



## Program-Relevant Information for Training Sites Neurology Residency Training Program

**Instruction:** Please fill out the form thoroughly. Make the most of the "Comments" column to provide additional details on the answers given.

**Institution:**

**Date:**

**Department Name:**

**Note:** Information provided must be about program-specific advanced specialty requirements:

A. Neurology Specialty Resources	Y	N	NA	Number	Comments
In-Patient Beds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Average Annual Occupancy					
• Average Length of Stay					
• Mortality Rate					
Daycare Beds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Intensive Care Beds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Neurology Clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Handover Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

B. Neurology-Related Hospital Services	Y	N	N A	Comments
• General Internal Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Critical Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Infectious Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Emergency Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Pediatric Neurology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Family Medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Psychiatry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

C. Neurology Specialty Workload	Y	N	Number	Comments
<b>General and Subspecialty Clinics (specify number of consults/visits in the last 12 months)</b>				
• General Neurology Clinics	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Subspecialties</b>				
• Vascular Neurology/Stroke	<input type="checkbox"/>	<input type="checkbox"/>		
• Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>		
• Neuromuscular disorders	<input type="checkbox"/>	<input type="checkbox"/>		
• Movement disorders	<input type="checkbox"/>	<input type="checkbox"/>		
• Demyelinating diseases/ Neuro-Immunology	<input type="checkbox"/>	<input type="checkbox"/>		
• Dementia and Cognitive disorder	<input type="checkbox"/>	<input type="checkbox"/>		
• Headache and Cephalgia	<input type="checkbox"/>	<input type="checkbox"/>		
• Neurophysiology	<input type="checkbox"/>	<input type="checkbox"/>		
• Neurogenetics	<input type="checkbox"/>	<input type="checkbox"/>		
• Neuro-ophthalmology	<input type="checkbox"/>	<input type="checkbox"/>		
• Neuroradiology	<input type="checkbox"/>	<input type="checkbox"/>		
• Neuro-ICU	<input type="checkbox"/>	<input type="checkbox"/>		
• Pediatrics Neurology	<input type="checkbox"/>	<input type="checkbox"/>		
• Geriatrics-psychiatry	<input type="checkbox"/>	<input type="checkbox"/>		
• Pain management / palliative care	<input type="checkbox"/>	<input type="checkbox"/>		
• Sleep medicine	<input type="checkbox"/>	<input type="checkbox"/>		
• Neuro-oncology	<input type="checkbox"/>	<input type="checkbox"/>		
• Neuro-otology	<input type="checkbox"/>	<input type="checkbox"/>		
• Neuro-pathology	<input type="checkbox"/>	<input type="checkbox"/>		
• Liaison Psychiatry/ Behavioral Neurology	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Procedures (specify number in the last 12 months)</b>				
• Nerve Conduction Studies	<input type="checkbox"/>	<input type="checkbox"/>		

<b>C. Neurology Specialty Workload</b>	<b>Y</b>	<b>N</b>	<b>Number</b>	<b>Comments</b>
• Needle EMG	<input type="checkbox"/>	<input type="checkbox"/>		
• Lumbar Puncture	<input type="checkbox"/>	<input type="checkbox"/>		
• Botulinum Toxin Injections	<input type="checkbox"/>	<input type="checkbox"/>		
• Routine EEG	<input type="checkbox"/>	<input type="checkbox"/>		
• Portable EEG	<input type="checkbox"/>	<input type="checkbox"/>		
• Evoked Potentials	<input type="checkbox"/>	<input type="checkbox"/>		
• LTEM (24 hours EEG/Video)	<input type="checkbox"/>	<input type="checkbox"/>		

<b>D. Neurology Human Resources</b>	<b>Y</b>	<b>N</b>	<b>NA</b>	<b>Comments</b>
• Senior Consultants/Consultants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Senior Specialists/Specialists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Senior House Officers/Medical Officers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Child Neurologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Specialized Nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Neurology Technicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Other Allied Health Staff</b>				
• Clinical Pharmacists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Dietitians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Social Workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Psychologists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Respiratory Therapists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Physical Therapists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Occupational Therapists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Speech and Language Therapists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Others, please specify				

E. Accessibility of Departmental Educational Facilities and Teaching Resources to Trainees	Y	N	NA	Number	Comments
On-Call Rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Trainees' Lounges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Paging and Communication System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Internet and Wireless Connection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Computers and Workstations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Teaching/Conference Rooms Equipped with Audiovisual Aids (Computers, Projectors, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Availability of Library Resources</b>					
▪ Specialty Books (Print and/or Electronic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
▪ Specialty Journals (Print and/or Electronic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
▪ Educational Software/Databases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
▪ E-Libraries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Trainees' Access to Other Departmental Facilities and Services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

F. Neurology-Specific Academic and Quality Assurance Activities	Y	N	NA	Frequency	Comments
Lectures/Didactics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Academic/Teaching Days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Workshops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Ward Rounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Morning Meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Morbidity and Mortality Meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Journal Clubs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Bedside Teachings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Grand Rounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

F. Neurology-Specific Academic and Quality Assurance Activities	Y	N	NA	Frequency	Comments
Interdepartmental Conferences/Meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Peer Reviews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Audits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other activities, please specify					

**G. Other Resources Relevant to Training and Education:**

Approved by:

(Name of HoD)

Head of Department / Representative

Signature

Date