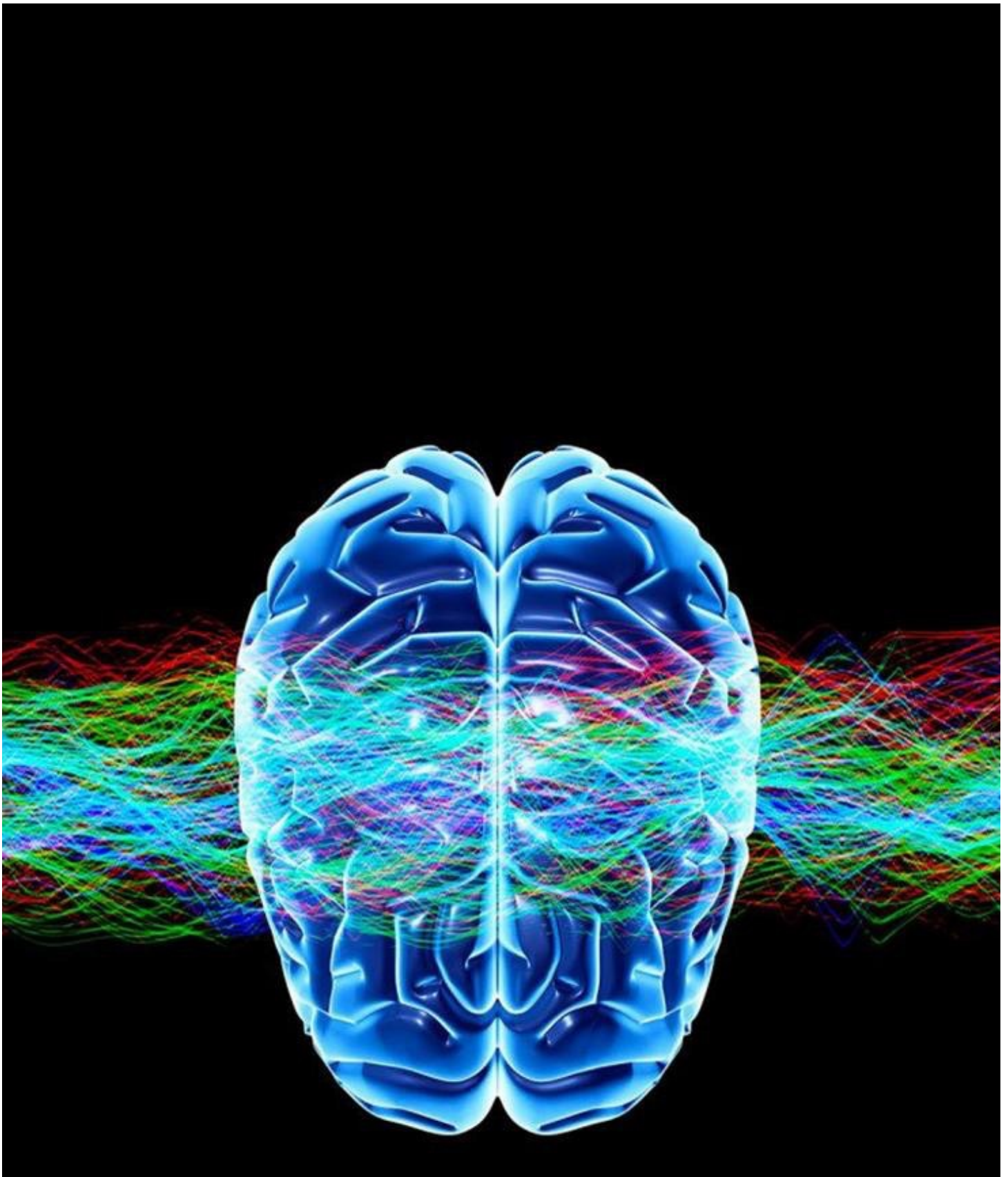


NEUROLOGY RESIDENCY PRO-GRAM COORDINATOR'S HANDBOOK



Neurology Program Coordinator Workgroup

Table of Contents

Handbook Contributors	3
Resources	4
Duties of the Program Coordinator	5
A Year in the Life of a Residency Program	6
RESIDENT RECRUITMENT ERAS® – The Electronic Residency Application Service	8
ERAS® User Manuals and Website	10
Recruitment and Selection	13
Interview Conduct	14
National Resident Matching Program (NRMP)	15
The Match Timeline	19
International Medical Graduates	20
Orientation for incoming residents	22
Accreditation Council for Graduate Medical Education (ACGME)	23
ABPN	26
American Academy of Neurology (AAN)	29
Program Management Software	31
Professional Societies of Interest to Residents	32
Common Acronyms and Definitions	33

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This handbook was developed to assist program coordinators manage their time and tasks, duties are listed by month. It is meant to give a general overview of the responsibilities of a program coordinator and to give the reader a task guideline. Specifics can vary by program and/or institution.

Resources

In addition to this reference manual, the following resources are helpful:

- Your Graduate Medical Education Office
- The AAN - <https://www.aan.com/>
- The ACGME website, <http://acgme.org>
- The Electronic Residency Application Service (ERAS) <https://www.aamc.org/services/eras/>
- The ABPN - <http://www.abpn.com>
- See page 26 for Program Management Software information

Duties of the Program Coordinator

This section is not meant to be a job description, but rather a list of some of the duties common to all administrators. Duties vary by institution.

- Compile and submit reports to ACGME, Your GME, FREIDA, and ABPN.
- Maintain GME track.
- Administration of budget.
- Compile and prepare reports.
- Development of new procedures in response to new or revised policies issued by governing agencies or program director.
- Liaison with residents.
- Plan, organize and schedule new house staff departmental orientation.
- Liaison and communication with all appropriate campus offices and affiliated hospitals as well as program director.
- Coordination and administration of in-service examinations.
- Review of internal procedures related to all house staff-related functions and implementation of new procedures as appropriate.
- Use knowledge of ERAS software to manage residency applications and compile reports as necessary.
- Write and revise recruitment brochures and all printed materials and forms, as well as maintaining accurate web site information.
- Administration and coordination of all house staff interviews; communication with applicants as necessary and appropriate.
- Prepare and distribute rotation (block), clinic and on call schedules.
- Prepare and distribute conference schedules.
- Track and update attendance for all residents/fellows in your program, i.e. sick, vacation, educational leave, Etc.
- Prepare resident travel authorization forms, submit for reimbursement.
- Complete verification requests.
- Maintain files on all residents.
- Prepare any monthly reports if required by your program i.e. duty hours etc.
- Maintain rotation information.
- Set up evaluations to be distributed to faculty, staff, residents, student etc. via your institution or programs requirements.
- Prepare and arrange review meetings between residents and program director.
- Schedule and prepare materials for review at Clinical Competency Committee meeting(s) and Program Evaluation Committee meeting(s).
- Organize graduation events.

A Year in the Life of a Residency Program

July

- July 1 is the beginning of the academic year in all programs. It is the day the majority of new residents and fellows begin their training.
- Onboarding: Upload New Trainee photos into your Resident Management system (Med Hub, New Innovations, etc.). Follow GME instructions for the onboarding process. This includes Resident/Fellow Orientation, pagers, email accounts, white coats, ACLS training, EPIC training, health assessments/drug screening, I-9's, photos, etc.
- Alumni Tracking: Enter Alumni data into Resident/Fellow Management system (i.e. Med Hub/Innovations). Keep log of new forwarding address, phone, email and what they are doing.
- Begin the process of answering questions about your program from 4th year medical students and IMG's who are preparing to apply for training.
- Duty Hours: Verify Trainee duty hour compliance and submission. Remind Program Directors to review submitted duty hours.
- Annual GME Track updates for the new academic year begins in July. There are 2 parts required as part of this census/survey. The first part of the GME census is to update your program information and the second part of the census is to update your resident/fellow information. You will receive an email notifying you that the census/survey is ready to be updated.
- Follow-up with any graduating residents who have not completed their GME Exit Survey.
- Update/Revise Residency/Fellowship Program website.
- GME office may require your Annual Program Evaluations (APE) during this month.

August

- Complete/Finalize GME Track Census.
- Complete Annual ACGME ADS updates of your program information, resident and faculty updates, including resident and fellow scholarly activities are required. You will receive an email from ACGME update your program ADS. ADS is done in two parts: program updates and resident/faculty updates.
- Start planning for graduation next year i.e. book venue, meet with your PD and/or graduating residents/fellows for ideas etc.
- Arrange for resident recruitment hotel rooms, interview rooms, catering and faculty interviewers.

September

- ERAS Program opens on September 1st to Program Directors and Coordinators. Log into the AAMC to access ERAS. You can begin inviting faculty to access ERAS. Determine interview date(s) and set this up in the calendar in ERAS.
- ERAS opens 9/15. Residency applications begin to arrive through ERAS. Meet with your program director to determine the process for screening applications.
- Registration for NRMP. Residency programs will receive an email to register for the NRMP Match.
- Prepare recruitment materials and arrange for rooms, catering, hotel, etc.
- Prepare interview schedules for applicants invited to interview. Confirm faculty interviewers for each interview day.
- Confirm interviews with applicants.
- AAN membership applications for new residents, RITE registration.
- If applicable, schedule residents for mandatory Resident sessions required by University/GME. These sessions may be required over a 3 month period.

NEUROLOGY RESIDENCY PROGRAM COORDINATOR'S HANDBOOK



October

- Resident recruitment interviews begin. Send out invitations to interview (some programs may start this process in September).
- Prepare materials to send to faculty interviewers.
- Prepare for applicants to call/email to check their application status.
- Assist during the interview day by developing itineraries/agendas, greeting the applicants, answering program questions etc.
- Medical student performance evaluations (MSPE) formally Dean's letters are released in ERAS
- October 1st.
- Coordinate and file return of applicant evaluations from faculty interviewers.
- Update the applicants with their interview status as you review the applications.

November

- Coordinate and file return of applicant evaluations from faculty interviewers.
- Update the applicants with their interview status as you review the applications.
- Arrange CCC meeting for completing resident/fellow Milestones that are due in December.

December

- Complete Milestones in ACGME for your residents/fellows.
- Resident recruitment interviews continue.
- Mid-year evaluations (semiannual). Arrange meetings with the program director for each resident. Gather materials for the meetings, evaluations from staff, students, faculty, peers etc. plus any other program requirements.
- Continue to update and /or send regrets to applicants.
- Process AAN membership renewal for the upcoming year.
- Prepare roster for the upcoming RITE exam. This is done online.

January

- Finish resident recruitment interviews.
- Collect and update, final scores and comments from interviewers and residents for ranking.
- Arrange ranking meeting for your Program Director and Faculty on this committee.
- Send letters of regret to applicants not selected for an interview.
- NRMP match quota deadline to make changes and confirm SOAP participation.
- Milestones report due to ACGME in ADS in mid-January.
- Send to GME office any continuation applications for J-1 Trainees to process their contract and start the visa renewal process. Work with your GME office for any J-1 Trainees who are new hires and not part of the Match process (i.e. some fellowship programs do not participate in the Match).
- Register for the AAN Annual Meeting. Make travel and hotel arrangements.

February

- Coordinate match list and enter match list on NRMP web site if applicable. PD must certify the rank list.
- Schedule education committee meetings to review your programs, make curriculum decisions for the upcoming year and evaluate resident performance.
- Chief discussions for next year take place at this time. This varies depending on your program.

NEUROLOGY RESIDENCY PROGRAM COORDINATOR'S HANDBOOK



February Continued

- Intent to renew letters/contracts are due at the end of the month.
- In-service (RITE) exam takes place this month check date for scheduling, room for the exam, etc.
- Confirm PGY2's have passing Step 3 scores for contracts to be issued.

March

- Match Day occurs in mid-march. Results are posted on the NRMP web site.
- If applicable, complete appointment forms for new hires, prepare offer letters and contracts to send to matched applicants after match day.
- Send out a department announcement with the new incoming residents.
- Mail out materials the new residents/fellows may need. If your state requires a license or limited temporary license, send out the information and any important deadline dates.
- Generate resident lists for the next academic year and distribute to appropriate personnel and departments.
- If you match with J-1 trainees and handle visas this should be started at this time.
- If you are responsible for lab coat orders, prepare the order for returning residents.
- Prepare for upcoming graduation. This is a good time to arrange a location, catering, order gifts, and any other arrangements needed.

April

- Begin updating Goals and Objectives, Policies and Procedures, etc.
- Make arrangements for resident graduation celebration (if not done).
- If your GME office sends out onboarding welcome packets, paperwork, or checklists for hiring process it will be done this month. The GME may require you to provide information regarding your incoming residents/fellows.
- If applicable, prepare rotation schedules for the next year.
- AAN Annual Meeting is typically this month.
- Arrange and prepare materials for Spring CCC meetings if you have not done so.
- AAMC will send programs email to register your program(s) for ERAS and update your ERAS account information for the following year.
- Some institutions may begin the onboarding process shortly after Match. Upload new trainee photos into your resident management system (Med Hub, New Innovations, etc.). Follow GME instructions for the onboarding process.

May

- Prepare orientation materials for new residents.
- Update and print house staff manual.
- Continue with preparation for graduation.
- End of year evaluations (semiannual) and final evaluation for graduates. Arrange meetings with the program director for each resident. Gather materials for the meetings, evaluations from staff, students, faculty, peers etc. plus any other program requirements.
- Prepare and distribute annual evaluation forms of program to faculty and residents.
- Start paperwork for outside rotators (if applicable).
- Obtain new Program Letters of Agreement (PLAs) if applicable.
- Milestones reporting starts this month must be complete by June.
- Provide information to GME office for graduation certificates.

May Continued

- GME office or Program Coordinator sends exit survey to graduating residents. Confirm practice with your institution.

June

- Gather orientation materials needed for incoming residents.
- Set up pagers, arrange for lab coats etc. check with your program director for materials needed.
- Arrange orientation for new residents/fellows.
- Distribute schedules for the academic year.
- Graduation for those residents/fellows leaving your programs usually takes place this month.
- Milestone reports due in ACGME ADS system this month.
- Begin entering new schedules in your resident management system (Med Hub/New Innovations).
- Complete final verification forms and VGMET forms for graduating ACGME residents/fellows for GME office.

Monthly tasks (or more often depending on your program)

- Distribute evaluations
- Input/confirm schedules in residency management system
- Send rotators handbooks or rotation information (if applicable)
- Distribute schedules (if applicable)
- Confirm duty hours submission – weekly or monthly

RESIDENT RECRUITMENT

ERAS® – The Electronic Residency Application Service

What is ERAS?

ERAS® is a fully electronic means for medical school seniors and graduates to apply to residency training programs. ERAS® is the Electronic Residency Application Service, which began in 1995 and transmits over 1.3 million applications to 5,000 programs.

ERAS® User Manuals and Website

ERAS® software is designed to be easy to use. ERAS® has user manuals, online help and a tutorial to help new users get started. ERAS® has a web site with up-to-date information at www.aamc.org/eras.

Roles and Responsibility of those who use ERAS®

Applicant – It is the applicant's responsibility to contact each residency program for requirements, deadlines and program information. Applicants obtain a token from their designated Dean's office which allows them to access the MyERAS® web site and complete the application form. In addition applicants are expected to request and assign all supporting documents before submitting their applications to programs.

Medical Schools – They establish local policies and procedures for processing applications using ERAS®. It is the school's responsibility to support applicants in the application process. Schools must download applicant files, and scan and attach documents to the applicant files.

ECFMG – Acts as the Dean's office for all IMG's. ECFMG is responsible for transmitting USMLE transcripts to programs as instructed by applicants. They also transmit and update an official ECFMG Certification Status Report. ECFMG does not, however, authenticate transcripts, MSPEs or letters of recommendation receive by applicants.

NBME – Is responsible for transmitting USMLE transcripts to programs as directed by applicants. NBME also updates scores as requested by applicants.

Residency Programs – Register their programs with ERAS®. To register, visit EAM (ERAS® Account Maintenance). You will need your login ID and password (sent via email) to access the system. If you have not received your registration email, please contact the ERAS® HelpDesk or at (202) 828-0413.

AAMC – Their role is to provide software, manuals and instructions to users. AAMC is tasked with providing technical and procedural support to schools and programs. AAMC ensures the reliability and security of file transfer of application material.

Components of ERAS®

1. MyERAS® Web Site – Applicants complete their application and provide supporting documents and transmit the completed application to programs.
2. Dean's Office Workstation (DWS): – Transmit supporting documents i.e., Medical School transcripts, performance evaluations, photographs, and letters of recommendations.
3. Program Director's Workstation (PDWS) – Program software used by residency coordinators to receive, sort, review, evaluate, and rank applicants.
4. Letter of Recommendation Portal (LoRP) – LoR authors submit letters in support applications submitted through MyERAS

How does ERAS® Work?

1. Applicants receive a token from their Designated Dean's Office and use it to register with MyERAS.
2. Applicants complete their MyERAS application, select programs, assign supporting documents, and apply to programs.

3. Applicant's Designated Dean's Office and LoR authors upload supporting documents.
4. Examining boards receive and process requests for transcripts.
5. Programs receive application materials through the PDWS.

Benefits and Abilities of ERAS®

1. Daily electronic delivery and collations of current updated applications, at the touch of a button.
2. E-Mail ability to quickly communicate with applicants or groups of applicants.
3. Filter/Sort interface gives the ability to look closer into managing and filtering application data through grouping and sorting.
4. Ability to customize the software to program requirements.
5. Opportunity to compile national statistics to consider for workforce policies.
6. Management tools to help program streamline the selection and evaluation process.
7. Ability to schedule applicants to interview and assign faculty interviewers either by private invitation or by RSVP (RSVP allows the candidates to schedule themselves on the interview dates you select).

Residency Program's Role in ERAS®

1. Confirm your program's participation status. The participation status will be listed under the Account Overview Tab.
2. Update contact information pertaining to your program in order to ensure you receive ERAS® emails.
3. Programs should include their web address in their program listing information section to ensure that applicants have access to relevant information such as program accreditation, requirements, and deadlines.
4. Retrieve applications from the ERAS®.
5. Back up PDWS data by downloading applicant information.
6. Communicate with applicants regarding processing of their applications.
7. Inform Association of American Medical Colleges (AAMC) of any problems.

List of Supporting Documents

1. My ERAS® Application Worksheet
2. Letters of Recommendation
3. Personal Statement
4. Medical School Transcripts
5. Medical School Performance Evaluation/Dean's Letter
6. Photograph
7. USMLE/COMPLEX Transcript - Note if you are in a subspecialty field, acceptance into a fellowship program requires passage of USMLE Step 3.
8. ECFMG Status Report

ERAS® Help Resources

1. No matter where you are in the PDWS software system, you can obtain help quickly by clicking the Help button on the Toolbar.
2. Press F1, select contents from Help Menu.
3. Visit the ERAS HelpDesk at erashelp@aaamc.org.
4. Call the ERAS HelpDesk at (202) 828-0413.

Recruitment and Selection

ERAS® is a Web based system which offers easy access to applicant information. ERAS® transmits a standardized application, letters of recommendation (LORs), the Medical Student Performance Evaluation (MSPE), transcripts, USMLE scores, and other supporting credentials from applicants and designated dean's offices to program directors. All transmissions are sent to and received from the ERAS® Post Office. Coordinators usually begin to access applications and supporting documents on September 15.

Each program sets its own deadline for applications to be submitted. Program Directors and coordinators review completed applications and make selections regarding which applicants to interview. The number of interview dates and the actual interview process is determined by each program. Some programs have a "Recruitment Committee" that reviews applications and interviews applicants. Interviews are offered for predetermined interview sessions. These offers may be made via ERAS® e-mail, regular mail or telephone.

All applicants must be provided with a copy of the benefits information and a sample copy of a house staff contract for your institution. Please check with your GME office for any additional institutional policies.

Check your institution for policies regarding how long you need to maintain paper and/or electronic applicant files. It is suggested that programs maintain a listing of all applicants/candidates for each year for future reference/statistics.

International Medical Graduates

All International Medical Graduates (IMGs) must have a certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) certifying that they are approved to pursue graduate medical education training in the United States. In order to achieve ECFMG certification, international graduates must submit their credentials to the ECFMG and pass competency tests in both English and clinical skills. IMGs must obtain their ERAS® application kits for the ECFMG, which will issue them only to qualified applicants.

Check with your program and/or institution regarding types of visa sponsored.

Interview Conduct

To promote the highest ethical standards during the interview, ranking, and matching processes, program directors participating in a Match shall commit to:

- Respecting an applicant's right to privacy and confidentiality Program directors and other interviewers may freely express their interest in a candidate, but they shall not ask an applicant to disclose the names, specialties, geographic location, or other identifying information about programs to which the applicant has or may apply.
- Accepting responsibility for the actions of recruitment team members Program directors shall instruct all interviewers about compliance with Match policies and the need to ensure that all applicant interviews are conducted in an atmosphere that is safe, respectful, and nonjudgmental. Program directors shall assume responsibility for the actions of the entire interview team.
- Refraining from asking illegal or coercive questions Program directors shall recognize the negative consequences that can result from questions about age, gender, religion, sexual orientation, and family status, plans for pregnancy, national origin and shall ensure that communication with applicants remains focused on the applicant's goodness of fit within their programs.
- Declining to require second visits or visiting rotations Program directors shall respect the logistical and financial burden many applicants face in pursuing multiple interactions with programs and shall not require them or imply that second visits are used in determining applicant placement on a rank order list.
- Discouraging unnecessary post-interview communication Program directors shall not solicit or require post-interview communication from applicants, nor shall program directors engage in post-interview communication that is disingenuous for the purpose of influencing applicants' ranking preferences.

National Resident Matching Program (NRMP)

The National Resident Matching Program® (NRMP®) is a non-profit organization founded in 1952 by medical students seeking to standardize the residency selection process and establish a uniform date of appointment to positions in graduate medical education (GME) training programs. It is governed by a Board of Directors that includes representatives from national medical and medical education organizations as well as medical students, resident physicians, and GME program directors. The NRMP manages the Main Residency Match® and the Specialties Matching Service®, which includes Matches for more than 40 fellowship subspecialties.

Applicants participating in the Main Residency Match include U.S. medical school students as well as “independent” applicants. The Independent applicants include former graduates of U.S. medical schools,

U.S. osteopathic students and graduates, Canadian students and graduates, and students and graduates of international medical schools. Applicants must apply directly to residency programs in addition to registering for the Match. Most programs participate in the Electronic Residency Application Service (ERAS®), which transmits residency applications to program directors via the Internet. Applicants must register with both NRMP and ERAS® to participate in the services of each. Applicants also are responsible for ensuring that they meet all program prerequisites and institutional policies regarding eligibility for appointment to a residency position prior to ranking a program through the NRMP.

Each year the NRMP conducts a Main Residency Match that is designed to optimize the rank-ordered choices of applicants and program directors. The results of The Match are announced during the third week of March.

Registration:

Each Match has a separate schedule. To learn when registration begins, go to the Schedule of Dates for all NRMP Matches. Neurology programs fall under the Main Residency Match.

Institutions must activate their institution and programs annually for the current Match process and agree to the Match Participation Agreement. If this process is not handled by the GME Office you will be required to do so. Program Directors must register annually for the current Match by updating their profile information and must provide accurate information about the number and type of positions to be offered through the NRMP. Program Directors must also agree to the Match Participation Agreement.

Log in to the R3 system using your AAMC ID and pre-assigned password or your personal password selected during a previous Match.

If you have a pre-assigned temporary password, enter a new password and answer the security questions.

NEUROLOGY RESIDENCY PROGRAM COORDINATOR'S HANDBOOK



Electronically sign the NRMP Match Participation Agreement.

Update the Maintain Program Information screen with quota, reversions, and public contact information for the current Match.

Applicants must also register for the NRMP using the R3, agree to the Match Participation Agreement and pay a registration fee.

Program Quota Change Deadline:

Applicants need to know how many positions are available in a program before they enter their rank order lists; therefore, the deadline for institutions/programs to change the number of its Match positions in R3 for the Main Residency Match is January 31.

Ranking:

Applicants and programs submit their rank order lists directly on the NRMP web site. Applicants submit, in the applicant's order of preference, a list of the programs where they have interviewed. Each program also submits a list of applicants they interviewed in order of preference. Those lists are then compared using a computerized matching algorithm program.

Due to the uniform date for decisions about residency selection for both applicants and programs, the NRMP® Matches eliminate the pressure that applicants and programs might otherwise face in making decisions before all of their options are known. The Match Participation Agreement outlines the guidelines and procedures developed to accomplish this objective and should be reviewed carefully. The Match Participation Agreement does not preclude applicants and programs from expressing their interest in the other; however, neither programs nor applicants should consider these comments about interest as commitments. Neither party can solicit verbal or written statements implying a commitment prior to The Match. Applicants should not be asked the names or identities of other programs to which they have applied, or may apply. "There is one cardinal rule for both programs and applicants: neither must ask the other prior to The Match to make a commitment as to how each will be ranked. Moreover, it is a violation of the Match Participation Agreement for a program to request applicants to reveal ranking preferences or for either party to suggest or inform the other that placement on a rank order list is contingent upon submission of a verbal or written statement indicating ranking preferences. Statements implying a commitment should be avoided. Rank order lists take precedence over verbal commitments."

Results:

Results will be posted on Match Day at 1:00 p.m. Eastern time on the NRMP® website.

Alternatively the results can be obtained by contacting the NRMP® office. Information includes:

Applicants — Where they matched

Programs — Who matched to the program

The NRMP Directory, available in the NRMP's secure, web-based Registration, Ranking and ResultsSM (R3SM) system to all registered participants, lists all of the hospitals and programs currently enrolled in The Match.

Types of Positions Offered Through the Main Residency Match:

Categorical (C) positions are programs that expect applicants who enter in their first post-graduate year to continue until they have completed all of the training required for specialty certification, provided their performance is satisfactory.

Primary Care (M) positions are categorical primary care or generalist positions offered in some Internal Medicine and Pediatric specialty programs.

Preliminary (P) positions provide one or two years of prerequisite training for entry into an advanced positions in specialty programs that require one or more years of broad clinical training. Internal Medicine, Surgery, and Transitional programs commonly offer preliminary positions.

Advanced (A) positions begin in the year after The Match and are in specialty programs that begin training after completion of one or more years of preliminary training. Applicants without prior graduate medical education can apply for these positions while also applying for preliminary positions that are compatible with their plans.

Physician (R) positions are advanced positions in specialty programs that start in the year of The Match and are reserved for physicians who have already had some previous graduate medical education. Physician positions are not available to senior U.S. medical students.

Supplemental Offer and Acceptance Program (SOAP), is the second chance for applicants to obtain positions and programs to obtain a resident in a more organized manner. During match week, both candidates and programs find out if they did or did not fill. For those that didn't fill, the SOAP process offers additional match options. Programs confirm their SOAP participation in NRMP mid-January. For more information please visit NRMP at <http://www.nrmp.org/setting-soap-participation/>

Candidates who have not matched will reapply in ERAS. Programs participating in SOAP will be able to review applicants and enter and confirm a new rank list. Three rounds of matches that take place. If a program still has not filled they can offer positions outside of the match.

Reversions are the NRMP's system to offer institutions the option to revert, or donate, unfilled positions in one program to another during the matching process. If a donor program does not fill its quota, a designated number (equal to, or less than, the quota) of its unfilled positions can be added automatically to the quota of a receiver program. Reversions offer a degree of protection against the possibility that positions will not fill when the matching algorithm is processed.

Reversion Process

Donor program reverts a specific number of its unfilled positions to a receiver program.

The matching process first attempts to fill all positions in the donor program so that positions revert to the receiver program only if they do not fill during the donor's matching process.

Receiver program accepts a designated number of unfilled positions from a donor program, and reverted positions are added to the receiver program's quota only if the donor program is unable to fill its positions during the matching process.

For more information please visit NRMP at <http://www.nrmp.org/creating-reversions-residency-programs/>.

The Match Timeline

<http://www.nrmp.org/match-calendars/>

Check the link listed above for the exact dates for the match.

FALL

SEP 15 Registration opens at 12:00 p.m. ET

NOV 30 Applicant Early Registration Deadline at 11:59 p.m. ET

Applicants registering after November 30 will be charged a late fee

WINTER

JAN 15 Rank order list entry begins at 12:00 p.m. ET for all users

JAN 31 Quota Change/SOAP Participation/Withdrawal Deadline for programs at 11:59 p.m. ET

LATE FEBRUARY

Rank Order List Deadline/Applicant Late Registration Deadline at 9:00 p.m. ET

Rank order lists must be certified by 9:00 p.m. ET.

Applicants must register for or withdraw from the Main Residency Match by 9:00 p.m. ET

MID MARCH Match Week begins

Applicants find out whether they matched

Program directors find out whether all positions filled

The Match Week Supplemental Offer and Acceptance Program® (SOAP®) begins with release of the List of Unfilled Programs

Program directors receive their Confidential Roster of Matched Applicants

SOAP concludes at 5:00 p.m. ET (Thursday before Match day)

FRIDAY OF MATCH WEEK Match Day!

Match results released in R3® system at 1:00 p.m. ET.

International Medical Graduates

The terms International Medical Graduate (IMG) and Foreign Medical Graduate (FMG) are often used interchangeably. They are terms used to identify those who have received their medical education from a school outside the United States (an M.D., M.B.B.S. M.B.B.Ch. or M.B.ChB.)

As a coordinator with an open residency or fellowship position, you will interact with these physician applicants in a couple of ways: 1- directly (via phone calls or emails, before or during the application period), or 2- indirectly (via ERAS). Time is saved by having clear language on your website regarding minimum qualifications, if any (they won't need to call you to ask, and, if their qualifications are lacking, they will not apply via ERAS – usually).

When reviewing ERAS applications, you should look for: 1- certification from the Educational Commission for Foreign Medical Graduates (ECFMG), and 2- visa status.

Make sure you are aware of your department and institutional policies on accepting foreign medical graduates, as well as your state licensing policy if applicable.

ECFMG

ECFMG certification means that the applicant has graduated from an approved medical school, and that the applicant has passed USMLE Step I and Steps II CK and CS, or the corresponding COMPLEX exams, and passed a Test of English as a Foreign Language (TOEFL) English examination, which is administered by the Educational Testing Service. An Application for Certification from the ECFMG is usually initiated by the applicant before graduation from medical school. Once the application has been approved, an ECFMG number will be issued. (For more information, see the ECFMG website.)

VISAS

The Visa is a document that allows a non-US citizen to be in the United States for work, education, vacation etc. For training in graduate medical education in the United States, the applicant must have an appropriate visa. The most common visa issued for this purpose is the J-1 visa (other types that your institution may consider are the H-1B and the F-1 Student Visas). To get this visa, the matched applicant must have a sponsor. (The ECFMG is the sole designee of the United States Department of State to coordinate sponsorships of J-1 visas). Your institution will typically be the sponsor. And, fortunately, the coordinator doesn't have to handle the sponsorship paperwork. This is usually done by the Training Program Liaison (TPL), the institutional designee of the ECFMG. (Additional information can be obtained from the ECFMG's Exchange Visitor Sponsorship (EVSP) Program, or the State Department's Exchange Visitor Program website).

J-1 VISAS

For more information about the J-1 Visa process, [click here](#).

Here are some important considerations when deciding whether or not to rank an IMG for the Match:

NEUROLOGY RESIDENCY PRO-GRAM COORDINATOR'S HANDBOOK



1. The applicant must be willing to obtain the necessary visa type. Many do not want to have a J-1 visa because it means that they have to return to their home country for a period of at least two years before they can return to practice in the United States. The J-1 visa is good for up to seven years, but it has to be renewed annually. Note: If the resident does not get the visa in time to start on July 1, it is possible for the program to reject the applicant and get a waiver from the NRMP to nullify their initial acceptance, if they wish, because the applicant did not uphold their end of the contract.
2. The applicant must be motivated to begin the paperwork process immediately after they Match. It is a protracted process that can take up to 3 months to complete. Any delay may mean that the applicant will not be able to start on time.
3. Applicants who go back to their home country to submit the necessary documents directly to the United States Consulate stand a much greater chance of starting training without visa-related delays. (Whether they are willing to do this, and/or have arranged to use Annual Leave to do this, may be one criterion used to assess the applicant.)

Even though the Training Program Liaison (TPL) usually handles most of the sponsorship process, it is useful to know the steps:

1. After the Match, the coordinator will send the applicant a letter of offer. Once the letter of offer is signed and returned, it is given to the TPL.
2. The TPL then initiates the J-1 visa sponsorship via the ECFMG. Either the TPL or the coordinator will work with the applicant to ensure the required supporting documentation and fee is submitted to the ECFMG. (For a list of the required documents, see the ECFMG website.)
3. Once the sponsorship has been approved, the applicant will receive a DS-2019, the Certificate of Eligibility for Exchange Visitor (J-1) Status form. (For more information, see <http://j1visa.state.gov>).
4. Once the DS-2019 has been issued, the applicant can then seek an interview at a U.S. embassy or consulate in order to obtain a J-1 visa to enter the United States.
5. Once the DS-2019 is issued and the applicant is in the United States, the applicant can then apply for a Social Security number (SSN). The institution then also initiates the final steps of the hiring process: background check and drug screening.

Once an IMG is in the program, the coordinator must give the IMG a program offer/continuation letter in the early spring of each year so that the I-664 Supplementary Statement for Graduate Medical Trainees form can be submitted. This verifies that they are in good standing in the program, and it must be obtained so that the J-1 visa can be renewed annually.

If the IMG travels outside the country while in the program, to be allowed re-entry, they will either have to obtain a paper I-94 Arrival/Departure Record form, or apply for it online with Customs and Border Protection.

Orientation for Incoming Residents

After the match it is time to make arrangements for orientation(s) and/or training session(s) for the new residents and/or fellows. This may include the Program Director, Program Administrator, Chief Resident(s), Service Heads. This will vary by institution and program.

Topics you may want to cover at this meeting:

- Schedules (rotation/block, clinic and on call)
- Duty Hour Requirements
- Fatigue Training
- Evaluations
- Competencies
- Resident (House Staff) Manual or Policies and Procedures (i.e. Vacation, Sick Calls, Holidays, etc.)
- NAS

Documents that may be useful to hand out at the orientation:

- Department Policies
- House Staff Manual
- Duty Hour Requirements
- Fatigue or Fitness for Duty policy
- Portfolio Information
- Any other books, materials that you PD may want each resident/fellow to have

Accreditation Council for Graduate Medical Education (ACGME)

The ACGME, established in 1981 as an independent accrediting organization, is a private, non-profit council that evaluates and accredits medical residency programs in the United States. The Accreditation Council for Graduate Medical Education (ACGME) is responsible for the Accreditation of post-MD medical training programs within the United States. Accreditation is accomplished through a peer review process and is based upon established standards and guidelines. The ACGME accredits residency programs based upon the recommendations of the Residency Review Committee for each specialty area. Accreditation is a voluntary activity.

Rules, Regulations and Reports

It is essential to be well informed about professional and governmental rules, regulations and reporting requirements for your residency program.

Overview of ACGME and Regulations

Institutional and Common Program Requirements – Published educational standards for all residency programs and institutions that sponsor graduate medical education programs.

Specialty Requirements – Developed by each Residency Review Committee for programs in its specialty. The special requirements specify essential educational content, instructional activities, responsibilities for patient care and for supervision and the necessary facilities.

Process of Review and Accreditation of Educational Programs in Graduate Medical Education – Describes the accreditation process, the types of accreditation status, the types of notifications and the “Procedures for Proposed Adverse Actions and for appeal of Adverse Actions”.

Milestones & Entrustable Professional Activities (EPAs)

The Next Accreditation System relies on a set of milestones and entrustable professional activities to determine each trainee’s progress. You should work with your Program Director to ensure that the educational program is structured to meet these milestones and they are being adequately evaluated and documented.

Milestones - A list of specific competencies that a resident must obtain by the time they graduate. They are specific to the specialty program. There are 5 levels, since people learn at different rates. The ACGME target is that residents achieve a level 4 to graduate. Level 5 would be for an exceptional resident. Milestones are evaluated and reported twice a year in December and June.

EPAs - Are units of professional practice that faculty entrust to a trainee to execute unsupervised, once he or she has obtained adequate competence to do so. They are a means to translate competencies into clinical practice.

NEUROLOGY RESIDENCY PROGRAM COORDINATOR'S HANDBOOK



Clinical Competency Committee (CCC) - The program Director must appoint the Clinical Competency Committee. This committee must consist of at least 3 faculty members that includes one chair. The chair can be the program director but does not need to be. The CCC meets and discusses the clinical progress of each trainee. These meetings will take place in Nov/Dec and again May/June. The number of meetings will vary and is program dependent. As the program coordinator you will gather and create reports needed for this meeting. You can attend, take minutes, however a program coordinator is not a member of the committee.

Program Evaluation Committee (PEC) - The PEC is a group of appointed by the Program Director. This committee must be composed of at least 2 program faculty and should include at least 1 resident. There must be a written description of the responsibilities. This committee must meet at least once a year, however in larger programs it may meet more than one time. The PEC, must document formal, systematic evaluation of the curriculum and is responsible for rendering a written, annual program evaluations. As the program coordinator you will be gathering materials for review, attending the meeting to record information for the written evaluation.

Accreditation Data Systems (ADS) - ADS is an internet-based collection system that contains the current data on file with ACGME for all sponsoring institutions and programs. All ACGME-accredited programs throughout the United States are required to submit ADS updates on an annual basis. In addition, programs will be required to verify the accredited training of all residents and to communicate organizational changes as they occur. Each school/program is assigned a specific reporting time frame. For more information visit the ACGME ADS site at <http://www.acgme.org/ADS>.

ADS Uses:

- Tracking program accreditation information
- Reporting a change in program director/department chair;
- Requesting a change in approved resident complement;
- Annual tracking of certain statistical information for each residency/fellowship program;
- Supplying information on each resident/fellow enrolled in the training program.

It also serves as a repository for the:

- Resident and Faculty Surveys
- Annual program updates
- Self-Study Uploads
- Site Visit Notification
- Faculty Roster
- Resident Roster

The ADS is located on the ACGME homepage (www.acgme.org) under the Data Collection Systems tab. The 10-digit program ID number and password is required for access to the program's database on ADS. The information collected by the ADS is not shared but is kept confidential for ACGME purposes only. However, there is a feature on the ADS website that allows programs to request their completed information in file format for internal use and/or for submission to other organizations such as to the AAMC GME Track.

NEUROLOGY RESIDENCY PRO-GRAM COORDINATOR'S HANDBOOK



Programs are notified annually by the ACGME to perform scheduled updates of information. Questions can be emailed to ADS@acgme.org – See below for more information on ADS.

Resident/Fellowship Requirements for Boards

Click [here](#) for ACGME Common Program Requirements

Click [here](#) for ACGME Neurology Program Requirements

Click [here](#) for the ACGME Neurology Milestones

ACGME Conferences

- The ACGME annual educational conference this is usually held in February. The conference includes over 100 sessions on current GME topics. There are sections geared towards Program Directors and Program Administrators.
- The Basics of Accreditation for New Program Coordinators – See the ACGME website for workshop date(s). This is for administrators with less than two years' experience.

ABPN

What is the ABPN?

The American Board of Psychiatry and Neurology, Inc. (ABPN) is a not-for-profit corporation dedicated to serving the public interest and the professions of psychiatry and neurology by promoting excellence in practice through certification and maintenance of certification processes. The ABPN is a member of the American Board of Medical Specialties, an organization of 24 approved medical specialty boards.

ABPN Certification

The ABPN requires that throughout the initial certification and maintenance of certification processes, physicians must have a valid, unexpired, and unrestricted license to practice medicine in at least one state, commonwealth, territory, or possession of the United States or province of Canada. If more than one license is held, they must all be unrestricted to meet this requirement.

To become Board certified by the ABPN, applicants must have successfully completed an approved training program and an evaluation process assessing their ability to provide quality patient care in a specialty and/or subspecialty. The evaluation processes are encompassed in the Initial Certification Examinations and Maintenance of Certification Program.



The screenshot shows the login interface for the ABPN preCERT Credentiaing System. At the top left is the ABPN logo. The header text reads "ABPN preCERT® Credentiaing System". Below the header is a "Login" section with two input fields: "User ID:" and "Password:". Below the fields are two buttons: "Login" and "Forgot your password? Click here.". At the bottom of the page, there is a disclaimer: "This system is to be used only by program staff and residents as authorized by the ABPN." followed by a link: "Click here to signup for an ABPN preCERT user account."

NEUROLOGY RESIDENCY PRO-GRAM COORDINATOR'S HANDBOOK



ABPN preCERT

The preCERT system is an electronic data gathering system for resident demographics and training information required by the ABPN in order to be credentialed to sit for a certification examination. It is not intended to be a complete tracking system, such as MyEvaluations, MedHub or New Innovations. The information collected by the preCERT system is the same information that would previously have been included in the letters sent to the ABPN Credentials Department. Additionally, the system allows for accurate data collection and reporting as required by the RRC.

All programs must enter their residents into the preCERT system in order for residents to have the ability to apply for their board exam online.

Check the preCERT User Manual for instructions on importing your incoming resident data from ERAS. To access the manual, click on the help button located on the top right of the screen. The Program Director and Program Administrator/Coordinator should have their own log on information for the system.

<https://application.abpn.com/precert/logon.aspx>

preCERT Screenshot

Questions and answers on preCERT can be found on the ABPN website at <https://www.abpn.com/faqs/>

Graduating Residents - Applications for Certification

Residents in their final year of residency (PGY-4) and who will graduate by July 31st of their last year of training are eligible to apply for the ABPN board examination. Applications are usually available from mid- November to mid-February. Late applications are permitted through mid-March but there is an additional

\$500 fee for late applications. All applications are completed online. Applicants may apply online through the ABPN Physician Folios at www.abpn.com/folios

Your program director is required to log on to the preCERT system and attest to the training details through the PGY-3 year for all residents applying for certification before they graduate. At the end of training the Program Director will need to log on again to attest that all training is complete and attest to competency for all residents that have a complete application on file. For those graduating on June 30, the program director can attest to completion of training starting July 1 and must do this by July 15. For those completing training by July 31, the program director can attest to completion of training starting August 1 and must do this by August 15.

Clinical Skills Evaluations

As a reminder, per the ABPN, each resident must be evaluated by a minimum of three ABPN-certified neurologists, including at least one child neurologist for the five required clinical skills evaluations. Faculty evaluators must observe the resident's performance and score the resident's skills in medical interviewing, neurological examination, and counseling; as well as the resident's humanistic qualities, professionalism, and ability to present and formulate the case.

Licensure

In order to sit for the Certification Examination, physicians must hold an active, full and unrestricted allopathic and/or osteopathic medical license in a state, commonwealth, territory, or possession of the United States or province of Canada. All applicants must submit a copy of their full, unrestricted medical license(s). Check application for deadline.

Candidates for certification who do not submit a copy of their unrestricted licenses by the deadline will be denied an opportunity to sit for the Certification Examination.

See ABPN web site for detailed information on the application process. <https://www.abpn.com/become-certified/taking-a-specialty-exam/neurology/>

https://www.abpn.com/wp-content/uploads/2016/11/2017_Neurology_CERT_IFA.pdf

American Academy of Neurology (AAN)

The American Academy of Neurology is a professional society representing more than 21,000 neurologists and neuroscientists. As a medical specialty society it was established in 1948 to advance the art and science of neurology. (www.aan.com)

1. Program Director resources - the AAN Core Curricula can be found here. It is meant to be an informational Neurology training resource to facilitate guidelines in your program.
2. Membership:
 - a. Residents and Fellows can be enrolled as junior members in the AAN. Check with your program to see if your program pays registration fees for this.
 - b. Program Coordinators are encouraged to join as a Non-physician using the Business Administrator level.
 - i. Benefits of membership are:
 1. Reduced rates/fees for the annual meeting and conference registration
 2. Access to AAN journals
 3. Discount for AAN store products
3. The Residency In-service Training Exam (RITE) is handled by the AAN. As members of the AAN your residents are eligible for a discounted rate for the RITE. The RITE is one tool used by programs to measure their trainees' knowledge and identify weak areas.

NEUROLOGY RESIDENCY PROGRAM COORDINATOR'S HANDBOOK



Features of the Exam are:

- i. A carefully weighted, in-depth examination featuring questions in each of the following areas of neurology and neuroscience:
 1. Anatomy
 2. Behavioral/Psychiatry
 3. Clinical Adult
 4. Clinical Pediatrics
 5. Contemporary Issues
 6. Neuroimaging
 7. Pathology
 8. Pharmacology/chemistry
 9. Physiology
- ii. Graphics that include:
 1. CT scans
 2. MR images
 3. EEGs
 4. Full color pathologic representations

Following the exam residents are granted access to a downloadable Discussion and Reference Manual. This manual contains discussions of answer options and the rationale for the correct response to each question. References are given for further information.

4. AAN annual meeting usually in Late March/April: Sessions that may be of interest include the following:
 - a. Clerkship and Program Directors Educational Conference – usually a half-day session and there is a registration fee to attend this meeting.
 - b. Consortium of Program Directors Meeting – program topics vary – approximately 2 hours. There is no charge to attend this meeting and Program Coordinators are welcome.
 - c. Program Coordinator Meeting – meet to discuss program management topics – typically 2 ½ hours. This meeting usually follows the Consortium of Program Directors Meeting and there is no charge to attend.
 - d. Faculty and Trainee Reception – usually a Monday evening from 6pm to 9pm. This is a networking session for faculty, trainees, medical students and program coordinators. Awards are given at this meeting i.e. Program Director, Program Coordinator, Fellowships, Scholarships etc. Information about residency programs, fellowships and or careers can be found here during the poster session. There is no charge to attend.
 - e. With paid membership and registration there are free plenary and educational sessions. Topics will vary for the educational sessions but past conferences have offered educational meetings on professionalism and research.

Program Management Software

An important tool in program management is software. There are several web based programs available to institutions/programs. The program used is generally directed by your GME office. These programs unify the information on the programs and residents into a centralized system. It allows programs to upload schedules, evaluations, conferences, GME billing to name a few.

These systems make it easier to track resident progression through your program by storing all pertinent information in one place. They allow easy access for generating reports, streamlining of tasks, documentation and meeting the challenges of regulatory requirements.

Some of the vendors are:

1. E*value - <https://www.e-value.net/home-main.cfm>
2. MedHub - <http://medhub.com/>
3. MyEvaluations- <https://www.myevaluations.com/>
4. New Innovations, Inc. - <https://www.new-innov.com/login/>

Professional Societies of Interest to Residents

The organizations listed below offer an opportunity for your residents to attend meetings with peers and faculty members. Most have scientific sessions where residents are welcome to submit abstracts for presentation (if selected by the organization). Some offer fellowships to help defray the cost of attending.

For information please visit the web sites and look for meetings/conferences.

American Academy of Neurology <https://www.aan.com/>

American Academy of Sleep Medicine <https://www.aasm.org/>

American Association of Neuromuscular & Electrodiagnostic Medicine <http://www.aanem.org/Home.aspx>

American Epilepsy Society <https://www.aesnet.org/>

American Headache Society <http://www.americanheadachesociety.org/>

American Neurological Association <https://2017.myana.org>

Neurocritical Care Society <http://www.neurocriticalcare.org/>

The American Clinical Neurophysiology Society <http://www.acns.org/>

The American Stroke Association – (International Stroke Conference) http://my.americanheart.org/professional/Sessions/InternationalStrokeConference/International-Stroke-Conference_UCM_316901_SubHomePage.jsp

The Movement Disorders Society <http://www.movementdisorders.org/MDS.htm>

Common Acronyms and Definitions

Acronyms

AAN: American Academy of Neurology www.aan.com

AAMC: Association of American Medical Colleges www.aamc.org

AANEM: American Association of Neuromuscular & Electrodiagnostic Medicine www.aanem.org

ABCN: American Board of Clinical Neurophysiology www.abcn.org

ABMS: American Board of Medical Specialties - works in collaboration with 24 specialty Member Boards to maintain the standards for physician certification. www.abms.org

Acronyms Continued

ABPN: American Board of Psychiatry and Neurology www.abpn.com

ACGME: Accreditation Council for Graduate Medical Education www.acgme.org

ACNS: American Clinical Neurophysiology Society www.acns.org

ADS: Accreditation Data System <http://www.acgme.org/Data-Collection-Systems/Overview>

AES: American Epilepsy Society www.aesnet.org

AHME: Association for Hospital Medical Education – a national, non-profit professional organization involved in the continuum of hospital-based medical education. <https://www.ahme.org/>

AMA: American Medical Associations www.ama-assn.org

ANA: American Neurological Association <https://2017.myana.org/>

ASA: American Stroke Association www.strokeassociation.org

AUPN: Association for University Professors of Neurology – serves as a forum for the Chairs of Departments or Divisions of Neurology in accredited medical schools in the United States and Canada to discuss academic interests and challenges. www.aupn.org

ECFMG: Educational Commission for Foreign Medical Graduates www.ECFMG.org/

ERAS: Electronic Residency Application Service www.aamc.org/services/eras/

FSMB: Federation of State Medical Boards – represents the 70 state medical and osteopathic regulatory boards commonly referred to as the state medical boards. www.fsmb.org

FREIDA: Fellowship and Residency Electronic Interactive Database www.ama-assn.org/ama/pub/education-careers/graduate-medical-education/freida-online.page

Acronyms Continued

HIPAA: Health Insurance Portability and Accountability Act <https://www.hhs.gov/hipaa/>

JNNP: Journal of Neurology, Neurosurgery and Psychiatry www.jnnp.bmj.com

LCME: Liaison Committee on Medical Education www.lcme.org

MDA: Muscular Dystrophy Association www.mda.org

NAS: Next Accreditation System <http://www.acgme.org/Portals/0/PFAssets/Nov4NASImpPhaseII.pdf?ver=2015-11-06-120601-263>

<http://www.acgme.org/Portals/0/PFAssets/ACGMEImplementingNASwebinar.pdf?ver=2015-11-06-120611-323>

NBME: National Board of Medical Examiners – is an independent, not-for-profit organization that serves the public through its high-quality assessments of healthcare professionals. www.nbme.org

NCS: Neurocritical Care Society www.neurocriticalcare.org

NRMP: National Resident Matching Program – is a private, non-profit organization established in 1952 at the request of medical students to provide an orderly and fair mechanism for matching the preferences of applicants for U.S. residency positions with the preferences of residency program directors. www.nrmp.org

RC: Review Committee (Formally RRC- Resident Review Committee) www.acgme.org

TAGME: Training Administrators in Graduate Medical Education www.tagme.org

TJC: The Joint Commission – is an independent, not-for-profit organization. The Joint Commission accredits and certifies nearly 21,000 healthcare organizations and programs in the United States. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards. www.jointcommission.org

USMLE: United States Medical Licensing Examination www.usmle.org

Definitions/Glossary

ACLS: Advanced Cardiac Life Support

Accreditation: A voluntary process of evaluation and review to guarantee that the education provided meets a minimum standard of quality

Citation: A finding of a Review Committee that a program or an institution is failing to comply substantially with a particular accreditation standard or ACGME policy or procedure

BLS: Basic Life Support

CLER: Clinical Learning Environmental Review; an institutional site visit

Clerkship: refers to the practice of medicine by medical students during their third and fourth year of study. Usually the first half of medical school (years one and two) training is in a classroom. The second half takes place in the teaching hospital. Clerkships give the students the opportunity to experience various departments in the hospital. During training the students are under the supervision of attending (your faculty), and residents. Students elicit patient histories, complete physical examination, assist in procedures and write progress notes. The work similar to residents and they may be required to work weekends and/or be on call.

Clinical Competency Committee: A group composed of three or more members of the active teaching faculty who review the progress of all residents in the program

Competency: Specific knowledge, skills, behaviors and attitudes and educational experiences required of residents to complete GME programs. These included patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and systems-based practice.

Complement: The maximum number of residents or fellows approved by a Residency Review Committee per year and/or per program based upon availability of adequate resources

Continuity Clinic: Under the supervision of faculty, residents manage their own patients. This helps residents develop longitudinal relationships with faculty and patients. It gives an understanding of working in a clinical site and encourages communication in a team.

Core Faculty: Physician faculty who devote at least 15 hours per week to resident education and administration

Definitions/Glossary Continued

DIO: Designated Institutional Official

Duty Hours: All clinical hours and academic activities related to the program; i.e., patient care, administrative duties related to patient care, the provision for transfer of patient care, time spent on in- house call, and conferences

E.E.G.: Electroencephalography – is the recording of electrical activity along the scalp.

E.M.G.: Electromyography – is the technique for evaluating and recording the electrical activity produced by skeletal muscles.

Externship/Observership: This varies from institution to institution and program to program. Generally they involve International or Foreign Medical School (IMG or FMG) graduates who would like to observe in preparation for applying for a US residency program. These are usually structured experiences and a mentor or faculty member assigned with the observer. The student participates in work round both inpatient and outpatient, they can only observe (no hands on). They may attend conferences and participate in these exercises. Check your institution or GME office for information.

GME: Graduate Medical Education

GMEC: Graduate Medical Education Committee

International Medical Graduate (IMG): A graduate from a medical school outside the US and Canada (and not accredited by the LCME).

Internship: The first Post Graduate Year or PGY-1 year of training is also the internship year.

Internal Review: A GMEC review of a program to determine whether it is in compliance with ACGME Common, Program and Institutional requirements.

In-Training Examination: Examinations offered by certification or specialty boards to evaluate resident/fellow progress in meeting the educational objectives of a residency/fellowship program.

Definitions/Glossary Continued

Milestones: Competency-based developmental outcomes that can be demonstrated progressively by residents and fellows from the beginning of their education through graduation to the unsupervised practice of their specialties.

Night Float: Residents assigned to night float are assigned on-site duty during evening/night shifts and are responsible for admitting or cross-covering patients until morning and do not have daytime assignments.

PC: Program Coordinator PD: Program Director PGY: Post Graduate Year

PLA: Program Letters of Agreement

Rotation: Refers to the assignment or schedule for the resident for a specified period of time.

Schedule: Refers to the assignment for the resident. There are different types of schedules some of this are the following:

- Block/Rotation – a specified service for a specific length of time
- Call – on call schedule for evening, weekend and/or home (by phone) on call
- Clinic – Schedule for the outpatient clinic

Transitions of Care: The relaying of complete and accurate patient information between individuals or teams in transferring responsibility for patient care (aka “hand offs”).

For additional information, please visit the ACGME glossary at:

http://www.acgme.org/Portals/0/PDFs/ab_ACGMEglossary.pdf

NEUROLOGY RESIDENCY PRO-GRAM COORDINATOR'S HANDBOOK

