**New Application: Child Neurology (Pediatrics)**

401 North Michigan Avenue • Chicago, Illinois 60611 • United States • +1.312.755.7042 • [www.acgme-i.org](http://www.acgme-i.org)

**Submission for Initial Accreditation:** This Advanced Specialty Application is for programs applying for **Initial Accreditation ONLY** and is used in conjunction with the Accreditation Data System (ADS).

All sections of the form applicable to the program must be completed for it to be accepted for review. The information provided should describe the existing program. For items that do not apply, indicate “N/A” in the space provided. Where patient numbers are requested, provide exact numbers as requested and indicate the exact dates for the data entered. If any requested information is unavailable, an explanation must be given, and it should also be indicated as unavailable in the appropriate place on the form. Once the form is complete, number the pages sequentially in the bottom center.

The program director is responsible for the accuracy of the information supplied in this form and must sign it. It must also be signed by the designated institutional official (DIO) of the Sponsoring Institution, who will submit the application electronically in ADS.

Review the International Foundational Program Requirements for Graduate Medical Education and Advanced Specialty Program Requirements for Graduate Medical Education in Child Neurology. The International Foundational, Advanced Specialty, and Institutional Requirements may be downloaded from the ACGME International website: [www.acgme-i.org](http://www.acgme-i.org/).

Email questions regarding the form’s content to [acgme-i@acgme-i.org](mailto:acgme-i@acgme-i.org).

Email questions regarding ADS to [ADS@acgme.org](mailto:ADS@acgme.org) (type the program number in the subject line).

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|  |
| --- |
| Program Name: Click here to enter text. |

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**Introduction**

**Duration and Scope of Education**

|  |
| --- |
| * + - 1. What will be the length, in months, of the educational program?   Choose a length. |

**Institutions**

**Sponsoring Institution**

1. Will the fellowship function as an integral part of an ACGME-I-accredited residency in pediatrics? YES NO

Explain if ‘NO.’ For information on independent subspecialty status, email [acgme-i@acgme-i.org](mailto:acgme-i@acgme-i.org) (Limit 250 words)

|  |
| --- |
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1. Will the fellowship have an affiliation with an ACGME-I-accredited neurology program?

YES NO

Explain if ‘NO.’ (Limit 250 words)

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

1. Will the fellowship program be geographically proximate to the affiliated core pediatric residency program? YES NO

Explain if ‘NO.’ (Limit 250 words)

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

1. How will the program ensure the fellowship does not negatively affect the education of residents in the affiliated neurology or pediatric residency programs? (Limit 300 words)

|  |
| --- |
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**Program Personnel and Resources**

**Program Director**

1. Will the program director mentor or guide fellows in the skills necessary to the practice of child neurology in the following areas?
2. Advocacy YES NO
3. Clinical care YES NO
4. Quality improvement YES NO
5. Research YES NO
6. Teaching YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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

1. Will the program director ensure that each fellow:
2. documents procedural experience? YES NO
3. is provided with mentorship to develop necessary skills? YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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

1. How will the program director coordinate, with the core residency and related subspecialty program directors, incorporation of the Competencies into fellowship education to foster consistent expectations and fellow evaluation? (Limit 300 words)

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

1. Will the program ensure meetings with the program director of the affiliated pediatric residency program and all pediatric subspecialty programs occur at least semiannually? YES NO

If ‘Yes’, will the semiannual meetings address a departmental approach to common educational issues and concerns, including core curriculum, the Competencies, and evaluation? YES NO

Explain any ‘NO’ responses (Limit 250 words)

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

1. What will be the extent of the program director’s authority and responsibility to set and adjust fellows’ clinical responsibilities, and to ensure fellows have appropriate clinical responsibilities and an appropriate patient load? (Limit 400 words)

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

1. How will the program director monitor fellow stress and recognize and resolve situations that demand excessive service or consistently produce undesirable stress? (Limit 400 words)

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

1. Will the program director approve and monitor the quality of the curriculum in adult neurology? YES NO

Explain if ‘NO.’ (Limit 250 words)

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

**Faculty**

1. Will there be at least two faculty members, including the program director? YES NO

Explain if ‘NO.’ (Limit 250 words)

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

1. How will the program ensure faculty members encourage and support fellows in scholarly activities, including mentoring fellows in the application of scientific principles, epidemiology, biostatistics, and evidence-based medicine that have implications for the field of child neurology? (Limit 400 words)

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

1. Will there be scholarly activities in basic science, clinical care, health services, health policy, quality improvement, or education with implications for the field of child neurology? YES NO

Explain if ‘NO.’ (Limit 250 words)

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

1. Complete the table below to indicate the faculty members with expertise in each specified area.

|  |  |
| --- | --- |
| Practice Area | Faculty Member(s) Name(s) |
| Adult critical care medicine |  |
|  |
|  |
| Adult infectious disease |  |
|  |
|  |
| Child and adolescent psychiatry |  |
|  |
|  |
| Clinical neurophysiology |  |
|  |
|  |
| Cognitive development |  |
|  |
|  |
| Neonatal neurology |  |
|  |
|  |
| Neurogenetics |  |
|  |
|  |
| Neuroimaging |  |
|  |
|  |
| Neuroimmunology |  |
|  |
|  |
| Neuromuscular disorders |  |
|  |
|  |
| Neuro-oncology |  |
|  |
|  |
| Neuro-ophthalmology |  |
|  |
|  |
| Pain management |  |
|  |
|  |
| Pediatric critical care medicine |  |
|  |
|  |
| Pediatric infectious disease |  |
|  |
|  |

List any faculty members not included in the table above, as well as their specialty.

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

1. Will consultants with expertise in adult neurology be available to the program for transition care of young adults? YES NO

Explain if ‘NO. (Limit 250 words)

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

**Resources**

1. Inpatient data: Provide the following information for the most recent 12-month period. The same timeframe should be used throughout the application. Site numbers should correspond to the numbers listed in the participating site information entered in ADS and Site #1 is the primary clinical site.

|  |  |  |
| --- | --- | --- |
| **Inclusive Dates:** | **From:** Click here to enter a date. | **To:** Click here to enter a date. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| Bed Capacity | | | | |
| Child neurology beds (assigned or available) | # | # | # | # |
| Admission Data (past year) | | | | |
| Total admissions to child neurology service | # | # | # | # |
| Percent male | # % | #% | #% | #% |
| Average daily census on child neurology | # | # | # | # |
| Average Monthly Team Size | | | | |
| Child neurology fellows | # | # | # | # |
| Rotating residents | # | # | # | # |
| Students | # | # | # | # |

1. Inpatient Statistics: Provide the number of inpatients in each of the following diagnostic categories that were available in the program for the past year. Each patient should be listed only once in the most appropriate category. Use site numbers as listed in ADS and in the table above.

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- |
| Autoimmune/Vasculitis | # | # | # | # |
| Child Neurology-Other - genetic disorders, developmental defects, perinatal insults, etc. | # | # | # | # |
| Degenerative Diseases | # | # | # | # |
| Disorders of Cognitive Function | # | # | # | # |
| Disorders of Cranial Nerves | # | # | # | # |
| Disorders of Intracranial Pressure | # | # | # | # |
| Disorders of Spinal Cord, Nerve Roots, and Plexus | # | # | # | # |
| Drug Effects and Dependency | # | # | # | # |
| Endocrine Disorders | # | # | # | # |
| Epilepsy | # | # | # | # |
| Infectious Diseases | # | # | # | # |
| Metabolic Diseases | # | # | # | # |
| Movement Disorders | # | # | # | # |
| Multiple Sclerosis | # | # | # | # |
| Muscle Diseases | # | # | # | # |
| Neoplastic Diseases | # | # | # | # |
| Neuropathies | # | # | # | # |
| Nutritional Deficiencies | # | # | # | # |
| Other Neurologic Diagnoses | # | # | # | # |
| Pain Disorders | # | # | # | # |
| Psychiatric Conditions | # | # | # | # |
| Sleep Disorders | # | # | # | # |
| Stroke, Anoxia, and Hypoxia | # | # | # | # |
| Syncope and Other Alterations of Consciousness | # | # | # | # |
| Toxic Disorders | # | # | # | # |
| Traumatic Injuries | # | # | # | # |
| Miscellaneous | # | # | # | # |
| TOTAL | # | # | # | # |

1. Consultation data: Note number of consults for pediatric patients with acute neurological disorders in the intensive care unit and emergency department.

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- |
| Number of consultations per year | # | # | # | # |
| Inpatient (other than NICU) | # | # | # | # |
| Emergency room | # | # | # | # |
| Nursery ICU | # | # | # | # |

1. Consultation Diagnostic Categories: Provide the number of consults in each of the following diagnostic categories that were available in the program for the past year. Each patient should be listed only once in the most appropriate category.

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- |
| Autoimmune/Vasculitis | # | # | # | # |
| Child Neurology-Other - genetic disorders, developmental defects, perinatal insults, etc. | # | # | # | # |
| Degenerative Diseases | # | # | # | # |
| Disorders of Cognitive Function | # | # | # | # |
| Disorders of Cranial Nerves | # | # | # | # |
| Disorders of Intracranial Pressure | # | # | # | # |
| Disorders of Spinal Cord, Nerve Roots, and Plexus | # | # | # | # |
| Drug Effects and Dependency | # | # | # | # |
| Endocrine Disorders | # | # | # | # |
| Epilepsy | # | # | # | # |
| Infectious Diseases | # | # | # | # |
| Metabolic Diseases | # | # | # | # |
| Movement Disorders | # | # | # | # |
| Multiple Sclerosis | # | # | # | # |
| Muscle Diseases | # | # | # | # |
| Neoplastic Diseases | # | # | # | # |
| Neuropathies | # | # | # | # |
| Nutritional Deficiencies | # | # | # | # |
| Other Neurologic Diagnoses | # | # | # | # |
| Pain Disorders | # | # | # | # |
| Psychiatric Conditions | # | # | # | # |
| Sleep Disorders | # | # | # | # |
| Stroke, Anoxia, and Hypoxia | # | # | # | # |
| Syncope and Other Alterations of Consciousness | # | # | # | # |
| Toxic Disorders | # | # | # | # |
| Traumatic Injuries | # | # | # | # |
| Miscellaneous | # | # | # | # |
| TOTAL | # | # | # | # |

1. Indicate whether the facilities and resources listed below are available for all participating sites listed in ADS.

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- |
| **Diagnostic Resources** | | | | |
| **Electrodiagnostic** | | | | |
| Ambulatory EEGs | YES  NO | YES  NO | YES  NO | YES  NO |
| Electroencephalogram (EEG) | YES  NO | YES  NO | YES  NO | YES  NO |
| Electromyography (EMG)/Nerve Conduction Velocity (NCV) | YES  NO | YES  NO | YES  NO | YES  NO |
| Evoked Potentials- Visual, Auditory, Somatosensory | YES  NO | YES  NO | YES  NO | YES  NO |
| Intra-operative Monitoring | YES  NO | YES  NO | YES  NO | YES  NO |
| Single Fiber Studies | YES  NO | YES  NO | YES  NO | YES  NO |
| Video EEG Monitoring | YES  NO | YES  NO | YES  NO | YES  NO |
| **Diagnostic Radiological Services** | | | | |
| Computed Tomography (CT) | YES  NO | YES  NO | YES  NO | YES  NO |
| Magnetic Resonance Imaging (MRI) and Magnetic Resonance Angiogram (MRA) | YES  NO | YES  NO | YES  NO | YES  NO |
| Modified Rankin Scale (MRS) | YES  NO | YES  NO | YES  NO | YES  NO |
| Positron Emission Tomography (PET) (SPECT) | YES  NO | YES  NO | YES  NO | YES  NO |
| Single Photon Emission Computed Tomography | YES  NO | YES  NO | YES  NO | YES  NO |
| **Related Diagnostic and Therapeutic Services** | | | | |
| Child Psychiatric Services | YES  NO | YES  NO | YES  NO | YES  NO |
| Cytogenetics and Genetic Testing | YES  NO | YES  NO | YES  NO | YES  NO |
| Genetic Counseling Service | YES  NO | YES  NO | YES  NO | YES  NO |
| Interventional Neuroradiology | YES  NO | YES  NO | YES  NO | YES  NO |
| Occupational Therapy | YES  NO | YES  NO | YES  NO | YES  NO |
| Pain management | YES  NO | YES  NO | YES  NO | YES  NO |
| Pediatric Rehabilitation Medicine | YES  NO | YES  NO | YES  NO | YES  NO |
| Physical Therapy | YES  NO | YES  NO | YES  NO | YES  NO |
| Radiation Oncology Service and Facilities | YES  NO | YES  NO | YES  NO | YES  NO |
| Psychology Services | YES  NO | YES  NO | YES  NO | YES  NO |
| Social Services | YES  NO | YES  NO | YES  NO | YES  NO |
| Speech and Language Therapy and Audiology | YES  NO | YES  NO | YES  NO | YES  NO |

1. Outpatient Data: Child Neurology Clinics

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- |
| Average number of visits per month | # | # | # | # |
| Average number of new patients per month | # | # | # | # |
| Planned average number of child neurology residents per clinic | # | # | # | # |
| Planned frequency of child neurology residents assignment to clinic | # | # | # | # |
| Average number of attendings in child neurology resident clinics | # | # | # | # |
| Planned average number of child neurology fellows in attending clinics | # | # | # | # |

1. Outpatient Diagnostic Categories: Provide the number of outpatients in each of the following diagnostic categories that were available in the program for the past year. Each patient should be listed only once in the most appropriate category. Reference site numbers in ADS.

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- |
| Autoimmune/Vasculitis | # | # | # | # |
| Child Neurology-Other - genetic disorders, developmental defects, perinatal insults, etc. | # | # | # | # |
| Degenerative Diseases | # | # | # | # |
| Disorders of Cognitive Function | # | # | # | # |
| Disorders of Cranial Nerves | # | # | # | # |
| Disorders of Intracranial Pressure | # | # | # | # |
| Disorders of Spinal Cord, Nerve Roots, and Plexus | # | # | # | # |
| Drug Effects and Dependency | # | # | # | # |
| Endocrine Disorders | # | # | # | # |
| Epilepsy | # | # | # | # |
| Infectious Diseases | # | # | # | # |
| Metabolic Diseases | # | # | # | # |
| Movement Disorders | # | # | # | # |
| Multiple Sclerosis | # | # | # | # |
| Muscle Diseases | # | # | # | # |
| Neoplastic Diseases | # | # | # | # |
| Neuropathies | # | # | # | # |
| Nutritional Deficiencies | # | # | # | # |
| Other Neurologic Diagnoses | # | # | # | # |
| Pain Disorders | # | # | # | # |
| Psychiatric Conditions | # | # | # | # |
| Sleep Disorders | # | # | # | # |
| Stroke, Anoxia, and Hypoxia | # | # | # | # |
| Syncope and Other Alterations of Consciousness | # | # | # | # |
| Toxic Disorders | # | # | # | # |
| Traumatic Injuries | # | # | # | # |
| Miscellaneous | # | # | # | # |
| TOTAL | # | # | # | # |

1. How will the program ensure there are adequate numbers and variety of child and adult neurology patients with both short- and long-term neurological problems and diversified as to age and gender to provide a broad experience for fellows? (Limit 400 words)

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

**Fellow Appointment**

**Eligibility Criteria**

1. How will the program ensure all fellows have completed an ACGME-I-accredited pediatric residency or another pediatric residency program that is acceptable to the Sponsoring Institution’s Graduate Medical Education Committee? (Limit 300 words)

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

**Specialty-Specific Educational Program**

**ACGME-I Competencies**

**Professionalism**

1. How will graduating fellows demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles, including trustworthiness, leadership skills, and the capacity to recognize that ambiguity is part of clinical medicine, and to respond by utilizing appropriate resources in dealing with uncertainty? (Limit 400 words)

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

**Patient Care**

1. How will graduating fellows demonstrate the ability to provide 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 300 words)

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

1. How will graduating fellows demonstrate competence in providing consultation, performing a history and physical examination, making informed diagnostic and therapeutic decisions that result in optimal clinical judgement, and developing and carrying out management plans?

Describe how competence will be evaluated. (Limit 400 words)

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

1. How will graduating fellows demonstrate competence in providing transfers of care that ensure seamless transitions, counseling patients and patients’ families, using information technology to optimize patient care, and providing appropriate role modeling and supervision?

Describe how competence will be evaluated. (Limit 400 words)

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

1. How will graduating fellows demonstrate competence in providing for or coordinating with a medical home for patients with complex and chronic diseases?

Describe how competence will be evaluated. (Limit 250 words)

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

1. How will graduating fellows demonstrate competence in conducting a thorough neurological examination, including organizing and recoding data?

Describe how competence will be evaluated. (Limit 300 words)

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

1. How will graduating fellows demonstrate competence in the following?
2. Consulting and referring to mental health providers
3. Managing neurological disorders interacting with psychiatric disorders
4. Recognizing psychiatric disorders in children and adolescents

Describe how each of the above will be evaluated. (Limit 300 words)

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

1. How will graduating fellows demonstrate competence in managing pediatric patients with acute neurological disorders in an intensive care unit and an emergency department? (Limit 300 words)

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

1. How will graduating fellows demonstrate their ability to manage infants, children, and adolescents with common and complex neurologic disorders, including the following?
2. Epilepsy
3. Headaches
4. Neurogenetic problems
5. Neurometabolic problems
6. Pediatric stroke

Provide examples for how competence will be assessed in three of the five disorders listed and indicate if any of the above are not available to fellows. (Limit 300 words)

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

1. How will graduating fellows be assessed in their ability to use and interpret the results of laboratory tests, imaging, and neurodiagnostic tests? (Limit 300 words)

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

**Medical Knowledge**

1. How will graduating fellows demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care?

Describe how knowledge will be evaluated. (Limit 400 words)

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

1. How will graduating fellows demonstrate knowledge of the following?

a. Bioethics

b. Biostatistics

c. Clinical and laboratory research methodology

d. Critical literature review

e. Ethical principles involving clinical research

f. Preparation of applications for funding and/or approval of clinical research protocols

g. Principles of evidence-based medicine

h. Study design

i. Teaching methods

Provide examples of how knowledge will be assessed in five of the nine areas listed. (Limit 500 words)

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

1. How will graduating fellows demonstrate knowledge of the following?
   1. The basic principles of psychopathology, common psychiatric diagnosis and therapies, and the indications of and common complications of psychiatry drugs
   2. The basic principles of rehabilitation for neurological disorders, including pediatric neurological disorders
   3. The psychological aspects of the patient-physician relationship, and the importance of personal, social, and cultural factors in disease processes and their clinical expression
   4. The use of principles of bioethics and the provision of appropriate and cost-effective evaluation and treatment for children with neurologic disorders

Provide examples of how knowledge will be assessed in two of the four areas listed. (Limit 300 words)

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

1. How will graduating fellows demonstrate knowledge of the basic sciences on which clinical child neurology is founded, through application of this knowledge in the care of their patients, including the following?
   1. Epidemiology and statistics
   2. Genetics
   3. Immunology
   4. Molecular biology
   5. Neural and behavioral development
   6. Neuroanatomy
   7. Neurochemistry
   8. Neuroimaging
   9. Neuropathology
   10. Neuropharmacology
   11. Neurophysiology
   12. Neuropsychololgy

Provide examples of how knowledge will be assessed in seven of the 12 areas listed. (Limit 600 words)

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

**Practice-based Learning and Improvement**

1. How will graduating fellows 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 lifelong learning?

Describe how these skills will be evaluated. (Limit 300 words)

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

**Interpersonal and Communication Skills**

1. How will graduating fellows demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals?

Describe how these skills will be evaluated. (Limit 300 words)

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

How will graduating fellows demonstrate skill in teaching both individuals and groups of learners in clinical settings, classroom, lectures, and seminars, as well as by electronic and print modalities? (Limit 300 words)

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

1. How will graduating fellows demonstrate skill in providing feedback to learners and assessing educational outcomes? (Limit 300 words)

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

1. How will graduating fellows demonstrate the ability to provide psychosocial support and counseling for patients and patients’ family members about terminal palliative care? (Limit 300 words)

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

**Systems-based Practice**

1. How will graduating fellows 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?

Describe how these skills will be evaluated. (Limit 300 words)

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

**Regularly Scheduled Educational Activities**

1. Complete Appendix A., Formal Didactic Sessions by Academic Year, and attach to submission.
2. Will fellows have a formally-structured educational program in clinical and basic sciences related to child neurology? YES NO

If ‘YES’:

1. will clinical neurology faculty members supervise and direct clinical teaching rounds? YES NO
2. will clinical teaching rounds occur at least five days per week? YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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

1. Will child neurology conferences involve active participation by the fellows in planning and implementation? YES NO

Explain if ‘NO.’ (Limit 250 words)

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

1. Will conferences include the following topics appropriate to child neurology?
2. Anatomy and physiology …………………. YES NO
3. Biochemistry YES NO
4. Bioethics YES NO
5. Complications of care YES NO
6. Embryology YES NO
7. End-of-life care YES NO
8. Genetics YES NO
9. Immunology YES NO
10. Microbiology YES NO
11. Nutrition and metabolism YES NO
12. Palliation and death YES NO
13. Pathology YES NO
14. Pathophysiology of disease YES NO
15. Pharmacology YES NO
16. Reviews of recent advances in clinical medicine and biomedical research

YES NO

1. Scientific, ethical, and legal implications of confidentiality and informed consent

YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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

1. Will conferences include topics on the economics of heath care and current health care management issues, such as cost-effective patient care, practice management, preventive care, population health, quality improvement, resource allocation, and clinical outcomes? YES NO

Explain if ‘NO.’ (Limit 250 words)

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

1. Will the following be included in the curriculum?
2. Cerebrovascular disease YES NO
3. Clinical neurophysiology YES NO
4. Cognitive and behavioral development YES NO
5. Critical care YES NO
6. Epilepsy YES NO
7. General and child neurology YES NO
8. Infectious disease YES NO
9. Movement disorders YES NO
10. Neurogenetics YES NO
11. Neuroimaging YES NO
12. Neuroimmunology YES NO
13. Neurometabolism YES NO
14. Neuromuscular disease YES NO
15. Neuro-oncology YES NO
16. Neuropathology YES NO
17. Neuroradiology YES NO
18. Pain management YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. Will gross and microscopic pathology conferences and clinical pathology conferences be held? YES NO

Explain if ‘NO.’ (Limit 250 words)

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**Clinical Experiences**

For programs that are 36 months in length, answer Questions 1 and 2 below. For programs that are 48 months in length, answer Questions 3 and 4 below.

1. Will fellows have at least six months of adult neurology experience? YES NO

If ‘YES’:

1. will at least two months include management of patients admitted to an inpatient service requiring neurologic care? YES NO
2. will there be at least two months of adult neurology elective? YES NO
3. will there be at least two months of outpatient adult neurology? YES NO
4. will there be no more than two months of experience treating inpatient or outpatient adult stroke patients? YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. Will fellows have at least 24 months of child neurology experience? YES NO

If ‘YES’:

1. will fellows have at least 18 months of inpatient child neurology experience?
2. \ YES NO
3. will there be elective experiences? YES NO
4. will there be outpatient child neurology experience? YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. Will fellows have at least eight months of adult neurology experience? YES NO

If ‘YES’:

1. will at least three months include management of patients admitted to an inpatient service requiring neurologic care? YES NO
2. will there be at least three months of outpatient adult neurology? YES NO
3. will there be at least two months of adult neurology elective? YES NO
4. will there be no more than four months of experience treating inpatient or outpatient adult stroke patients? YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. Will fellows have at least 34 months of child neurology experience? YES NO

If ‘YES’:

1. will fellows have at least 24 months of inpatient child neurology experience?

YES NO

1. will there be elective experiences? YES NO
2. will there be outpatient child neurology experience? YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. Will all fellows have at least one month of experience in each of the following?
2. Child and adolescent psychiatry YES NO
3. Pediatric neurophysiology YES NO
4. Pediatric neuroradiology YES NO
5. Neuro-ophthalmology YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. How will the program ensure that during inpatient rotations in child neurology, fellows will have management responsibility for hospitalized patients with neurological disorders, including pediatric patients with acute neurological disorders in an intensive care unit and in an emergency department? (Limit 300 words)

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1. Will all fellows have the following experiences?
2. Evaluating and managing patients with disorders of the nervous system requiring surgical management YES NO
3. Providing consultation to a medical service YES NO
4. Providing consultation to a psychiatric service YES NO
5. Providing consultation to a surgical service YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. How will the program ensure fellows have responsibility for providing longitudinal care to a panel of patients throughout their educational program that is supervised by one or more members of the child neurology faculty? (limit 400 words)

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1. Will fellows’ longitudinal experience include the following?
   * + - 1. At least one half day weekly throughout the duration of the program YES NO
         2. Caring for a panel of patients that is representative of the types of neurological disorders fellows are likely to encounter in practice YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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**Fellows’ Scholarly Activities**

1. Describe the planned curriculum in research and scholarship. Include the topics that will be covered, the type and number of sessions planned, and if the curriculum is a collaborative effort involving all pediatric subspecialty programs at the institution. (Limit 400 words)

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2. How will the program ensure each fellow designs and conducts a scholarly project in the area of child neurology with guidance from the fellowship program director and a designated mentor? (Limit 400 words)

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1. Will the program have a Scholarship Oversight Committee for each fellow? YES NO

If ‘YES,’ answer a. and b. below.

1. Will the Scholarship Oversight Committee oversee and evaluate each fellow’s progress on scholarly activity? YES NO
2. Will the Scholarship Oversight Committee be a collaborative effort involving other pediatric subspecialty programs or other experts? YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. Will each fellow’s designated mentor:
2. be approved by the Scholarship Oversight Committee? YES NO
3. have expertise in the fellow’s area of scholarly interest, either as a faculty member in child neurology or through collaboration with other departments? YES NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. How will the program ensure each fellow’s scholarly experience begins in the first year and continues for the entire length of the educational program, and is structured to allow development of skills in research and scholarship with sufficient time for project completion and presentation of results to the Scholarship Oversight Committee? (Limit 400 words)

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**Faculty Scholarly Activity**

1. Does the program director have ongoing involvement in scholarly activity? YES NO

Explain if ‘NO.’ (Limit 250 words)

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**The Learning and Working Environment**

**Supervision and Accountability**

1. How will the program ensure sufficient supervision of fellows, including how fellows are provided with prompt, reliable systems for communication and interaction with supervising physicians and how explicit written descriptions of supervisory responsibility for patient care are provided to all program staff members? (Limit 400 words)

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**Appendix A. Formal Didactic Sessions by Academic Year**

For each year of the fellowship, attach (Label: Appendix A.) a list of all scheduled didactic courses (including discussion groups, seminars and conferences, grand rounds, basic science, skills labs, and journal club) at all participating sites to which fellows will rotate, using the format below. If attended by fellows from multiple years, list in each year but provide a full description *only the first time a site 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., seminar, conference, discussion groups)

b) Required or elective

c) Brief description (three or four sentences)

d) Frequency, length of session, and total number of sessions

**Example:**

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| Y-1  01. Introduction to child neurology  a) Seminar  b) Required Y-1  c) Survey of contemporary methods and styles of child 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  c) Clinical case presentations, sponsored by each departmental division, followed by discussion and review of contemporary state of knowledge. Format includes fellow presentations and discussions with additional faculty discussant.  d) Twice monthly, 24 sessions |

If fellow attendance will be monitored, explain how this will be accomplished and how feedback will be given regarding non-attendance. (Limit 250 words)

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