Basic Standards for 
Residency Training in 
General Neurology 

American Osteopathic Association 
and 

American College of Osteopathic Neurologists and Psychiatrists 

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SECTION I - INTRODUCTION

These are the Basic Standards for Residency Training in General Neurology as established by the American College of Osteopathic Neurologists and Psychiatrists (ACONP) and approved by the American Osteopathic Association (AOA). These standards are designed to provide the osteopathic resident with advanced and concentrated training in general neurology and to prepare the resident for examination for certification in General Neurology by American Osteopathic Board of Neurology & Psychiatry (AOBNP).

SECTION II - MISSION

The mission of the osteopathic general neurology training program is to provide residents with comprehensive structured cognitive and clinical education that shall enable them to become competent, proficient and professional osteopathic general neurologists.

SECTION III – EDUCATIONAL PROGRAM GOALS

A. Medical Knowledge and Skills

The program shall provide training that allows the residents to develop skills to allow the residents to demonstrate and apply knowledge of accepted standards of clinical medicine in neurology, remain current with new developments in medicine, and participate in life-long learning activities, including research.

B. Interpersonal and Communication Skills

The program shall provide training that allows the residents to develop skills to demonstrate interpersonal and communication skills that enable the resident to establish and maintain professional relationships with patients, families, and other members of the health care teams.

C. Patient Care

The program shall provide training that allows the residents to develop skills to demonstrate the ability to treat patients, provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventative medicine and health promotion.

D. Osteopathic Philosophy and Osteopathic Manipulative Medicine

There shall be emphasis on the utilization of osteopathic principles and practices as a key component of the Residency Program in Neurology residency training and integrated throughout the program. Training shall incorporate the application of osteopathic diagnostic and therapeutic measures as they relate to the total care of the patient. Therefore the residents shall be required to demonstrate competence and knowledge in the essential osteopathic principles.

E. Professionalism

The program shall provide training that allows the residents to develop skills that promote advocacy of the patient welfare, adherence to ethical principles upholding the Osteopathic Oath, collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population.

F. System Based Practice

The program shall provide training that allows the residents to demonstrate an understanding of health care delivery systems, provide and qualitative patient are within the system, and practice cost effective medicine.
G. Practice Based Learning and Improvement

The program shall provide training that allows the residents to demonstrate the ability to critically evaluate their methods of clinical practice, organize and record data, such as history, physical examination, diagnostic techniques and procedures, and laboratory tests in the initiation of therapy, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve patient care practices.

SECTION IV - INSTITUTIONAL REQUIREMENTS

A. The institution must provide patient volume to train a minimum of three (3) residents in neurology with volume, scope, and variety of inpatients and outpatients

B. The institution shall maintain a medical library that contains a number of current basic texts in neurology, psychiatry, general medicine and neurosurgery. There must also be a broad range of current periodicals journals in the above listed fields.

C. General medical surgical services as well as 24 hour emergency service must be an integral part of the program.

D. A consulting neuro-radiologist must be available.
   1. The neuro-radiologist must interact fully in the training experience of residents and supervise any direct contact that the resident has in the radiology department.

E. The Department of Pathology must have a consulting neuro-pathologist.

SECTION V PROGRAM REQUIREMENTS

A. The residency training program in neurology shall be four (4) years in duration. General Neurology must include training in adult and child neurology.

B. The neurology residency first training year shall include: two months neurology, one month emergency medicine, one month surgery selective (vascular, neurosurgery, orthopedics, etc.), one month elective (as agreed upon with the residency training director), seven months internal medicine-to include mandatory one month cardiology, minimum one month intensive care unit, three months general internal medicine, two months elective internal medicine specialties.

C. The program shall provide the training and experience necessary to enable the resident to accept increased responsibilities in patient care and shall integrate general osteopathic philosophy and principles, including structural diagnosis and osteopathic manipulative therapy.

D. Upon completion of the program there should be evidence that the resident is qualified to perform and/or interpret a variety of procedures including the following electroencephalography, evoked potentials electromyography and nerve conduction, lumbar puncture, cerebral angiography, MRI/MRA, myelography and computerized tomography of the head and neuraxis. (evidence through Program Director annual report).

E. Clinical care of patients and bedside teaching must be essential components of a neurology residency program.

F. The program of didactic instruction must be based on evidence based medicine well organized and thoughtfully integrated, and carried out on a regularly scheduled basis.
   1. Individual supervision, seminars, lectures, assigned reading, case conference, teaching rounds and supervised patient care.
2. Opportunities of practice of the skills of clinical diagnosis, such as interviewing, mental status examinations, physical and neurological examination, history writing and the formulation of a differential diagnosis and treatment plan.

3. The presentation and discussion of clinical case material at conferences attended by faculty and fellow residents. Training should enable the residents to formulate relevant theoretical and practical issues.

4. The diagnosis and management of adults, adolescents and children who have neurologic disorders. Experience should be provided in the diagnosis and treatment of patients with mental retardation or other developmental disabilities. Training in the diagnosis and treatment of children should provide the resident with a thorough understanding of the biological, psychological, social, economic, ethnic and family factors that significantly influence physical, psychological and neurological development in infancy, childhood and adolescence.

5. The program must provide the basic sciences relevant to neurology including neuroanatomy, neurophysiology, neuropathology, neurochemistry, pharmacology, genetics, nosology, psychopathology and psychodynamics.

6. Supervised clinical experience in the diagnosis and treatment of psychiatric disorders shall enable a resident to obtain a thorough history regarding psychiatric disorders, to perform a competent neuropsychiatric diagnosis and to plan and carry out the treatment of the common, clinically important psychiatric disorders. There shall be exposure to generally accepted neuropsychometric assessment.

G. The resident shall have primary responsibility for patients with neurological disorders including both sexes and all ages. Clinical work shall include training in the following diagnostic studies and therapies:

1. Therapeutic techniques; mechanotherapy, rehabilitation physical techniques, neuropharmacology, neurologic forensics and research.

2. The training must include degenerative and demyelinating disorders, traumatic conditions involving the nervous system, convulsive disorders, infections and toxic problems, neuromuscular diseases, neoplasms of the nervous system, deficiency disorders, cerebrovascular diseases, pediatric neurology and geriatric neurology.

H. The curriculum must include clinical conferences and didactic seminars for residents in whom neurologic faculty members collaborate with internists, psychiatrists and colleagues. Program curriculum must include the following:

1. There must be didactic training in neuropathy as well as neurophysiology, neuropathology, pharmacology, genetics, psychopathology and psychodynamics.

2. The training must include exposure to pediatric, adult and geriatric populations with degenerative and demyelinating disorders, traumatic conditions of the nervous system, convulsive disorders, infections, toxic metabolic disturbances, neuromuscular diseases, neoplasms of the nervous system, various vascular disorders, autoimmune disturbances as well as the inclusion of diagnosis and treatment of psychiatric disorders which would enable the resident to obtain a thorough history regarding psychiatric disorders, perform a competent neuropsychiatric diagnosis and develop a plan of treatment for common clinical psychiatric disorders.
3. The program must provide the opportunity for the resident to pursue elective training in a related area. This training must be approved by the program director.

4. The program must have two (2) years of exposure to diagnostic procedures in inpatient as well as outpatient settings.
   a. Twelve (12) months of the program shall be dedicated to subspecialty rotations to ensure the complete education of the resident. These shall include EMG, EEG, neuropathology, neuro-pediatrics, neuroradiology and exposure to movement disorders and neuro-ophthalmology.

5. Residents must receive training in the triage and management of patients with neurological emergencies.

6. The Curriculum
   a. Clinical care of patients and bedside teaching must be a central part of the residency training program.
   b. An organized regularly scheduled curriculum must exist for the entire four years of the program. It must be evidenced based and include a broad based and depth survey of the field of neurology, which would include basic sciences, relevant to neurology, clinical diagnosis and treatment of neurologic disorders to include pediatric, adult and the geriatric population.
   c. The program must provide the resident with the opportunity to learn about basic research methodology with the opportunity to participate in such modalities.
   d. There must be supervised clinical experience for the diagnosis and treatment of psychiatric disorders related to neurologic syndrome.
   e. The curriculum must include clinical conferences, didactic seminars for residents in which neurologic faculty members collaborate with internists, psychiatrists, and or colleagues to enhance the educational format.
   f. Supervision must be regularly scheduled and residents must always be able to contact a supervising physician as needed.
   g. Clinical records that are completed by the resident must be reviewed and discussed with the resident.
   h. If necessary, the program should provide suitable arrangements for outside rotations to insure the complete education of the resident and for broadening the scope of training. All rotations must meet standards as formulated in the Residency Training Requirements of the AOA.
   i. There must be neurosurgeons and rehabilitation specialist's interaction with the residents.

SECTION VI - PROGRAM DIRECTOR/FACULTY

A. Qualifications
   1. The program director must be certified in neurology by the American Osteopathic Association, through the American Osteopathic Board of Neurology and Psychiatry.
   2. The program director must be a member of the American College of Osteopathic
Neurologists and Psychiatrists.

3. The program director must attend or send physician representation to program director training courses offered by the ACONP.

4. The program director must be delegated institutional authority to administer the educational program. This must include:
   a. Ability to appoint and assign residents to educational activities
   b. The selection and supervision of the teaching faculty
   c. Oversight and supervisory responsibilities for the residents
   d. Authority to design and implement the educational program

B. Responsibilities

1. The program director responsibilities include:
   a. Resident annual reports must be completed and copies forwarded to the ACONP within 45 days of completion of each year of training
   b. Written evaluations must be provided to the residents after each rotation
   c. The program director must meet with the resident at least two (2) times per year to review the evaluations
   d. The resident must be provided with written program policies and rotation descriptions including goals and objectives for each rotation

2. The ACONP committee on education evaluation must be notified of any significant changes in the program, this would include changes in the program director, the addition or deletion of any of the major institutions participating in the training.

3. The program director's authority in directing the residency program must be defined in the institution's program documents.

4. In administering a comprehensive training program in neurology the program director shall be responsible for the following.
   a. Submitting quarterly program reports to the director of medical education
   b. Annual program directors reports for each resident submitted annually to the American College of Osteopathic Neurologists and Psychiatrists for each resident
   c. Mandatory attendance at the ACONP scientific sessions at least once per three year continuing medical education cycle.
   d. Mandatory attendance/physician representation at ACONP program directors training.

C. Faculty

1. Faculty requirements: teaching faculty must be board certified by the AOBNP or have equivalent certification satisfactory to the ACN and the AOA.

2. The program must have on file a description of all of the responsibilities of the teaching faculty involved in the training of the residents.

3. The program faculty must be involved in some type of scholarly activity; such activity may include but not be limited to presentations at local or national meetings, published articles,
preferable in periodic journals, evidence of clinical and basic research and or documentation of teaching or clinical excellence. Clinical rounds and other types of clinical conferences must be held. Residents must have ready access to grand round presentations with some presentations from individuals from outside institutions.

4. Program faculty must be involved in academic and specialty activities within and outside the institution. Involvement in specialty organizations is essential.

5. Faculty must be readily available for consultation as needed.

SECTION VII - RESIDENT REQUIREMENTS

A. Applicants for residency training in neurology must be and remain members of the ACONP during residency training.

B. During the training program the resident must:

1. Maintain a record of assigned patients for whom he/she has primary care. Copies of these records shall be filed monthly with the program director and shall be available for inspection. The resident shall maintain medical records as defined by the program director.

2. Submit an annual residents report to the American College of Osteopathic Neurologists and Psychiatrists within 45 days of completion of each year of training.

3. Write one (1) professional paper pertinent to neurology which is suitable for publication submitted to the ACONP prior to completion of the residency training.

4. Participate in all professional staff activities involving patients care and evaluation and actively collaborate with the generalist and specialists of other disciplines.

SECTION VIII EVALUATION

A. Resident Evaluation

1. Residents must be evaluated as stated in the AOA Basic Document
   a. There must be evidence of remediation protocol for use if necessary
   b. There must be annual administration of the Resident In-Service Training Exam (arranged through the American Academy of Neurology)
      1) Exams must be reviewed with each resident
      2) Reading assignments, lectures, conferences scheduled based on deficiencies if needed

B. Faculty Evaluation

1. Faculty teaching evaluations must be completed anonymously by each resident at least once during the training program. Copies of evaluations must be provided to the specialty college.

2. Evidence must be provided demonstrating teaching changes as needed based on review of evaluations.

C. Facility Evaluation

The Institutional Demographics statistical report form must be completed for new program applications and with each residency inspection