**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.I.B.1.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 I.D.1.a)] (Limit response to 400 words)

|  |
| --- |
| Click here to enter text. |

2. Briefly describe the availability of office space at each participating site for faculty members, fellows, and support staff. [PR I.D.1.a)] (Limit response to 400 words)

|  |
| --- |
| Click here to enter text. |

3. Briefly describe the space provided for faculty members’ and fellows’ research at each participating site. [PR I.D.1.a)] (Limit response to 400 words)

|  |
| --- |
| Click here to enter text. |

4. Indicate whether the facilities and resources listed below are available for all participating sites listed in ADS. [PR I.D.1.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 | [x]  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 I.D.4.a)]

|  |  |  |  |
| --- | --- | --- | --- |
| **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 I.D.4.a)]

|  |  |  |  |
| --- | --- | --- | --- |
| **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 I.D.4.a)]

|  | **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 I.D.4.a)]

| **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 percentage of salary support and protected time provided for the program director be at least 10 percent FTE? [PR II.A.2.a)] [ ]  YES [ ]  NO
2. Will the program director be provided with support adequate for administration of the program based upon its size and configuration?? [PR II.A.2.and II.A.2.a)] [ ]  YES [ ]  NO

Explain any “NO” responses to 1 or 2 above. (Limit response to 400 words)

|  |
| --- |
| Click here to enter text. |

**Fellow Appointments**

List the number of residents or fellows from other specialties who rotated through clinical neurophysiology during the last academic year as well as the other information requested below for each. [PR III.A.1.b)]

|  |  |  |  |
| --- | --- | --- | --- |
| **Specialty and Years of GME (e.g., PGY-2, Child Neurology)** | **Number of Residents in the Last Year** | **Months Each Resident Spent in Clinical Neurophysiology** | **Clinical Neurophysiology Assignment (EEG, EMG, sleep, other)** |
| Adult neurology PGY- # | # | # | Assignment |
| Child neurology PGY- # | # | # | Assignment |
| Neurological surgery PGY- # | # | # | Assignment |
| Physical medicine and rehabilitation PGY- # | # | # | Assignment |
| Psychiatry PGY- # | # | # | Assignment |
| Other PGY- # | # | # | Assignment |

**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 IV.B.1.b).(1).(a)] | Settings/activities | Assessment method(s) |
| The ability to accurately report results in at least two of the following: [PR IV.B.1.b).(2).(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 IV.B.1.b).((2).(a).(ii)] | Settings/activities | Assessment method(s) |
| Intra-operative monitoring studies interpretation[PR IV.B.1.b).(2).(a).(iii)] | Settings/activities | Assessment method(s) |
| Interpretation of sleep studies[PR IV.B.1.b).(2).(a).(iv)] | 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 IV.B.1.b).(2).(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. [PR IV.C.4.; PR V.A.1.c)]

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Normal electrophysiology of the nervous system[PR IV.B.1.c).(1).(a)] | Settings/activities | Assessment method(s) |
| Altered, abnormal electrophysiology of the nervous system[PR IV.B.1.c).(1).(b)] | Settings/activities | Assessment method(s) |
| The disease states involved[PR IV.B.1.c).(1).(c).(1).(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 life-long learning. [PR IV.B.1.d)] (Limit response to 400 words)

|  |
| --- |
| Click here to enter text. |

**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 IV.B.1.e)] (Limit response to 400 words)

|  |
| --- |
| Click here to enter text. |

**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, 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)

|  |
| --- |
| Click here to enter text. |

**Curriculum Organization and Fellow Experiences**

1. Briefly describe the manner in which the program director and faculty members will prepare and implement a comprehensive, well-organized, and effective curriculum, both academic and clinical, that includes the presentation of core subspecialty knowledge supplemented by the addition of current information. [PR IV.C.3.a)] (Limit response to 400 words)

|  |
| --- |
| Click here to enter text. |

**Clinical and Basic Science**

| **Clinical Area** [PR IV.C.4.-IV.C.5.d)] | **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 |
| **Neuropathology** |  |  |  |  |  |
| Name of director(s) | Name | Name | Name | Name | Name |
| CNS surgical specimens per year | # | # | # | # | # |
| Muscle biopsies | # | # | # | # | # |
| Nerve biopsies | # | # | # | # | # |
| 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 IV.D.3.a)-d)] (Limit response to 400 words)

|  |
| --- |
| Click here to enter text. |

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

[PR IV.D.3.b)] [ ]  YES [ ]  NO

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

[PR IV.D.3.c)] [ ]  YES [ ]  NO

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

**The Learning and Working Environment**

**Transitions of Care**

Describe how continuity of care will be ensured; whether fellows maintain care throughout a patient’s hospitalization; if fellows will see their patients on weekends, and, if not, how continuity of care will be maintained; and if fellows will see patients admitted to them in clinic follow-up. [PR VI.E.3.] (Limit response to 400 words)

|  |
| --- |
| Click here to enter text. |

**Night Float**

Outline fellow responsibility and frequency on night call at each site. [PR VI.F.6.]

|  |
| --- |
| Click here to enter text. |