Basic Standards for
Residency Training in
Child and Adolescent Neurology

American Osteopathic Association
and
American College of Osteopathic Neurologists and Psychiatrists

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**TABLE OF CONTENTS**

Article I- Introduction .................................................................................................................. 3  
Article II- Mission.......................................................................................................................... 3  
Article III-Educational Program Goals ..................................................................................... 3  
Article IV – Institutional Requirements .................................................................................... 4  
Article V - Program Requirements and Content. ................................................................. 5  
Article VI -Program Director/Faculty ..................................................................................... 6  
Article VII - Resident Requirements ........................................................................................... 6  
Article VIII - Evaluation................................................................................................................ 7
SECTION I - INTRODUCTION

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

SECTION II - MISSION

The mission of the osteopathic child and adolescent 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 child and adolescent neurologists.

SECTION III - EDUCATIONAL GOALS

A. Medical Knowledge and Skills

The program shall provide training that allows the residents to develop skills and to demonstrate and apply knowledge of accepted standards of clinical medicine in child and adolescent 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 Child and Adolescent 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 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, mental status examination, diagnostic techniques and procedures, and laboratory tests in the initiation of therapy, integrate evidence-based medicine into patient care, show and understanding of research methods, and improve patient care practices.

SECTION IV - INSTITUTIONAL REQUIREMENTS

A. The institution must provide patient volume to properly train a minimum of two residents in child and adolescent neurology.
   1. There must be volume, scope and variety of children and adolescents with neurologic disorders, including inpatients and outpatients of both sexes, who are the primary responsibility of the resident.
   2. There must be opportunity for resident exposure to the diagnosis and treatment of child and adolescent neurologic disorders in the office setting.

B. Office and teaching space for residents shall be available, in addition to the use of hospital laboratories, ward care and treatment of patients. General medical surgical services, as well as twenty-four hour emergency service must be an integral part of the program.

C. Radiology Department
   1. The radiologist must interact fully in the training experience of residents and supervise any direct contact that the resident has in the radiology department.
   2. The radiology department must be equipped to insure proper patient care and record keeping shall be organized so as to facilitate investigative work.

D. Pathology Department
   1. The laboratory shall be equipped to offer modern clinical and pathological services to the patients and staff.
   2. Laboratory record keeping shall be organized so as to facilitate investigative work.

E. Selection of the resident shall come under the jurisdiction of the department of neurology and its program director and shall include review by the appropriate educational committee.

SECTION V - PROGRAM REQUIREMENTS AND CONTENT

A. The program shall be two (2) years in duration after completing three (3) years of general neurology or two (2) years of general neurology and one (1) year of pediatrics. The program shall provide the training and experience necessary to enable the resident to accept increased responsibilities in the care of children and adolescents with neurologic disorders, while integrating osteopathic principles and practice, including structural diagnosis and osteopathic manipulative therapy. The general educational content shall include the following:
   1. The basic sciences relative to children and adolescents shall include study in neuropharmacology, neurophysiology, neuropathology, neuroanatomy and neurochemistry. Metabolic disorders manifesting as neurologic disorders shall provide the clinical models in which basic sciences are applied.
   2. Didactic work shall include lectures in child and adolescent neurology and pediatrics.
3. Clinical training shall provide the resident with exposure to major neurologic disorders of children and adolescents including: genetic disorders including chromosomal aberrations, central nervous system (CNS) neoplasms, neurocutaneous disorders, degenerative diseases of the CNS and peripheral nervous system, seizure disorders, myopathies (primary and secondary), learning disabilities, metabolic disorders, aminoacidopathies and mucopolysaccharidosis, CNS malformative disorders, mental retardation of nonspecific etiology and traumatic injuries of the CNS.

4. Laboratory studies used in diagnosing child and adolescent neurologic disorders shall include, but not be limited to: electroencephalography, electromyography and nerve conduction studies, myelography, angiography, spinal tap, subdural tap, neonatal ventriculography, neurosonology and computed tomography scanning and magnetic resonance imaging of the neural axis.

5. The program shall provide a supervised clinical experience in child and adolescent psychiatry so that residents are able to understand the elements of a history regarding psychiatric disorders. Residents must understand symptom presentations of diagnostic entities as presented in the child and adolescent disorders section of the “the diagnostic and statistical manual of mental disorders.” They must be able to make appropriate judgments regarding referral for psychiatric evaluation when necessary.

6. The training program shall provide affective content with regard to behavioral characteristics involved in the interaction between the resident, the patient and the teaching staff.

7. The resident must do research relative to child and adolescent neurology and shall submit one (1) scientific paper, suitable for publication to the ACONP.

SECTION VI - PROGRAM DIRECTOR/FACULTY

A. Qualifications

The program director must be certified in child and adolescent neurology by the American Osteopathic Association, through the American Osteopathic Board of Neurology and Psychiatry.

B. Responsibilities

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

2. In administering a comprehensive training program, the program director shall be responsible for the following:

   a) Submitting quarterly reports to the director of medical education and annual reports shall be submitted to the American College of Osteopathic Neurologists and Psychiatrists for each resident as established by AOA policy.

SECTION VII - RESIDENT REQUIREMENTS

A. Applicants for residency training in child and adolescent neurology must:

1. Have satisfactorily completed three years of AOA approved residency training in general neurology or two years of AOA approved residency training in general neurology and one year of AOA approved residency training in pediatrics.

B. During the training program the resident must:

1. Maintain a log of assigned patients. Copies of these records shall be filed monthly with the
program director and shall be available for inspection.

2. Submit an annual report to the American College of Osteopathic Neurologists and Psychiatrists.

3. Write one (1) professional paper pertinent to child and adolescent neurology and be suitable for publication. The paper shall be submitted to the American College of Osteopathic Neurologists and Psychiatrists during the last year of training.

4. Participate in all professional staff activities involving patient care and evaluation and actively collaborate with generalists and specialists.

5. The resident must participate in journal clubs and seminars

SECTION VIII- EVALUATION

A. Residents

Residents must be evaluated as stated in the AOA Basic Document

B. Faculty

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. Facilities

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