UNITED COUNCIL FOR NEUROLOGIC SUBSPECIALTIES

Neural Repair and Rehabilitation Program Requirements

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Neural Repair and Rehabilitation Program Requirements

The common program requirements are standards required of accredited programs in all UCNS subspecialties. They are shown in **bold** typeface below. Requirements in regular typeface are defined by each subspecialty.

I. Introduction

A. Neural Repair and Rehabilitation is a subspecialty engaged in the process of improving and restoring function for persons with disorders of the nervous system. The practice of neurorehabilitation involves strategies to restore, compensate, and adapt to impairments and disabilities related to neurologic dysfunction. Neurologists and physiatrists engaged in the practice of neurorehabilitation evaluate and treat inpatients and outpatients, usually as part of the effort of rehabilitation teams that may include therapists, nurses, other physicians, psychologists, neuropsychologists, social workers, case managers, and other disciplines. Neurorehabilitation specialists may also be involved in clinical and basic research.

B. These neurorehabilitation program requirements are aimed at training graduates of accredited neurology or physical medicine and rehabilitation residency programs. Training will involve acquisition of knowledge and mastery of clinical skills in the content areas of neurorehabilitation, including mechanisms of neural recovery, assessment and management of specific neurologic disorders and syndromes, and interaction with rehabilitation teams.

II. Institutional Support

There are three types of institutions that may comprise a program: 1) the sponsoring institution, which assumes ultimate responsibility for the program and is required of all programs, 2) the primary institution, which is the primary clinical training site and may or may not be the sponsoring institution, and 3) the participating institution, which provides required experience that cannot be obtained at the primary or sponsoring institutions.

A. Sponsoring Institution

1. **The sponsoring institution must be accredited by the Accreditation Council for Graduate Medical Education (ACGME), and meet the current ACGME Institutional Requirements. This responsibility extends to fellow assignments at all participating institutions. The sponsoring institution must be appropriately organized for the conduct of graduate medical education (GME) in a scholarly environment and must be committed to excellence in both medical education and patient care.**
2. **A letter demonstrating the sponsoring institution's responsibility for the program must be submitted. Such a letter must:**
   a) **confirm sponsorship of the training program,**
   b) **state the sponsoring institution's commitment to training and education, and**
   c) **be signed by the designated institution official of the institution as defined by ACGME.**

B. Primary Institution

1. **Assignments at the primary institution must be of sufficient duration to ensure a quality educational experience and must provide sufficient opportunity for continuity of care. The primary institution must**

demonstrate the ability to promote the overall program goals and support educational and peer activities.

2. **A letter from the appropriate department chair(s) at the primary institution must be submitted. Such a letter must:**
   a) **confirm the relationship of the primary institution to the program,**
   b) **state the primary institution's commitment to training and education, and**
   c) **list specific activities that will be undertaken, supported, and supervised at the primary institution.**

C. Participating Institutions

1. **Assignments to participating institutions must be based on a clear educational rationale, must have clearly stated learning objectives and activities, and should provide resources not otherwise available to the program. When multiple participating institutions are used, there should be assurance of the continuity of the educational experience.**
2. **Assignments at participating institutions must be of sufficient duration to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. All participating institutions must demonstrate the ability to promote the overall program goals and support educational and peer activities.**
3. **If a participating institution is used, a participating institution letter must be submitted. Such a letter must:**
   a) **confirm the relationship of the participating institution to the program,**
   b) **state the participating institution's commitment to training and education,**
   c) **list specific activities that will be undertaken, supported, and supervised at the participating institution, and**
   d) **be signed by the department chair of the participating institution.**

III. Facilities and Resources

A. Each program must demonstrate that it possesses the facilities and resources necessary to support a quality educational experience.

B. The program must provide additional professional, technical, and clerical personnel as needed to support the administration and educational conduct of the program.

IV. Faculty

The faculty of accredited programs consists of: 1) the program director, 2) core faculty, and 3) other faculty. Core faculty are physicians who oversee clinical training in the subspecialty. The program director is considered a core faculty member for the purpose of determining the fellow complement. Other faculty are physicians and other professionals determined by the Subspecialty to be necessary in order to deliver the program curriculum. The program director and faculty are responsible for the general administration of the program and for the establishment and maintenance of a stable educational environment. Adequate durations of appointments for the program director and core faculty members are essential for maintaining such an environment. The duration of appointment for the program director must provide for continuity of leadership.

A. Program Director Qualifications

1. **There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the**

program and he or she should be a member of the faculty or medical staff of the primary institution.

2. **The program director must:**
   a. **possess requisite specialty expertise as well as documented educational and administrative abilities and experience in his or her field,**
   b. **be certified in** neurology, child neurology, or physiatry **ABMS or RCPSC specialty**,
   c. **possess a current, valid, unrestricted, and unqualified license to practice medicine in the state or province of the program, and**
   d. **be certified, and maintain certification, in** Neural Repair and Rehabilitation **by the UCNS [1].**

B. Program Director Responsibilities

1. **The program director must:**
   a. **oversee and organize the activities of the educational program in all institutions participating in the program including selecting and supervising the faculty and other program personnel at each participating institution, and monitoring appropriate fellow supervision and evaluation at all participating institutions,**
   b. **prepare an accurate statistical and narrative description of the program as requested by the UCNS as well as update the program and fellow records annually,**
   c. **ensure the implementation of fair policies and procedures, as established by the sponsoring institution, to address fellow grievances and due process in compliance with the institutional requirements,**
   d. **monitor fellow stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction,**
   e. assign relevant scholarly activities including research and academic tasks to the fellow as well as mentor in all domains of training,
   f. evaluate the progression of the individual fellow on a regular basis as well as evaluate the program and its graduates on a regular basis,
   g. generate reports on the evolution of the program,
   h. ensure the highest quality of care for patients seen by the fellow,
   i. facilitate communication between the sponsoring, primary, and participating institutions, and
   j. **obtain prior approval of the UCNS for changes in the program that may significantly alter the educational experience of the fellows. Upon review of a proposal for a program change, the UCNS may determine that additional oversight or a site visit is necessary. Examples of changes that must be reported include:**
      1) **change in the program director,**
      2) **the addition or deletion of sponsoring, primary, or participating institution(s),**
      3) **change in the number of approved fellows, and**
      4) **change in the format of the educational program**

C. Core Faculty Qualifications

1. **Each core faculty member must:**
   a. **possess requisite specialty expertise as well as documented educational and administrative abilities and experience in his or her field,**

[1] This requirement will not be imposed until after the expiration of the subspecialty's practice track.

b. **be currently certified in** neurology, child neurology, or physiatry **by ABMS or RCPSC**,
c. **possess a current, valid, unrestricted, and unqualified license to practice medicine in the state or province of the program, and**
d. **be appointed in good standing to the faculty of an institution participating in the program.**

2. **The core faculty must include at least one neurologist. The neurologist may also be the program director.**
3. The training program, and specifically mastery of the core curriculum, is predicated on the availability of a supervisory structure that involves program direction from a neurologist or physiatrist with expertise in Neural Repair and Rehabilitation. Mastery of the core curriculum may also require additional supervision of the fellow by a neurologist or physiatrist whose specialty background is complementary to that of the program director.

D. Core Faculty Responsibilities

1. **There must be a sufficient number of core faculty members with documented qualifications at each institution participating in the program to instruct and adequately supervise all fellows in the program.**
2. **Core Faculty members must:**
   a. **devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities,**
   b. **evaluate the fellows whom they supervise in a timely manner, and**
   c. **demonstrate a strong interest in the education of fellows, demonstrate competence in both clinical care and teaching abilities, support the goals and objectives of the educational program, and demonstrate commitment to their own continuing medical education by participating in scholarly activities.**

V. Fellow Appointment

A. Duration of Training

Clinical fellowship programs must be no less than 12 months in duration. Programs that combine clinical research and training must provide no less than the equivalent of 10 months of supervised clinical training involving direct patient care.

B. Eligibility Criteria

1. **The fellow must possess a current valid and unrestricted license to practice medicine in the United States or Canada or its territories.**
2. **The fellow must be a graduate of a residency program in neurology,** child neurology or physical medicine and rehabilitation **accredited by the ACGME or the Royal College of Physicians and Surgeons of Canada (RCPSC).**
3. **The fellow must be board certified or eligible for certification** in neurology, child neurology, or physical medicine and rehabilitation **by ABMS or RCPSC.**

C. Minimum Number of Fellows and Fellow Complement

1. **The minimum number of fellows to be trained is one.**
2. **The fellow complement is the number of fellows allowed to be enrolled in the program. There must be at least** 1 **core faculty member for every** 2 **fellows.**
3. The appointment of other trainees, e.g. Neural Repair and Rehabilitation fellows not qualified for certification, other specialty fellows, residents, or students, must not dilute or detract from the educational opportunities of the regularly appointed Neural Repair and Rehabilitation subspecialty fellows.

VI. Educational Program

A. Role of the Program Director and Faculty

3. The program director, with assistance of the faculty, is responsible for developing and implementing the academic and clinical program of fellow education by:

a. preparing a written statement to be distributed to fellows and faculty and reviewed with fellows prior to assignment, which outlines the educational goals and objectives of the program with respect to the knowledge, skills, and other attributes to be demonstrated by fellows for the entire fellowship and on each major assignment and each level of the program,

b. preparing and implementing a comprehensive, well-organized, and effective curriculum, both academic and clinical, which includes the presentation of core specialty knowledge supplemented by the addition of current information,

c. using the *Core Curriculum for Fellowship Training in Neurorehabilitation* to define core competencies with regard to medical knowledge, patient care skills, interpersonal and communication skills, practice- and systems-based competencies, and standards of professionalism that are to be developed during the period of fellowship training in Neural Repair and Rehabilitation, and

d. providing fellows with direct experience in progressive responsibility for patient management.

B. Competencies

1. A fellowship program must require that its fellows obtain competence in the AGCME Competencies to the level expected of a new practitioner in the subspecialty. Programs must define the specific and unique learning objectives in the area including the knowledge, skills, behaviors, and attitudes required and provide educational experiences as needed in order for their fellows to demonstrate the following:

a. *patient care* that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health,

b. *medical knowledge* about established and evolving biomedical, clinical, and basic sciences, as well as the application of this knowledge to patient care,

c. *practice-based learning and improvement* that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care,

d. *interpersonal and communication skills* that result in effective information exchange and collaboration with patients, their families, and other health professionals,

e. *professionalism*, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population, and

f. *systems-based practice*, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

C. Didactic Components

1. The program must ensure the availability of structured educational experiences that complement clinical and self-directed learning experiences, usually consisting of

rounds, case conferences, individual supervision, didactic lectures, and other courses or seminars relevant to training in Neural Repair and Rehabilitation.

a. Conferences, didactic lectures and other courses or seminars that complement and supplement the fellow's clinical experiences must be provided in order to facilitate the fellow's mastery of the *Core Curriculum*.
b. The program director must assist the fellow with his or her self-directed learning by providing guidance regarding the types and content of materials used in the service of this educational activity. Specifically, the program director should assist the fellow in the selection of relevant and state-of-the-art textbooks, peer-reviewed articles, and/or other materials that complement and supplement the fellow's clinical experiences and facilitate mastery of the *Core Curriculum*.

D. Clinical Components

1. **Approximately 80% of the fellow's time must be spent in supervised activities related to the care of patients with** Neurorehabilitation**. Clinical experiences may include all training relevant to** Neural Repair and Rehabilitation, **including lectures and individual didactic experiences and journal clubs emphasizing clinical matters. Programs with flexible fellowship terms must assure that equivalent time is spent in clinical training.**
2. At least 10 months must be spent in direct inpatient and outpatient clinical care under faculty supervision. The proportion of inpatient and outpatient components will vary depending on program resources and emphases. The inpatient and outpatient experiences will vary at the discretion of the program director.
   a. Outpatient experiences: Clinics should be supervised by faculty and include new consults and follow-up of former inpatient and outpatient neurorehabilitation patients. A focus of the clinical experience should be management of neurological recovery and rehabilitation, including improving function and adaptation in patients with longer-term neurological disorders.
   b. Inpatient (ward-services) experiences: This faculty-supervised component should include evaluation, management, and recommendations for recovery and rehabilitation of patients with neurologic disorders. Inpatient settings may include free-standing rehabilitation hospitals, acute care hospitals, rehabilitation units in acute or chronic care hospitals, or subacute or skilled nursing facilities with rehabilitation units. Fellows may serve the role of primary physician or consultant for patients with rehabilitative needs. Fellows should be responsible for medical and neurorehabilitative management for inpatients. The experience should include structured interactions with the clinical rehabilitation team (e.g., team meetings), contributions to rehabilitation treatment plans, and ongoing evaluation of patient progress.
   c. Inpatient consultation: The selection of these experiences, both in type and duration, is at the discretion of the program director, and is expected to vary among programs.

A. Scholarly Activities

1. **The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty. Both faculty and fellows must participate actively in some form of scholarly activity. Scholarship is defined as activities unrelated to the specific care of patients, which includes scholarship pertaining to research, writing review papers, giving research-based lectures and participating in research-oriented journal clubs.**
2. **There must be adequate resources for scholarly activities for faculty and fellows,** e.g., sufficient laboratory space, equipment, computer services for data analysis, and statistical consultation services required.

B. Duty Hours, Working Environment, and On-Call Activities

Providing fellows with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and fellow well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on fellows to fulfill service obligations. Didactic and clinical education defined by the program requirements must have priority in the allotment of a fellow's time and energy.

1. Supervision of Fellows

a. All patient care required by the program requirements must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of fellows at all times. Fellows must be provided with rapid, reliable systems for communicating with supervising faculty.

b. Faculty schedules must be structured to provide fellows with continuous supervision and consultation.

c. Faculty and fellows must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

d. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create fellow fatigue sufficient to jeopardize patient care.

e. Each program must have written policies and procedures for fellow duty hours and the working environment. These policies must be distributed to the fellows and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.

2. Duty hours assignments must recognize that the faculty and fellows collectively have responsibility for the safety and welfare of patients. Fellow duty hours and work environment must comply with the current ACGME program requirements.

3. The objective of on-call activities is to provide fellows with continuity of patient care experiences throughout a 24-hour period. *In-house call* is defined as those duty hours beyond the normal work day when fellows are required to be immediately available in the assigned institution. Fellow on-call activities must be consistent with the current ACGME program requirements.

VII. Evaluation

A. Fellow Evaluation

1. Fellow evaluation by faculty must:

a. take place at least semi-annually and areas of weakness and strength must be communicated to the fellow,

b. records must be maintained documenting fellow experience and performance, and

c. include the fellow's demonstration of learning objectives and mastery of the core competencies (see VI.B).

2. The summary and final evaluation of the fellow must be prepared by the program director and should reflect the input of faculty.

3. Evaluation methods include:

a. use of the 360-Degree Global Rating Evaluation or equivalent tool distributed to individuals that are in a position to evaluate a fellow's performance in several areas including teamwork, communication, management skills, and decision-making;

b. record review of the fellow's documentation of patient evaluation and care at least twice a year by appropriate supervising faculty;
c. review of patient surveys involving physician care pertinent to the fellow;
d. possible use of practice examinations such as previous American Society of Neurorehabilitation examinations or any practice exams that may be developed for UCNS certification;
e. self-evaluation to provide the fellow an opportunity to assess his/her strengths, weaknesses and goals for improving practice, in addition to an analysis of any improvements that the resident feels he/she has made since the previous evaluation.

B. Faculty Evaluation

1. **The performance of faculty must be evaluated by the program director on an annual basis.**
2. **The evaluations must include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities.**
3. **These evaluations must include annual written evaluations by fellows.**

C. Program Evaluation

1. **The effectiveness of a program must be evaluated in a systematic manner. In particular, the quality of the curriculum and the extent to which the educational goals have been met must be assessed.**
2. **Confidential written evaluations by fellows must be utilized in this process.**
3. **Performance by fellows on the UCNS certification exam may also be used to measure the quality of the training program.**

