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AUTONOMIC DISORDERS
FELLOWSHIP PROGRAM REQUIREMENTS

I. INTRODUCTION

A. Definition
Autonomic disorders is a medical subspecialty defined by competence in: (1) understanding of the health and disease of the autonomic nervous system (ANS); (2) performance and interpretation of clinical and laboratory evaluation of the ANS; and (3) diagnosis and care of those who suffer from autonomic dysfunctions. Autonomic dysfunctions may present as primary or secondary dysfunction of the ANS, and patients with dysautonomia may present for care to multiple specialty care areas including, but not restricted to, primary care, general internal medicine, cardiology, endocrinology, gastroenterology, urology and general neurology. Clinical autonomic disorder specialists may themselves be cardiologists, neurologists, endocrinologists, gastroenterologists or nephrologists and provide consultation to these service areas or deliver all levels of care commensurate with their training.

B. Goals and Objectives
1. Autonomic disorders programs provide an organized post-residency educational experience for physicians already trained in a core discipline such as cardiology, endocrinology, gastroenterology, nephrology, or neurology who wish to seek additional competence in autonomic disorders.
2. The objectives are to prepare the trainee: (1) to provide local expertise at the level of his or her practice in regard to clinical evaluation and management of autonomic disorders; (2) to serve as a resource for, and be actively involved in, teaching and research efforts related to the ANS; and (3) to interact successfully with practitioners who do not specialize in autonomic disorders in the evaluation and management of patients with autonomic disorders.

II. INSTITUTIONAL SUPPORT
The institutions that sponsor and participate in fellowship training of autonomic disorders must be committed to excellence in both medical education and patient care.

A. Sponsoring Institution
One sponsoring institution must assume ultimate responsibility for the program and must meet the current Accreditation Council for 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 Institution
1. Participating institution is defined as an institution that provides specific learning experience within a multi-institutional program of GME. Subsections of an institution such as departments, clinics, laboratories, or units of a hospital do not qualify as participating institutions.
2. 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.
3. 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 granted by the UCNS Accreditation Council (AC).

4. Participation by any institution providing more than one month of training in autonomic disorders must be approved by the UCNS AC.

5. 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; and
   d. be signed by the directly responsible department chair of the participating institution.

III. FELLOW APPOINTMENT

A. Duration of Training
   1. Fellowship training in autonomic disorders 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. Training in autonomic disorders that occurred during residency training will not be counted toward fellowship.
   2. Autonomic disorder fellowship programs meeting these requirements may be of two types:
      a. Those that provide 12 months of education of which 80% must be dedicated to clinical patient care and clinical laboratory testing of autonomic disorders.
      b. Those that combine clinical education with research. If the clinical training is integrated with a research program, the program must provide at least ten months (80% of a one-year training program) of clinical patient care training in addition to the clinical or basic research component. The clinical patient care and research components can occur either concomitantly or sequentially. The total duration of fellowship training should be at least 12 and no more than 36 months.
   3. The required length of the program must be disclosed to the fellow prior to entering the program.

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 either: (a) a graduate of an adult or pediatric residency program in neurology, or (b) a graduate of an internal medicine residency program accredited by the ACGME or RCPSC.

C. Number of Fellows
   1. The minimum number of fellows that a program may train is one.
   2. The Accreditation Council (AC) may approve expanding a program to accommodate additional fellows based upon demonstration of adequate resources for multiple fellowship education, such as the volume and distribution of patients, as well as sufficient clinical material available for education, adequate faculty-fellow ratio, institutional funding, quality of faculty teaching, and clinical or academic success of the program’s prior fellows.

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. An interim alternate director should be officially established in the event that the director is absent or is otherwise unable to carry out the requirements of his/her position.
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 or internal medicine by 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 the appropriate qualifications (as determined by the UCNS AC).
   3. The program director should:
      a. be an experienced, active clinician, and must devote sufficient time to the program to ensure achievement of the educational goals and objectives.
      b. participate in scholarly activities appropriate to the profession, such as local, regional and national specialty societies, research, presentations, and publications.

B. Program Director Responsibilities
The program director’s ultimate responsibility is the successful conduct of the fellowship program. Responsibilities include:
   1. Ensuring that adequate resources, faculty support, and a stable educational environment are present that ensure the proper education of the autonomic disorder trainee, including but not limited to, provision of conferences, educational didactic programs, and other educational activities of the program.
   2. Making certain that trainees adequately meet expectations of professional conduct, educational goals, and other responsibilities as specified in this document.
   3. Overseeing the recruitment and appointment process for applicants, including compliance with appropriate credentialing policies and procedures.
   4. Ensuring, coordinating, and documenting proper, direct, supervision of all trainees at all times by appropriately qualified faculty.
   5. Monitoring the progress of each autonomic disorders trainee, including the maintenance of training record that documents completion of all required components of the program, as well as the evaluations of performance by supervisors and teachers.
   6. Maintaining all training records, including those related to appointment, departmental process regarding due process, sickness and other leaves, call responsibilities, and vacation time.

In addition, the program director is responsible for:
   1. Overseeing and organizing the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate fellow supervision at all participating institutions.
   2. 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.
   3. Promptly notifying the executive director of the UCNS of a change in the program director or department chair.
   4. 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.
5. Ensuring that the training program has an equitable leave and vacation policy for fellows, in accordance with overall institutional policy.

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 minimum faculty-to-fellow ratio must be 2:1, that is, for every fellow there must be at least two faculty members.
   2. The physician faculty must:
      a. possess requisite specialty experience as well as documented educational and administrative abilities and experience in their field.
      b. be currently certified in neurology or internal medicine 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.
   3. Non-physician faculty must be appropriately qualified in their field and possess appropriate institutional appointments.
   4. The faculty should:
      a. be experienced, active clinicians or researchers, and devote sufficient time to the education of trainees to ensure achievement of the subset of educational goals and objectives delegated to their instruction.
      b. participate in scholarly activities appropriate to the profession such as local, regional and national specialty societies, research, presentations, and publications.

D. Faculty Responsibilities
   The faculty responsibility is participating in an active team collaborating with the program director eventuating in the successful conduct of the fellowship program. There must be a sufficient number of qualified physicians involved in the training of the autonomic disorder fellow to maintain a quality didactic and clinical educational program. Faculty members will participate in education and evaluation of the trainee, play a role in the evolution of the program and subspecialty, and dedicate time to the trainee in proportion to the area of expertise expressed and required. Responsibilities include:
   1. At each participating institution 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.
   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.

4. The provision of conferences, educational didactic programs and other educational activities of the program within their area of expertise.

5. **Providing feedback to the director and completing periodic evaluation forms on the trainees, addressing whether trainees adequately meet expectations of professional conduct, educational goals and other responsibilities as specified in this document.**

6. Review of periodic written evaluation of the faculty member by the trainee(s) and discussion of those evaluations with the program director.

7. Helping the program director, as requested and feasible, in preparing timely, accurate program information, forms and related materials in preparation for review.

E. **Other Program Personnel**

Other program personnel should include:

1. The supervisor and technologists (at least one person) involved in autonomic laboratory (see facilities section) testing will play a major role in the technical and laboratory training of the fellow. Staff should have appropriate experience and qualifications as determined by the laboratory director, who collaborates closely with the program director (if these are not the same person). Staff job description should include the teaching of other technical staff, teaching and training of residents and fellows. Staff should be encouraged to participate in research and support projects headed up by the fellows.

2. Nurse practitioners and registered nurses, to the extent utilized by the program in seeing patients, should also share their valuable experience with fellows, particularly in the practical issues encountered by patients with autonomic disorders, and in optimal methods of patient education.

3. Practice managers and billing staff should spend scheduled time in educating fellows on the requirements of billing and accurate CPT and ICD-9 code utilization, including feedback to fellows regarding the accuracy of their coding and billing practices. Cost-revenue information should also be shared.

V. **FACILITIES AND RESOURCES**

A. Fellowship training in autonomic disorders must be affiliated with a core area discipline (defined in I.B.1) with the full range of patient services.

B. The program must be able to provide full-spectrum testing of the autonomic nervous system, defined as:

   1. at least two tests of cardiovascular sympathetic function
   2. at least two tests of parasympathetic testing, and
   3. at least one type of sudomotor autonomic testing.

C. Adequate meeting rooms, classrooms, and research space to support service, teaching, research and educational activities must be available.

D. The autonomic disorders program should be integrated into a full-service clinical program providing evaluation of patients with many types of disorders.

E. The autonomic disorders program must provide the trainee with a sufficient variety and volume of patients with autonomic disorders both in the clinic and laboratory during the training period to guarantee an educational experience with adequate exposure to the major categories of autonomic disorders.

VI. **EDUCATIONAL PROGRAM**

A. **Role of 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.

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

1. Programs should be structured so that trainees are involved in the study of autonomic disorders throughout the year. The educational program must include didactic instruction and practical experience in the content areas defined by the Autonomic Disorders Core Curriculum. A brief summary of the areas of required competencies include:
   a. Knowledge of advanced anatomy, physiology, pathophysiology, biochemistry, and pharmacology of the ANS and drugs affecting the ANS.
   b. Expertise in clinical and laboratory diagnosis of the full spectrum of central and peripheral ANS disorders.
   c. Expertise in non-pharmacological and pharmacological management of ANS disorders.

2. 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 and unique 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 cognate sciences, as well as the application of this knowledge to patient care.
   c. 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.
   d. Interpersonal and communication skills that result in the effective exchange of information 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 patients of diverse backgrounds.
   f. 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

Programs must emphasize:
1. the scientific rationale for evaluation and treatment of diseases of the ANS;
2. hands-on experience in performance of autonomic testing;
3. opportunity for clinical evaluation and management of patients with autonomic symptoms; and
4. All the core elements of the Autonomic Disorders Core Curriculum must be addressed.

Upon completion of the training program, the participant should have acquired the following fund of knowledge and skills:
1. anatomical organization of the central autonomic control centers, the parasympathetic, sympathetic and enteric nervous systems, and visceral afferents
2. basis of cardiovascular, respiratory, gastrointestinal, pupillary, sudomotor, and other autonomic reflexes
3. basis of autonomic neurotransmission, including neurotransmitter synthesis, distribution, and release mechanisms, receptor subtypes, effects on their target organs
4. autonomic pharmacology, including pharmacokinetics and pharmacodynamics of drugs affecting the ANS
5. clinical and laboratory diagnosis of central and peripheral disorders of autonomic function, including neurodegenerative disorders associated with generalized autonomic failure, peripheral autonomic neuropathies, focal or target-specific autonomic syndromes, and effects of drugs
6. indications, techniques, and limitations of noninvasive recordings of arterial pressure, heart rate and sudomotor output, including theoretical and practical knowledge of the equipment used to obtain those recordings
7. performance, supervision, and interpretation of tests of: orthostatic tolerance (heart rate and blood pressure responses to standing or passive head-up tilt); cardiovagal function (including heart rate response to deep breathing); Valsalva maneuver; and sudomotor function
8. interpretation of the results of humoral, microneurography, and power spectral analysis evaluation of autonomic function
9. interpretation of tests of pupillary function, gastrointestinal motility, urodynamics, penile erection, and thermography
10. expertise in nonpharmacologic and pharmacological management of orthostatic intolerance syndromes (including orthostatic hypotension, syncope, and postural tachycardia), gastrointestinal dysmotility, neurogenic bladder, and sudomotor disorders
11. knowledge of the complex pathophysiological mechanisms involved in neuropathic pain syndromes (including complex regional pain syndromes), and application and limitations of autonomic testing to help determine the contribution of sympathetic outflow to pain and to vasomotor and sudomotor components of the syndrome

Written goals and objectives for the didactic educational program should be prepared and available for distribution.

D. Clinical Components
1. During the 12 months of clinical training, at least 80% of the fellow’s time must be spent in activities directly related to the evaluation and care of patients with dysautonomias or related conditions. Patient care responsibilities must ensure a balance between patient care and education that achieves for the fellow an optimal education experience consistent with the best medical care. Patient care responsibilities should include inpatient, outpatient, consultation and clinical laboratory experiences.
2. Fellows must have instruction and practical experience in obtaining an orderly and detailed history of autonomic symptoms from the patient, in conducting a thorough autonomic and neurological examination, and in organizing and recording data. The training must include the indications for and limitations of clinical autonomic tests and their interpretation. Fellows must learn to correlate the information derived from autonomic tests with the clinical history and examination in formulating a differential diagnosis and management plan. Fellows must learn the basic principles of pharmacologic and non-pharmacologic management of autonomic disorders.
3. It is expected that the trainee would be exposed to and assume supervised clinical management for at least 100 new patients with complaints related to the ANS. Face-to-face mentorship by the faculty is expected at the time of the initial patient encounter. The range of the patients should include a variety of acute and chronic dysautonomias presented in both outpatient and inpatient
settings. It is expected that the trainee would maintain an ongoing log of new patients seen, listed according to diagnosis.

4. The trainee must participate in performance and interpretation of clinical autonomic laboratory testing of at least 100 patients.

5. Competence must be demonstrated in the following areas:
   a. Knowledge 
   b. Tests and test interpretation 
   c. Treatment and evidence-based practice 
   d. Disease management and long-term care of chronic patients.

E. Scholarly Activities
   1. The program should provide a scholarly environment related to autonomic disorders as evidenced by participation in a spectrum of professional activities within the institution as well as within local, state and national associations.
   2. 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 in journals 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.
   3. 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.
   4. Fellows should be trained to evaluate and critique clinical research. Coursework or lectures on research methodology is recommended.
   5. If the training is integrated with a research program, the program must provide at least 10 months of clinical patient care training (the equivalent of at least 80% clinical training during a one-year fellowship) in addition to clinical or basic research. For suggested parameters for clinical research and basic research consult Autonomic Disorders Core Curriculum and Content Outline.

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 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. 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 must be limited to 80 hours per week, averaged over a 4-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 work day 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 by the subspecialty.

VII. EVALUATION

A. Fellow Evaluation

Fellow evaluation by faculty must take place at least quarterly 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.

1. There must be regular written evaluation after each rotation or at least quarterly of the trainee(s) by faculty and results must be discussed with the trainee(s). Evaluation of performance must include each clinical component and should follow the standard format approved by the institution or in compliance with ACGME recommendations for postdoctoral medical training. The evaluation must be reviewed by both the faculty member and trainee. Permanent record of evaluation must be maintained and be accessible to trainee(s) and other authorized personnel(s).

2. A final written summative evaluation of performance should be provided by the program director at the conclusion of the training program, signed by both the trainee and program director. The program director should discuss the written performance evaluation with each trainee(s). This evaluation must:

   a. document the fellow’s performance during the final period of training;
b. verify that the fellow has demonstrated sufficient competence in the clinical evaluation of patients with autonomic disorders and in the interpretation of clinical laboratory tests of autonomic function and dysfunction to enter practice without direct supervision; and
c. document the satisfactory completion of all program requirements.

3. The educational experience must be documented in the trainee’s file, including curriculum present during the training time of training, and a certificate or letter signed by the program director indicating successful completion of the course and competency regarding its content, which may be ascertained as desired by the program director (e.g., interview, examination).

4. The program director should meet on a regular basis (at least quarterly) with the trainee(s) to discuss the performance, clinical practice and quality assurance issues as applicable to the actual training experience and clinical practice of the trainee(s), and produce written minutes reflecting the proceedings of such meetings that will be kept confidential and protected.

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 biannual confidential written evaluations by fellows.

The trainee will provide feedback, preferably in form of a written evaluation, of the faculty supervisors following each major rotation or equivalent training unit.

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.

Trainees should submit written evaluations of the program at least twice a year.

D. Confidentiality

All evaluations described here should remain confidential and will not be disclosed except in accordance with institutional and state policies. The program director is responsible for making reasonable efforts to ensure confidentiality and protected security of these records.