Frequently Asked Questions: Epilepsy
(FAQs related to Epilepsy Program Requirements effective July 1, 2023
Review Committee for Neurology
ACGME

Question	Answer
Introduction	
Can the fellowship be completed over two years instead of one? *[Program Requirement: Int.C.]*	The 12 required months of rotations may be completed over 24 months, as long as the fellow completes at least six months of the fellowship per academic year. The other half of the time may be used for personal reasons, research, or other academic pursuits. The program must receive approval from the American Board of Psychiatry and Neurology (ABPN) before accepting a fellow into the program half time.
Personnel	
Can a neurologist certified by the American Board of Clinical Neurophysiology (ABCN) be considered for the position of program director for an epilepsy fellowship program? *[Program Requirement: II.A.3.b)]*	No. The program director must have current certification in epilepsy by the ABPN.
Must faculty members be board certified in epilepsy by the ABPN or the AOBNP, or will alternative board certifications be acceptable? *[Program Requirement: II.B.3.b).(1)]*	While not every faculty member must be board certified in epilepsy, all eligible faculty members teaching in the program must be board certified in epilepsy or clinical neurophysiology by the ABPN or the AOBNP. The Review Committee does not consider ABCN certification as equivalent.
Educational Program	

Question	Answer
Are epilepsy fellows required to log their procedures in the ACGME Case Log System? *[Program Requirement: IV.C.4.b)]*	As of July 1, 2016, fellows in ACGME-accredited epilepsy programs must use the Case Log System to track their EEG interpretations. Programs can access Case Logs within the Accreditation Data System (ADS). Fellows will be assigned and emailed a login ID and password when they are entered into ADS at the beginning of the academic year. When fellows log into the system (https://apps.acgme.org/connect), they will only have access to their own Case Log information. User Guides for programs and fellows can be found under the "Case Logs" tab, in the "Reference Materials" section, in ADS.
If some of the CPT codes in the Case Log System do not match with what is required according to the current Program Requirements, how should the fellows log their procedures? *[Program Requirement: IV.C.4.b)]*	Fellows must log all routine EEGs up to the minimum number, every prolonged monitoring case (pre-surgical or not), and every Phase 2 study. The minimum number of prolonged cases and Phase 2 cases must be met. Fellows should follow the Program Requirements rather than the provided CPT codes.
Can fellows enter program-level aggregate data when logging cases in the ADS Case Log System? *[Program Requirements: IV.C.4.b).(1)-(4)]*	No. Epilepsy fellows may not enter aggregate data, as it must be entered for each individual.
Can a fellow log sequential days of recording for the same patient (similar to daily billing practice), or do the required numbers pertain to different patients? *[Program Requirement: IV.C.4.b)]*	Fellows need to log separate days of EEG monitoring, even if it pertains to the same patient.
Does scalp ICU monitoring need to be labeled differently from scalp EMU monitoring? *[Program Requirement: IV.C.4.b)]*	Fellows should log continuous scalp EEG recordings, without distinguishing whether the procedures take place in the EMU or ICU.

<table>
<tr><th>Question</th><th>Answer</th></tr>
<tr><td>If a fellow logs the required minimum numbers, is the fellow allowed to stop logging for the remainder of the fellowship?

[Program Requirement: IV.C.4.b)]</td><td>Fellows may stop logging routine EEG recordings past the requirement of at least 50, though they may continue to log them if preferred by the program or individual. Fellows must continue to log all prolonged/overnight scalp recordings (at least 20 as primary reviewer) and all intracranial, including intra-operative recordings, (at least 5 as primary reviewer) until the end of fellowship.</td></tr>
<tr><td colspan="2">Evaluation</td></tr>
<tr><td>How can programs provide objective assessments of fellow competence?

[Program Requirement: V.A.1.c)]</td><td>See the table below for examples:
<table>
<tr><th>Competency Area</th><th>Examples of Documentation</th></tr>
<tr><td>Patient Care and Procedural Skills</td><td>Milestones, Objective Structured Clinical Examinations (OSCEs), mini-clinical evaluation exercise (mini-CEX), direct observation, structured case discussions, role-play or simulation, chart review, etc.</td></tr>
<tr><td>Medical Knowledge</td><td>Milestones, OSCEs, global assessment, direct observation, structured case discussions, other exams, etc.</td></tr>
<tr><td>Practice-based Learning and Improvement</td><td>Milestones, portfolios, global assessment, conferences presented by fellows, patient education materials developed by fellows, quality performance measures, chart review, etc.</td></tr>
<tr><td>Interpersonal and Communication Skills</td><td>OSCEs, Milestones, Neurology Clinical Evaluation Exercise (NEX), global assessment, direct observation, multi-source feedback, patient surveys, role-play or simulation, etc.</td></tr>
<tr><td>Professionalism</td><td>Milestones, fellow portfolios, global assessment, direct observation, multi-source feedback, patient surveys, etc.</td></tr>
<tr><td>Systems-Based Practice</td><td>Milestones, fellow portfolios, global assessment, multi-source feedback, quality measures, chart review, etc.</td></tr>
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Question	Answer
What types of information should be reviewed when performing the Annual Program Evaluation? *[Program Requirement: V.C.1.c)]*	Some specific examples of information programs should use in their reviews are: • De-identified fellow and faculty member comments • Sponsoring Institution's GMEC review, if applicable • Resources available are each participating site • Quality of supervision • Goals and objectives • ACGME Faculty and Fellow Survey results • Meeting minutes • Milestones • Faculty member and fellow scholarly activity • Board pass rate in last year This list is not meant to be exhaustive.
What types of goals should be considered when evaluating a program? *[Program Requirement: V.C.1.b).(2)]*	In addition to goals for each rotation, longitudinal experience and didactic goals should also be reviewed for program evaluation. It is acceptable for a single set of goals to be used for a multispecialty rotation. All of these, as well as outcomes based upon these goals, should be assessed as part of the program evaluation.
Is ABPN board certification for eligible graduates from an epilepsy fellowship important in program evaluation? *[Program Requirements: V.C.1.]*	Yes, graduate passage rate on the ABPN epilepsy board exam is one measure of educational effectiveness of the program and will be considered an important outcome measure by the Review Committee. Passage of other board exams is not considered equivalent.
The Learning and Working Environment	
What licensed independent practitioners may contribute to fellows' education? *[Program Requirement: VI.A.2.a).(2)]*	Licensed practitioners include health care professionals who are licensed in the state, and have appropriate credentials at the hospital in which they are seeing patients.
What does the Review Committee consider an optimal clinical workload? *[Program Requirement: VI.E.1.]*	The program director must make an assessment of the learning environment, including patient safety, complexity of patient illness/condition, available support services, and the fellow's level of knowledge, skills, and abilities when determining the clinical workload for each fellow.

Question	Answer
Who should be included in the interprofessional teams? *[Program Requirement: VI.E.2.]*	Nurses, pharmacists, physician assistants, social workers, and occupational, physical, and speech therapists are examples of professional personnel who may be part of interprofessional teams on which fellows must work as members.
Must every interprofessional team include representation from every profession listed above? *[Program Requirement: VI.E.2.]*	No. The Review Committee recognizes that the needs of specific patients change with their health statuses and circumstances. The Review Committee's intent is to ensure that the program has access to these professional and paraprofessional personnel, and that interprofessional teams be constituted as appropriate and as needed, not to mandate that all be included in every case.