THE UNIVERSITY OF KANSAS MEDICAL CENTER

DEPARTMENT OF NEUROLOGY
Clinical Neurophysiology
Fellow Handbook

ACADEMIC YEAR 2021-2022

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WELCOME FROM THE CLINICAL NEUROPHYSIOLOGY FELLOWSHIP TRAINING PROGRAM

Welcome to the University of Kansas Clinical Neurophysiology fellowship training program. We look forward to another academic year with excellent fellows. Our continued focus on clinical, diagnostic, procedural and technical skills essential to the performance of clinical neurophysiology is reflected in both our didactic and clinical experiences.

This is an ACGME accredited fellowship that spans one year at the University of Kansas Medical Center and affiliated hospitals. We offer a variety of experiences in many different settings. The experience includes opportunities to observe, evaluate, and manage inpatients and outpatients of all ages with a wide variety of disorders of the nervous system and muscles as well as to learn the effectiveness of procedures. Experiences at the University of Kansas Hospital, Children's Mercy Hospital, and the Kansas City Veterans Administration Medical Center provide opportunities to work with medical professionals as well assist patients with medical problems. Neurologists successfully completing this program, once certified in Neurology, will be eligible for certification by the American Board of Psychiatry and Neurology in Clinical Neurophysiology.

We believe our program will prepare fellows for careers in private practice as well as academic settings. We look forward to working with you this year!

Mamatha Pasnoor, MD
Program Director

FELLOWSHIP ROTATIONS

The emphasis of the fellowship training is on neurophysiological studies in adults and children with direct patient care responsibilities. Fellows actively participate in weekly Muscle Biopsy/Journal Club, Neuromuscular, Clinical Neurophysiology, Epilepsy/EEG, EMG, EBM, and Sleep lecture series. Fellows are similarly expected to attend weekly Neurology/Neurosurgery Grand Rounds, and Case Presentations.

The fellowship consists of three rotations:

1. **Neuromuscular/EMG Rotation**:
   4 months participating in the evaluation of patients in the ALS Association clinic (1/week), in the Neuromuscular clinic (2/week), performing EMGs daily (5/week), and participation in the evaluation of inpatients on the Neuromuscular Consult service. There are over 1,100 EMG studies per year that are available to rotating fellows. These supervised activities take place at the Landon Center on Aging and at the University of Kansas Hospital.

2. **Epilepsy, EEG and Evoked Potentials**:
   4 months of daily reading of EEGs, care of patients on the Epilepsy Monitoring Unit, Epilepsy clinics and weekly EP reading. These supervised activities take place at the University of Kansas Hospital (over 1,500 EEGs per year) and at Children's Mercy Hospital.

3. **Kansas City Veterans Administration Medical Center**:
   4 months include Neuromuscular/EMG clinics (6/year) chemodenervation, epilepsy and EEG clinics and weekly remote intraoperative monitoring (UKH).

PROGRAM GOALS, OBJECTIVES AND COMPETENCIES BY ROTATION

The goal of the training in clinical neurophysiology is to provide the resident with the opportunity to develop the expertise necessary to evaluate and manage patients using the procedures and techniques of neurophysiology.

It is the intent of the neurophysiology training program to develop neurologists into competent clinical neurophysiologists. Neurologists successfully completing the program will be eligible for certification by the American Board of Psychiatry and Neurology. Our objective is to provide the fellow with the opportunity to develop the expertise necessary to evaluate and manage patients using the procedures and techniques of clinical neurophysiology and that all trainees will pass the examination.

Clinical neurophysiology includes the assessment of selective neurological disorders involving central, peripheral and autonomic nervous systems and muscles. Assessment, monitoring and treatment is involved in electrophysiological testing in combination with clinical evaluation.

The goals of our training program include extensive experience in clinical neuromuscular disorders and epilepsy, motor and sensory conduction studies, diagnostic electromyography, electrocencephalography, video EEG and polysomnography. Familiarity with single fiber electromyography, Electrodiagnostic movement disorder assessment, intraoperative monitoring, evoked potential studies and autonomic function is included. Clinical competence in clinical neurophysiology requires:

a. A solid fund of basic clinical knowledge and the ability to maintain it at current levels for a lifetime of continuous education
b. The ability to perform an adequate history and physical examination
c. The ability to appropriately order and interpret diagnostic tests
d. Adequate technical skills to carry out selected diagnostic procedures
e. Clinical judgment to critically apply the above data to individual patients
f. Attitudes conducive to the practice of neurology, including appropriate interpersonal interactions with patients, professional colleagues, and supervisory faculty and all paramedical personnel
g. Personal integrity
h. Regular, timely attendance at educational activities in the Department of Neurology
i. Timely generation of test reports and appropriate letters and phone calls to referring physicians
j. Recognition of professional limits. Controversial issues require direct and immediate participation of the responsible attending supervising physician

Basic neuroscience pertaining to clinical neurophysiology includes knowledge in neuroanatomy, neuropharmacology, neurophysiology, neurochemistry and neuropathology in normal and disease states.

The fellow will have instruction and practical experience to permit him or her to develop diagnostic, procedural, technical and interventional skills essential to the performance of clinical neurophysiology. The experience includes opportunities to observe, evaluate and manage inpatients and outpatients of all ages with a wide variety of disorders of the nervous system and muscles as well as to learn the effectiveness of procedures. The opportunity includes experience in clinical diagnosis and accumulation/interpretation of laboratory data relevant to these disorders as part of the outpatient and inpatient diagnostic evaluations with good support from pathology and radiology. Basic clinical knowledge should include the neurophysiology aspects of the following disease processes of the nervous system:

Epilepsies,
Cerebrovascular disease,
Dementia and encephalopathies (coma, stupor, confusion, developmental delay, regression),
Multiple sclerosis (including other demyelinating disorders),
Movement disorders,
Brain tumors and other mass lesions,
Encephalitis/meningitis,
Sleep disorders,
Myelopathies,
Motor neuron disease,
Radiculopathies and plexopathies,
Mononeuropathies,
Polyneuropathies, and
Myopathies and neuromuscular transmission disorders

Another application of increasing importance is the use of intraoperative monitoring to guide surgical interventions.

Basic and clinical neurophysiology topics will be covered during the one-year training period through a combination of clinical experience of both inpatient and outpatient, basic neuroscience conferences, EMG/neuromuscular disease conferences, and EEG/epilepsy conferences including evoked potentials, intraoperative monitoring, and other areas of clinical neurophysiology such as autonomic testing, single fiber EMG, and the basic physiology of sleep.

The Clinical Neurophysiology program consists of three rotations. Goals for the competency Clinical Science/Medical Knowledge are listed by rotation in the appendix.

1. **Neuromuscular/Electromyography Service**
2. **Epilepsy, EEG and Evoked Potentials**
    a) **University of Kansas Medical Center**
    b) **Children's Mercy Hospital**
3. **Kansas City VA Medical Center**

FELLOW SUPERVISION POLICY

A. <u>Supervision of Residents</u>

- Each patient must have an identifiable, appropriately credentialed and privileged attending physician (or licensed independent practitioner as specified by each Review Committee) who is responsible and accountable for that patient's care. VI.A.2.a).(1)
- This information must be available to residents, faculty members, other members of the health care team, and patients. VI.A.2.a).(1)(a)
  - <u>Inpatient:</u> Patient information sheet included in the admission packet and listed on the "white board" in each patient room
  - <u>Outpatient:</u> Provided during introduction verbally by residents and/or faculty
- Residents and faculty members must inform patients of their respective roles in each patient's care when providing direct patient care. VI.A.2.a).(1)(b)
- The program must demonstrate that the appropriate level of supervision in place for all residents is based on each resident's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. VI.A.2.b).(1)

B. <u>Methods of Supervision</u>.

- Supervision may be exercised through a variety of methods.
- For many aspects of patient care, the supervising physician may be a more advanced resident or fellow.
- Other portions of care provided by the resident can be adequately supervised by the appropriate availability of the supervising faculty member, fellow or senior resident physician, and either on site or by means of telecommunication technology. Some activities require the physical presence of the supervising faculty member. In some circumstances, supervision may include post-hoc review of resident delivered care with feedback. VI.A.2.b)
- The program must demonstrate that the appropriate level of supervision in place for all residents is based on each resident's level of training and ability, as well as patient complexity and acuity.
- Supervision may be exercised through a variety of methods, as appropriate to the situation. VI.A.2.b).(1)
- The Review Committee may specify which activities require different levels of supervision. VI.A.2.b).(1)
- The program must define when physical presence of a supervising physician is required. (Core) VI.A.2.b).(2)

C. <u>Levels of Supervision Defined</u>

To promote appropriate resident supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:

<u>Direct Supervision</u>*:*

- **Direct A:** The supervising physician is physically present with the resident during the key portions of the patient interaction or, VI.A.2.c).(1).(a) PGY-1 residents must initially be supervised directly only as described in VI.A.2.c).(1).(a) [The Review Committee may describe the conditions under which PGY-1 residents progress to be supervised indirectly]

- **Direct B:** The supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology. [The Review Committee must further specify if VI.A.2.c).(1).(b) is permitted] [The Review Committee will choose to require either VI.A.2.c).(1).(a), or both VI.A.2.c).(1).(a) and VI.A.2.c).(1).(b)] VI.A.2.c).(1).(b)

Indirect Supervision:

The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision. VI.A.2.c).(2)

Oversight:

- The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered. VI.A.2.c).(3)

The privilege of progressive authority and responsibility, conditional independence, and as supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members. VI.A.2.d)

Per Program Specific RRC Requirements	
	Each patient must have an identifiable and appropriately-credentialed and privileged attending physician (or RRC APPROVED LICENSED INDEPENDENT PRACTITIONER SUPERVISOR) who is responsible and accountable for the patients care, and this information must be available to the residents, faculty members, other members of the health care team and patients. (PR VI.A.2.a (1)
	VI.A.2.a).(1) Each patient must have an identifiable and appropriately credentialed and privileged attending physician (or licensed independent practitioner as specified by the applicable Review Committee) who is responsible and accountable for the patient's care. (core) VI.A.2.a).(1).(a) This information must be available to fellows, faculty members, other members of the health care team, and patients. (core) VI.A.2.a).(1).(b) Fellows and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. (core)
	All members of the health care team introduce themselves to the patients and describe their role and identify the attending physician and other important team members.
	Residents and Faculty members must inform each patient of their respective roles in patient care, when providing direct patient care. VI.A.2.a). (1).(b.)
	All members of the health care team introduce themselves to the patients and describe their role and identify the attending physician and other important team members.
	PGY-1 residents must initially be supervised directly only as described in VI.A.2.c).(1).(a) [The Review Committee may describe the conditions under which PGY-1 residents progress to be supervised indirectly] VI.A.2.c).(1).(a).(i)

VI.A.2.b) Supervision may be exercised through a variety of methods. For many aspects of patient care, the supervising physician may be a more advanced fellow. Other portions of care provided by the fellow can be adequately supervised by the appropriate availability of the supervising faculty member or fellow, either on site or by means of telecommunication technology. Some activities require the physical presence of the supervising faculty member. In some circumstance, supervision may include post-hoc review of fellow-delivered care with feedback. VI.A.2.b).(1) The program must demonstrate that the appropriate level of supervision in place for all fellows is based on each fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (core) VI.A.2.b).(2) The program must define when physical presence of a supervising physician is required. (core)
The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the Program Director and faculty members. (PR VI.A.2.d).(1,2,3)
VI.A.2.d).(1) The program director must evaluate each fellow's abilities based on specific criteria, guided by the Milestones. (core) VI.A.2.d).(2) Faculty members functioning as supervising physicians must delegate portions of care to fellows based on the needs of the patient and skills of each fellow (core) VI.A.2.d).(3) Fellows should serve in a supervisory role to junior fellows and residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. (detail)
RARE CIRCUMSTANANCES WHEN RESIDENTS may elect to stay or return to the clinical site: (PR VI.F.4.a.)
VI.F.4.a) In rare circumstances, after handing off all other responsibilities, a fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: VI.F.4.a).(1) to continue to provide care to a single severely ill unstable patient; (detail) VI.F.4.a).(2) humanistic attention to the needs of a patient or family; or, (detail) VI.F.4.a).(3) to attend unique educational events. (detail)
DEFINED MAXIMUM NUMBER OF CONSECUTIVE WEEKS OF NIGHT FLOAT AND MAXIMUM NUMBER OF MONTHS PER YEAR OF IN-HOUSE NIGHT FLOAT (PR VI.F. 6.)
VI.F.6 Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements. (core) VI.F.7. Fellows must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). (core)
Program-specific guidelines for circumstances and events in which residents must communicate with appropriate supervising faculty (PR VI.A.2.e)
1. Admission to Hospital 2. Transfer of patient to a higher level of care 3. Clinical deterioration, especially if unexpected

4. End-of-life decisions
5. Change in code status
6. Red Events
7. Change in plan of care, unplanned emergent surgery or planned procedure that does not occur
8. Procedural complication
9. Unexpected patient death

VI.A.2.e).(1) Each fellow must know the limits of their scope of authority, and the circumstances under which the fellow is permitted to act with conditional independence. (outcome)

PGY 1	
LEVEL of SUPERVISION	**ACTIVITIES /PROCEDURES (as defined by RRC & Program)**
DIRECT A	N/A
DIRECT B	N/A
INDIRECT	N/A

All OTHER RESIDENTS	
LEVEL of SUPERVISION	**ACTIVITIES /PROCEDURES (as defined by RRC & Program)**
DIRECT A	Tissue biopsy, EMG/NCS, consultation, research visits, IOM, chemodenervation
DIRECT B	N/A
INDIRECT	Tissue biopsy, EMG/NCS, consultation, research visits, EEG call
OVERSIGHT	N/A

PROGRAM ADMINISTRATION

The Program Director develops and oversees the implementation of curriculum to educate fellows and other health care professionals in clinical neurophysiologic disease. To this end, the Program Director reviews applications, oversees the interview process, interviews and selects applicants for positions in the fellowship program, ensures fellow evaluations are completed at least every other month, and quarterly evaluates the fellows with feedback on the individual fellows, identifies fellows who are academically or emotionally troubled and require intervention, performs direct care of clinical neurophysiologic patients, participates in teaching activities by preceptoring inpatient and outpatient clinical neurophysiology services, and delivering lectures, and performs clinical neurophysiologic research and ensures that fellows participate in departmental research.

The Program Director is accountable for the operations of the fellowship program; together with the clinical neurophysiology faculty, he/she is responsible for the general administration of the program as well as for establishing and maintaining a stable educational environment. This includes all activities related to recruitment, selection, instruction, supervision, counseling, evaluation and advancement of the fellow(s), as well as maintenance of all records relevant to program accreditation.

Qualifications of the Program Director include Board certification in clinical neurophysiology, licensure in the State of Kansas, an active medical staff appointment and demonstrated educational and administrative expertise.

Administration and maintenance of the educational environment in each of the ACGME competency areas includes, but is not limited to:

- Oversight of the quality of all didactic and clinical education, including preparing and implementing a comprehensive, well-organized and effective curriculum that includes the presentation of core specialty knowledge supplemented by the addition of current information
- Ensures clinical neurophysiology fellows are provided with direct experience in progressive responsibility for patient management
- Ensures that a formal curriculum exists for bioethics, cost-effective care, and palliative care as well as psychological support and counseling for patients and families
- Participation in the evaluation of program faculty
- Monitoring and oversight of participating sites
- Preparation and timely submission of all information required or requested by the ACGME
- Documented semi-annual and final performance evaluations, with feedback, of each clinical neurophysiology fellow
- Ensuring compliance with grievance and due process procedures

- Monitors clinical neurophysiology policies and procedures to ensure they are consistent with institutional and program requirements for fellow work hours and the working environment, including moonlighting
- Monitors the need for, and ensures, the provision of back-up support systems in case patient care responsibilities are unusually difficult or prolonged
- Complies with sponsoring institution policies and procedures, including those for selection, evaluation and promotion of residents, disciplinary action and supervision of fellows
- Complies with all ACGME policies and procedures
- Monitors the well-being of the fellows, including stress and impairment, and ensures that appropriate confidential help is available

Additionally, the Program Director ensures that faculty and fellows meet on a yearly basis to review and complete the Program Outcomes Assessment and Action Plan Report which includes:

1. Program Quality
    - ACGME common and specialty RRC requirements
    - ACGME institutional requirements
    - ACGME accreditation letter and correspondence
    - Most recent GMEC internal review report
    - Previous annual Program Outcomes Assessment and Action Plan Reports
    - Overall program educational goals
    - Competency-based goals and objectives for each rotation assignment at each PGY-level
    - Department Policy and Procedure manual
    - KUMC GME Policy and Procedure manual
    - Program letters of agreement
    - Department curriculum including conference and didactics schedule
    - Annual program, rotation and curriculum evaluations by fellows
    - Annual program, rotation and curriculum evaluations by faculty
    - Work hour violation reports/work hour monitoring system
    - ACGME and GME Resident/Fellow Survey Summary Data Report and national percentile results
2. Resident Performance
    - End-of-rotation competency-based resident evaluations by faculty
    - 360° evaluations of fellows
    - Individual fellow patient case and/or procedure logs
    - Reports of quarterly Program Director evaluation meetings with fellows
    - Final summative evaluations of graduating fellows
    - In-training examination results
3. Faculty Development
    - Faculty evaluations by fellows
    - Annual Program Director evaluative review of fellows

- Annual faculty and resident/fellow publication list
- Annual faculty and resident/fellow presentation list
- Annual faculty and resident/fellow peer-reviewed grant list
- Annual faculty and resident/fellow national committee and educational organization participation list

4. Graduate Performance
    - Board certification examination first time pass rate

EDUCATIONAL PROGRAMS

Basic clinical neurophysiology topics will be covered during the one-year training period through a combination of both inpatient and outpatient clinical experiences, basic neuroscience conferences, EMG/neuromuscular disease conferences, and EEG/epilepsy conferences including evoked potentials, intraoperative monitoring and other areas of clinical neurophysiology such as autonomic testing, single fiber EMG and the basic physiology of sleep. Fellows are expected to participate in the Introduction of Biostatistics for Clinical and Translational Researchers and Introduction to Clinical Research courses offered through the University of Kansas School of Medicine.

	Monday	Tuesday	Wednesday	Thursday	Friday
6:45-7:30 am		IOM Education Session* (4th TUES only)			
7:00- 8:00 am		Neuromuscular Lecture Series*	EMG Case Discussion* (7:00-7:30)		Neurology/ Neurosurgery Case Presentations
7:30-8:30 am	Neuromuscular Research Checklist Meeting				
8:00- 9:00 am				EBM Lecture Series*	Neurology/ Neurosurgery Grand Rounds*
9:00 am- 12:00 pm					Sleep Clinic (every other week during VA rotation)*
12:00- 1:00 pm			Muscle, Skin & Nerve Biopsy Conference or Journal Club**		

*** Attendance is required**
**** Neuromuscular Journal Club 2nd Monday of each month:** Fellows and clinical neurophysiology faculty present and critically review an article, analyze study design, statistical methods and conclusions using the principles of evidence-based medicine.

EVIDENCE BASED MEDICINE LECTURE SERIES

Thursday, 8:00-9:00 AM; Support Services Ste 112. Chair Office (or Zoom)

Dr. Gronseth will hold regular evidence-based medicine lectures to provide training in the use of evidence in making decisions about the care of patients through the quantitative integration of clinical experience and patient values with the best available research information. Using systematic reviews and meta-analyses, fellows will learn identify multiple studies on a topic and critically analyze the research to use evidence summaries in their clinical practice.

EDUCATIONAL CONFERENCES

- **AAN**. American Academy of Neurology annual meeting. Participation required.
- **Carrell-Krusen**. Neuromuscular Symposium in Dallas, Tx. Participation required.
- **Grand Rounds**. Fellows are required to present at the Neurology/Neurosurgery Grand Rounds conference once a year.
- **Neurology Research Day**. Participation required.
- **KUMC Research Day**. Participation encouraged, but not required.

ROTATION SCHEDULES

KCVA Schedule:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	EMG - PMR	EMG - Nayak	EMG – Johnson	EMG – PMR/ Botox (Jan-Jun Dubinsky)	Sleep Clinic - Stevens
PM	Seizure Clinic – Singh	Neuromuscular Clinic – Johnson	Neuromuscular Clinic – Nayak	EMG – Johnson	Seizure Clinic
	EEG	EEG	EEG	EEG	EEG

- There are three to five EEGs performed daily. Fellows will read the EEG with the inpatient attending at the end of the day or the next morning depending on the length of clinic
- Weekends are off
- There are no clinics or procedures on federal holidays including July 4th, Labor Day, Thanksgiving Day, Christmas Day, New Year's Day, Martin Luther King Day, Columbus Day, Veteran's Day and Memorial Day
- EEG and MN labs are located on the 11th floor (Room M11-227 onward)
- Neurology Clinics are in the Silver Clinic – first floor
- Currently there are three EMGs performed/clinic.

- Fellows are required to present at KUMC grand rounds once a year.
- **KCVA Contact Information:**
  Main Line: (816) 861-4700
  EEG Tech: Rhonda Reliford, Ext. 56755
  EMG Tech: Felicia Patrick, Ext. 56760
  Neurology Nurse Manager: Lynne Bailey-Hammel, Ext. 52437

Overall Sample Individual Schedule:

Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
EMG	EMG	EEG	EEG	CNP	CNP	EMG	EMG	EEG	EEG	CNP	CNP

LONGITUDINAL EXPERIENCES - PG5

Type of Experience	Weekly Structured	Amount of Time (FTE)
Sleep	1 hr/week/48 weeks	2.5%
IOM/Evoked Potentials	4 hrs/week/17 weeks	3%
Autonomic Studies and Single Fiber EMG	2 hrs/week/17 weeks	2%
ALSA Clinic	4 hrs/week/17 weeks	3%
Neuromuscular Clinic	8 hrs/week/17 weeks	6%
Neuromuscular Medicine Hospital Consultations	5 hrs/week/17 weeks	4%

WORK HOURS MONITORING POLICY

Work hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Work hours do not include reading and preparation time spent away from the work site.

Work hours are limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

Residents are provided with one day in seven free from all educational and clinical responsibilities averaged over a four-week period, inclusive of call. One day is defined as one continuous 24-hour period of time free from all clinical, educational and administrative activities. Adequate time for rest and personal activities must be provided. This should consist of an eight-hour time period provided between all daily work periods and at least 14 hours after in-house call.

Adequate time for rest and personal activities must be provided. This should consist of an eight-hour period provided between all daily work periods and at least 14 hours after in-house call.

Work Hour Submission

Every Monday, work hours are reviewed by the Fellowship Coordinator. If a fellow has not submitted work hour, they are sent a reminder email by the Fellowship Coordinator. If work hours are not submitted by the end of the day on Tuesday, the fellowship Program Director follows up with the fellow to ensure that work hours are finalized.

Work Hour Violation Review

Every Monday, work hours are reviewed by the fellowship coordinator for potential violations. If a concern is discovered, the fellowship coordinator contacts the program director. The program director may adjust the fellow's schedule if needed to mitigate excessive service demands or fatigue.

Institutional Review of Work Hours

In addition, KU has a GMEC subcommittee that reviews the program work hours (submissions and violations) on an institutional level monthly and works with programs to create actions plans around rotation and professionalism concerns.

The institutional policy on work hours is detailed in the Policy and Procedure Manual Governing Graduate Medical Education at the University of Kansas School of Medicine.

ACGME Rules on Work Hours

https://acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRFellowship2020.pdf

1. Maximum Hours of Clinical and Educational Work per Week Clinical and educational work hours must be **limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting.** (Core)
2. **VI.F.2. Mandatory Time Free of Clinical Work and Education**
   VI.F.2.a) The program must design an effective program structure that is configured to provide fellows with educational opportunities, as well as reasonable opportunities for rest and personal well-being. (Core)
   VI.F.2.b) Fellows should have eight hours off between scheduled clinical work and education periods. (Detail)
   VI.F.2.b).(1) There may be circumstances when fellows choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements. (Detail)
   VI.F.2.c) Fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)
   VI.F.2.d) Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days. (Core)
3. **VI.F.3. Maximum Clinical Work and Education Period Length**
   VI.F.3.a) Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)
   VI.F.3.a).(1) Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or fellow education. (Core) VI.F.3.a).(1).(a) Additional patient care responsibilities must not be assigned to a fellow during this time. (Core)
4. **VI.F.4. Clinical and Educational Work Hour Exceptions**

VI.F.4.a) In rare circumstances, after handing off all other responsibilities, a fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: VI.F.4.a).(1) to continue to provide care to a single severely ill or unstable patient; (Detail) VI.F.4.a).(2) humanistic attention to the needs of a patient or family; or, (Detail)
VI.F.4.a).(3) to attend unique educational events. (Detail)
VI.F.4.b) These additional hours of care or education will be counted toward the 80-hour weekly limit. (Detail)

The institutional policy on work hours is detailed in the Policy and Procedure Manual Governing Graduate Medical Education at the University of Kansas School of Medicine. Fellows are required to log their work hours weekly in MedHub.

HAND-OFF PROCEDURE

It is important to have, for patient safety and continuity of care, a solid transition of case performance for any absence and at the end of each of the three rotations.

Transitions in care are difficult. Every effort must be made by our fellows for smooth transitions in care. The key elements in care transitions are:

- The patient knows who is providing care for them at the fellow and at the faculty levels
  - The fellows introduce themselves to the patient when they first meet and when another fellow takes over
  - The faculty introduce themselves to the patient when they first meet
- Service hand-off is handled in person at the end of each rotation and during absences
- The fellow checks out daily to the service resident. At the end of the day, the fellows may also check out to the on-call resident if need be on a case by case basis
- The hand-off has the pertinent demographic information, urgent test results to be followed up, and current treatment. It is preferred that this be kept electronically and then wiped from memory. If a paper copy is used, it must be placed in a shred box when done

FELLOW CALL DUTIES

There is no in-house call. The institutional policy on work hours is detailed in the Policy and Procedure Manual Governing Graduate Medical Education at the University of Kansas School of Medicine.

During the EEG rotation, the fellow will be expected to be on call from home for two non-consecutive weeks of the rotation. The duties of the fellow on call will be to:

1. Determine the necessity for a STAT EEG
2. Interpret STAT EEGs within one hour of completion
3. Notify the EEG attending on call of any STAT EEGs performed
4. The fellow will be the first call for any problems or questions that arise with the patients admitted to the Epilepsy Monitoring Unit
5. The fellow will have an attending available to call for any questions or concerns

FATIGUE MITIGATION

GMEC Fatigue (Transportation/Swing Room) Guidelines

- If you are fatigued and unable to perform your patient care duties, please contact your supervisor (i.e., chief resident, faculty supervisor, program director, Chair and/or /DIO). Please inform your supervisor of your situation so that they can arrange for alternate coverage to ensure continuity of patient care.
- Program call rooms should be utilized for fatigued residents for rest and/or power napping.
- If your program does not have a call room or if your assigned call rooms are unavailable or in use, residents can use the Cambridge Second Floor Call Rooms Suite.
    - To check out a sleep room on Cambridge Second Floor, please utilize the following process:
        - Resident will call the support operations main line (913-945-9535)
        - Provides the dispatcher that they need a call room
            - The dispatcher will then assign a call room to the resident over the phone
            - The dispatcher will give them a unique code to use to access the room
            - The dispatcher will place the Residents name and information into the SDC system
        - Resident check out will be by 0900am the next day
        - Check in for these rooms will be at 1100am.
        - House Keeping will be cleaning these room after 0900am and 1100am
        - Rooms should be reserved the entire duration unless the resident notifies the call room person of no longer needing the room then it could be turned over sooner.

          Please note that these rooms are priority for residents who are with Neurosurgery, Stroke, Neurology, ENT, and Surgical Oncology.

Call rooms on CA5-ICU are managed separately through the ICU Team.

If you are in need of a call room for Fatigue Mitigation, please call the support operations main line 5-9535 to check Call Room availability

- If adequate rest facilities are not available, then you may use taxi or other transportation service for a trip home and to return to the hospital.
- The transportation service can pick you up from the UKHS Main Entrance and drop you off at your home address, without any interval stops. This also applies for the return trip from your home to back to the hospital main entrance the next morning.

Section 30.1 of the University of Kansas School of Medicine Graduate Education Policy and Procedure Manual details the complete GMEC Fatigue Guidelines.

WORK ENVIRONMENT STATEMENT

1. Programs and sponsoring institutions must educate fellows and faculty members concerning the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients.

2. The program must be committed to and responsible for promoting patient safety and fellow well-being in a supportive educational environment.

3. The program director must ensure that fellows are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.

4. The learning objectives of the program must:
    a) be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events; and
    b) not be compromised by excessive reliance on fellows to fulfill non-physician service obligations

5. The program director and sponsoring institution must ensure a culture of professionalism that supports patient safety and personal responsibility.

6. Fellows and faculty members must demonstrate an understanding and acceptance of their personal role in the following:
    a) assurance of the safety and welfare of patients entrusted to their care;
    b) provision of patient- and family-centered care;
    c) assurance of their fitness for duty;

d) management of their time before, during, and after clinical assignments;
e) recognition of impairment, including illness and fatigue, in themselves and in their peers
f) attention to lifelong learning;
g) the monitoring of their patient care performance improvement indicators; and
h) honest and accurate reporting of work hours, patient outcomes and clinical experience data

7. All fellows and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest. They must recognize that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider.

LIBRARY AND FELLOW OFFICES

Fellows have access to the Dykes Medical Library, within brief walking distance. Library services also include on-site electronic retrieval from medical databases. There is on-site access to textbooks and journals through the neurophysiology laboratories as well as the Department of Neurology's Ziegler Library. These are available during nights and weekends as well. Computer access for fellows to perform journal searches is available in the clinics, neurophysiology laboratories, and in the resident office of the Department of Neurology (PC with online access, desks, designated patient contact computer, phone with voicemail).

PATIENT ENCOUNTER DOCUMENTATION

Fellows are required to maintain a Patient Encounter Log. Booklets and actual report copies allow fellows to document patient demographics, diagnoses, hospital or clinic setting. Fellows should document both in a personal log and on the ACGME Case Log system. Fellows should provide a copy of their logs to the Program Coordinator at least quarterly for retention and periodic review by the Program Director.

Fellows are responsible for the dictation and/or completion of all patient reports on the day of service for all cases in which he/she has participated. Medical records must be completed in a timely fashion on the same day of interaction. This includes clinic visits as well as EMG and EEG studies.

EVALUATIONS AND PROMOTION OF FELLOWS

Clinical Neuro-physiology training is a one-year program with progressively increased fellow responsibility. Fellows are supervised in their responsibilities by faculty who allow the fellows to evaluate and treat patients under close supervision, with faculty always in attendance. As their competence increase according to the milestones, fellows are given increasing degrees of independence in patient evaluation and management. By the end of the year, fellows can function independently and competently. Failure to satisfactorily complete the rotations will lead to formal counseling sessions and a sequence of disciplinary actions that may lead to probation and subsequent dismissal from the program. Disciplinary action will be administered in accordance with the Policy and Procedure Manual Governing Graduate Medical Education at the University of Kansas School of Medicine (Section 10) and in compliance with ACGME guidelines. Promotion to the next fellow year, for the interested candidate, is dependent on satisfactory completion of the rotations with favorable faculty evaluations.

FACUTLY & PROGRAM EVALUATIONS

Fellows are required to evaluate each faculty member and the rotations on a bi-monthly basis. Fellows evaluate the program and perform 360° evaluations every six months. We do our best to maintain fellow anonymity. Candid feedback is strongly encouraged. Strength and weakness analysis are also requested.

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle, and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. This evaluation must include written confidential evaluations by the residents.

FELLOW EVALUATIONS

Faculty members evaluate fellows monthly. Evaluations include judging the fellow's knowledge, basic clinical competence, both general skills in the primary specialty and specific technical skills, overall performance, the development of professional attitudes consistent with being a physician, ethical behavior, and professionalism. The Program Director will review evaluations with the fellow biannually. The summary and final evaluation of the resident in clinical neurophysiology will be prepared by the Program Director and will reflect the periodic evaluation by all teaching faculty and is signed by the fellow. These may be reviewed upon request. Each fellow is required to be proficient in the clinical and technical skills determined to be necessary for a clinical neurophysiology specialist and any related standards relevant to neurology. Advancement to positions of higher responsibility is in accordance to performance. A permanent record is kept of the final evaluations.

EXAMS

At the beginning and midway through the fellowship, the fellows will be administered an examination to test their baseline knowledge in clinical neurophysiology and progress at midyear. It is the program's expectation that fellows will score 35% or more correct answers on the initial exam and 50% or better on the follow-up exam. Fellows who score below these thresholds will be required to have a remediation plan with an assigned faculty mentor. Fellows who score 65% or more on the exam will be commended.

Fellows are also required to sit for two multiple-choice written examinations. The ACNS in-service examination measures knowledge in the evaluation and management of patients with basic sciences, pharmacology, epilepsy, EEG, evoked potentials, and sleep. EMG and neuromuscular knowledge are also tested through an American Board of Electrodiagnostic Medicine written examination (AANEM). There will be a post-examination review. This series of examinations will assist faculty and fellows in gauging fellow medical knowledge and application of basic sciences.

Throughout the year, fellow investigatory and analytic thinking of medical knowledge will be evaluated at the bedside using an oral examination on randomly selected cases. The fellow addresses a clinical problem relating to a patient case scenario and the examiner asks the fellow to manage the case. Fellows should anticipate being asked questions about the reasons for the clinical findings, interpretation of clinical findings, and the treatment plan. These brief (< 5 minute) sessions will total at least 90 minutes per evaluation interval. Performance on the oral examination will be reflected in the periodic evaluation by the Program Director and will be verbally discussed with the fellow.

COMMITTEES

CLINICAL COMPETENCY COMMITTEE

A Clinical Competency Committee (CCC) has been established under the ACGME guidelines to provide a process for early identification of residents who are having difficulties. To this end the CCC, composed of no less than three members of the program faculty, meets at least twice a year to use the clinical neurophysiology milestones to achieve a more objective assessment of each fellow, to get better feedback, earlier detection of a fellow having difficulty, and earlier intervention and remediation when necessary.

The CCC meets, at minimum, on a semi-annual basis to review all fellow evaluations, including but not limited to: faculty evaluations of each fellow, "360" evaluations of each fellow (e.g. Peer, Self, Nurse, Medical Student, Patient), and any applicable program director correspondence. In addition to evaluations, the CCC reviews examination results, scholarly activity, Quality Improvement and Patient Safety Projects, case logs, and progress through ACGME competencies. Dates for the CCC meetings are determined at least four months in advance as faculty attendance is mandatory. Faculty members are expected to be available for the entire review session. If absence from the scheduled CCC is unavoidable, the faculty member will be expected

to complete the fellow review prior to the meeting so that a program director can present the fellow to the CCC. A packet containing all evaluations and supporting documents is prepared by the Program Coordinator at least 72-hours before the CCC meeting. At the CCC meeting, each fellow is discussed. The CCC completes the ACGME-required Milestone reporting during the fellow evaluation review, assessing if the fellow is ready to progress to the next PGY level. The CCC will be responsible for determining what milestone level achievement will be required for fellows to be promoted to the next supervisory level and for successful completing of fellowship. These standards will be reviewed on a yearly basis. If concerns arise regarding fellow performance during the CCC meeting, the CCC will make recommendations regarding any and all forms of remediation to the program director. The program director will be responsible for developing individual remediations plans based on these recommendations.

CNP Fellowship CCC 2021-2022 Members

- Mamatha Pasnoor, MD – Professor, Program Director
- Mazen Dimachkie, MD – Professor, Associate Program Director, Committee Chair
- Utku Uysal, MD – Associate Professor, Associate Program Director
- Patrick Landazuri, MD – Associate Professor, Teaching faculty
- Omar Jawdat, MD – Associate Professor, Teaching faculty
- Constantine Farmakidis, MD – Assistant Professor, Associate Program Director

PROGRAM EVALUATION COMMITTEE

The Program Evaluation Committee (PEC), is composed of at least two faculty members and one fellow, appointed by the program director, and actively participates in planning, developing, implementing and evaluating the educational activities of the program. Faculty and residents are given the opportunity to confidentially evaluate the program, in writing, annually. These results, along with progress on the previous year’s action plans, are used to track ongoing program improvements and help document progress for the Self-Study visits required by the ACGME. The PEC meets at least once annually to review the program. Attendance at PEC meetings is strongly encouraged. Faculty are expected to make appropriate changes to their clinical schedules, such as late starts, to allow attendance. The PEC, with guidance from the central KU GME office, documents a formal, systematic evaluation of the curriculum and renders a written Annual Program Evaluation (APE) due annually in September. The written APE documents action plans to improve fellow performance, faculty development, graduate performance, and program quality, as well as delineates how each action plan is to be measured and monitored. The APE reviews and updates the status of the previous year’s action plans and identifies new action plans for the upcoming year as appropriate. The APE, including all action plans, is reviewed, and approved by the PEC and documented in meeting minutes. The APE is tethered to Major Program Changes in WebADS and program “aims” as appropriate. The Program Director using PEC feedback to inform the completion of the Annual WebADS Update.

Fellow participation is REQUIRED.

CNP Fellowship PEC 2021-2022 Members

- Mamatha Pasnoor, MD – Professor, Program Director, Committee Chair
- Mohammed Ilyas, MD – Assistant Professor, CMH Site Director
- Mazen Dimachkie, MD – Professor, Associate Program Director
- Constantine Farmakidis, MD – Assistant Professor, Associate Program Director
- Nancy Hammond, MD – Associate Professor, Teaching Faculty
- Duaa Jabari, MD – Assistant Professor, Teaching Faculty
- Omar Jawdat, MD – Associate Professor, Teaching Faculty
- Patrick Landazuri, MD – Associate Professor, Teaching Faculty
- Carol Ulloa, MD – Associate Professor, Teaching Faculty
- Vikas Singh, MD – Assistant Professor, KCVA Site Director
- Ian Bakk, MD – Fellow

FELLOW CODE OF PROFESSIONAL CONDUCT

Clinical Neurophysiology is a clinically, research and procedurally oriented discipline that requires professional conduct and decorum at all times when interacting with patients, nurses, technicians, attendings, residents, and administrative and support personnel of the department. It is expected that fellows carry out their clinical and administrative responsibilities in a timely, courteous, and trustworthy manner at all times. If a personal conflict or problem arises with another individual (faculty, fellow, resident, student, or staff), the resident has the right to file an official grievance with the Program Director. Please see the "Resident Code of Professional and Personal Conduct" section in the GME policy and procedure manual (section 7).

RESPONSIBILITIES TO RESIDENT EDUCATION

Fellows are responsible for actively teaching and supervising neurology residents rotating on clinical neurophysiology. Fellows should cover the basics of clinical neurophysiology at the start of the rotation. Fellows instruct residents on required conferences and expectations. Moreover, fellows and residents must set aside time throughout the month to review clinical neurophysiology case studies. This is a learning experience for the residents and fellows, so feedback and constructive criticism is mandatory throughout the month. If problems arise that cannot be resolved between the fellow and resident, they should be brought to the attention of the Program Director.

DISCIPLINARY ACTION POLICY

Fair procedures for disciplinary action and fellow complaints or grievances are in accordance with institutional policies. Refer to the Policy and Procedure Manual governing Graduate Medical Education:

- Section 11: Remediation & Probation
- Section 12: Corrective Actions, Suspension & Termination
- Section 13: Grievances
- Section 14: Appear & Fair Hearing

FELLOW STIPENDS

All residents in ACGME accredited programs must receive stipends as prescribed in the Resident Agreement and the Policies and Procedures Governing Graduate Medical Education. All residents at a given postgraduate year level of training will receive the same stipend. The base stipend is determined by the resident's PGY level and is set during the state government's annual budgetary process. Stipends are subject to yearly revision, and all residents will be granted revised stipends appropriate for their PGY level when and if such revisions are made effective.

LEAVE POLICY

All requests for any form of leave (vacation, professional, sick, funeral, leave of absence, FMLA, etc.) must be approved by the Program Director in accordance with applicable state and federal laws and accreditation requirements. For more details, please refer to the Policy and Procedure Manual Governing Graduate Medical Education at the University of Kansas School of Medicine (Section 5.5). Fellows are required to complete a request form for absence when planning any leave including vacation or professional leave (to attend meetings). The fellow must complete the absence form, get the signatures from the supervising faculty and Program Director, and turn them in to the Program Coordinator at least 30 days in advance. The fellow should notify, in writing, affected faculty members of their absence at least 30 days in advance. Further questions should be addressed to the Program Director.

The program will provide up to a maximum of three weeks (15 working days) of vacation per contract year, which is covered by the resident stipend.

Vacation must be requested from, and approved by, the Program Director or a designee in advance in a manner proscribed by the program. Denial of a specific request for vacation is a management decision on the part of program and is not a grievable matter.

Residents are required to report to work during periods of inclement weather unless directed otherwise by their Program Director. Absent extenuating circumstances, a resident who is unable to report to work, must coordinate with their Program Director to arrange for coverage.

The University will provide up to ten workdays of sick leave per year, covered by the resident's stipend, to cover personal illness or illness in the resident's immediate family (spouse, parents, or children). The use of sick leave must be approved by the Program Director or the Department Chair. At the discretion of the Chair or Program Director, a physician's written statement may be required as a condition of approval for sick leave. The University may also require a certification that the resident is released to return to work following three more consecutive days of absence resulting from the resident's own illness

Paid leave, (e.g., vacation, sick) cannot be accumulated or carried over from contract year to contract year

A resident eligible for FMLA leave may request FMLA designation pursuant to the University's FMLA policy for up to twelve weeks of leave per academic year or contract year (*please refer to Section 5 of the GME Policy and Procedure Manual for details).*

A resident who does not quality for FMLA or who has used the maximum amount of FMLA for the year but who still requires relief from the responsibilities of the program, may request a Leave of Absence (*please refer to Section 5 of the GME Policy and Procedure Manual for details*).

For more information on the available State of Kansas Paid Parental Leave Benefit, please refer to Section 5.5.12 of the GME Policy and Procedure Manual.

BENEFITS

All residents in ACGME accredited programs must receive benefits as prescribed in the Policies and Procedures Governing Graduate Medical Education. All residents are given the following benefits (*please refer to Section 5.5 of the GME Policy and Procedure Manual for details*):

1. **Health, Dental and Vision Insurance and Flexible Spending and Health Savings Account**
   House staff and their families are eligible for the State of Kansas Employee's Group Health, Dental and Vision Insurance and Flexible Spending and Health Savings Account. Coverage begins the first day of the month following the first 30 days of employment. Premiums are deducted from the paycheck.

2. **Professional Liability Insurance**
   Kansas Statutes Annotated (KSA 40-3401 et seq) provides professional liability coverage and tail coverage for residents for acts committed while carrying out their program responsibilities in the amounts of $1,000,000 per occurrence and $3,000,000 annual

aggregate. Tail coverage assures that, even after residents and fellows have completed their training at KUMC, any claims brought as a result of those training activities will continue to be covered by their resident/fellow policy

3. **Worker's Compensation**
   Through the Kansas Self-Insurance Fund, benefits are provided to residents and fellows who are injured performing their job duties

5. **ACLS, BLS Training**
   Fellows are provided initial certification fees (including books) for ACLS and BLS certification. However, charges assessed for fellows who do not attend their scheduled sessions, or for repeat classes after failing a certification course, are the responsibility of the resident.

6. **Pagers/VOALTE/Phones**
   Pagers are provided at no cost. Charges may be assessed if pagers are lost or damaged. Residents must acquire and/or use in performance of their duties, a personal smart phone that meets University of Kansas Hospital's technical requirements. Residents receive a smart phone stipend, the amount of which is determined and communicated to residents on a yearly basis.

7. **Parking**
   Fellows are provided parking in P5 as part of the Standardized Benefits package.

8. **White Coats**
   Programs are provided a stipend for resident White Coats as part of the Standardized Benefits.

TRAVEL PROCEDURES

The Program Director, in consultation with the department chairman, will base financial support for travel of fellows who are presenting at the Carrell-Krusen Symposium and/or the American Academy of Neurology annual meeting. Travel of fellows who are not presenting at these meetings will not be reimbursed. All travel for reimbursement must have written pre-approval by the Program Director at least six weeks before departure date. Fellows need permission by the Program Director for travel, and fellows must complete an absence from at least one month in advance. Expenses will be reimbursed according to KU policy which requires original receipts for reimbursement. The fellow will notify, in writing, faculty members affected by their absence. This should be done 30 days in advance. Questions should be addressed to the Program Director. Reimbursement beyond the limit of $1,500 is subject to fund availability as assessed by the Program Director.

For international travel, fellows should consult at least two months in advance with the Office of International Programs (Kimberly Connelly or Irina Aris). Please refer to Section 21 of the GME Policy and Procedure Manual for guidelines on international travel

HOLIDAYS

The Clinical Neurophysiology program and the Department of Neurology at the University of Kansas Medical Center observe eight holidays each academic year. These holidays are as follows:

a) Independence Day
b) Labor Day
c) Thanksgiving Day
d) The day after Thanksgiving
e) Christmas Day
f) New Year's Day
g) Martin Luther King Day
h) Memorial Day

IF you are scheduled for patient care on these days, you must receive approval for time off by your Program Director.

MOONLIGHTING POLICY

Professional activities outside the program (moonlighting) are generally discouraged. Fellows are not required to engage in moonlighting. If a fellow chooses to moonlight, the time spent in doing so must be personal free time away from the training program. The moonlighting workload must not interfere with the ability of the fellow to achieve the goals and objectives of the training program. Time spent by fellows must be counted towards the 80-hour maximum weekly work hour limit. The Program Director will monitor fellow performance to assure that factors such as fatigue are not contributing to diminished learning or performance or detracting from patient safety. Under the institutional requirements, there must be written acknowledgement by the Program Director that a fellow is engaged in moonlighting and signed by the GME. In it, the fellows are required to report the hours spent moonlighting. The acknowledgement must be kept in the fellow's file. All fellows engaged in moonlighting must be licensed for unsupervised medical practice in the state where the moonlighting occurs. It is the responsibility of the institution hiring the fellow to moonlight to determine whether such licensure is in place, adequate liability coverage is provided, and whether the resident has the appropriate training and skills to carry out assigned duties. For more details, please consult Section 16 of the GME Policy and Procedure Manual.

POLICY FOR FELLOW AND FACULTY MEMBER WELL-BEING

I. Purpose of Policy

Psychological, emotional, and physical well-being are critical during the training of competent, caring, and resilient physicians that requires proactive attention to life inside and outside of medicine. Well-being requires that physicians retain the enjoyment of medical practice while managing their own real-life stresses. Self-care and active support of other health care team members are important components of professionalism; they are also skills to be modeled, learned, and nurtured in the context of fellowship training

This policy defines the ways the KUMC Epilepsy Fellowship supports fellows to become competent, caring, and resilient physicians while completing their ACGME-accredited training at KUMC.

II. Policy Scope

Applies to Epilepsy Fellows, Faculty, Staff, Program Directors, and Program Coordinators at KUMC.

III. Definitions

a. **Burnout**: Long-term exhaustion and diminished interest in work. Dimensions of burnout include emotional exhaustion, depression, and feelings of lack of competence or success in one's work. Burnout can lead to depression, anxiety, and substance abuse disorders.

b. **Resilience**: The ability to withstand and recover quickly from difficult conditions or situations.

c. **Well-Being**: The state of being healthy, happy, and successful.

IV. Policy Statement

The KUMC Epilepsy Fellowship Program and the ACGME are committed to addressing physician well-being for individuals as it relates to the learning, training, and working environment. The following strategies are to support trainee health, well-being and resilience.

a. Institutional Support

i. EAP (Employee Assistance Program) is a confidential counseling service provided by the University of Kansas Medical Center as a free benefit for its employees and dependent family members
ii. Medical, dental, and vision benefits
iii. Access to healthy food and beverage option at the cafeteria including a monthly stipend provided to all trainees by GME and the Health System
iv. Institutional support and social networking for the LGBTQ+ community

v. A Vice Chancellor for Diversity, Equity, and Inclusion has been appointed at KUMC and sits on the DIHD subcommittee

b. Graduate Medical Education

i. An active Resident Council, which among other things, focuses on the enhancement of peer and social support networks for all trainees and has subcommittees that focus on Social Events, and the Resident Alliance (partner support group).
ii. A new GMEC Subcommittee with resident elected membership focusing on Diversity Inclusion and Healthcare Disparities (DIHD).
iii. Free membership for all residents at the on-site Kirmayer Fitness Center. There are also virtual options offered.
iv. Enhanced Disability Insurance benefit
v. Quarterly GME Core Conference education sessions which occasionally include topics of well-being, burnout, depression, etc.
vi. Free transportation service for fellows too fatigued to drive home after a clinical shift.

c. Program Support

i. Faculty actively monitor for signs of depression, anxiety, and burn out during everyday interactions with fellows.
ii. Fellows are encouraged to notify the Program Director, faculty mentor, or Program Coordinator when they have concern for themselves or colleagues.
iii. Fellows have regular meetings with the program and request feedback on current training opportunities and new ones under consideration to address workload and work compression.
iv. Fellows are given one half-day per month to attend medical, mental health, dental, and other appointments. Fellows must follow the program's procedure for scheduling and notifying of these appointments.
v. Program faculty are continuously working on improvement of the faculty mentoring program.
vi. Weekly yoga classes are offered at no charge, encouraging relaxation, mindfulness, and health lifestyles
vii. Fellows are encouraged to regularly participate in departmental social events with peers (including virtual events).

d. Other Resources

i. ACGME Common Program Requirements
ii. GME Policy & Procedure Manual
iii. ACGME Initiative: Improving Physician Well-Being, Restoring Meaning in Medicine. Offers a range of well-being-related sessions.

iv. [ACGME Tools and Resources](). Resources to support institutional and program efforts to improve faculty member, resident, and fellow well-being.
v. [ACGME AWARE](). Workshop designed to provide participants an opportunity to lean skills and strategies that can help them find greater satisfaction with their work, their lives, their relationships, and themselves.

CLINICAL NEUROPHYSIOLOGY ALUMNI

2021-2022 Academic Year
Ian Bakk

2020-2021 Academic Year
Mohammed Rahman

2019-2020 Academic Year
Chaitanya Amrutkar
Prompan Mingbunjersduk

2018-2019 Academic Year
Siva Pesala
David Shirilla

2017-2018 Academic Year
Ernesto Alonso
Tekalign Burka
Bhavana Sharma

2016-2017 Academic Year
Anai Hamasaki
Daniel Kimple
Robert Murphy

2015-2016 Academic Year
Karthika Veerapaneni

2014-2015 Academic Year
Ahmad Abuzinadah
Kimberly Johnson
Tara Quesnell

2013-2014 Academic Year
Dipika Aggarwal
Lipika Nayak

2012-2013 Academic Year
Brennen Bittel
Behrouz Zamani Fekri

2011-2012 Academic Year
No fellow

2010-2011 Academic Year
Iryna Muzyka
Remia Paduga

2009-2010 Academic Year
Dobrin Dobrev
Samiullah Kundi
Samir Macwan

2008-2009 Academic Year
Farhan Ahmed
Srinivas Bandi

2007-2008 Academic Year
Ziad Haddad
Faisal Raja
James Southwell

2006-2007 Academic Year
Dan Dimitru
Gary Miller
Kazi Syed

2005-2006 Academic Year
Saud Khan
Reddiah Mummaneni
Mamatha Pasnoor

2004-2005 Academic Year
Sarab Alseoudi
Heather Anderson
Ijaz Rashid

2003-2004 Academic Year
Sanjeev Kumar
Yunxia Wang

2002-2003 Academic Year
Hazem Ali
Blanca Marky
Christopher Milford

2001-2002 Academic Year
Ziad El-Chami
Haidar Kabbani
Gary Lian

2000-2001 Academic Year
Francis Obi Okonkwo-Onuigo

CLINICAL NEUROPHYSIOLOGY FACULTY

Mohamed Aman, MD	Assistant Professor, Kansas City VA Medical Center *KCVA Neuromuscular Medicine*
Mazen M. Dimachkie, MD	Professor, Department of Neurology Executive Vice Chair Associate Program Director, Clinical Neurophysiology Fellowship Program Program Director, Neuromuscular Medicine Fellowship Neuromuscular Division Chief *EMG/Neuromuscular Disease/Research/Pathology*
Richard Dubinsky, MD, MPH	Professor, Department of Neurology Vice Chair, Outpatient Services *EMG/Movement Disorders*
Erik Ensrud, MD	Professor, Department of Neurology *Neuromuscular Diseases/Neuromuscular Ultrasound*
Constantine Farmakidis, MD	Assistant Professor, Department of Neurology Associate Program Director, Clinical Neurophysiology Fellowship Program *EMG/Neuromuscular Disease/Research*
Ara Hall, MD	Clinical Assistant Professor, Children's Mercy Hospital *CMH EEG*
Nancy Hammond, MD	Associate Professor, Department of Neurology *EEG/Epilepsy*
Mohammed Ilyas, MD	Assistant Professor, Children's Mercy Hospital CMH Site Director *CMH EEG/Epilepsy*
Duaa Jabari, MD	Assistant Professor, Department of Neurology Associate Program Director, Neuromuscular Medicine Fellowship Program *EMG/Neuromuscular Disease/Pathology/Research*
Omar Jawdat, MD	Assistant Professor, Department of Neurology

	ALSA Clinic Director *EMG/Neuromuscular Disease/ALSA/Rehabilitation/ Research/Pathology/Neuromuscular Ultrasound*
Kimberly Johnson, MD	Assistant Professor, Kansas City VA Medical Center *KCVA*
Patrick Landazuri, MD	Clinical Assistant Professor, Department of Neurology Program Director, Epilepsy Fellowship Program *EEG/Epilepsy*
Mamatha Pasnoor, MD	Professor, Department of Neurology Program Director, Clinical Neurophysiology Fellowship Program Director, Neurology Residency *EMG/Neuromuscular Disease/Research/Pathology*
Kailash Pawar, MD	Clinical Assistant Professor, Children's Mercy Hospital *CMH EEG*
Vishal Shah, MD	Assistant Professor, Department of Neurology Associate Program Director, Epilepsy Fellowship Program *EEG/Epilepsy*
Vikas Singh, MD	Assistant Professor, Kansas City VA Medical Center KCVA Site Director *KCVA Epilepsy*
Jeff Statland, MD	Professor, Department of Neurology Neuromuscular Disease Co-Director, Adult MDA Clinic Co-Director, Pediatric MDA Clinic *Neuromuscular Disease/ALSA/Research/Rehabilitation*
Suzanne Stevens, MD	Assistant Professor, Department of Neurology Director, Sleep Laboratory *Sleep*
Carol Ulloa, MD	Associate Professor, Department of Neurology *EEG/Epilepsy*
Utku Uysal, MD	Associate Professor, Department of Neurology Associate Program Director, Clinical Neurophysiology Fellowship Program *EEG/Epilepsy*