UNITED COUNCIL For NEUROLOGIC SUBSPECIALTIES

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12		Clinical Neuromuscular Pathology
13		Program Requirements
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31 32		Clinical Neuromuscular Pathology Program Requirements				
33	[The comm	non program requirements are standards required of accredited programs in all UCNS				
34	subspecialties. They are shown in bold typeface below. Requirements in regular typeface have been set					
35	by the Clinical Neuromuscular Pathology subspecialty and approved by the UCNS Board of Directors.]					
36	-					
37	١.	Introduction				
38		A. Clinical neuromuscular pathology is a subspecialty area of neurology defined by special				
39		competence in the interpretation of muscle and nerve pathology. It differs from				
40		neuropathology because it is highly integrated with the clinical management of				
41		neuromuscular disease. All UCNS training programs in clinical neuromuscular pathology				
42		must incorporate the evaluation of muscle and nerve in the context of clinical patient				
43		care.				
44		B. Purpose of the Training Program				
45		1. The purpose of the training program is to prepare the physician for independent				
46		practice in Clinical Neuromuscular Pathology. This training must be based on				
4/		supervised clinical work with increasing patient care responsibilities and transition				
48		to independent practice over the course of the training program.				
49 50		2. The program must require its fellows to obtain competencies in the six core				
50		Education (ACGME). It is the responsibility of the program to provide precise				
52		definitions of specific knowledge, skills, and behaviors, as well as educational				
53		opportunities in which the fellow must demonstrate competence in those areas.				
54		The program's curricular goals and objectives must correlate to the appropriate				
55		ACGME Core Competencies and global learning objectives.				
56						
57	П.	Institutional Support				
58		There are three types of institutions that may comprise a program: 1) the sponsoring				
59		institution, which assumes ultimate responsibility for the program and is required of all				
60		programs, 2) the primary institution, which is the primary clinical training site and may or				
61		may not be the sponsoring institution, and 3) the participating institution, which provides				
62		required experience that cannot be obtained at the primary or sponsoring institutions.				
63						
64		A. Sponsoring Institution				
65		1. The sponsoring institution must be accredited by the ACGME or Canadian				
00 67		Excellence in Residency Accreditation (CanERA), formerly the Royal College of				
68		Institutional Paguiraments or CanEPA Conoral Standards of Accreditation for				
69		Institutional Regulation of Callera General Standards of Acceleration for				
70		assignments at all primary and participating institutions. The sponsoring				
71		institution must be appropriately organized for the conduct of graduate medical				
72		education (GME) in a scholarly environment and must be committed to excellence				
73		in both medical education and patient care.				
74		2. A letter demonstrating the sponsoring institution's responsibility for the program				
75		must be submitted. The letter must:				
76		a) confirm sponsorship and oversight of the training program's GME activities,				
77		b) state the sponsoring institution's commitment to training and education,				
78		which includes the resources provided by the sponsoring institution, the				
79		primary institution, and/or the departments that support the program				

80		director's fulfillment of his or her duties as described in these program
81		requirements, and
82		c) be signed by the designated institution official of the institution as defined by
83		ACGME or postgraduate dean as defined by CanERA.
84		3. Institutional support and oversight are further demonstrated by the required
85		designated institution official/postgraduate dean signature on all program
86		accreditation and reaccreditation applications and annual report submissions.
87		
88		B. Primary Institution
89		1. Assignments at the primary institution must be of sufficient duration to ensure a
90		quality educational experience and must provide sufficient opportunity for
91		continuity of care. The primary institution must demonstrate the ability to
92		promote the overall program goals and support educational and peer activities.
93		2. A letter from the appropriate department chair(s) at the primary institution must
94		be submitted. The letter must:
95		a) confirm the relationship of the primary institution to the program,
96		b) state the primary institution's commitment to training and education, and
97		c) list specific activities that will be undertaken, supported, and supervised at the
98		primary institution.
99		
100		C. Participating Institutions
101		1. Assignments to participating institutions must be based on a clear educational
102		rationale, must have clearly stated learning objectives and activities, and should
103		provide resources not otherwise available to the program. When multiple
104		participating institutions are used, there should be assurance of the continuity of
105		the educational experience.
106		2. Assignments at participating institutions must be of sufficient duration to ensure a
107		quality educational experience and should provide sufficient opportunity for
108		continuity of care. All participating institutions must demonstrate the ability to
109		promote the overall program goals and support educational and peer activities.
110		3. If a participating institution is used, a participating institution letter must be
111		submitted. The letter must:
112		a) confirm the relationship of the participating institution to the program,
113		b) state the participating institution's commitment to training and education,
114		c) list specific activities that will be undertaken, supported, and supervised at the
115		participating institution, and
116		d) be signed by the appropriate official, e.g., department chair or medical
117		director, of the participating institution.
118		4. The training must take place in facilities that have been approved under the Clinical
119		Laboratory Improvement Act (CLIA) and that are supervised by physicians who meet
120		all state licensing requirements.
121		5. If more than one facility is used in the program, there must be a clear educational
122		rationale for the use of each participating institution.
123		
124	III.	Facilities and Resources
125		A. Each program must demonstrate that it possesses the facilities and resources
126		necessary to support a quality educational experience.
127		1. Additional professional, technical, and administrative personnel must be provided
128		to adequately support the fellowship training program in attaining its educational
129		and administrative goals.

130		2.	In programs not situated in a department of neurology, evidence must be
131			provided that demonstrates fellows have access to neurological services.
132		3.	The core neurology program must be a part of, or affiliated with, clinical care
133			facilities that have a full range of patient services.
134		4.	There must be adequate equipment, laboratory space, office facilities, <u>computers,</u>
135			meeting rooms, classrooms, and research space to support service, teaching, and
136			educational responsibilities.
137		5.	The Clinical Neuromuscular Pathology program should be integrated into a full-
138			service clinical neuromuscular medicine program. providing evaluation of the
139			patient.
140		6.	The Clinical Neuromuscular Pathology program must provide the fellow a sufficient
141			variety and volume of pathological material. This shall be comprised of at least 100
142			new biopsy cases of nerve and muscle acquired in the course of the training period,
143			including a minimum of 30 specimens of nerve and 30 specimens of muscle.
144		7.	Fellows must have access to computers.
145			
146	IV.	Faculty	
147		The fac	ulty of accredited programs consists of: 1) the program director, 2) core faculty,
148		and 3)	other faculty. Core faculty are physicians who oversee clinical training in the
149		subspe	cialty. The program director is considered a core faculty member when determining
150		the fell	ow complement. Other faculty are physicians and other professionals determined
151		by the S	Subspecialty to be necessary to deliver the program curriculum. The program
152		directo	r and faculty are responsible for the general administration of the program and for
153		the esta	ablishment and maintenance of a stable educational environment. Adequate
154		duratio	ns of appointments for the program director and core faculty members are
155		essenti	al for maintaining such an environment. The duration of appointment for the
156		program	n director must provide for continuity of leadership.
157			
158		A. Pro	gram Director Qualifications
159		1.	There must be a single program director responsible for the program. The person
160			designated with this authority is accountable for the operation of the program and
161			he or she should be a member of the faculty or medical staff of the primary
162			institution. At institutions where the nerve and muscle biopsies are handled in two
163			different laboratories under two different directors, directors of the two
164			laboratories <u>they</u> can be co-directors of the program. However, there must be a
165			single administrative program director designated responsible for the program and
166			communication with UCNS.
167		2.	The program director must:
168			a. possess requisite specialty expertise as well as documented educational and
169			administrative abilities and experience in his or her field,
170			b. be certified by the American Board of Medical Specialties (ABMS), RCPSC,
171			American Osteopathic Association (AOA) or College of Family Physicians of
172			Canada (CFPC) in neurology or child neurology or other neurologic area ,
173			c. possess a current, valid, unrestricted, and unqualified license to practice
174			medicine in the state or province of the program, and
175			d. be certified, and maintain certification, in Clinical Neuromuscular Pathology by
176			the UCNS.
177			i. New programs without a certified program director may apply for
178			accreditation, as long as the application contains an attestation that the
179			program director will become certified at the next available opportunity,
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181 The attestation must contain a statement that the program understands 182 that should the program director fail to achieve certification, the program must immediately submit a program director. 183 appropriately qualified program director. 184 appropriately qualified program director. 185 3. The program director should be an experienced, active clinician, and must devote sufficient time to the program to ensure achievement of the educational goals and objectives. 188 B. Program Director Responsibilities 190 1. The program director must: 191 a. oversee and organize the activities of the educational program in all institutions participating in the program including selecting and supervising appropriate fellow supervision and evaluation at all institutions used by the program, appropriate fellow supervision and evaluation at all institutions used by the program, including selecting and supervising institution, to address fellow grievances and due process in anually, in compliance twith the ACGMF's or canERA's institutional requirements, annually. 192 c. ensure the implementation of fair policies and procedures, as established by the sponsoring institution, to address fellow grievances and due process in compliance with the ACGMF's or canERA's institutional requirements, annually. 203 c. ensure the implementation of fair policies and procedures, as established by the sponsoring institution, to address fellow grievances and due process in aproporad in a program change, the UCNS or canENA's institutional	180			which includes certification through the UCNS faculty diplomate pathway.
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responsibilities, and vacation time.	227			departmental processes regarding due process, sickness and other leaves, call
	228			responsibilities, and vacation time.

229		k. Place a statement in the training record of each fellow upon the completion of
230		the program that documents the satisfactory completion of all program
231		requirements.
232		
233	C.	Core Faculty Qualifications
234		1. Each core faculty member must:
235		a. possess requisite specialty expertise as well as documented educational and
236		administrative abilities and experience in his or her field,
237		b. be currently certified by ABMS, RCPSC, AOA, or CFPC in neurology or child
238		neurology,
239		c. possess a current, valid, unrestricted, and ungualified license to practice
240		medicine in the state or province of the program, and
241		d. be appointed in good standing to the faculty of an institution participating in
242		the program.
243		2. The core faculty must include at least one neurologist. The neurologist may also
244		be the program director.
245		
246	D.	Core Faculty Responsibilities
247		1. There must be a sufficient number of core faculty members with documented
248		qualifications at each institution participating in the program to instruct and
249		adequately supervise all fellows in the program.
250		2. Core faculty members must:
251		a. devote sufficient time to the educational program to fulfill their supervisory
252		and teaching responsibilities,
253		b. evaluate the fellows they supervise in a timely manner,
254		c. demonstrate a strong interest in the education of fellows, demonstrate
255		competence in both clinical care and teaching abilities, support the goals and
256		objectives of the educational program, and demonstrate commitment to their
257		own continuing medical education by participating in scholarly activities, and
258		d. devote sufficient time of their current schedule to the educational program in
259		Clinical Neuromuscular Pathology to assure fulfillment of its goals and
260		objectives.
261		
262	Ε.	Other Faculty
263		The program must provide additional professional, technical, and clerical personnel as
264		needed to support the administration and educational conduct of the program.
265		1. The laboratory must be directed by qualified physicians who are licensed to practice
266		medicine and are members in good standing of the institution medical staff.
267		2. There must be a sufficient number (at least one) of qualified histotechnologists as
268		well as clinical and other staff to support laboratory work and the educational
269		program.
270		

271	٧.	Fellow Appointment
272		
273		A. Duration of Training
274		1. Fellowship programs must be no less than 12 months, the entirety of which must
275		be spent in patient-oriented Clinical Neuromuscular Pathology education. At least
276		80% of the fellow's time must be spent in supervised training activities in the
277		practice of Clinical Neuromuscular Pathology, including didactic and clinical
278		education specific to the subspecialty, electives, and scholarly activities.
279		2. Flexible Fellowships
280		a. Programs may offer flexible fellowships for a variety of reasons, including, but
281		not limited to: combined clinical/research fellowships or to allow fellows
282		opportunities for work/life balance. Programs that combine clinical and
283		research training (clinician-scientist fellowship program) may be up to 36
284		months in duration for a one-year program and 48 months for a two-year
285		program. At least 12 full months of this extended-program period must be
286		spent in patient-oriented Clinical Neuromuscular Pathology clinical,
287		educational, and scholarly activity, the distribution of which across this
288		extended period is at the program's discretion.
289		3. The training period in clinical neuromuscular pathology must be at least 12 months
290		of education subsequent to satisfactory completion of an Accreditation Council for
291		Graduate Medical Education (ACGME) or Royal College of Physicians and Surgeons
292		of Canada (RCPSC) accredited residency in neurology.
293		4. Training in clinical neuromuscular pathology that occurred during general neurology
294		residency training will not be counted toward meeting this requirement.
295		5. While clinical neuromuscular pathology training is a minimum of 12 months of
296		defined training, if integrated with a research program or further pathological
297		training in nerve or muscle, the clinical neuromuscular pathology training program
298		should not exceed 24 months. However, accreditation is only applied to the 12
299		months of clinical training.
300		
301		B. Fellow Eligibility
302		1. The fellow must possess a current valid and unrestricted license to practice
303		medicine in the United States or its territories or Canada.
304		2. The fellow must be a graduate of a residency program in neurology accredited by
305		the ACGME, RCPSC, or CanERA.
306		3. The fellow must be board certified or eligible for certification by the ABMS, RCPSC,
307		AOA, or CFPC in <u>neurology</u> specialty.
308		
309		C. Fellow Complement
310		The fellow complement is the number of fellows allowed to be enrolled in the
311		program at any given time, e.g., across all training years.
312		1. There must be at least 1 core faculty member(s) for every 2 fellow(s).
313		
314		D. Appointment of Fellows and Other Students
315		1. The appointment of fellows who do not meet the eligibility criteria above must
316		not dilute or detract from the educational opportunities of regularly appointed
317		Clinical Neuromuscular Pathology fellows. Programs must include these fellows in
- •		
318		all reports submitted to UCNS to demonstrate compliance with the approved

320		criteria must be notified that they may not apply for UCNS certification
321		examinations as graduates of an accredited program.
322		
323	VI.	Educational Program
324		
325		A. Role of the Program Director and Faculty
326		2. The program director, with assistance of the faculty, is responsible for developing
327		and implementing the academic and clinical program of fellow education by:
328		a. preparing a written statement to be distributed to fellows and faculty and
329		reviewed with fellows prior to assignment, which outlines the educational
330		goals and objectives of the program with respect to the knowledge, skills, and
331		other attributes to be demonstrated by fellows for the entire fellowship and
332		on each major assignment and each level of the program,
333		b. preparing and implementing a comprehensive, well-organized, and effective
334		curriculum, both academic and clinical, which includes the presentation of
335		core specialty knowledge supplemented by the addition of current
336		information, and
337		c. providing fellows with direct experience in progressive responsibility for
338		patient management.
339		
340		B. Competencies
341		 <u>A fellowship program must require that its fellows obtain competence in the</u>
342		AGCME Core Competencies to the level expected of a new practitioner in the
343		subspecialty. Programs must define the specific and unique learning objectives in
344		the area including the knowledge, skills, and behaviors required and provide
345		educational experiences as needed in order for their fellows to demonstrate the
346		core competencies and the following objectives:
347		<u>1) Nerve</u>
348		a) Upon completion of the training program, the fellow should have acquired
349		the following fund of knowledge and skills:
350		1. <u>Recognize preparatory artifacts and pathologic abnormality in nerve</u>
351		tissue obtained at biopsy.
352		2. Correlate the pathological findings with clinical manifestations
353		and genetic findings of nerve disease.
354		3. Accurately and concisely describe the pathologic findings of biopsy
355		specimens, formulate an appropriate pathologic diagnosis, and offer
356		comments about the diagnosis based on the biopsy findings in the
357		context of the clinical history.
358		4. Become familiar with the relevant nt current and previous literature on
359		neuromuscular diseases.
360		b) Specifically, the fellow will:
361		1. Understand the indications for obtaining a nerve biopsy and choose an
362		appropriate biopsy site based on the clinical evaluation and
363		electrophysiologic findings.
564 865		2. Be aware of potential artifacts due to the nerve biopsy procedure;
505		hemorrhage into the specimen, crushing of tissue, damage by
000 067		inappropriate dissection, and insufficient amount of tissue.
50/		3. Recognize artifacts due to improper handling, flash-freezing, fixation,
608		osmitication, sectioning, staining, and storage of the biopsy specimen.

369	4. Learn the use and application of standard histological and histochemical
370	staining.
371	5. Be familiar with the use and application of standard immunostains,
372	semithin sections, teased nerve fiber preparation and EM exam.
373	2) Muscle
374	a) Upon completion of the training program, the fellow should have acquired
375	the following fund of knowledge and skills:
376	1. Recognize preparatory artifacts and pathologic abnormality in muscle
377	tissue obtained at biopsy.
378	2. 3.Correlate the pathological findings with clinical manifestations and
379	genetic findings of muscle diseases.
380	3. Accurately and concisely describe the pathologic findings in biopsy
381	specimens, formulate an appropriate pathological diagnosis, and offer
382	comments about the diagnosis based on the biopsy findings in the
383	context of the clinical history
384	4. Become familiar with the relevant current and previous literature on
385	neuromuscular diseases.
386	b) Specifically, the fellow will:
387	1. Understand the indications for obtaining a muscle biopsy and choose
388	an appropriate biopsy site based on the clinical evaluation and
389	electrophysiologic findings.
390	2. Be aware of potential artifacts due to the muscle biopsy procedure:
391	hemorrhage into the specimen, crushing of tissue, damage by
392	inappropriate dissection, and insufficient amount of tissue.
393	3. Recognize artifacts due to improper handling, flash-freezing, fixation.
394	sectioning, staining, and storage of biopsy specimen.
395	4. Learn the use and application of standard histological and
396	histochemical staining.
397	5. Be familiar with the use and application of standard immunostains.
398	· · ·
399	1.2. The program must use the ACGME Core Competencies to develop competency-
400	based goals and objectives for all educational experiences during the period of
401	fellowship training in Clinical Neuromuscular Pathology.
402	
403	C. Didactic Components
404	1. The program must include structured, fellow-specific educational experiences such
405	as rounds, conferences, case presentations, lectures, and seminars that
406	complement the clinical and self-directed educational opportunities. Together,
407	various educational experiences must facilitate the fellow's mastery of the core
408	content areas and foster the competencies as described above.
409	2. The program must provide the fellow with instruction and experience in the
410	techniques of obtaining, processing, and evaluating tissue to ensure that quality
411	specimens suitable for evaluation are obtained.
412	3. The program must provide a lecture series, selected readings or other clearly
413	identified mechanisms for addressing core content (See Clinical NeuroMmuscular
414	Pathology Core Curriculum).
415	4. Fellows should present a minimum of two clinical or pathology neuromuscular
416	conferences each year and participate in subspecialty conferences and journal clubs.
417	
418	D. Clinical Components

419	1.	The fellow's clinical experience must be spent in supervised activities related to
420		Clinical Neuromuscular Pathology. Clinical experiences may include all training
421		relevant to Clinical Neuromuscular Pathology, including lectures and individual
422		didactic experiences and journal clubs emphasizing clinical matters.
423	2.	Fellows will work in neuromuscular clinics and interact with clinicians caring for
424		patients.
425	3.	Each Clinical Neuromuscular Pathology fellow should independently examine and
426		generate a written report on a minimum of 100 biops <u>iesy of which no less than 30</u>
427		should be either muscle or nervespecimens of which a minimum of 30 must be of
428		muscle and 30 must be of nerve. The reports must accurately describe the findings
429		and indicate the diagnosis or diagnoses on each case which must subsequently be
430		evaluated and countersigned by faculty. The required new case material must be
431		obtained during the course training period, which includes clinical evaluation,
432		determination, and need for biopsy. That is, the the clinical evaluation,
433		determination of need for biopsy including, site and specific procedure, preparation
434		of biopsy material for histopathological examination, interpretation of the slides,
435		and subsequent management of the patient based on the pathological diagnosis.
436		must occur during the term of the fellowship. The fellow must participate in all or
437		most steps.
438	4.	-Fellows are required to participate and present in available clinical pathological
439		conferences or case reviews with clinicians as part of their training.
440	5.<u>4</u>	Nerve Laboratory
441		Within the nerve laboratory, the fellow should become familiar with and competent
442		in the following areas :
443		a. Proper nerve tissue handling, grossing and processing including sectioning and
444		staining of snap frozen and formalin-fixed paraffin-embedded tissue, and
445		glutaraldehyde-fixed semi-thin embedded tissue.
446		a.— <u>Interpretation of the following stains:</u> Rapidly frozen, unfixed segments of nerve
447		appropriately sectioned and stained applying to these nerve sections a battery
448		of stains directed at establishing the diagnosis.
449		b. Standard set of stains used for nerve pathology including hematoxylin and eosin
450		(H&E), trichrome, and Congo red with appropriate visualization technique for
451		amyloid, and cresyl violet
452		c. <u>Interpretation of limmunostaining nerve slides</u> using selected antibodies
453		addressing the clinical problem undergoing evaluation, for example, but not
454		limited to, different types of lymphocyte subsets.
455		a. Formalin-tixed segments of herve embedded in paraffin, appropriately
450		sectioned, and stained applying to these nerve sections a battery of stains
457		addressing the clinical problem at nand.
450		e.a. Interpretation of General and analysis and segments of nerve, post-fixed in
459		osmium terroxide and embedded in eposy <u>epoxy</u> resin, sectioned and stained using teluiding blue besis epiling due resin, sectioned and stained
400		using tolulatine blue basic antiline aye resin, sectioned and stained using basic
462		f Electron microscopic evaluation of naryo bionsics
H02 463		The section microscopic evaluation of herve piopsies
161		g reased herve riser preparations from segments or herve fixed in glutaralaenyae
465		and post-fixed in ostitudin tetroxide pidted on slides for evaluation by the trained
166		trainee.
		n. methods of herve fisch teasing.

467	i.e. Development of frequency-distribution histograms of myelinated and
468	unmyelinated nerve fibers. Exposure to electron microscopic and teased nerve
469	fiber preparations.
470	6-5. Muscle Laboratory
471	Within the muscle laboratory, the fellow should become familiar with and
472	competent in the following areas :
473	a. Proper muscle tissue handling, grossing and processing including sectioning and
474	staining of snap frozen tissue Competent services for preparation,
475	transportation, sectioning and staining of muscle biopsy specimens,-
476	b. Rapidly frozen, unfixed segments of muscle appropriately sectioned and stained
477	using a battery of stains directed at establishing the diagnosis.
478	e.b. Interpretation of the following Sstains: that include: hematoxylin and eosinH&E,
479	modified Gomori trichrome, Nnicotinamide Aadenine Ddinucleotide H
480	dehydrogenase, succinate dehydrogenase, cytochrome C-C oxidase, ATPase
481	reactions at pH 4.3, 4.6, and 9.4, acid phosphatase, periodic-acid Schiff, oil red O
482	or Sudan black, nonspecific esterase, and Congo red myophosphorylase and
483	Congo Red with appropriate visualization technique for amyloid
484	d.c. The principles of Interpretation of immunostaining using selected antibodies
485	addressing the clinical problem undergoing evaluation, for example, but not
486	limited to:- different types of muscular dystrophy, lymphocyte subsets,
487	expression of Class I HLA antigens, and deposits of complement components
488	C5b9.
489	d. Exposure to electron microscopic study of muscle and neuromuscular junction.
490	e.—Exposure to formalin fixed paraffin embedded stained sections. Ultrastructural
491	reactions of skeletal muscle and the neuromuscular junction, and should be able
492	to assess pathologic changes revealed by electron micrographs of muscle and
493	the neuromuscular junction.
494	e
495	f.—Familiarity with morphometric analysis.
496	
497	E. Scholarly Activities
498	1. The responsibility for establishing and maintaining an environment of inquiry and
499	scholarship rests with the faculty. Both faculty and fellows must participate
500	actively in some form of scholarly activity. Scholarship is defined as activities
501	unrelated to the specific care of patients, which includes scholarship pertaining to
502	research, writing review papers, giving research-based lectures and participating
503	in research-oriented journal clubs.
504	2. There must be adequate resources for scholarly activities for faculty and fellows,
505	e.g., sufficient laboratory space, equipment, computer services for data analysis,
506	and statistical consultation services.
507	
508	F. Fellow Supervision, Clinical Experience and Education, and Well-Being
509	Providing fellows with a sound academic and clinical education must be carefully
510	planned and balanced with concerns for patient safety and fellow well-being. Each
511	program must ensure that the learning objectives of the program are not
512	compromised by excessive reliance on fellows to fulfill service obligations. Didactic
513	and clinical education defined by the program requirements must have priority in the
514	allotment of a fellow's time and energy.
515	1. Fellow Supervision

516 517 518			 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
519			rapid, reliable systems for communicating with supervising faculty.
520			b. Faculty schedules must be structured to provide fellows with continuous
521			supervision and consultation.
522			c. Faculty and fellows must be educated about and meet ACGME or CanERA
523			requirements concerning faculty and fellow well-being and fatigue mitigation.
524			2. Clinical Experience and Education and Well-Being
525			a. Clinical assignments must recognize that the faculty and fellows collectively
526			have responsibility for the safety and welfare of patients. Fellow clinical
527			experience and education supervision, and accountability, and clinical work
528			hours, including time spent on-call, must comply with the current ACGME or
529			CanERA institutional program requirements.
530			
531	VII.	Eva	luation
532			
533		Α.	Fellow Evaluation
534			1. Fellow evaluation by faculty must:
535			a. take place at least semi-annually to identify areas of weakness and strength,
536			which must be communicated to the fellow,
537			b. use the subspecialty milestones to document fellow experience and
538			performance, and
539			c. include the use of assessment results to achieve progressive improvements in
540			the fellow's competence and performance in the ACGME Core Competencies
541			and the subspecialty's core knowledge areas. Appropriate sources of
542			evaluation include faculty, patients, peers, self, and other professional staff.
543			2. The program must include a mechanism for providing regular and timely
544			performance feedback to fellows. Issues of unacceptable performance must be
545			addressed in a timely fashion and in accordance with the policies and procedures
546			of the sponsoring institution.
547			3. Summary and final evaluation of the fellow must:
548			a. be prepared by the program director and should reflect the input of faculty,
549			i. A permanent record of evaluation must be maintained and be accessible to
550			the fellow and other authorized personnel.
551			b. include a formative evaluation of the fellow's demonstration of learning
552			objectives and mastery of the ACGME Core Competencies using the
553			subspecialty's milestones.
554			c. include a final, summative evaluation by the program director using the
555			subspecialty's milestones to document the fellow's demonstration of
556			sufficient competence and professional ability to practice the subspecialty
557			competently and independently, and
558			d. include a statement specifically regarding the fellow's ability to practice the
559			subspecialty independently upon completion of the program.
560			
561		В.	Faculty Evaluation
562			1. The performance of faculty must be evaluated by the program director on an
563			annual basis.
564			2. The evaluations must include a review of their teaching abilities, commitment to
565			the educational program, clinical knowledge, and scholarly activities.

566	3. These evaluations must include confidential annual written evaluations b	y
567	fellows. A permanent record of evaluation must be maintained and be acc	essible to
568	the fellow and other authorized personnel.	
569		
570	Program Evaluation and Outcomes	
571	1. The effectiveness of a program must be evaluated in a systematic manne	r. In
572	particular, the quality of the curriculum and the extent to which the educ	ational
573	goals have been met must be assessed.	
574	2. Confidential written evaluations by fellows must be utilized in this process	is.
575	3. The program will use fellow performance and outcome assessment in its	
576	evaluation of the educational effectiveness of the fellowship program. A	a
577	minimum, the fellow performance on the UCNS certification examination	should
578	be used as a measure of the effectiveness of the education provided by t	he
579	training program. The development and use of clinical performance meas	sures
580	appropriate to the structure and content of each program is encouraged.	
581	4. The program must have a process in place for using fellow performance a	nd
582	assessment results together with other program evaluation results to im	prove the
583	fellowship program.	
584	Subspecialties may stipulate additional requirements regarding program	
585	evaluations and outcomes.]	
586		