

Frequently Asked Questions: Clinical Neurophysiology
(FAQs related to Clinical Neurophysiology Program Requirements effective July 1, 2025)
Review Committee for Neurology
ACGME

Question	Answer
Introduction	
Can the fellowship be completed over two years instead of one? <i>[Program Requirements: 4.1.]</i>	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	
Does the program director need to have ABPN or American Osteopathic Board of Neurology and Psychiatry (AOBNP) certification in clinical neurophysiology? <i>[Program Requirement: 2.4.a.]</i>	The program director must have current certification in clinical neurophysiology by the ABPN, AOBNP, or American Board of Physical Medicine and Rehabilitation (ABPMR).
Must faculty members be board certified in clinical neurophysiology by the ABPN or AOBNP, or will alternative board certifications be acceptable? <i>[Program Requirement: 2.9.]</i>	While not every faculty member must be board certified in clinical neurophysiology, all eligible faculty members teaching in the program must be board certified in clinical neurophysiology, epilepsy, or neuromuscular medicine by the ABPN or AOBNP. The Review Committee does not consider ABCN or ABEM certification as equivalent.
Educational Program	
How can fellows satisfy the requirement for participation in scholarly activity? <i>[Program Requirement: 4.15.]</i>	Fellows' scholarly activity may include a variety of activities, such as involvement in research projects, presentations at meetings, publications, and grand rounds. Although extensive research is not expected in a one-year fellowship, there should be educational resources and time allocation to accomplish some scholarly activity during the fellowship. Presentations at departmental conferences would be included.

Question	Answer														
Evaluation															
How can programs provide objective assessments of fellow competence? <i>[Program Requirement: 5.1.b.]</i>	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> </table>	Competency Area	Examples of Documentation	Patient Care and Procedural Skills	Milestones, Objective Structured Clinical Examinations (OSCEs), mini-clinical evaluation exercise (mini-CEX), direct observation, structured case discussions, role-play or simulation, chart review, etc.	Medical Knowledge	Milestones, OSCEs, global assessment, direct observation, structured case discussions, other exams, etc.	Practice-based Learning and Improvement	Milestones, portfolios, global assessment, conferences presented by fellows, patient education materials developed by fellows, quality performance measures, chart review, etc.	Interpersonal and Communication Skills	OSCEs, Milestones, Neurology Clinical Evaluation Exercise (NEX), global assessment, direct observation, multi-source feedback, patient surveys, role-play or simulation, etc.	Professionalism	Milestones, fellow portfolios, global assessment, direct observation, multi-source feedback, patient surveys, etc.	Systems-based Practice	Milestones, fellow portfolios, global assessment, multi-source feedback, quality measures, chart review, etc.
Competency Area	Examples of Documentation														
Patient Care and Procedural Skills	Milestones, Objective Structured Clinical Examinations (OSCEs), mini-clinical evaluation exercise (mini-CEX), direct observation, structured case discussions, role-play or simulation, chart review, etc.														
Medical Knowledge	Milestones, OSCEs, global assessment, direct observation, structured case discussions, other exams, etc.														
Practice-based Learning and Improvement	Milestones, portfolios, global assessment, conferences presented by fellows, patient education materials developed by fellows, quality performance measures, chart review, etc.														
Interpersonal and Communication Skills	OSCEs, Milestones, Neurology Clinical Evaluation Exercise (NEX), global assessment, direct observation, multi-source feedback, patient surveys, role-play or simulation, etc.														
Professionalism	Milestones, fellow portfolios, global assessment, direct observation, multi-source feedback, patient surveys, etc.														
Systems-based Practice	Milestones, fellow portfolios, global assessment, multi-source feedback, quality measures, chart review, etc.														
What types of information should be reviewed when performing the Annual Program Evaluation? <i>[Program Requirement: 5.5.]</i>	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 at each participating site • Quality of supervision • Goals and objectives • ACGME Faculty and Fellow Survey results • Meeting minutes • Milestones • Faculty member and fellow scholarly activity														

Question	Answer
	Board pass rate in last year This list is not meant to be exhaustive.
Is ABPN and AOBNP certification of eligible graduates of a clinical neurophysiology fellowship important in program evaluation? [Program Requirements: 5.6.]	Yes, graduate pass rate on the ABPN and AOBNP clinical neurophysiology board exam is one measure of educational effectiveness of the program and will be considered an important outcome measure by the Review Committee. Pass rates on other board exams are not considered equivalent.
The Learning and Working Environment	
What licensed independent practitioners can contribute to fellows' education? [Program Requirement: 6.6.]	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: 6.17.]	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.
Who should be included in the interprofessional teams? [Program Requirement: 6.18.]	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: 6.18.]	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.