

# HEADACHE MEDICINE PROGRAM REQUIREMENTS

*(Note: this document has not been adopted by the United Council for Neurologic Subspecialties and is currently under review: June 2005)*

## I. PROGRAM REQUIREMENTS

### A. Components

#### 1. Introduction

- a. Traditional program standards have focused on process issues such as the number of faculty, the presence of specific resources, and the training of the faculty. Recently, there has been a movement towards using outcomes-based criteria
- b. Headache Medicine is a medical subspecialty concerned with the diagnosis and treatment of diseases or categories of disease involving the central and peripheral manifestations of disturbance to the structures of the head and face; this includes primary and secondary disturbances of these structures or functions which present for clinical care in multiple specialty areas including primary care areas such as family practice, general internal medicine and specialty care areas including, but not restricted to neurology, neurosurgery, otolaryngology, physical medicine and rehabilitation, oromaxillofacial surgery and psychiatry. For these disease management areas, the practitioner of Headache Medicine is often the principal care physician and may render all levels of care commensurate with his or her training.
- c. Trainee Eligibility and Selection
  1. Applicants must be
    - a. graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
    - b. graduates of medical schools in the United States accredited by the American Osteopathic Association.
    - c. Graduates of medical schools outside the United States and Canada who have received currently valid certification of Education Commission for Foreign Medical Graduates (ECFMG).
  2. Applicants must have a current valid and unrestricted license to practice medicine in the US or Canada.
  3. Applicants must be graduates of residency programs accredited by the Accreditation Council of Graduate Medical Education (ACGME) or Royal College of Physicians and Surgeons of Canada (RCPSC).
- d. Duration and Scope of Training
  1. Approved fellowships in Headache Medicine must provide 12 contiguous months following completion of ACGME or RCPSC approved training in recognized specialties.
- e. Goals and Objectives for Residency Education
  1. The purpose of the training program is to prepare the physician for the independent practice of Headache Medicine. This training must be based on supervised clinical work with increasing responsibility for all types of

patients presenting with head and face pain including outpatients and inpatients.

2. The program must require its trainees to obtain competencies in the six areas defined by the ACGME. It is the responsibility of the program to provide precise definitions of specific knowledge, skills and attitudes as well as educational opportunities in which the trainee may demonstrate competence in those areas.

## **2. Institutional Support**

The institutions that sponsor graduate medical education in this area of expertise must so organized as to provide an environment in which scholarship, mentoring and clinical excellence are the highest values.

- a. Sponsoring Institution
  1. A Headache Medicine Training Program must operate under the guidance and rules governing the sponsoring institution.
  2. There must be sufficient evidence of the institutional commitment to graduate education that is supported by the department of record, the governance and administration.
    - a. This should be in writing and on file with the Program Director.
  3. Sponsoring institutions must remain in compliance with all institutional requirements and must ensure program compliance.
- b. Participating Institutions
  1. Participation by any institution providing more than one month of training in a 12-month program must be approved by the UCNS.
  2. Participating institutions should provide an environment in which identified excellence in teaching is present which is not available in the sponsoring institution.
    - a. If a major role will be played by a participating institution, recognized expertise in scholarly activities, mentoring and patient care must be demonstrated and subject to evaluation as determined by the UCNS.
  3. The relationship to the sponsoring institution must be specific and defined by the leadership of the sponsoring department or division.

## **3. Duration of Training**

- a. Minimum Length of Training and Number of Trainees
  1. The minimum length will be 12 months. The minimum number of trainees to be trained per institution is one (1).

## **4. Faculty and Personnel**

- a. Program Director Qualifications
  1. The program director must possess the requisite subspecialty expertise, as well as documented educational and administrative abilities.
  2. The program director must be certified in the specialty by a member board of the ABMS or RCPSC or possess qualifications judged to be acceptable by the UCNS.

3. The program director must be appointed in good standing and based at the primary teaching site.
- b. Program Director Responsibilities
1. All aspects of the teaching program in Headache Medicine.
  2. Assigning relevant scholarly activities including research and cognitive tasks to the trainee.
  3. Evaluating the progression of the individual trainee on a regular basis.
  4. Evaluating the program and its graduates on a regular basis.
  5. Generating reports on evolution of the program.
  6. Mentoring in all domains of training is the ultimate responsibility of the Program Director.
  7. Insuring the highest quality of care for patients seen by the trainee.
  8. Responsible for all communication between sponsoring and participating institutions.
- c. Faculty Qualifications
1. The faculty will include the Program Director.
  2. The faculty must possess the requisite subspecialty expertise, as well as documented educational and administrative abilities.
  3. The faculty must be certified in the specialty by a member board of the ABMS or RCPSC or possess qualifications judged to be acceptable by the UCNS.
  4. The faculty must be appointed in good standing and based at the primary teaching site.
- d. Faculty Responsibilities
1. Faculty must be available for consultation, education and mentoring.
  2. Faculty members will:
    - a. Participate in the education and evaluation of the trainee.
    - b. Contribute to the evolution of the program and subspecialty.
    - c. Devote time to the trainee in proportion to the area of expertise expressed and required.
- e. Other Program Personnel
1. A clinical psychologist and pharmacologic support must be available on either continuous or consultative basis within the program, group, or institution.
  2. Qualified physicians with expertise in Headache Medicine must have a continuous and meaningful role in the subspecialty-training program. Faculty involved in teaching trainees in Headache Medicine must possess expertise in the care of patients with acute, chronic, primary and secondary headache.
    - a. Expertise often crosses specialty boundaries. Thus the program will include faculty from other ABMS-recognized medical specialties.
  3. The department of origin must provide administrative support.

## 5. Educational Program

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.
  - b. Using the Headache Medicine Core Curriculum to define core competencies with regard to the 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 Headache Medicine.
  - c. Providing fellows with direct experience in progressive responsibility for patient management.

b. Competencies

The fellowship program must require that its fellows obtain competence in the ACGME core competency 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 sciences, as well as the application of this knowledge to patient care;
3. *Practice-based learning and improvement* that involves the investigation and evaluation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care;
4. *Interpersonal and communication* skills that result in the effective exchange of information 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 patients of diverse backgrounds;
6. *Systems-based practice*, as manifested by actions that 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.

c. Didactic Components

1. Curriculum elements as detailed in the Core Content and Core Curriculum sections will be distributed among:
  - a. Tutorial
  - b. Independent study
  - c. Mentoring

d. Formal classes in statistics

d. Clinical Components

1. In 12-month programs, 80% of the time must be spent in activities directly related to the care of patients with headache or associated conditions.

Competence must be demonstrated in the following areas:

- a. Cognitive skills
- b. Procedural skills
- c. Tests and test interpretation
- d. Treatment and evidence based practice
- e. Disease management and long term care of chronic patients.

Evaluations of performance in each domain must occur every 3 months and documentation of these must be placed in the trainee's file and must be available for review upon request. Benchmarks will include the ACGME Competencies and published headache guidelines including AAN.

e. Scholarly Activities

1. Examples of scholarly activities:

- a. Monthly journal review
- b. Maintenance of a syllabus upgraded biannually and as required
- c. AHS Annual Scientific Conference and/or International Headache Congress.

f. Program Resources and Facilities

1. A Headache Center (clinic) must be designed specifically for the management of headache patients.
2. Adequate allied health staff and other support personnel must be available.
3. There must be a minimum of 200 new patients per year for evaluation with full time faculty involvement. A variety of chronic, acute, outpatient and inpatient headache patients must be precepted.
4. The trainee must have adequate resources available and infrastructure support including:
  - a. Laboratory facilities
  - b. Imaging facilities
  - c. psychiatric consultation
  - d. Psychological services
  - e. Medical record keeping
  - f. Procedural pain clinics
  - g. Dental and oromaxillofacial clinics
  - h. Infusion therapies
5. Library facilities, computer/internet access, and space for research and teaching conferences in Headache Medicine are essential.
6. There must be access to consultation from all other disciplines involved in Headache Medicine.

g. Trainee Duty Hours and Working Environment

1. While the actual number of hours worked by trainees may vary, trainees should have sufficient off duty hours to avoid undue fatigue and stress.

Trainee duty hours and work environment should be consistent with the ACGME requirements.

## 6. Evaluation

### a. Fellow Evaluation

#### 1. Formative Evaluation

The faculty must evaluate in a timely manner the fellows whom they supervise. In addition, the fellowship program must demonstrate that it has an effective mechanism for assessing fellow performance throughout the program and for utilizing the results to improve fellow performance.

- a. Assessment should include 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. Assessment should include the regular and timely performance feedback to residents that includes at least semiannual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident.
- c. Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements to fellows' competence and performance.

#### 2. Final Evaluation

The fellowship director must provide a final evaluation for each fellow who completes the program. This 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.

### 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. This evaluation must include annual written confidential evaluations by fellows.

### 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 fellowship director, representative faculty, and one fellow) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting 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 GMCEC 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 of the meeting.

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