

UNITED COUNCIL
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NEUROLOGIC
SUBSPECIALTIES

**Geriatric Neurology
Fellowship Program Requirements**

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Geriatric Neurology Program Requirements

I. Introduction

A. Definition

Geriatric neurology is defined by its expertise in the diagnosis, treatment, and care of neurological conditions that affect older individuals and by its unique body of knowledge regarding the aging nervous system, its vulnerability to specific neurological disorders, and its influence on the prevalence and expression of neurological disease. Neurologists are called with increasing frequency to provide care for older adults. As the number of elderly in the population increases, there will be a concomitant increase in the prevalence of acute and chronic neurological disorders associated with advancing age. Through training fellowships, the neurological community will endeavor to master, codify and transfer the knowledge and skills to effectively care for the elderly with neurological disorders.

B. Goals and Objectives

Maximizing success in clinical care of the elderly requires specialized expertise in geriatric neurology. This includes the ability to work and communicate effectively with other health care providers and an understanding of current research regarding the clinical and scientific basis of aging and age-related neurological dysfunction. The goal of a fellowship program in geriatric neurology is the training of neurologists equipped with the knowledge, skills and clinical competence to diagnose, treat, manage and rehabilitate aged persons with neurological dysfunction. The geriatric neurology knowledge base and skill set build upon the foundation provided by general neurology residency training.

The overall objective for subspecialty training in geriatric neurology is to provide the knowledge, skills and attitudes most conducive to meet the following goals. To:

1. provide high-quality clinical care suited to the special needs of the elderly with neurological disorders, including screening, diagnostic cognitive and functional evaluation, treatment, management, supportive counseling, psycho-social intervention and appropriate end-of-life care
2. work effectively with multi/inter-disciplinary teams oriented to the care of the elderly
3. become leaders in clinical, educational, academic and research arenas in geriatric neurology

II. Institutional Support

A. Sponsoring Institution

One sponsoring institution must assume ultimate responsibility for the program and must meet the current Accreditation Council of Graduate Medical Education (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.

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 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 length 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 program goals and educational and peer activities. Exceptions must be justified and receive prior approval by the UCNS Accreditation Council (AC).**
- 3. Assignment to a participating institution requires a participating institution letter. Such a letter should:**
 - a. Confirm the relationship of the participating institution to the program**
 - b. State commitment to training and education**
 - c. List specific activities that will be undertaken, supported, and supervised at the participating institution**
 - d. Be signed by the department chair or center director of the participating institution**

III. Fellow Appointment

A. Duration of Training

- 1. Fellowship training in geriatric neurology must be comprised of at least 12 months of education subsequent to satisfactory completion of an ACGME or Royal College of Physicians and Surgeons of Canada (RCPSC) accredited residency. Of the 12 month training, a minimum of 80% (ten months) must be spent in activities directly related to the care of patients in geriatric neurology.**
- 2. The duration of fellowships combining clinical and research training in geriatric neurology must be long enough to support training as indicated above and not longer than 36 months.**

B. Eligibility Criteria

- 1. The fellow must possess a current valid and unrestricted license to practice medicine in the US or Canada.**
- 2. The fellow must be a graduate of a residency program in neurology accredited by the ACGME or the Royal College of Physicians and Surgeons of Canada (RCPSC).**

C. Number of Fellows

- 1. The minimum number of fellows to be trained is one.**
- 2. The minimum faculty to fellow ratio is 1:2.**
- 3. The AC may approve additional fellows based upon demonstration of adequate resources for fellowship education such as quality and volume of patients as well as related clinical material available for education, faculty-fellow ratio, institutional funding, and the quality of faculty teaching.**

IV. Faculty and Personnel

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. 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 should be a member of the staff of the sponsoring or integrated 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 by the American Board of American Subspecialties (ABMS) or RCPSC**
 - c. possess a valid license in the state of the program**
 - d. be appointed in good standing and based at the primary teaching site**
 - e. be certified by the UCNS or possess appropriate qualifications (as determined by the UCNS AC)**

B. Program Director Responsibilities

- 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 appropriate fellow supervision at all participating institutions.**
- 2. Ensuring that the clinical experience meets the minimum curriculum guidelines of the fellowship and maintaining accurate program and fellowship records.**
- 3. Preparing an accurate statistical and narrative description of the program as requested by the UCNS as well as updating the program and fellow records annually.**
- 4. Promptly notifying the executive director of the UCNS of a change in the program director or department chair.**
- 5. Ensuring 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.**
- 6. 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.**

7. **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.**

Upon review of a proposal for a program change, the UCNS may determine that additional oversight or a site visit is necessary.

C. Faculty Qualifications

1. **The physician faculty must:**
 - a. **Possess requisite specialty expertise as well as documented educational and administrative abilities and experience in their field**
 - b. **Be certified in neurology by ABMS or RCPSC**
 - c. **Be certified by the UCNS or possess the appropriate qualifications (as determined by the UCNS AC)**
 - d. **Be appointed in good standing to the staff of an institution participating in the program.**
 - e. **Possess a current valid and unrestricted license**
2. **Non-physician faculty must be appropriately qualified in their field and possess appropriate institutional appointments.**

D. Faculty Responsibilities

1. **There must be a sufficient number of faculty members with documented qualifications at each institution participating in the program 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.**
3. **The faculty must evaluate the fellows whom they supervise in a timely manner.**
4. **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 sponsoring/participating institutions must provide additional professional, technical and administrative personnel to adequately support the fellowship training program in attaining its educational and administrative goals.

V. Facilities and Resources

- A. **The sponsoring and participating institutions must make sufficient resources to accomplish the clinical, didactic and scholarly components of the geriatric neurology educational program. The individual program will describe such resources in its application to the UCNS.**
- B. **There must be adequate support of trainees for all clinical activities including:**

1. Inpatient and outpatient facilities
 2. Examination rooms
 3. Documentation areas
 4. Laboratory facilities including clinical-pathological, electrophysiological and imaging
- C. There must be adequate support of trainees for all scholarly activities including:
1. Research guidance
 2. Technical support
 3. Library and internet availability
 4. Statistical consultation
 5. Computer resources
 6. Laboratory space, equipment and time
- D. The fellow should have access to designated office space for scholarly activities.

VI. Educational Program

A. Role of the Program Director and Faculty

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

- 1. 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 assignment.** The development of the educational program for fellows will be based upon approved Geriatric Neurology Core Content. The Core Content must be included in all training programs; however, each center may offer additional experiences consistent with their unique settings and opportunities
- 2. 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**
- 3. Providing fellows with direct experience in progressive responsibility for patient management**

B. Competencies

A fellowship program must require that its fellows obtain competence in the six areas listed below (AGCME Core Competencies) to the level expected of a new practitioner of geriatric neurology. Programs must define the specific and unique 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 basic sciences, as well as 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.***

These competencies must be operationalized in the fellow evaluation form and will be evaluated by faculty after each major assignment.

C. Didactic Components

1. The program must include structured educational experiences such as rounds, conferences, case presentations, lectures and seminars that complement the clinical and self-directed educational opportunities. Together, various educational experiences must facilitate the fellow's mastery of the Core Content areas and foster the competencies as described above.
2. The program director, in consultation with the faculty, will assist the fellow in self-learning activities by recommending types and content of supplemental educational materials, such as textbooks, peer-reviewed journal articles and relevant web-based training.
3. The program director must provide details of the educational methods by which the Geriatric Neurology Core Content will be delivered.

D. Clinical Components

1. Due to the diverse clinical needs of patients, the geriatric neurology training program must also provide a diverse clinical setting for instruction. These may include but are not limited to:
 - a. Outpatient consultative and continuity clinics
 - b. Inpatient acute or subacute/chronic care experiences and consultation
 - c. Emergency room experiences
 - d. Home Care
2. The selection of the types and combination of clinical care settings is at the discretion of the director of the training program, the sponsoring facility and participating institutions.
3. The program director must have educational rationale for all clinical experiences. Specifically, rationale must address how rotations meet the requirements as they relate to the interdisciplinary nature of the subspecialty.

E. 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 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 guidance and technical support, e.g., research design and 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, e.g., sufficient laboratory space, equipment, computer services for data analysis, and statistical consultation services.**

F. Duty Hours and Working Environment

Providing fellows with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and fellow wellbeing. 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. 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 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.**

2. Duty Hours

- a. Duty hours are defined as all clinical and academic activities related to the fellowship, i.e., 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, day(s) off and rest periods must meet the current guidelines of the ACGME**

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

In-house call assignments must meet the current guidelines of the ACGME.

VII. Evaluation

A. Fellow Evaluation

Fellow evaluation by faculty must take place at least semi-annually and areas of weakness and strength must be communicated to the fellow. Records must be maintained documenting fellow experience and performance. The evaluation must include the fellow's fund of knowledge, basic clinical competence, general skills in the primary specialty and specific technical skills required for the subspecialty. The summary and final evaluation of the fellow must be prepared by the program director and should reflect the input of faculty. The evaluation forms may vary from program to program but must address the core competencies. Each supervisor must complete the evaluation form after every major rotation. Evaluations from other health professionals should also be expressly sought. The results of the evaluations must be communicated to the fellow every six months with a face-to-face meeting with the program director; a written summary must also be shared with the trainee and made part of the trainee's file. Issues of unacceptable performance must be addressed in a timely fashion and in accordance with the policies and procedures of the sponsoring institution.

B. Faculty Evaluation

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

C. Program Evaluation

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. Confidential written evaluations by fellows must be utilized in this process. One measure of the quality of a training program is the proportion of its graduates who take the certification examination provided by UCNS, as well as their performance on those examinations.