DRAFT

Neurological Surgery

Standard X. Neurological Surgery

Neurological surgery is the surgical specialty that provides operative and non-operative care to patients of all ages with the management of disorders of the central, peripheral, and autonomic nervous systems, including their support structures and vascular supply.

V.5.0 The neurological surgery program should provide a meaningful education that prepares the resident upon graduation to demonstrate these competencies:

V.5.0.1 Cognitive

V.5.0.1.1 Demonstrate the ability to integrate the sciences applicable to neurological surgery with clinical experiences in a progressive manner.

V.5.0.1.2 Demonstrate critical thinking and problem-solving skills.

V.5.0.1.3 Demonstrate the ability to interpret and participate in clinical research.

V.5.0.2 Psychomotor and technical skills

V.5.0.2.1 Demonstrate osteopathic diagnoses and manipulative therapy, as appropriate, in the care of patients.

V.5.0.2.2 Demonstrate competent clinical patient care in a progressive manner which results in the ability to provide complete patient management.

V.5.0.2.3 Demonstrate proficient psychomotor skills required of a competent neurological surgeon.

V.5.0.3 Communication skills

V.5.0.3.1 Collaborate effectively, and share knowledge with colleagues and allied health professionals.

V.5.0.3.2 Educate patients and their families concerning healthcare needs.

V.5.0.4 Practice Management

V.5.0.4.1 Make sound, ethical, and legal judgments in the practice of neurological surgery.

V.5.0.4.2 Provide cost-effective care to neurological surgery patients.

V.5.0.5 Professional attitudes and abilities

V.5.0.5.1 Promote a broad understanding of the role of neurological surgery as it relates to other medical disciplines.

V.5.0.5.2 Develop professional leadership and management skills.

V.5.0.5.3 Foster lifelong learning in medical education which results in personal and professional growth.

V.5.0.5.4 Develop interest in and understanding of research in the specialty.

V.5.0.5.5 Provide residents with the knowledge, skills, and abilities to meet certification requirements of the AOA through the American Osteopathic Board of Surgery (AOBS)

V.5.0.5.6 Participate in community and professional organizations

V.5.0.5.7 Upon successful completion of the program, the graduate should be prepared to meet certification requirements of the AOA through the American Osteopathic Board of Surgery.

V.5.1 The length of the neurological surgery residency program is six years which includes an AOA-approved common surgical OGME-1R year.

V.5.1.1 One educational format is recognized:

V.5.1.1.2 Completion of an AOA-approved internship year and five years of neurological surgery.

V.5.1.2 The neurological surgery program must include:

~~V.5.1.2.1 Three months of general surgery to be completed in the first year.~~

V.5.1.2.2 Three months of neurology, unless one year of neurology training was completed in the formal residency program.

V.5.1.2.3 Six months of assignments selected from: neurological surgery, critical care medicine, neurology, neuroradiology, neuropathology, neuroophthalmology **AND CRITICAL CARE/TRAUMATOLOGY.**

V.5.1.2.4 Twelve months of electives which may be spent in clinical neurosurgery including the neurosurgery subspecialty areas arranged through affiliated training sites, or research (basic or clinical) as determined to be appropriate by the program director; and

V.5.1.2.5 Thirty-six months of clinical neurological surgery.

V.5.1.3 The final twelve months of the program should be spent as chief resident in the primary training institution, under appropriate supervision, and demonstrating advanced-level responsibilities.

V.5.1.4 The resident must be assigned periodically, and preferably during the chief year, to neurosurgeon offices for orientation to office practice.

V.5.1.5 Affiliated training sites are not permitted during the first neurosurgery year and may not exceed a total of fifteen months during the four-year period. Short courses of two weeks or less will not apply to the fifteen-month limit.

V.5.2 The program curriculum should meet or exceed the ACOS model curriculum and should include the following:

V.5.2.1 Medical and surgical neurology; pathology of the nervous system; surgical anatomy of the nervous system; neurological surgery, special procedures, and trauma; pediatric neurosurgery; and functional disease and pain related to neurosurgery.

V.5.2.2 Resident participation in all autopsies for the service. Additional experience in other autopsies is highly desirable.

V.5.2.3 Residents must be familiarized with the macroscopic and microscopic appearance of nervous system tissues.

V.5.3 The program should provide each resident with a sufficient volume, variety, and scope of clinical experience in neurological surgery.

V.5.3.1 Each resident must document by program completion, participation, under appropriate supervision, of a minimum of 400 major surgical procedures, 200 of which must be major neurological surgery procedures with an appropriate distribution of cranial, extracranial, peripheral nerve and spine cases. **200 CASES MUST BE CRANIAL. (SEEMS A BIT HIGH!)**

V.5.4 The primary training institution should document the following educational support to provide the resident with the necessary progressive operative experience in the specialty.

V.5.4.1 ~~Within the total clinical facilities available to the training program, there should be~~ **THE BASE INSTITUTION WILL PROVIDE** a minimum of 400 major neurological

surgery procedures per year per finishing resident. ~~It must be understood that~~ Achievement of this minimum number of clinical procedures will not ensure approval of a training program.

~~V.5.4.2 A minimum of 100 adult clinical beds.~~

~~V.5.4.3 A minimum of 100 neurosurgical admissions per resident per year.~~

V.5.4.4 Sufficient institutional resources, including patient **SCOPE,**volume, **AND VARIETY** to train at least ~~three (3) residents~~. **ONE RESIDENT PER YEAR OF TRAINING.**

V.5.5 Qualifications of the program director and the faculty

V.5.5.1 The program director must be certified in neurological surgery by the AOA through the AOBS or ABNS. **(IN "ACTIVE PRACTICE" IS A COMMON STANDARD AND WILL NOT BE REPEATED.)**

V.5.5.2 There must be a minimum of ~~two~~ **THREE** neurosurgery faculty, one of whom may be the program director. One faculty member must be AOA-certified or eligible in neurological surgery, the other faculty member must be at least board-eligible in neurological surgery.

V.5.5.3 **AT LEAST THREE OF THE** ~~Each~~ neurological surgery faculty member**S** must perform a minimum of ~~50~~ **200** major neurological surgery procedures per year in the teaching institution. **(SEEMS LIKE A PRETTY BIG JUMP!)**