**New Application: Neurological Surgery**

401 North Michigan Avenue · Chicago, Illinois 60611 · United States · +1.312.755.7042 www.acgme-i.org

**Submission for Initial Accreditation:** This Advanced Specialty application is for programs applying for **Initial Accreditation Only** and is used in conjunction with the Accreditation Data System (ADS).

All sections of the form applicable to the program must be completed for it to be accepted for review. The information provided should describe the existing program. For items that do not apply, indicate “N/A” in the space provided. Where patient numbers are requested, provide exact numbers as requested and indicate exact dates for the data entered. If any requested information is unavailable, an explanation must be given, and it should also be indicated as unavailable in the appropriate place on the form. Once the forms are complete, number the pages sequentially in the bottom center.

The program director is responsible for the accuracy of the information supplied in this form, and must sign it. It must also be signed by the designated institutional official of the sponsoring institution, who will submit the application electronically in ADS.

Review the International Foundational Program Requirements for Graduate Medical Education and Advanced Specialty Program Requirements for Graduate Medical Education in Neurological Surgery. The International Foundational, Advanced Specialty, and Institutional Requirements may be downloaded from the ACGME International website: [www.acgme-i.org](http://www.acgme-i.org).

Email questions regarding the form’s content to acgme-i@acgme-i.org.

Email questions regarding ADS to ADS@acgme.org (type your program number in the subject line).

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| Program Name: Click here to enter text. |

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**Introduction**

**Duration and Scope of Education**

* + - 1. What will be the length, in months, of the educational program?

Choose an item.

**Institutions**

**Sponsoring Institution**

* + - 1. Will the Sponsoring Institution also sponsor ACGME-I accredited programs in the following specialties?
				1. Anesthesiology [ ] YES [ ] NO
				2. Diagnostic radiology [ ] YES [ ] NO
				3. General surgery [ ] YES [ ] NO
				4. Internal medicine [ ] YES [ ] NO
				5. Neurology [ ] YES [ ] NO
				6. Pediatrics [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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* + - 1. Will clinical resources be available to educate neurological surgery residents in the following?
				1. Anesthesiology [ ] YES [ ] NO
				2. Critical care [ ] YES [ ] NO
				3. Emergency medicine [ ] YES [ ] NO
				4. Endocrinology [ ] YES [ ] NO
				5. Ophthalmology [ ] YES [ ] NO
				6. Otolaryngology [ ] YES [ ] NO
				7. Pathology [ ] YES [ ] NO
				8. Psychiatry [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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**Participating Sites**

Including all participating sites, will there be at least 100 major neurological surgery procedures per year for the educational program? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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Will major neurological surgery procedures be evenly distributed among the required spectrum of cases as outlined in advanced specialty requirement II.D.1.c).? [ ] YES [ ] NO

If ‘YES,’ skip to Question 4.

Explain if ‘NO.’ (Limit 250 words)

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* + - 1. Will special clinical resources be available to augment the availability of index cases, including the following?
				1. Pediatric neurological surgery [ ] YES [ ] NO
				2. Sterotaxy [ ] YES [ ] NO
				3. Trauma [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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* + - 1. Complete the table indicating the approximate distance each of the planned participating sites is from the primary clinical site.

|  |  |
| --- | --- |
| **Site** | **Distance from Primary Clinical Site (in km)** |
| Site #1 – primary clinical site | NA |
| Site #2 |  |
| Site #3 |  |
| Site #4 |  |

**Program Personnel and Resources**

**Faculty**

* + - 1. Will at least three faculty members who are neurological surgeons be located at the primary clinical site? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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* + - 1. Will there be site directors at each participating site? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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If ‘YES,’ will each site director:

* + - * 1. be a qualified neurological surgeon? [ ] YES [ ] NO
				2. be appointed by the program director? [ ] YES [ ] NO
				3. be accountable to the program director for educational activities at that participating site?
				 [ ] YES [ ] NO
				4. be responsible for education of residents at that participating site? [ ] YES [ ] NO
				5. be responsible for evaluation of residents at that participating site? [ ] YES [ ] NO
				6. be responsible for supervising the teaching activities of other neurological surgery faculty members at that participating site? [ ] YES [ ] NO
				7. be responsible for monitoring the professional standing of other neurological surgery faculty members at that participating site? [ ] YES [ ] NO
				8. have major clinical responsibilities at that participating site? [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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* + - 1. Will the physician faculty members:
1. have an established, in-depth understanding of pathophysiology? [ ] YES [ ] NO
2. have an established, in-depth understanding of clinical practice? [ ] YES [ ] NO
3. demonstrate elements of evidence-based practice? [ ] YES [ ] NO
4. document their participation in activities that expose them to new developments in the field?

 [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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**Resources**

* + - 1. How will the program ensure there is a minimum of 500 major neurological surgery procedures per year for each graduating resident? (Limit 400 words)

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* + - 1. How will the program ensure tht each graduating resident’s distribution of surgical experience represents a well-balanced spectrum of neurological surgery in adults? (Limit 400 words)

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1. How will the program ensure each graduating resident’s distribution of surgical experience represents a well-balanced spectrum of neurological surgery in children? (Limit 400 words)

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1. Will the spectrum of neurological surgery cases include cerebrospinal fluid diversion procedures, including the following?
2. Endoscopy [ ] YES [ ] NO
3. Endovascular neurosurgery [ ] YES [ ] NO
4. Functional/epilepsy surgery [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. Will the spectrum of neurological surgery cases include craniotomies for the following?
2. Aneurysms [ ] YES [ ] NO
3. Neoplasms [ ] YES [ ] NO
4. Trauma [ ] YES [ ] NO
5. Vascular malformations [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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| Click here to enter text. |

1. Will the spectrum of neurological surgery cases include the following?
2. Extracranial carotid artery surgery [ ] YES [ ] NO
3. Pain management [ ] YES [ ] NO
4. Spinal procedures using modern techniques) [ ] YES [ ] NO
5. Stereotaxic surgery (including radiosurgery [ ] YES [ ] NO
6. Transsphenoidal surgery [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. Will inpatient facilities have adequate:
2. excellence in overall patient care? [ ] YES [ ] NO
3. equipment to ensure quality education? [ ] YES [ ] NO
4. number of beds? [ ] YES [ ] NO
5. support for peri-operative care? [ ] YES [ ] NO
6. support personnel? [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. Will neurological surgery beds be located on a unit designed for the care of neurological surgery patients? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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1. Will adequate space be available for research within the neurological surgery division or department?

 [ ] YES [ ] NO

1. Will research support personnel within the neurological surgery division or department be adequate? [ ] YES [ ] NO
2. Will clinical and/or basic research opportunities be available to neurological surgery residents?

 [ ] YES [ ] NO

Explain any ‘NO’ responses to Questions 9-11. (Limit 250 words)

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**Resident appointments**

**Number of Residents**

How will the program ensure there is at least one resident in each year of the educational program? (Limit 300 words)

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**Specialty-specific Educational Program**

**ACGME-I Competencies**

 **Professionalism**

1. How will graduating residents demonstrate a commitment to fulfilling their professional responsibilities and to adhering to ethical principles?

Describe how these skills will be evaluated. (Limit 300 words)

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1. How will graduating residents demonstrate the following?
2. Compassion, integrity, and respect for others
3. Responsiveness to patient needs that supersedes self-interest
4. Respect for patient privacy and autonomy
5. Accountability to patients, society, and the profession
6. Sensitivity and responsiveness to a diverse patient population, including to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation
7. Sensitivity to patient’s pain, emotional state, and gender/ethnicity issues
8. The ability to discuss death honestly, sensitively, patiently, and compassionately

Provide an example of how skill will be evaluated in four of the seven areas listed. (Limit 400 words)

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**Patient Care and Procedural Skills**

1. How will graduating residents demonstrate the ability to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health?

Describe how this will be evaluated. (Limit 300 words)

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* + - 1. How will graduating residents demonstrate competence in the following?
1. Gathering essential patient information in a timely manner
2. Generating a differential diagnosis and properly sequencing critical actions for patient care, including managing complications and morbidity and mortality
3. Generating and implementing an effective plan of management
4. Prioritizing and stabilizing multiple patients
5. Synthesizing and properly utilizing acquired patient data

Provide an example of how competence will be evaluated in three of the five areas listed. (Limit 300 words)

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1. How will graduating residents demonstrate competence in performing adult cranial operative procedures, including the following?
2. Craniotomy for brain tumors
3. Craniotomy for intracranial vascular lesions
4. Craniotomy for pain
5. Craniotomy for trauma
6. Endovascular/interventional procedures for intracranial cerebrovascular and neurooncologic conditions
7. Extracranial vascular procedures (open surgery and endovascular)
8. Functional procedures
9. Radiosurgery
10. Ventriculoperitoneal (VP) shunt

Provide an example of how competence will be evaluated in five of the nine procedures listed. (Limit 500 words)

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1. How will graduating residents demonstrate competence in performing adult spinal procedures, including the following?
2. Anterior cervical approaches for decompression/stabilization
3. Craniotomy for epilepsy
4. Interventional procedures for spinal conditions
5. Lumbar discectomy
6. Peripheral nerve procedures
7. Posterior cervical approaches for decompression/stabilization
8. Thoracic/lumbar instrumentation fusion

Provide an example of how competence will be evaluated in four of the seven procedures listed. (Limit 400 words)

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1. How will graduating residents demonstrate competence in performing pediatric procedures, including the following?
2. Craniotomy for brain tumor
3. Craniotomy for epilepsy
4. Craniotomy for trauma
5. Spinal procedures, to include Chiari decompressions, laminectomy for dysraphism, laminectomy for spinal tumors, laminectomy for syingomyelia, and correction of spinal deformity
6. VP shunt

Provide an example of how competence will be evaluated in three of the five procedures listed. (Limit 300 words)

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1. How will graduating residents demonstrate competence in the following?
2. Analyzing patient outcomes
3. Assessing post-operative recovery
4. Communicating with referring physicians
5. Developing the physician-patient relationship
6. Providing health care services aimed at preventing health problems and maintaining health
7. Recognizing and treating complications

Provide an example of how competence will be evaluated in four of the six areas listed. (Limit 400 words)

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**Medical Knowledge**

1. How will graduating residents demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care?

Describe how knowledge will be evaluated. (Limit 400 words)

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1. How will graduating residents demonstrate knowledge of neurosurgical emergencies?

Describe how knowledge will be evaluated. (Limit 300 words)

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1. How will graduating residents demonstrate knowledge of treating neurosurgical conditions, including the following?
2. Cerebrovascular disorders
3. Functional neurosurgery
4. Neurocritical care
5. Neuro-oncology
6. Pain
7. Pediatric neurological surgery
8. Peripheral nerve disorders
9. Spinal disorders
10. Trauma

Provide an example of how knowledge will be evaluated in five of the nine areas listed. (Limit 500 words)

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1. How will graduating residents demonstrate knowledge of different medical practice models and delivery systems and how to best utilize them to care for an individual patient?

Describe how knowledge will be evaluated. (Limit 300 words)

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1. How will graduating residents demonstrate knowledge of study design and statistical methods?

Describe how knowledge will be evaluated. (Limit 300 words)

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**Practice-based Learning and Improvement**

1. How will graduating residents demonstrate their ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning?

Describe how these skills will be evaluated. (Limit 300 words)

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1. How will graduating residents demonstrate they have developed skills and habits to be able to meet the following goals?
2. Identify strengths, deficiencies, and limits in one’s knowledge and expertise
3. Identify and perform appropriate learning activities
4. Incorporate evidence-based principles in their practice Incorporate formative evaluation feedback into daily practice
5. Locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems
6. Participate in the education of patients, patients’ families, students, other residents, and other health professionals
7. Set learning and improvement goals
8. Systematically analyze clinical practice using quality improvement methods, and implement changes with the goal of practice improvement
9. Use information technology to optimize learning

Provide an example of how skill will be evaluated in five of the nine areas listed. (Limit 500 words)

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**Interpersonal and Communication Skills**

1. How will graduating residents demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals?

Describe how these skills will be evaluated. (Limit 300 words)

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| Click here to enter text. |

How will graduating residents demonstrate their ability to:

1. communicate effectively with patients, patients’ families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
2. communicate effectively with physicians, other health professionals, and health-related agencies;
3. work effectively as a member or leader of a health care team or other professional group;
4. act in a consultative role to other physicians and health professionals;
5. maintain comprehensive, timely, and legible medical records, if applicable;
6. demonstrate effective listening and non-verbal communication skills;
7. demonstrate effective written communication skills;
8. demonstrate an effective therapeutic relationship with patients and their families, with respect for diversity and cultural, ethnic, spiritual, emotional, and age-specific differences; and,
9. involve patients and their families in medical decisions, including decisions related to palliative care, end-of-life care, and withdrawal of care?

Provide an example of how skill will be evaluated in five of the nine areas listed. (Limit 500 words)

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**Systems-based Practice**

1. How will graduating residents 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?

Describe how these skills will be evaluated. (Limit 300 words)

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1. How will graduating residents demonstrate their ability to:
2. work effectively in various health care delivery settings and systems relevant to their clinical specialty;
3. coordinate patient care within the health care system relevant to their clinical specialty;
4. incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;
5. advocate for quality patient care and optimal patient care systems;
6. work in interprofessional teams to enhance patient safety and improve patient care quality;
7. participate in identifying system errors and implementing potential systems solutions; and,
8. access, appropriately utilize, and evaluate the effectiveness of the resources, providers, and systems necessary to provide optimal neurosurgical care.

Provide an example of how skill will be evaluated in four of the seven areas listed. (Limit 400 words)

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**Regularly Scheduled Educational Activities**

1. Complete Appendix A., Formal Didactic Sessions by Academic Year, and attach to submission.
2. How will conferences be coordinated among participating sites to allow attendance by a majority of on-site faculty members and residents? (Limit 300 words)

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| Click here to enter text. |

1. Will conference attendance be documented for both residents and faculty members? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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| Click here to enter text. |

1. Will residents be protected from clinical responsibilities during didactic sessions? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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| Click here to enter text. |

1. Will didactic sessions include the following?
	1. Basic sciences [ ] YES [ ] NO
	2. Basic physics as it relates to tumors of the central nervous system [ ] YES [ ] NO
	3. Late effects of radiation on the central nervous system [ ] YES [ ] NO
	4. Neuropathology [ ] YES [ ] NO
	5. Radiation oncology [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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| Click here to enter text. |

1. Complete the table to indicate whether didactic sessions will include the topics related to management of adult and pediatric patients with disorders of the nervous system. Indicate ‘YES’ or ‘NO’ for each topic for *both* pediatric *and* adult patients.

|  |  |  |
| --- | --- | --- |
| Topics  | Adult Patients | Pediatric Patients |
|  | YES | NO | YES | NO |
| Endovascular management  |[ ] [ ] [ ] [ ]
| Conservative management  |[ ] [ ] [ ] [ ]
| Radiation therapy |[ ] [ ] [ ] [ ]
| Surgical management  |[ ] [ ] [ ]  [ ]  |

Explain any ‘NO’ responses. (Limit 250 words)

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1. Will didactic sessions cover the following?
	* + - 1. Disorders of the brain [ ] YES [ ] NO
	1. Disorders of the blood supply to brain, meninges, skull, and skull base [ ] YES [ ] NO
	2. Disorders of the meninges) [ ] YES [ ] NO
	3. Disorders of the skull (including skull base [ ] YES [ ] NO
	4. Surgical and endovascular treatment of disorders of the intracranial vasculature supplying the brain and spinal cord [ ] YES [ ] NO
	5. Surgical and endovascular treatment of the extracranial vasculature supplying the brain and spinal cord [ ] YES [ ] NO
	6. Disorders of the pituitary gland [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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| Click here to enter text. |

1. Will didactic sessions cover disorders of the spinal cord that require treatment by the following?
2. Endovascular techniques [ ] YES [ ] NO
3. Fusion [ ] YES [ ] NO
4. Instrumentation [ ] YES [ ] NO
5. Will didactic sessions cover disorders of the meninges that require treatment by the following?
6. Endovascular techniques [ ] YES [ ] NO
7. Fusion [ ] YES [ ] NO
8. Instrumentation [ ] YES [ ] NO
9. Will didactic sessions cover disorders of the vertebral column that require treatment by the following?
10. Endovascular techniques [ ] YES [ ] NO
11. Fusion [ ] YES [ ] NO
12. Instrumentation [ ] YES [ ] NO

Explain any ‘NO’ responses to Questions 8-10. (Limit 250 words)

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| Click here to enter text. |

1. Will didactic sessions cover disorders of the following nerves throughout their distribution?
2. Cranial nerves [ ] YES [ ] NO
3. Peripheral nerves [ ] YES [ ] NO
4. Spinal nerves [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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| Click here to enter text. |

1. Will didactic sessions include the following sessions designed specifically for neurological surgery residents?
2. Endovascular surgical neuroradiology [ ] YES [ ] NO
3. Neuropathology [ ] YES [ ] NO
4. Neuroradiology [ ] YES [ ] NO

If ‘YES,’ will the sessions be conducted by qualified:

1. endovascular neurosurgeons? [ ] YES [ ] NO
2. neuropathologists? [ ] YES [ ] NO
3. neuroradiologists? [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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| Click here to enter text. |

**Clinical Experiences**

1. Complete Appendix B., Patient Population Data, and attach to submission.
2. Describe how the program will ensure that during the first year of their educational program, residents participate in clinical and didactic activities to develop knowledge, attitudes, and skills needed to formulate principles and assess, plan, and initiate treatment of patients with surgical problems and medical problems. (Limit 400 words)

|  |
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1. During the first year of their educational program, will residents be involved in the care of patients with the following?
2. Medical emergencies [ ] YES [ ] NO
3. Multiple organ system trauma [ ] YES [ ] NO
4. Nervous system diseases [ ] YES [ ] NO
5. Nervous system injuries [ ] YES [ ] NO
6. Surgical emergencies [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

|  |
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| Click here to enter text. |

1. During the first year of their educational program, will residents gain experience in the care of critically ill:
2. medical patients? [ ] YES [ ] NO
3. surgical patients? [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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| Click here to enter text. |

1. During the first year of their educational program, will residents participate in the following?

Pre-operative care of surgical patients [ ] YES [ ] NO

Intra-operative care of surgical patients [ ] YES [ ] NO

Post-operative care of surgical patients [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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| Click here to enter text. |

1. During the first year of their educational program, will residents develop the following?
2. Basic surgical skills [ ] YES [ ] NO
3. Understanding of anesthetic risks [ ] YES [ ] NO
4. Understanding of intra-operative anesthetic complications [ ] YES [ ] NO
5. Understanding of surgical anesthesia [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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| Click here to enter text. |

1. Complete the table indicating the number of months planned for each educational experience.

|  |  |
| --- | --- |
| **Educational Experience** | **Number of Months** |
| Clinical neurological surgery education at the primary clinical site  |  |
| Clinical neurological surgery education at approved participating site(s) |  |
| Structured education in general patient care |  |
| Structured education in operative neurological surgery |  |

1. Complete the table indicating the months planned for each educational experience *during the first 18 months of the educational program*.

|  |  |
| --- | --- |
| **Educational Experience** | **Number of Months** |
| Basic clinical neuroscience education |  |
| Critical care education applicable to the neurosurgical patient |  |

1. Will residents’ critical care experience include the following procedures?
2. Airway management (intubation/tracheostomy) [ ] YES [ ] NO
3. Arterial line placement [ ] YES [ ] NO
4. Arteriography [ ] YES [ ] NO
5. Central Venous Pressure (CVP) line placement [ ] YES [ ] NO
6. Cervical spine traction (tongs/halo) [ ] YES [ ] NO
7. External ventricular drain [ ] YES [ ] NO
8. Intercranial Pressure (ICP) monitor placement [ ] YES [ ] NO
9. Sterotactic frame placement [ ] YES [ ] NO
10. VP shunt tap/programming [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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| Click here to enter text. |

1. Will residents’ experiences include participating in patient management for the full spectrum of neurosurgical disorders? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 250 words)

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| Click here to enter text. |

1. If ‘YES’ to Question 10, will these experiences include the following?
2. Adult patients [ ] YES [ ] NO
3. Critical care [ ] YES [ ] NO
4. Pediatric patients [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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| Click here to enter text. |

1. Will residents’ experiences include the following?
	1. Making pre-operative decisions [ ] YES [ ] NO
	2. Participating in surgical procedures [ ] YES [ ] NO
	3. Participating in endovascular procedures [ ] YES [ ] NO
	4. Participating in interventional procedures [ ] YES [ ] NO
	5. Participating in radiological procedures [ ] YES [ ] NO
	6. Active involvement in post-surgical care [ ] YES [ ] NO
	7. Follow-up evaluation of patients [ ] YES [ ] NO
	8. Communicating with referring physicians [ ] YES [ ] NO
	9. Developing physician-patient relationships [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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1. Describe how residents’ participation in and responsibility for operative procedures will increase progressively throughout the educational program. Include the objective measures faculty members will use to determine a resident’s readiness to progress. (Limit 400 words)

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* + 1. Will residents have opportunities to evaluate patients referred for elective surgery in an outpatient environment? [ ] YES [ ] NO

Explain if ‘NO.’ (Limit 300 words)

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| Click here to enter text. |

If ‘YES,’ will this experience include the following?

* + - * 1. Obtaining a complete history [ ] YES [ ] NO
				2. Conducting an examination [ ] YES [ ] NO
				3. Ordering diagnostic studies, including imaging as needed [ ] YES [ ] NO
				4. Interpreting diagnostic studies [ ] YES [ ] NO
				5. Arriving independently at a diagnosis [ ] YES [ ] NO
				6. Arriving independently at a plan of management [ ] YES [ ] NO
				7. Active involvement in pre-operative decision-making [ ] YES [ ] NO
				8. Subsequent involvement in operative procedures [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

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| Click here to enter text. |

1. Will residents spend a 12-month period as chief resident on the neurological surgery clinical service at the Sponsoring Institution or a participating site? [ ] YES [ ] NO

Explain if ‘NO’. (Limit 300 words)

|  |
| --- |
| Click here to enter text. |

If ‘YES,’ will chief residents have:

primary responsibility for patient management with faculty member supervision? [ ] YES [ ] NO

administrative responsibility as designated by the program director? [ ] YES [ ] NO

Explain any ‘NO’ responses. (Limit 250 words)

|  |
| --- |
| Click here to enter text. |

**Scholarly Activity**

1. Describe how residents will:
2. participate in the development of new knowledge. (Limit 250 words)

|  |
| --- |
| Click here to enter text. |

1. learn to evaluate research findings. (Limit 250 words)

|  |
| --- |
| Click here to enter text. |

1. develop habits of inquiry as a continuing professional responsibility. (Limit 250 words)

|  |
| --- |
| Click here to enter text. |

Appendix A. Formal Didactic Sessions by Academic Year

For each year of the residency, attach (Label: Appendix A.) a list of all scheduled didactic courses (including discussion groups, seminars and conferences, grand rounds, basic science, skills labs, and journal club) at all participating sites to which residents will rotate using the format below. If attended by residents from multiple years, list in each year but provide a full description *only the first time the site is listed*.

Number sessions **consecutively** from the first year through the final year so that the scheduled didactic sessions can be easily referenced throughout the application. **Be brief and use the outline that follows.**

Year in the program:

Number: Title:

a) Type of Format (e.g., seminar, conference, discussion groups)

b) Required or elective

c) Brief description (three or four sentences)

d) Frequency, length of session and total number of sessions

**Example:**

|  |
| --- |
| Y-101. Introduction to Neurological Surgerya) Seminarb) Required Y-1c) Survey of contemporary methods and styles of neurological surgery, including approaches to clinical work with minority populations.d) Weekly, for 8 sessions.02. Departmental Grand Roundsa) Discussion groupsb) Required Y-1, Y-2, Y-3; Elective Y-4c) Clinical case presentations, sponsored by each departmental division, followed by discussion and review of contemporary state of knowledge. Format includes resident presentations and discussions with additional faculty discussant.d) Twice monthly, 24 sessions |

If resident attendance will be monitored, explain how this will be accomplished and how feedback will be given regarding non-attendance (Limit 250 words).

|  |
| --- |
| Click here to enter text. |

**Appendix B. Patient Population Data**

Complete and attach the following tables summarizing the total number of cases seen annually at each of the planned participating sites (Label: Appendix B.). Numbers should reflect total volume at each participating site to which residents will rotate.

Participating sites are indicated by a number that must correspond to the number designated for that site in the Foundational Accreditation Application. The primary clinical site must be designated as Site #1. If additional sites are not planned, columns can be left blank. If additional sites are planned, add columns as needed.

The data in Table 1 and 2 below is for a one-year period

From: Date\_\_\_\_\_\_\_\_\_\_\_\_\_ To: Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Table 1. General Case Categories

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Operative Procedures | Site #1 | Site #2 | Site #3 | Site #4 |
| Adult Cranial |  |  |  |  |
| Craniotomy for brain tumor |  |  |  |  |
| Craniotomy for trauma |  |  |  |  |
| Total vascular lesions (combined DC3a and DC3b) |  |  |  |  |
| Craniotomy for pain |  |  |  |  |
| Transsphenoidal sellar/parasellar tumors (endoscopic and microsurgical) |  |  |  |  |
| Extracranial vascular procedures |  |  |  |  |
| Radiosurgery |  |  |  |  |
| Functional procedures |  |  |  |  |
| VP shunt |  |  |  |  |
| Adult spinal |  |  |  |  |
| Anterior Cervical Approaches for Decompression/stabilization |  |  |  |  |
| Posterior Cervical Approaches for Decompression/stabilization |  |  |  |  |
| Lumbar discectomy |  |  |  |  |
| Thoracic/lumbar instrumentation fusion |  |  |  |  |
| Peripheral nerve procedures |  |  |  |  |
| Pediatric |  |  |  |  |
| Craniotomy for brain tumor |  |  |  |  |
| Craniotomy for trauma |  |  |  |  |
| Spinal procedures |  |  |  |  |
| VP shunt |  |  |  |  |
| Adult and Pediatric Epilepsy |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Critical Care Procedures | Site #1 | Site #2 | Site #3 | Site #4 |
| ICP monitor placement |  |  |  |  |
| External ventricular drain |  |  |  |  |
| VP shunt tap/programming |  |  |  |  |
| Cervical spine traction |  |  |  |  |
| CVP line placement |  |  |  |  |
| Airway management |  |  |  |  |
| Arterial line placement |  |  |  |  |

Minimum numbers for each graduating resident are listed below.

|  |  |
| --- | --- |
| Operative Procedures | Minimum |
| Adult Cranial |  |
| Craniotomy for brain tumor | 60 |
| Craniotomy for trauma | 40 |
| Total vascular lesions (combined DC3a and DC3b) | 50 |
| Craniotomy for pain | 5 |
| Transsphenoidal sellar/parasellar tumors (endoscopic and microsurgical) | 15 |
| Extracranial vascular procedures | 5 |
| Radiosurgery | 10 |
| Functional procedures | 10 |
| VP shunt | 10 |
| Total Adult Cranial | 205 |
| Adult spinal |  |
| Anterior Cervical Approaches for Decompression/stabilization | 25 |
| Posterior Cervical Approaches for Decompression/stabilization | 15 |
| Lumbar discectomy | 25 |
| Thoracic/lumbar instrumentation fusion | 20 |
| Peripheral nerve procedures | 10 |
| Total Adult Spinal | 95 |
| Pediatric |  |
| Craniotomy for brain tumor | 5 |
| Craniotomy for trauma | 10 |
| Spinal procedures | 5 |
| VP shunt | 10 |
| Total Pediatric | 30 |
| Adult and Pediatric Epilepsy | 10 |
| All defined categories | 400 |

|  |  |
| --- | --- |
| Critical Care Procedures | Minimum |
| ICP monitor placement | 5 |
| External ventricular drain | 10 |
| VP shunt tap/programming | 10 |
| Cervical spine traction | 5 |
| CVP line placement | 10 |
| Airway management | 10 |
| Arterial line placement | 10 |
| Total critical care procedures | 60 |