Basic Standards for
Fellowship Training in
Neurophysiology

American Osteopathic Association
and
American College of Osteopathic Neurologists and Psychiatrists

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Basic Standards for Fellowship Training in Neurophysiology

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SECTION I - INTRODUCTION
These are the Basic Standards for Fellowship Training in Neurophysiology 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 fellow with advanced and concentrated training in neurophysiology and to prepare the fellow for examination for certification in Neurophysiology by American Osteopathic Board of Neurology & Psychiatry (AOBNP).

SECTION II - MISSION
The mission of the osteopathic neurophysiology training program is to provide fellows with comprehensive structured cognitive and clinical education that will enable them to become competent, proficient and professional osteopathic neurophysiologists.

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 neurophysiology, 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 Neurophysiology 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 adequate 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 qualitative patient care 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 neurophysiological procedures (EEG, EMG, Sleep, and EPS) to enable the neurophysiologic subspecialty resident to gain special competence in neurophysiology.

B. The institution shall have equipment of modern design to perform all procedures in a competent and efficient manner and in a contemporary environment.

1. It is recommended that a separate room, such as laboratory area or limited performance area, be devoted to neurophysiologic procedures.

2. There shall BE space for research and review of studies, consultation with other physicians and preparation and storage of equipment.

SECTION V - PROGRAM REQUIREMENTS

A. The initial requirement for the training program in neurophysiology is that it must be preceded by the completion of an AOA-approved residency in neurology.

1. The training program in neurophysiology must be one (1) year of uninterrupted studies, with participation in a minimum of documented cases. The following are variations of the one (1) year of training:

   a. One (1) year of studies and experience in neuromuscular disorders (electromyography (EMG) and evoked potentials (EP)) with participation in a minimum of 500 documented EMG's including academic experience lectures and case presentations of one (1) year of formal concentrated study; or

   b. One (1) year of studies and experience in epilepsy (electroencephalography (EEG)) and extrapyramidal syndromes (EPS), with participation in a minimum of 500 documented EEG's including academic experience lectures and case presentations of one (1) year of formal concentrated study; or

   c. One (1) year of studies and experience in epilepsy and EPS (250 cases) and EMG (250 cases). Cases are to be documented; lectures and case presentations are to be representative of a wide variety of cases.

2. Each of the above programs shall include experience in sleep studies.

B. The general education content of the training program shall include:

1. Academic study and practical experience to enable the neurophysiologic subspecialty resident to become skilled on the safe performance of electromyography (EMG), electroencephalography (EEG), evoked potentials (EP) and sleep analysis.

2. Integration of osteopathic principles and practice as they relate to the field of study.

3. Study and instruction, under direct supervision, in the detailed evaluation of patients with neuromuscular, epileptic, and sleep disorders.

4. Participation in teaching conferences conducted within the department, as well as within the
institution embodying the application of neurophysiology studies.

5. Affective content with regard to behavioral characteristics involved in the interaction between the neurophysiology subspecialty resident and the patients and teaching staff. The program must enhance an understanding of the contingencies of health and illness and the development of a mature concern regarding the quality of patient care.

SECTION VI - PROGRAM DIRECTOR / FACULTY

A. Qualifications

1. The program director must be certified by the AOA through the American Osteopathic Board of Neurology and Psychiatry with Certification of Added Qualifications with recognized competence in neurophysiology.

2. The program director must have a Certificate of Added Qualifications in neurophysiology for a minimum of two (2) years.

3. The program director's credentials shall include postdoctoral training and continuing medical education in neurology and neurophysiology.

B. Responsibilities

1. The program director's authority in directing the subspecialty residency training program must be defined in the program documents of the institution.

2. The program director shall be required to submit quarterly program reports on the subspecialty resident to the director of medical education. An annual report shall be submitted to the ACONP.

3. The program director shall ensure that osteopathic theory and practice and its application to neurophysiology are emphasized.

SECTION VII - SUBSPECIALTY RESIDENT REQUIREMENTS

A. Applicants for training in neurophysiology must have satisfactorily completed an AOA-approved residency in neurology.

B. During the training program the subspecialty resident must:

1. Maintain a log of a minimum of 500 EMGs or 500 EEGs, 100 Evoked Potentials performed. This log shall be submitted monthly to the chairperson of the department or program director and to the Department of Medical Education for review and verifications. Experience in sleep studies must be documented.

2. Submit an annual report summarizing his/her logs for the year. This annual report shall include procedures performed by the subspecialty resident, as well as those he/she acted as an assistant. The subspecialty residency training program shall not be considered complete until annual reports and scientific paper have been received and approved by the Committee on Educational Evaluation of the ACONP.

3. Submit one (1) scientific paper, suitable for publication and based upon study and experience gained within the program, to the ACONP.

4. Actively participate in all professional staff activities involving patient care evaluation, conferences and educational programming as assigned.

5. Participate in teaching conference conducted within the department, as well as within the
SECTION VIII EVALUATION

A. Resident Evaluation

Residents must be evaluated as stated in the AOA Basic Document.

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 Demographic statistical report form must be completed for new program applications and with each residency inspection.