Frequently Asked Questions: Child Neurology
(FAQs related to Child Neurology Program Requirements effective July 1, 2023)
Review Committee for Neurology
ACGME

<table>
<tr><th>Question</th><th>Answer</th></tr>
<tr><td colspan="2">Oversight</td></tr>
<tr><td>What are the Review Committee’s expectations for adequate facilities and space for the program?

[Program Requirement: I.D.1.a)]</td><td>The Review Committee’s expectations include the following:
Conference facilities must be available to the child neurology program.
Residents and faculty members must have access to study or workspace, desks, and locked storage cabinets or lockers.
Secure, conveniently located computer and reference material access must be available for use in patient care areas, resident and faculty office areas, and call rooms.
Confidential dictation space must be available.
Research resources should include laboratory space and equipment, computers, and statistical consultation services.
Sharing of administrative offices, study areas, or conference facilities is acceptable as long as it does not prohibit resident teaching, service, or learning.
Although not all resources need to be directly on site, access to resources should be available at each site as necessary for patient care.</td></tr>
<tr><td>What are the Review Committee’s expectations for adequate diagnostic resources related to diagnostic therapeutic services?

[Program Requirement: I.D.1.a).(4)]</td><td>Resources, such as laboratory facilities, imaging facilities/diagnostic radiology, electronic medical records, dictation and record keeping support, computer access, phlebotomy support, patient and specimen transport, nursing, and IV support, must be available for all programs.

Diagnostic resources should include:<ol type="a">
Electrodiagnosis
EEG
Ambulatory EEGs
Video-EEG monitoring
Intraoperative monitoring
Evoked potentials – visual, auditory, somatosensory
EMG/NCV</td></tr>
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Question	Answer
	• Single fiber studies b) Diagnostic Radiological Services • MRI and MRA • PET • CT • Angiography c) Genetic testing Diagnostic therapeutic services should include: a) Psychiatric services b) Genetic counseling services c) Interventional neuroradiology d) Occupational therapy e) Pain management f) Rehabilitation medicine g) Physical therapy h) Radiation oncology service i) Psychology services j) Social services k) Speech therapy
Personnel	
Where must the program director have a staff appointment if the Sponsoring Institution is not a clinical site? *[Program Requirement: I.B.1.a)]*	If the Sponsoring Institution is a non-clinical site, such as a medical school, the program director must have a staff appointment at the primary clinical site.
What is considered appropriate certification for subspecialty faculty members? *[Program Requirement: II.B.3.b).(1)]*	All faculty members providing subspecialty teaching in the program should be board-certified in the relevant subspecialty by the American Board of Psychiatry and Neurology (ABPN) or the American Osteopathic Board of Neurology and Psychiatry (AOBNP), when an applicable board is available. This would apply to situations in which residents rotate through subspecialty clinics or subspecialty inpatient rotations. Those faculty members supervising general patient experiences would only be required to be ABPN- or AOBNP-certified in neurology.

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Question	Answer
If a program does not have faculty members with expertise in particular disciplines, how should it ensure its residents have exposure to all of the areas listed in the Program Requirements? *[Program Requirement: II.B.3.b).(1)]*	Resident exposure to all the disciplines identified in the Program Requirements may occur through several methods. Residents may learn from a child neurologist who sees a high volume of patients with a particular problem, even if that faculty member is not formally listed as an expert in this area. Residents may also work with multi-disciplinary specialists or rotate to other clinical sites to obtain exposure to all required disciplines.
What is considered regular participation in organized clinical discussions, rounds, journal clubs, and conferences? *[Program Requirement: II.B.2.e)]*	Faculty members should participate in a manner that promotes a spirit of inquiry and scholarship (e.g., the offering of guidance and technical support for residents involved in research, such as research design and statistical analysis); and the provision of support for residents' participation, as appropriate, in scholarly activities.
Resident Appointments	
When is a resident considered a transferring resident? *[Program Requirement: III.C.]*	Residents are considered transferring residents under several conditions, including: • when moving from one program to the another within the same or different Sponsoring Institution; and, • when entering a child neurology program, even if the resident was simultaneously accepted into the preliminary program (e.g., pediatrics) and the child neurology program as part of the Match (e.g., accepted to both programs right out of medical school). Before accepting a transferring resident, the "receiving" program director must obtain written or electronic verification of prior education from the current program director. Verification includes evaluations, rotations completed, procedural/operative experience, Milestones reports, and a summative competency-based performance evaluation. The term "transfer resident" and the responsibilities of the two program directors noted above do not apply to a resident who has successfully completed a residency and is then accepted into a subsequent residency or fellowship.
Educational Program	
How can a program confirm its curriculum includes all required educational components?	Program directors can use the checklist noted in Appendix I at the end of this FAQ document to determine if all required curricular components are included as part of the educational program.

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Question	Answer
[Program Requirement: Section IV.A.]	
What criteria should an off-site elective meet? [Program Requirement: IV.C.4.d)]	Off-site elective time may be considered, if: • The program director has oversight of curriculum and education. • The residents are evaluated, based on that curriculum and education. • Physicians available to educate residents at the host site meet qualification requirements. • There is a completed Program Letter of Agreement, specifying curriculum, supervision, and evaluation. • The elective is not available at the Sponsoring Institution. • The elective is not a core requirement. • The designated institutional official (DIO) and Graduate Medical Education Committee (GMEC) of the Sponsoring Institution have approved the elective.
How much time must a resident spend in the continuity clinic if the resident cannot participate due to a rotation, such as ICU, or due to being on leave? [Program Requirement: IV.C.5.]	The spirit of continuity clinic is that of an organized, continuous, and supervised clinical experience in which one's clinic patient panel is followed over a long period of time on a weekly basis. An outpatient clinic where the same patients cannot be followed over a long period of time will not fulfill the requirement. Scheduling of continuity clinics may be deferred during a busy inpatient month in which inpatient continuity of care is paramount (e.g., neurocritical care or night rotations). Although there may be a few gaps based on rotations such as ICU or night float, the same total number of continuity clinics must be seen with the same patient panel in the same academic year.
Can continuity clinics be scheduled by clustering them into blocks of time, separate from inpatient rotations, rather than scheduling them weekly? [Program Requirement: IV.C.5.]	Continuity clinics may be scheduled from inpatient rotations as an alternative to weekly clinics as long as: 1) the clinics still adhere to the spirit of a longitudinal experience of patient care over the 36 months of residency, with resident seeing their own patients over time, rather than simply outpatients; 2) there are at least 40 total continuity clinics per year; and 3) clinic blocks are held not more than six weeks apart. A change to the weekly format of continuity clinic should be noted as a Major Change for the program in the Accreditation Data System (ADS), and evidence of this continuity must be provided to the Accreditation Field Representative during the accreditation site visit and/or to the Review Committee when requested.
What are examples of acceptable resident scholarly activity?	Examples of acceptable resident scholarship include: participation in research; publication and presentation at national and regional meetings; preparation and

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<tr><td>[Program Requirement: IV.D.3.a)]</td><td>presentation of neurological topics at educational conferences and programs; organization and administration of educational programs; and activity related to professional leadership. Peer-review activities and quality of care programming, as well as presentations at departmental conferences would also qualify.</td></tr>
<tr><th colspan="2">Evaluation</th></tr>
<tr><td>How can a program provide objective assessments of resident competency?

[Program Requirement: V.A.1.c)]</td><td>See the table below for examples:
<table>
<tr><th>Competency</th><th>Examples of Documentation</th></tr>
<tr><td>Patient Care and Procedural Skills</td><td>Milestones, Objective Structured Clinical Examinations (OSCEs), mini-clinical evaluation exercise (mini-CEX), direct observation, structured case discussions, role-play or simulation, chart review, etc.</td></tr>
<tr><td>Medical Knowledge</td><td>Milestones, American Academy of Neurology’s Residency In-Service Training Exam (RITE), OSCEs, global assessment, direct observation, structured case discussions, other exams, etc.</td></tr>
<tr><td>Practice-based Learning and Improvement</td><td>Milestones, resident portfolios, global assessment, conferences presented by residents, patient education materials developed by residents, quality performance measures, chart review, etc.</td></tr>
<tr><td>Interpersonal and Communication Skills</td><td>OSCEs, Milestones, Neurology Clinical Evaluation Exercise (NEX), global assessment, direct observation, multi-source feedback, patient surveys, role-play or simulation, etc.</td></tr>
<tr><td>Professionalism</td><td>Milestones, residents portfolios, global assessment, direct observation, multi-source feedback, patient surveys, etc.</td></tr>
<tr><td>Systems-based Practice</td><td>Milestones, resident portfolios, global assessment, multi-source feedback, quality measures, chart review, etc.</td></tr>
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<tr><td>Who needs to evaluate residents?

[Program Requirement: V.A.1.c).(1)]</td><td>Multiple evaluators should be used, including faculty members, other residents, patients, the residents themselves, and other professional staff members. In addition, each resident must be evaluated by at least one ABPN-certified child neurologist and</td></tr>
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Question	Answer
	two ABPN-certified neurologists. Please refer to the ABPN website for information regarding required Neurology Clinical Skills Evaluation and clinical skills verification.
What types of information should be reviewed when performing the annual internal program evaluation? *[Program Requirement: V.C.1.c)]*	Some specific examples of information programs should use in their reviews are: • De-identified resident and faculty member comments • Sponsoring Institution's GMEC review, if applicable • Resources available at each participating site • Quality of supervision • Goals and Objectives • ACGME Faculty and Resident Survey results • Meeting minutes • RITE scores • Milestones • Faculty member and resident scholarly activity • Board pass rate in last year This list is not meant to be exhaustive.
What types of goals should be considered when evaluating a program? *[Program Requirement: V.C.1.b).(2)]*	In addition to program's goals for each rotation, longitudinal experience and didactic goals should also be reviewed for program evaluation. It is acceptable for a single set of goals to be used for a multispecialty rotation. All of these, as well as outcomes based upon these goals, should also be assessed as part of the program evaluation.
Who should annually review curriculum goals and assess whether they have been met? *[Program Requirement: V.C.1.b).(2)]*	In addition to the faculty members, at least one fellow must serve on the Program Evaluation Committee, and all fellows must have input into the program evaluation process. Program goals should be reviewed as part of this process.
The Learning and Working Environment	
Which licensed independent practitioners can contribute to residents' education? *[Program Requirement: VI.A.2.a).(2)]*	Licensed practitioners include health care professionals who are licensed in the state and have appropriate credentials to provide patient care. These may include advanced practice providers or psychologists, for example.
What does the Review Committee consider an optimal clinical workload?	The program director must make an assessment of the learning environment, including patient safety, complexity of patient illness/condition, available support services, and

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Question	Answer
[Program Requirement: VI.E.1.]	level of resident knowledge, skills, and abilities when determining the clinical workload for each resident.
Is there a maximum number of patients that can be cared for by a single resident, i.e., does the Review Committee mandate patient caps? *[Program Requirement: VI.E.1.a).]*	No. The Review Committee recognizes the need for flexibility in service structures across programs and does not consider it feasible to establish a universal patient cap or individual caps for all variations in service structure. The responsibility to monitor resident workload remains in the hands of the program director and should be based on patient needs, patient safety data, and the needs and abilities of individual residents. Therefore, the program director may institute patient caps.
Who should be included in the interprofessional teams? *[Program Requirement: VI.E.2.]*	Nurses, pharmacists, physician assistants, psychologists, social workers, and occupational, physical, and speech therapists, are examples of professional personnel who may be part of interprofessional teams on which residents must work as members.
Must every interprofessional team include representation from every profession listed above? *[Program Requirement: VI.E.2.]*	No. The Review Committee recognizes that the needs of specific patients change with their health statuses and circumstances. The Review Committee's intent is to ensure that the program has access to these professional and paraprofessional personnel, and that interprofessional teams be constituted as appropriate and as needed, not to mandate that all be included in every case.

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Appendix I

Educational Program Checklist	Yes/No
1. Are overall educational goals for the program distributed to the residents annually? (IV.A.1)	
2. Are goals and objectives competency-based? (IV.A.2.)	
3. Are the goals and objectives specific to each rotation AND each educational level? (IV.A.2.)	
4. Are didactic sessions scheduled on a regular basis? (IV.A.4.)	
5. Do residents attend required seminars, conferences, and journal clubs? (IV.C.6.)	
6. Are all additional required topics covered during didactics? (IV.C.6.)	
7. Do residents attend at least one national professional conference? (IV.D.1.b).(1))	
8. Are residents clearly informed about their patient care responsibilities? (IV.A.3.)	
9. Are residents provided progressive responsibility for patient management? (IV.C.3.b))	
10. Are residents provided supervision throughout the program? (IV.C.3.)	
11. Are residents provided a combination of patient care, teaching, and research experiences? (IV.C.3., IV.C.3.a), and IV.C.3.b))	
12. Do patient care responsibilities include inpatient experiences? (IV.C.4.a).(1))	
13. Do patient care responsibilities include outpatient experiences? (IV.A.6.a))	
14. Do patient care responsibilities include consultation experiences? (IV.C.4.g))	
15. Do the 12 FTE months of clinical adult neurology experience provide at least six months of inpatient adult neurology? (IV.C.4.a).(1))	
16. Do the 12 FTE months of clinical adult neurology experience provide at least three months of outpatient adult neurology? (IV.C.4.a).(2))	
17. Do the 12 FTE months of clinical adult neurology experience provide at least three months of elective clinical adult neurology? (IV.C.4.a).(3))	

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