

# **Behavioral Neurology & Neuropsychiatry Fellowship Training Program Requirements**

## **I. Introduction**

This material constitutes the program requirements for post-residency education in Behavioral Neurology & Neuropsychiatry (BN & NP). For the purposes of this document, Behavioral Neurology & Neuropsychiatry is defined as a medical subspecialty committed to better understanding links between neuroscience and behavior, and to the care of individuals with neurologically based behavioral disturbances. Training in Behavioral Neurology & Neuropsychiatry entails the acquisition of knowledge regarding the clinical and pathological aspects of neural processes associated with cognition, emotion, behavior, and elementary neurological functioning, the mastery of the clinical skills required to evaluate and treat persons with such problems, the development of a level of professionalism, interpersonal and communication skills, and practice- and systems-based competencies required for the practice of this medical subspecialty.

## **II. Institutional Support**

### **A. Sponsoring Institution**

One sponsoring institution must assume the ultimate responsibility for the program and this responsibility extends to fellow assignments at all participating institutions.

### **B. 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 BN & NP fellowship training program.
2. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. Although the number of institutions involved in the training of a BN & NP Fellow may vary between training programs, all institutions participating in an individual training program must demonstrate the ability to promote the program goals and educational and peer activities. Exceptions must be justified and receive approval by the UCNS.
3. Letters of Agreement must be developed between the sponsoring institution and each participating institution that provides an educational experience for a fellow that is one month in duration or longer. In instances where two or more participating institutions in the program function as a single unit under the authority of the program director, letters are not necessary. These Letters of Agreement should:
  - a. Identify the faculty who will assume educational and supervisory responsibility for fellows and specify the faculty responsibilities for teaching, supervision, and formal evaluation of fellow performance
  - b. Outline the educational goals and objectives to be attained by the fellow during the assignment;
  - c. Specify the period of fellow assignment;
  - d. Establish the policies and procedures that will govern fellow education during the assignment.

### **III. Fellow Appointment**

#### **A. Eligibility Criteria**

Fellowship applicants must have successfully completed an ACGME approved residency program in neurology, psychiatry, or child neurology.

#### **B. Number of Fellows**

The number of fellows will be based upon the adequacy of resources for fellow education such as quality and volume of patients and related clinical material available for education, faculty-fellow ratio, institutional funding, and the quality of faculty teaching. Core Faculty-to-Fellow ratio must not exceed 1:2. (see Section IV.C. and IV.D. regarding definition of Core Faculty).

#### **C. Duration of Training**

Clinical fellowship programs must be no less than 12 months in duration. Programs that combine clinical and research training must be no less than 24 months in duration.

#### **D. Appointment of Fellows and Other Students**

The appointment of fellows and other specialty fellows or students must not dilute or detract from the educational opportunities of the regularly appointed BN & NP subspecialty fellows.

### **IV. Faculty**

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 lengths of appointment for the program director and faculty are essential to maintaining such an environment. The length of appointment for the program director should provide for continuity of leadership.

#### **A. Qualifications of the Program Director**

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 should be a member of the staff of the sponsoring or integrated institution.
2. The program director must:
  - a. Possess requisite subspecialty expertise in Behavioral Neurology and/or Neuropsychiatry as well as documented educational and administrative abilities and experience in his or her field.
  - b. Be certified as a Diplomate of the American Board of Psychiatry and Neurology; Diplomate status in Psychiatry, Neurology, or Child Neurology is acceptable.
  - c. Be appointed in good standing and based at the primary teaching site.

#### **B. Responsibilities of the Program Director**

1. Overseeing and organizing the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring the amount and quality fellow supervision at all participating institutions.

2. Preparing an accurate statistical and narrative description of the program as well as updating the program and fellow records at the frequency required by the UCNS or the local Office of Graduate Medical Education, whichever is more frequent.
3. Promptly notifying the UCNS of a change in program director or department chair.
4. Providing a mechanism for grievance procedures and due process:
  - a. The program director must ensure the implementation of fair policies and procedures, as established by the sponsoring institution, to address fellow grievances and ensure due process.
5. Monitoring of fellow well-being:
  - a. The program director is responsible for monitoring fellow stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction. Both the program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to fellows. Situations that demand excessive service or that consistently produce undesirable stress on fellows must be evaluated and modified.
6. Obtaining prior approval of the UCNS for changes in the program that may significantly alter the educational experience of the fellows, for example:
  - a. The addition or deletion of major participating institution(s).
  - b. Change in the approved fellow complement for those subspecialties that approve fellow complement.
  - c. Change in the format of the educational program.

On review of a proposal for a major change in a program, the UCNS may determine that a site visit is necessary.

**C. Core Faculty Qualifications**

1. The core faculty of the BN & NP Fellowship Training Program must:
  - a. Possess requisite specialty expertise as well as documented educational and administrative abilities and experience in Behavioral Neurology or Neuropsychiatry.
  - b. Be certified as a Diplomate of the American Board of Psychiatry and Neurology; Diplomate status in Psychiatry, Neurology, or Child Neurology is acceptable.
  - c. Be appointed in good standing to the staff of an institution participating in the program.
2. Nonphysician faculty must be appropriately qualified in their field and possess appropriate institutional appointments.
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 an American Board of Psychiatry and Neurology (ABPN) certified psychiatrist or neurologist with expertise in neuropsychiatry and/or behavioral neurology. Mastery of the core curriculum may also require additional supervision of the Fellow by a neurologist or psychiatrist whose specialty background is complementary to that of the program director.

**D. Core Faculty Responsibilities**

1. At each institution participating in the program, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.

2. Faculty members must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. The faculty must evaluate in a timely manner the fellows whom they supervise.
3. The faculty must 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.

**E. Other Program Personnel**

The program must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

**V. The Educational Program**

The program design and sequencing of educational experiences will be approved by the UCNS as part of the accreditation process.

**A. Role of Program Director and Faculty**

1. 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 and implementing a written statement outlining the educational goals of the program with respect to the knowledge, skills, and other attributes of fellows for each major assignment and each level of the program. The statement must be distributed to fellows and faculty and reviewed with fellows prior to the assignment. Use of the **Behavioral Neurology & Neuropsychiatry Fellow Evaluation** form developed as a component of this subspecialty application is recommended.
  - b. Using the **Behavioral Neurology & Neuropsychiatry Fellow Evaluation Form** and the **Core Curriculum for Fellowship Training in Behavioral Neurology & Neuropsychiatry** 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 Behavioral Neurology & Neuropsychiatry.
  - c. Providing fellows with direct experience in progressive responsibility for patient management.

**B. Core Competencies**

The residency program must require that its fellows obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required and provide educational experiences as needed in order for their fellows to demonstrate the following:

1. *Patient care* that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
2. *Medical knowledge* about established and evolving biomedical, clinical, and cognate (eg, epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

3. *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.
4. *Interpersonal and communication skills* that result in effective information exchange and collaboration with patients, their families, and other health professionals.
5. *Professionalism*, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
6. *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**

The sponsoring institution 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 Behavioral Neurology & Neuropsychiatry.

1. 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.
2. 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**

The program must provide experiences of sufficient type and duration for the fellow to master parts II (Neurobehavioral and Neuropsychiatric Assessment) and III (Treatments) of the Core Curricular Content as defined in the **Core Curriculum for Fellowship Training in Behavioral Neurology & Neuropsychiatry**. These may include:

1. Outpatient experiences, including both consultation and continuity clinics
2. Inpatient (ward-service) experiences
3. Inpatient consultation
4. Emergency room experiences

The selection of these experiences, both in type and duration, is at the discretion of the Program Director, and is expected to vary between sponsoring institutions.

#### **E. Scholarly Activities**

1. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included within each program. Both faculty and fellows must participate actively in scholarly activity. Scholarship is defined as one of the following:
  - a. The scholarship of discovery, as evidenced by peer-reviewed funding or publication of original research in peer-reviewed journals.

- b. The scholarship of dissemination, as evidenced by review articles or chapters in textbooks.
  - c. The scholarship of application, as evidenced by the publication or presentation at local, regional, or national professional and scientific society meetings, for example, case reports or clinical series.
  - d. Active participation of the teaching staff in clinical discussions, rounds, journal club, and research conferences in a manner that promotes a spirit of inquiry and scholarship; offering of guidance and technical support, e.g., research design, statistical analysis, for fellows involved in research; and provision of support for fellow participation as appropriate in scholarly activities.
2. Adequate resources for scholarly activities for faculty and fellows must be available, eg, sufficient laboratory space, equipment, computer services for data analysis, and statistical consultation services.

## **F. Fellow Duty Hours and the Working Environment**

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 must have priority in the allotment of fellows' time and energies. Duty hour assignments must recognize that faculty and fellows collectively have responsibility for the safety and welfare of patients.

### **1. Supervision of Fellows**

- a. All patient care 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.

### **2. Duty Hours**

- a. Duty hours are defined as all clinical and academic activities related to the residency program, ie, patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
- b. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
- c. Fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
- d. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

### **3. On-Call Activities**

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 workday when fellows are required to be immediately available in the assigned institution.

- a. In-house call must occur no more frequently than every third night, averaged over a four-week period.
- b. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Fellows may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements.
- c. No new patients may be accepted after 24 hours of continuous duty.
- d. At-home call (pager call) is defined as call taken from outside the assigned institution.
  - 1) The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each fellow. Fellows taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
  - 2) When fellows are called into the hospital from home, the hours fellows spend in-house are counted toward the 80-hour limit.
  - 3) The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

#### 4. Moonlighting

- a. Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.
- b. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting.
- c. Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s), i.e., internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours.

#### 5. Oversight

- a. 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.
- b. 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.

#### 6. Duty Hours Exception

The UCNS may grant exceptions for up to 10% of the 80-hour limit, to individual programs based on a sound educational rationale. However, prior permission of the institution's GMEC is required.

## **VI. Evaluation**

### **A. Fellow Evaluation**

1. The residency program must demonstrate that it has an effective plan for assessing fellow performance throughout the program and for utilizing the results to improve fellow performance. This plan should include:
  - a. The use of methods that produce an accurate assessment of fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
  - b. Mechanisms for providing regular and timely performance feedback to fellows that includes at least:
    - 1) Written semiannual evaluation that is communicated to each fellow in a timely manner and
    - 2) The maintenance of a record of evaluation for each fellow that is accessible to the fellow.
  - c. A process involving use of assessment results to achieve progressive improvements in fellows' competence and performance. Appropriate sources of evaluation include faculty, patients, peers, self, and other professional staff.
2. The program director must provide a final evaluation for each fellow who completes the program. The evaluation must include a review of the fellow's performance during the final period of education and should verify that the fellow has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the fellow's permanent record maintained by the institution.

Use of the **Behavioral Neurology & Neuropsychiatry Fellow Evaluation Form** for these purposes is encouraged.

### **B. Faculty Evaluation**

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Annual written confidential evaluations by fellows must be included in this process. Use of the **Behavioral Neurology & Neuropsychiatry Fellowship Training Program Evaluation Form** for this purpose is encouraged.

### **C. Program Evaluation**

The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. Representative program personnel, i.e., at least the program director, representative faculty, and at least one fellow, must be organized to review program goals and objectives and the effectiveness of the program in achieving them. The group must have regular documented meetings at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMCC of the sponsoring institution and the fellows' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes.
2. Outcome assessment

- a. The program should use fellow performance and outcome assessment in its evaluation of the educational effectiveness of the residency program.
  - b. The program should have in place a process for using fellow and performance assessment results together with other program evaluation results to improve the residency program.
3. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness.

## **VII. Experimentation and Innovation**

- A. Since responsible innovation and experimentation are essential to improving professional education, experimental projects supported by sound educational principles are encouraged.
- B. Requests for experimentation or innovative projects that may deviate from the program requirements must be UCNS prior-approved and must include the educational rationale and a method for evaluating the project.
- C. The sponsoring institution and program are jointly responsible for the quality of education offered to fellows for the duration of such a project.

Adopted by the UCNS Board of Directors: February 2, 2005