muscle disease | Yes  No | Yes  No | Yes  No | Yes  No | | Neoplastic diseases | Yes  No | Yes  No | Yes  No | Yes  No | | Neurologic emergencies and ICU patients | Yes  No | Yes  No | Yes  No | Yes  No | | Other degenerative disorders | Yes  No | Yes  No | Yes  No | Yes  No | | Sleep disorders | Yes  No | Yes  No | Yes  No | Yes  No | | Stroke | Yes  No | Yes  No | Yes  No | Yes  No | | Syncope | Yes  No | Yes  No | Yes  No | Yes  No | | Trauma | Yes  No | Yes  No | Yes  No | Yes  No |  1. In the table below, provide the requested information on any residents and fellows from other NIHS-accredited programs who rotated through neurology during the last academic year.  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Speciality and years of GME  Indicate PGY levels | Number of Residents in the Last Year | Months Each Resident spent in Neurology | Neurology Assignment (ward, clinic, other) | Site# | | Internal Medicine PGY-# |  |  |  |  | | Neurological surgery PGY-# |  |  |  |  | | Physical Medicine and Rehabilitation PGY-# |  |  |  |  | | Psychiatry PGY-# |  |  |  |  | | Family Medicine PGY-# |  |  |  |  | | Transitional Year PGY-# |  |  |  |  | | Other PGY- (specify) |  |  |  |  | | | | | | | | | | |
| **4. RESIDENTS APPOINTMENT** | | | | | | | | | |
| **A. Resident Appointment and Eligibility Criteria** | | | | | | | | | |
| Describe the eligibility criteria for residents and resident selection criteria. (Limit 400 words).  Click or tap here to enter text. | | | | | | | | | |
| **5. EDUCATIONAL PROGRAM** | | | | | | | | | |
| **A. Regularly Scheduled Didactic Sessions** | | | | | | | | | |
| 1. Using the format provided, please complete Appendix A., Formal Didactic Sessions by Academic Year, and attach to submission. | | | | | | | | | |
| 1. Describe how the didactic program will be based upon the core knowledge content of Neurology (Limit 400 words).   Click or tap here to enter text. | | | | | | | | | |
| 1. Describe how the program will provide opportunities for residents to interact with other residents and faculty in educational sessions at a frequency sufficient for peer-peer and peer-faculty interaction.   (Limit 400 words).  Click or tap here to enter text. | | | | | | | | | |
| 1. Will patient-based teaching: | | | | | | | | | |
| * 1. Include direct interaction between residents and attending physicians. | | | | | Yes | | | No | |
| * 1. Include bedside teaching | | | | | Yes | | | No | |
| * 1. Include discussion of pathophysiology | | | | | Yes | | | No | |
| * 1. Include use of current evidence in diagnostic and therapeutic decisions | | | | | Yes | | | No | |
| * 1. Be formally conducted on all inpatient services | | | | | Yes | | | No | |
| * 1. Be formally conducted on all consultative services | | | | | Yes | | | No | |
| Explain any ‘NO’ responses. (Limit 250 words):  Click or tap here to enter text. | | | | | | | | | |
| 1. Describe how the program will ensure that patient-based teaching will occur with a frequency and duration sufficient to ensure a meaningful and continuous teaching relationship between the teaching attending’s and residents. (Limit 400 words).   Click or tap here to enter text. | | | | | | | | | |
| **B. Clinical Experiences** | | | | | | | | | |
| * + - 1. Does the program include one year of broad clinical experience in general internal medicine?   Yes  No  Explain any ‘NO’ responses.  Click or tap here to enter text.  if yes, does the experience in general internal medicine include the following?   1. Six months of internal medicine with primary responsibility in patient care  Yes  No 2. At least one month in emergency medicine with primary responsibility in patient care  Yes  No 3. At least one month in intensive care unit with primary responsibility and patient care  Yes  No 4. Other months are electives in Internal medicine or it's subspeciality with the primary responsibility in patient care  Yes  No   Explain any ‘NO’ responses  Click or tap here to enter text. | | | | | | | | | |
| * + - 1. Does the program include at least 24 months of full-time equivalent experience in clinical adult neurology?   Yes  No  Explain if ‘NO’ responses  Click or tap here to enter text.  If yes does the experience include the following   1. At least eight months of inpatient experience in adult neurology  Yes  No 2. At least eight months of full-time equivalent outpatient experience in clinical adult neurology  Yes  No   Explain if ‘NO’ responses  Click or tap here to enter text. | | | | | | | | | |
| * + - 1. Do all the residents have the following as part of the educational program?  1. At least four months of elective time  Yes  No 2. At least three full time equivalent months in clinical child neurology with management responsibility under the supervision of a Consultant Child neurologist with appropriate certification  Yes  No 3. At least three months of Nerve Conduction studies and Electromyography under the supervision of Consultant Neurologist who is fellowship trained in Neurophysiology/Neuromuscular.  Yes  No 4. A minimum of two months in epilepsy monitoring unit with primary responsibility under the supervision of consultant neurologist who is fellowship trained in epilepsy.  Yes  No 5. At least one month in clinical psychiatry (including cognition and behavior) under the supervision of a psychiatrist consultant with appropriate certification.  Yes  No.   Explain if ‘NO’ responses  Click or tap here to enter text. | | | | | | | | | |
| * + - 1. Do residents have experience in Neuroimaging?  Yes  No.   Explain if ‘NO’ responses  Click or tap here to enter text. | | | | | | | | | |
| * + - 1. Briefly describe the planned resident experience neuroimaging. [limited response to 400 words)   if yes does experience include the following?   1. Computerized tomography  Yes  No. 2. magnetic resonance imaging  Yes  No. 3. Neurosonology  Yes  No.   Explain if ‘NO’ responses  Click or tap here to enter text. | | | | | | | | | |
| * + - 1. Neurology continuity clinic:   Does the outpatient experience include a longitudinal continuity clinic with attendance by each resident for 1/2 day weekly throughout the program?  Yes  No  Explain if ‘NO’ responses  Click or tap here to enter text.   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | How many planned sessions per year on average for each PGY level? | How many patients will be scheduled per half day for each PGY level? | Staff member to resident ratio | On average, what percentage of time will patients be seen by their physicians? | | PGY-2 |  |  |  | % | | PGY-3 |  |  |  | % | | PGY-4 |  |  |  | % | | PGY-5 |  |  |  | % |   Briefly describe how or why this clinic will meet the criteria for a continuity clinic. (Limit response to 400 words) | | | | | | | | | |
| * + - 1. Specialty clinic(S)   For each PGY level, list the number of sessions per year and the number of patients scheduled per half day. Repeat this table as needed.   |  |  |  | | --- | --- | --- | | Specialty clinic: |  |  | |  | How many sessions per year on average for each PGY level? | How many patients are scheduled per half day for each PGY level? | | PGY-2 | Avg sessions/year | Patients/half day | | PGY-3 | Avg sessions/year | Patients/half day | | PGY-4 | Avg sessions/year | Patients/half day | | PGY-5 | Avg sessions/year | Patients/half day | | | | | | | | | | |
| * + - 1. Will the resident participate in Clinical teaching rounds, supervised by faculty members, at least five days per week?   Yes  No | | | | | | | | | |
| * + - 1. Will the residents have exposure to and understanding of evaluation and management of patients with neurological disorders in various settings, including in an intensive care unit and an emergency department, as well as patients requiring acute neurological management?   Yes  No | | | | | | | | | |
| 1. Will resident attend journal clubs?   Yes  No  If yes, how often? | | | | | | | | | |
| 1. Indicate if seminars and conferences for each topic or area listed are presented for the residents.  |  |  |  | | --- | --- | --- | |  | **YES** | **NO** | | Neurochemistry |  |  | | Neurogenetics/ Molecular Neurology/ Neuro Epidemiology |  |  | | Neuroimmunology / Neurovirology |  |  | | Neuropathology |  |  | | Neuropharmacology |  |  | | Neurophysiology |  |  | | Epidemiology |  |  | | Neural Development |  |  | | Neuro Imaging |  |  | | Neuropsychology |  |  | | Statistics |  |  | | Cerebral Spinal Fluid |  |  | | Developmental Disorders of Childhood |  |  | | Neuroendocrinology |  |  | | Neuro-Ophthalmology |  |  | | Neurotology |  |  | | Alcohol Dependence Substance Abuse |  |  | | Behavioral Personality Changes Associated with Structural Changes |  |  | | Physician Patient Relationships |  |  | | Altered States of Consciousness |  |  | | Diagnostic Procedures |  |  | | Memory Disorders Cortical Changes with Dysfunction |  |  | | Non-Pharmacological Therapeutic Modalities |  |  | | Principles Of Psychopathology |  |  | | Psychiatric Neurologic Problems Associated with Medical Diseases |  |  | | Psychiatry Diagnostic Criteria Transcultural  Forensic  Psychopharmacology |  |  | | Cost Effective Care |  |  | | Bioethics |  |  | | Palliative Care |  |  | | Patient Safety and Quality Assessment of Clinical Care |  |  | | Public Mental Health |  |  | | Systems Based Practice |  |  | | | | | | | | | | |
| 1. Will the residents attend at least one international professional conference during the educational program?   Yes  No | | | | | | | | | |
| 1. Complete the table below to indicate the number of months of clinical experiences planned in each year of the program for each area indicated (to be supported by Appendix B. Residency Program Block Diagram/Schedule). | | | | | | | | | |
| 1. Describe how the educational program is structured to allow residents to have clinical experiences in all of the Neurology subspecialties? (Limit 500 words).   Click or tap here to enter text. | | | | | | | | | |
| 1. Do all rotations have clearly defined written rotation-specific goals and objectives utilizing the NIHS competencies? | | | Yes | | | | No | | |
| Explain if ‘NO’. (Limit 250 words):  Click or tap here to enter text. | | | | | | | | | |
| 1. Indicate the number of months of night float that is planned for each resident. | | | | | | | | | |
| **Year of the program** | | | | | **Scheduled months of night float** | | | | |
| Year 1 | | | | | # | | | | |
| Year 2 | | | | | # | | | | |
| Year 3 | | | | | # | | | | |
| Year 4 | | | | | # | | | | |
| Year 5 | | | | | # | | | | |
| 17. What is the maximum number of consecutive days residents would be assigned night float | | | | | # | | | | |
| 1. Will residents write orders for inpatients under their care with appropriate supervision by the attending physician? | | | | | Yes | | | No | |
| 1. Describe how the program will ensure that each physician of record (most-responsible physician) will make management rounds on his or her inpatients and communicate effectively with the residents participating in the care of those patients at a frequency appropriate to the changing care needs of the patient. (Limit 400 words).   Click or tap here to enter text. | | | | | | | | | |
| 1. Describe how the program will ensure that residents are not required to relate to an excessive number of physicians off record (most responsible physicians). (Limit 300 words)   Click or tap here to enter text. | | | | | | | | | |
| **C. Residents’ Scholarly Activities** | | | | | | | | | |
| * + - 1. Do all residents engage in a scholarly activity under faculty supervision? | | | | | Yes | | | No | |
| Explain if ‘NO’. (Limit 250 words)  Click or tap here to enter text. | | | | | | | | | |
| * + - 1. Describe how the program ensures that all resident research projects are published or presented at institutional, local, regional or national meetings. (Limit 300 words).   Click or tap here to enter text. | | | | | | | | | |
| * + - 1. Describe how resident research projects are evaluated. (Limit 300 words).   Click or tap here to enter text. | | | | | | | | | |
| **D. Duty Hour and Work Limitations** | | | | | | | | | |
| 1. Are all residents working duties compliant with duty-hour regulations: | | | | | | | | | |
| 1. Duty hours are limited to 80-hours per week averaged over 4-weeks. | | | | | Yes | | | No | |
| 1. Residents have one day off in seven free from all clinical and educational duties, averaged over 4-weeks. | | | | | Yes | | | No | |
| 1. A minimum of 14-hours free of clinical work and education after 24 hours of in-house call. | | | | | Yes | | | No | |
| Explain if ‘NO’. (Limit 250 words).  Click or tap here to enter text. | | | | | | | | | |
| 1. Describe how the program ensures compliance with duty-hour regulations. (Limit 300 words).   Click or tap here to enter text. | | | | | | | | | |
| 1. Describe how faculty provides appropriate supervision to residents in patient care activities. (Limit 400 words)   Click or tap here to enter text. | | | | | | | | | |
| **6. CORE COMPETENCIES** | | | | | | | | | |
| **A. Patient Care and Procedure Skills** | | | | | | | | | |
| 1. How do graduating residents demonstrate the ability to provide population (patient) care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health? Describe how this will be evaluated. (Limit 400 words)   Click or tap here to enter text. | | | | | | | | | |
| 1. Include the settings and activities in which residents will demonstrate competence in the evaluation and management of the following areas of patient care. 2. Management of outpatients and inpatients with neurological disorders across the lifespan, including those who require emergency and intensive care? (Limit 400 words).   Click or tap here to enter text.   1. Indicate the method(s) that will be used to assess competence. (Limit 400 words).   Click or tap here to enter text. | | | | | | | | | |
| 1. How do graduating residents demonstrate competence in the care of patients in the following areas?    * + - 1. Ambulatory care, including one adult patient with episodic disorder, such as seizures or migraines          2. Critical care, including the care of at least one critically ill adult patient with neurological disease in either an intensive care unit or emergency department or through an emergency consultation from another inpatient service          3. Neurodegenerative disease, including one adult patient with a neurodegenerative disorder, such as dementia, a movement disorder, or multiple sclerosis          4. Neuromuscular disease, including one adult patient with a neuromuscular disease who may be in either an inpatient or outpatient setting          5. Paediatric care, including one child patient with a neurological disorder   (Limit 500 words).  Click or tap here to enter text. | | | | | | | | | |
| 1. How will all graduating physicians demonstrate proficiency in: 2. Using clinical skills of interviewing and physical examination 3. Using the laboratory and imaging techniques appropriately 4. Providing care for a sufficient number of undifferentiated acutely and severely ill patients.   Describe how proficiency will be assessed in each of the areas above. (Limit 300 words).  Click or tap here to enter text. | | | | | | | | | |
| 1. How will all graduating residents demonstrate competence in the knowledge and performance of the following procedures?  |  |  |  | | --- | --- | --- | | Procedure | Minimum Expected |  | | Nerve Conduction studies/EMG (Performing and reporting) | 30 | Click or tap here to enter text. | | Repetitive nerve stimulation  (Observe and reporting) | 3 | Click or tap here to enter text. | | Brain death examination  (Bedside assessment and apnea test) | 5 | Click or tap here to enter text. | | EEG  (Reading and reporting) | 20 | Click or tap here to enter text. | | Evoked Potential  (Observe and reporting) | 3 | Click or tap here to enter text. | | Lumbar puncture | 10 | Click or tap here to enter text. | | Botox (migraine, movement disorder)  (observe) | 2 | Click or tap here to enter text. | | Thrombolysis | 10 | Click or tap here to enter text. | | Thrombectomy  (Observe) | 5 | Click or tap here to enter text. | | | | | | | | | | |
|  | | | | | | | | | |
| **B. Medical Knowledge** | | | | | | | | | |
| * + - 1. How do graduating residents demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioural sciences, as well as the application of this knowledge to patient care? Describe how knowledge is evaluated. (Limit 400 words)   Click or tap here to enter text. | | | | | | | | | |
| * + - 1. How do graduating residents demonstrate knowledge of the following?   Basic sciences through application of this knowledge in the care of their patients and by passing clinical skills examinations  Major developments in the clinical sciences relating to neurology  Describe how knowledge is assessed in each of the areas listed. (Limit 300 words)  Click or tap here to enter text. | | | | | | | | | |
| * + - 1. Indicate the activities (lectures, conferences, journal clubs, clinical teaching rounds, etc.) in which residents will demonstrate knowledge in each of the following areas. Also indicate the method(s) that will be used to assess resident knowledge in each area.  |  |  |  | | --- | --- | --- | | Area of Knowledge | Settings/Activities | Assessment method(s) | | Knowledge of: aspects of neurology, including behavioural neurology, child neurology, clinical neurophysiology, epilepsy, headache, infectious disease, movement disorders, neurocritical care, neurogenetics, neuroimaging, neuroimmunology, neurology of aging, neuromuscular medicine, neuro-oncology, neurotology, neuro-ophthalmology, neuropathology, pain management, sleep disorders, and vascular neurology. | Click or tap here to enter text. | Click or tap here to enter text. | | Bioethics | Click or tap here to enter text. | Click or tap here to enter text. | | Palliative care, including adequate pain relief as well as psychosocial support and counselling for patients and families. | Click or tap here to enter text. | Click or tap here to enter text. | | Principles of psychopathology, psychiatric diagnosis, and therapy and the indications for complications of drugs used in psychiatry | Click or tap here to enter text. | Click or tap here to enter text. | | | | | | | | | | |
| **C. Practice-Based Learning and Improvement** | | | | | | | | | |
| 1. How will graduating residents demonstrate their 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? Describe how these will be evaluated. (Limit 300 words)   Click or tap here to enter text. | | | | | | | | | |
| 1. Briefly describe one planned learning activity in which residents will engage to identify strengths, deficiencies, and limits in their knowledge and expertise (self-reflection and self-assessment), set learning and improvement goals; and identify and perform appropriate learning activities to achieve self-identified goals (lifelong learning) (Limit 400 words)   Click or tap here to enter text. | | | | | | | | | |
| 1. Briefly describe one planned quality improvement activity or project that will allow residents to demonstrate an ability to analyze, improve, and change practice or patient care. Describe planning, implementation, evaluation and provisions of faculty member support and supervision that will guide this process.   Click or tap here to enter text. | | | | | | | | | |
| 1. Briefly describe how residents will receive and incorporate formative evaluation feedback into daily practice.   Click or tap here to enter text. | | | | | | | | | |
| 1. Briefly describe one example of a learning activity in which residents will engage to develop the skills needed to use information technology to locate, appraise, and assimilate evidence from scientific studies and apply it to their patients’ health problems.   The description should include:   1. Locating information 2. Using information technology 3. Appraising information 4. Assimilating evidence information (from scientific studies) 5. Applying information to patient care   Click or tap here to enter text. | | | | | | | | | |
| **D. Interpersonal and Communication Skills** | | | | | | | | | |
| Briefly describe one learning activity through which residents will demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. (Limit response to 400 words close)  Click or tap here to enter text. | | | | | | | | | |
| Briefly describe one learning activity in which residents will develop competence in communicating effectively with patients and their families across a broad range of socioeconomic and cultural backgrounds, and with physicians, and other health professionals. (Limit response to 400 words)  Click or tap here to enter text. | | | | | | | | | |
| Briefly describe one learning activity in which residents will develop the skills and habits to work effectively as a member or leader of a health care team or other professional group. In the example, identify the members of the team, responsibilities of the team members, and how team members communicate to accomplish responsibilities. (Limit response to 400 words)  Click or tap here to enter text. | | | | | | | | | |
| 1. Briefly describe how residents will be provided with opportunities to act in a consultative role to other physicians and health professionals. (Limit response to 400 words)   Click or tap here to enter text. | | | | | | | | | |
| 1. Briefly describe how residents will be provided with opportunities to maintain comprehensive, timely, and legible medical records, if applicable. (Limit response to 400 words)   Click or tap here to enter text. | | | | | | | | | |
| **E. Professionalism** | | | | | | | | | |
| 1. Briefly describe the learning activity(ies), other than lecture, through which graduating residents will demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Including:    1. Compassion, integrity, and respect for others    2. Responsiveness to patient needs that supersedes self-interest    3. Respect for patient privacy and autonomy    4. Accountability to patients, society, and the profession    5. Sensitivity and responsiveness to a diverse patient population, including to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation   (Limit 400 words)  Click or tap here to enter text. | | | | | | | | | |
| 1. Describe how these skills will be evaluated. (Limit 400 words). Provide an example of how traits will be assessed:   Click or tap here to enter text. | | | | | | | | | |
| **F. Systems-Based Practice** | | | | | | | | | |
| * + - 1. Briefly describe the learning activity(ies) through which residents demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. (Limit response to 400 words)   Click or tap here to enter text. | | | | | | | | | |
| * + - 1. Briefly describe the learning activity through which residents will develop competence in the elements of systems-based practice working effectively in various health care delivery settings and systems, coordinating patient care within the health care system; incorporating considerations of cost-containment and risk-benefit analysis in patient care; advocating for quality patient care and optimal patient care systems, and working in interprofessional teams to enhance patient safety and care quality. (Limit response to 400 words)   Click or tap here to enter text. | | | | | | | | | |
| * + - 1. Briefly describe an activity that will fulfill the requirement for experiential learning in identifying system errors and implementing potential system solutions (Limit response to 400 words)   Click or tap here to enter text. | | | | | | | | | |
| 1. **Evaluations** | | | | | | | | | |
| 1. **Resident Evaluation** | | | | | | | | | |
| * + - 1. Will there be at least three different consultant neurologist faculty members including at least one child neurologist involved with the evaluation?  Yes  No | | | | | | | | | |
| * + - 1. How will residents be provided with formative feedback from their in-service training examination and other clinical assessments?   Click or tap here to enter text. | | | | | | | | | |
| * + - 1. Will data provided during the semi-annual evaluations be used to prepare personal learning plans that are regularly reviewed and revised with the program director and or residents mentor?  Yes  No. | | | | | | | | | |
| * + - 1. Will the evaluations of resident’s performance be accessible for review by each resident in accordance with institutional policy?  Yes  No. | | | | | | | | | |
| * + - 1. Will the program director provide summative evaluation for each resident upon completion of the program that becomes part of the residence permanent record maintained by the institution, which is accessible for review by the resident in accordance with institutional policy?  Yes  No.     1. Will this evaluation document the resident’s performance during the final period of education?   Yes  No.   * + 1. Will this evaluation document that the resident demonstrated sufficient competence to enter autonomous practice?   Yes  No. | | | | | | | | | |
| 1. **Program Evaluation and Improvement** | | | | | | | | | |
| * + - 1. How will the program ensure formal, systematic evaluation of the curriculum at least annually?   Click or tap here to enter text. | | | | | | | | | |
| * + - 1. Will faculty development be documented in the annual program evaluation?  Yes  No. | | | | | | | | | |
| * + - 1. Will graduates performance, including performance of program graduates on the certification examination, be documented in the Annual Program Evaluation?  Yes  No. | | | | | | | | | |
| * + - 1. Will the written plan of action resulting from the program evaluation be reviewed and approved by the members of the teaching faculty and the residents and be submitted to the designated institutional official following the review?  Yes  No. | | | | | | | | | |
| **8. APPENDIX** | | | | | | | | | |
| A. Formal Didactic Sessions by Academic Year | | | | | | | | | |
| 1. For each year of residency, please attach a list of all scheduled didactic courses (including discussion groups, lectures, grand rounds, basic science, skills labs, and journal club) at all participating sites attended by residents, using the format below. If attended by residents from multiple years, list in each year but provide a full description **only the first time it is listed.**  Number sessions **consecutively** from the first year through the final year so that the scheduled didactic sessions can be easily referenced throughout the application. **Be brief and use the outline that follows.**  Year in the program:  Number: Title:  a) Type of Format (e.g., lecture, discussion groups, etc.)  b) Required or elective  c) Brief description (three or four sentences)  d) Frequency, length of session, and total number of sessions  **Example:**   |  | | --- | | Y-1  01. Introduction to Neurology  a) Seminar  b) Required Y-1  c) Survey of contemporary methods and styles of neurology, including approaches to clinical work with minority populations.  d) Weekly, for 8 sessions  02. Departmental Grand Rounds  a) Discussion groups  b) Required, Y-1, Y-2, Y-3; Elective Y-4  c) Clinical case presentations, sponsored by each departmental division, followed by discussion and review of contemporary state of knowledge. Format includes resident presentations and discussions with additional faculty discussant.  d) Twice monthly, 24 sessions | | | | | | | | | | |
| 2. If attendance will be monitored, explain how this is accomplished and how feedback is given regarding non-attendance. (Limit 250 words).  Click or tap here to enter text. | | | | | | | | | |

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| B. Residency Program Block Diagram/Schedule |
| A block diagram is a representation of the rotation schedule for a resident in a given post- graduate year. It offers information on the type, location, length, and variety of rotations for that year. The block diagram shows the rotations a resident would have in a given year; it does not represent the order in which they occur. There should be only one block diagram for each year of education. The block diagram should not include resident names.   * Create and upload a PDF of your program’s block diagram using the information below as a guide. * Two common models of the block diagram exist: the first is organized by month; the second divides the year into 13 four-week blocks. Rotations may span several of these time segments, particularly for subspecialty programs. Both models must indicate how vacation time is taken. This can be done by allocating a time block to vacation, or by indicating this in a “Notes” section accompanying the block diagram. Examples of other less common models are also provided below. * In constructing the block diagram, include the **participating site** in which a rotation takes place, as well as the **name of the rotation**. If the name of the rotation does not clearly indicate the nature of the rotation, then clarifying information should be provided as a footnote to the block diagram or elsewhere in the document. * **Group the rotations by site.** For example, list all of the rotations in Site 1 first, followed by all of the rotations in Site 2, etc. * When “elective” time is shown in the block diagram, the choice of elective rotations available for residents should be listed below the diagram. Elective rotations do not require a participating site. * Clinical rotations for some specialties may also include structured outpatient time. For each rotation, the percentage of time the resident spends in outpatient activities should be noted. * Clinical rotations for some specialties may also include structured research time. The fourth line of the schedule should be used to represent the percentage of time devoted to structured research on a clinical rotation. If a block is purely research, it should be labeled as such, and should not be associated with a participating site. * If needed, additional information to aid in understanding your program’s block diagram may be entered in a “Notes” section at the end of the Block Diagram Data Collection Form.   **Sample Block Diagrams**  **Block Diagram 1(1)** In this example, the year’s rotations are divided into 12 (presumably one-month) clinical rotations. Rotations may include structured outpatient or research time and electives.   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Block** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | | **Site** | Site 1 | Site 1 | Site 1 | Site 1 | Site 1 | Site 2 | Site 2 | Site 2 | Site 2 | Site 3 | Site 3 |  | | **Rotation Name** | Wards | Wards | ER | CCU | ICU | Wards | ER | ICU | Clinic | Wards | Clinic | Elec/Vac | | **% Outpatient** | 20 | 20 | 100 | 0 | 0 | 40 | 100 | 0 | 100 | 20 | 100 |  | | **% Research** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |   **Block Diagram 2 (1)** In this example, the year’s rotations are divided into 13 equal (presumably four-week) clinical rotations. Rotations may include structured outpatient or research time, and electives.   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Block** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | | **Site** | Site 1 | Site 1 | Site 1 | Site 1 | Site 1 | Site 2 | Site 2 | Site 2 | Site 2 | Site 3 | Site 3 | Site 3 |  | | **Rotation Name** | Wards | Wards | ER | CCU | ICU | Wards | Wards | ICU | Clinic | Wards | Wards | Clinic | Elec/Vac | | **% Outpatient** | 30 | 30 | 100 | 0 | 0 | 20 | 20 | 0 | 100 | 0 | 0 | 100 |  | | **% Research** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |   **Block Diagram 3 (1)** In this example, the year’s rotations are divided into six blocks of equal duration. One of the blocks is used for an elective, which can be chosen from a list of elective rotations and a vacation month.   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Block** | **1** | **2** | **3** | **4** | **5** | **6** | | **Site** | Site 1 | Site 1 | Site 2 | Site 2 | Site 3 |  | | **Rotation Name** | CCU | Med. Outpt. | Wards | ER | Wards | Elective/Vacation | | **% Outpatient** | 0 | 100 | 0 | 100 | 0 |  | | **% Research** | 0 | 0 | 0 | 0 | 0 |  |  |  |  |  |  | | --- | --- | --- | --- | | **Notes** | Possible electives: |  | | |  | Neurology Inpatient  Neuroradiology | Neurorehabilitation  EEG | Research  Neurocritical care |   **Block Diagram 4 (1)** In this example for a subspecialty program, the year’s rotations are divided into four equal blocks. Structured research time comprises 40% of the resident’s time on the specialty outpatient month. There is one three-month block devoted entirely to research.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Block** | **1** | **2** | **3** | **4** | | **Site** | Site 1 | Site 2 | Site 2 |  | | **Rotation Name** | Specialty Outpatient | Specialty Outpatient | Wards | Research | | **% Outpatient** | 100 | 100 | 0 |  | | **% Research** | 0 | 40 | 0 | 100 |   (1) In any block diagram, there must be a formal allocation for vacation time. If not shown in the diagram, a “Notes” section must indicate how vacation time is taken. |