



Education for Perioperative Neuroscience Excellence

# Sample Program Application

*This sample application is available to inform you on the information required during the application process. Please submit a letter of intent at [www.icpnt.net/apply.iphtml](http://www.icpnt.net/apply.iphtml) to begin the application process.*

## Sponsoring/Applicant Institution

A single sponsoring institution must assume responsibility for the program, and this responsibility extends to fellow assignments at all participating sites within the sponsoring institution.

1. Sponsoring Institution Name:

2. Are there anesthesiology residents in training at the sponsoring institution?

Yes  No

3. List fellowship Clinical Training sites:

Institution:

Responsible Contact:

Address:

List all affiliated institutions along with their responsible contact and address:

4. Please designate when there are anesthesiology residents in training at the participating institutions?

5. Sponsoring Organization. Letter of Agreement (LOA). Submission Required for Program Evaluation. Must contain the following:

- Organizational Leadership Contact (author)
- A specific fellowship leadership contact must be designated.
- A statement of support that the organization provide sufficient financial, administrative and academic resources to meet program requirements including the customary support for a fellowship program director to meet the responsibilities outlined in program requirements
- A statement of assurance that the Fellowship Program Director and the Sponsoring Institution will maintain Program Letter of Assurance (PLOA) for all participating programs as outlined in Requirements and assure compliance with program requirements.
- (Please include LOA and the sponsoring organization in title, e.g., LOA.University of ICPNT)

Sponsoring Organization Letter of Agreement (LOA) Upload:  No file chosen

6. Program letter of agreement (PLA) or equivalent between the program and each participating clinical site providing a clinical experience. (e.g., Neurocritical Care, Neuro Trauma ) must include: (*Submission required prior to accreditation*)

- Identify the faculty who will assume both educational and supervisory responsibilities for fellows.
- Specify their responsibilities for teaching, supervision, and formal evaluation of fellows, as specified later in this document.
- Specify the duration and content of the educational experience at each participating site.
- State the policies and procedures that will govern fellow education during the assignment at each participating site.
- Identify the institutional official who oversees the selected program director

Program Letter of Agreement Upload:  No file chosen

Use the button below to save or update this page only. Use the "Save All" button at the top of the page to save or update all pages simultaneously.

UPDATE INFORMATION

## Curriculum Vitae (CV)

Use the CV template provided below for the entire program faculty. This must include the program director and all faculty participating in the Fellowship Program. CVs must be submitted using this template. Summary biosketch or full curriculum vitae upload will be accepted. The personal statement section of the biosketch can be used to briefly embellish the credentials and interest of faculty in perioperative neuroscience and education.

### Saved Faculty Members:

You have not saved any faculty members yet. Please use the form below to add faculty members to your application.

### Add New Faculty Entry:

**\*Please note: if no answer is applicable for a faculty member, mark the field with N/A or none.**

1. Program Role:	<input type="text" value="Select"/>	If Other:	<input type="text"/>
2. First Name:	<input type="text"/>	3. Last Name:	<input type="text"/>
4. Email Address:	<input type="text"/>		
5. Academic Rank:(as applicable)	6. Degree(s):(as applicable)		
<input type="text"/>	<input type="text"/>		
8. Anesthesiology Residency: <input type="radio"/> Yes <input checked="" type="radio"/> No	Dates:	from: <input type="text" value="Year"/>	to: <input type="text" value="Year"/>
9. Neuroanesthesiology fellowship or equivalent post residency subspecialty training: <input type="radio"/> Yes <input checked="" type="radio"/> No	Dates:	from: <input type="text" value="Year"/>	to: <input type="text" value="Year"/>
10. Professional Area of Interest/Experience (<50 words):			
<input type="text"/>			
11. Full curriculum vitae upload:	<input type="button" value="Choose File"/>	No file chosen	

+ ADD NEW ENTRY

Once you are done adding faculty please click the "Save" button below to enter them into the system.

SAVE AND ENTER FACULTY

## Fellowship Goals and Objectives

Describe the overall goals and objectives of your fellowship program. Highlight unique attributes and educational opportunities.

### Saved Entries(o):

*You have not saved any entries yet. Please use the form on the right to add an entry to your application.*

### Add New Goal/Objective:

Description: (<300 words)

Unique attributes and educational opportunities: (<300)

Once you are done adding entries please click the "Save" button below to enter them into the system.

+ ADD ENTRY

SAVE AND ENTER ENTRIES

## Means of Fellow Supervision

### Supervision of Fellows

- Levels of Supervision
  - To ensure oversight of fellow supervision and graded authority and responsibility, the program must use the following classification of supervision by core faculty:
    - Direct Supervision - the supervising physician is physically present with the fellow and patient.
    - Indirect Supervision:
      - With direct supervision immediately available - the supervising physician is physically within the hospital or another site of patient care, and is immediately available to provide Direct Supervision and/or consultation.
      - With direct supervision available - the supervising physician is not necessarily physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide consultation and/or Direct Supervision.
      - Depending on institutional rules indirect supervision may entail the fellow having an appointment as an instructor or junior faculty. Fellows can be allowed to function as junior faculty, as allowed by institutional guidelines and local laws and regulations, and still be indirectly supervised by core faculty consultants with advancement to this capacity as the fellow shows satisfactory improvement during the training program
    - Oversight - The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Describe institutional guidelines and rules for fellow supervision(based on above nomenclature):

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SAVE/UPDATE INSTITUTIONAL GUIDELINES

## Educational Modules

The time commitment for a clinical neuroanesthesiology fellowship training program is 12 months of which 10 months must be performed under the oversight of the designated clinical faculty. The 12 months of supervised training must be completed within a continuous 24-month period. The 10 months of mandatory clinical patient care may be interspersed with nonclinical academic activities. It is recommended that nonclinical academic activities be a component of the overall fellowship experience.

If a fellowship currently exists in your organization, describe the current typical curriculum for fellows. If this is a new program, substitute detailed information outlining the plans the organization has to meet the ICPNT program requirements (ICPNT Program requirements VII, Appendix 2, Appendix 3).

Describe the Educational Modules. Fellowship educational requirements may be satisfied by a short cognitive module with a longer (longitudinal) clinical experience. Describe the experiences required to complete each longitudinal clinical module. All locally developed educational modules should be outlined. In totality they must meet ICPNT educational requirements. Describe how your organization is or plans to meet these program recommendations (Program Requirements XI, Appendix 2, 3).

### Educational Program

**Required Modules: (please refer to appendix 2, 3 for guidance)**

**INTERVENTIONAL RADIOLOGY (REQUIRED):** Limit around 500 words **(for specific requirements please refer to [Appendix 2 A.3](#))**

When describing the module please include...

- Cognitive goals:
- List types of patient management:
- List specialized technical skills
- Narrative
- Educational activity

Types of clinical training experience (check all that apply):  Direct Supervision  Indirect Supervision  Oversight

**NEUROSURGICAL CRITICAL CARE (REQUIRED):** Limit around 500 words **(for specific requirements please refer to [Appendix 2 A.4](#))**

When describing the module please include...

- Cognitive goals:
- List types of patient management:
- List specialized technical skills
- Narrative
- Educational activity

Types of clinical training experience (check all that apply):  Direct Supervision  Indirect Supervision  Oversight

**LOCALLY ORGANIZED CLINICAL/DIDACTIC MODULES**

See Requirements and Appendix 2,3 for suggested requirements. Time allocated 32 weeks for all modules. Please indicate the time allocated to these educational objectives during the course of the fellowship.

**Saved Modules(o):**

*You have not saved any modules yet. Please use the form on the right to add a module to your application.*

**Add New Local Module:**

Limit around 500 words. When describing the module please include...

- **Title:**
- Time allocated
- Cognitive education
- Clinical Experience
- Location
- Description of activities
  - Include types of surgical cases (e.g., awake craniotomy, supratentorial tumor)
  - Include specialized technical skills ( e.g. Transcranial dopple Appendix 2)
  - Learning objectives: Narrative (limit to 400 words)

Types of clinical training experience:  Direct Supervision  Indirect Supervision  Oversight

**+ ADD ANOTHER MODULE**

Once you are done adding modules please click the "Save" button below to enter them into the system.

**SAVE AND ENTER MODULES**



## Organizations' Scholarly Activity

If the applicant organization has current fellows, please indicate meeting attendance, scholarly activities such as participation in research, quality improvement activities, meeting attendance, abstract presentation, and scholarly publications they have participated in over the last 3 years. Include participation by faculty at sponsoring institutions and where applicable affiliated institutions. Of any recent fellows list the scientific meeting attendance, research projects, publications, and scholarly activity by fellows for the past three years. Provide this information using faculty only if the application is for a new program.

Over the past 3 years indicate the number of Fellows:  and Faculty:

### Meeting Attendance

Provide a list of meetings that program fellows have attended over the past three years, showing the fellows by name. If you have had no fellows over the past three years provide a list of meetings that fellows are anticipated to attend.

**Note: Separate each entry by hitting "SHIFT + Enter" and beginning a new paragraph section.**

**Use the Following Format: Year - Meeting Name (Fellow/Faculty)**

### Research Projects

List the research projects and any research presentations by program fellows or other trainees or junior faculty(indicating their non fellow role) mentored by program faculty during the past three years.

**Note: Separate each entry by hitting "SHIFT + Enter" and beginning a new paragraph section.**

**Use the Following Format: Year - Project Name (Fellow/Faculty)**

### Publications

Provide a list of documents published within the last three years (include title, publication, authorship and highlight department members)

### Scholarly Activity

Provide a listing of any other scholarly activities not above noted(eg, simulation, QI activities, teaching, etc)

**Note: Separate each entry by hitting "SHIFT + Enter" and beginning a new paragraph section.**

**Use the Following Format: Year - Activity Name (Fellow/Faculty)**

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## Formative Evaluation of the Fellow

**\*Not required of new programs**

Please provide a blank formative evaluation of the fellow used in the sponsoring organization.

This form is submitted  . It is expected that the following individuals will participated in the evaluation process.

Submitted by (select all that apply):

All faculty providing supervision  Support personnel (nursing, Surgical Colleagues)  Program director only

Please provide a sample of a formative (interval) evaluation and the summative (final) evaluation used to evaluate fellows. The summative document should include an evaluative statement regarding competence to practice as an independent practitioner in the subspecialty.

Interval or Formative Evaluation:  No file chosen

Final or Summative Evaluation:  No file chosen

## Evaluation of the Faculty and Program

Please provide a sample of the fellow evaluation form for faculty, organization, rotations, program.

Program Evaluations by Fellow:  No file chosen

Use the button below to save or update this page only. Use the "Save All" button at the top of the page to save or update all pages simultaneously.

UPDATE INFORMATION

## Summary of Facility Resources, Educational Resources, and Clinical Material

The setting for a Neuroanesthesiology educational program must encompass a clinical program which includes the operating suite, post anesthesia care area, interventional radiology suite, surgical critical care/therapy unit or neurological critical care/therapy unit, and perioperative neuromonitoring. This education may take place in various settings that provide for the care of critically and neurologically ill adult and pediatric surgical patients, including those with traumatic injuries, cerebrovascular insults, neuro-oncologic/infectious disorders, status epilepticus, neuromuscular, and spine and spinal cord disorders.

Please verify that the following resources are available:

1. The institution and the program must jointly ensure the availability of all necessary professional, technical, and clerical personnel for the effective administration of the program

Yes  No

2. There must be operating suites designed and equipped for the management of complex neurosurgical patients

Yes  No

3. There must be a Neurocritical care service with specialized nursing for Neurocritical care which may be a component of a general intensive care (or therapy) unit

Yes  No

4. There must be dedicated Neuroradiological services capable of performing CT scanning, MRI, Neuroangiography, and interventional neuroradiology procedures

Yes  No

5. Intraoperative Neuromonitoring services are a desired but not required attribute. When not locally available there should be wherewithal to gain exposure to such services elsewhere at the discretion of the program director

Yes  No

6. There must be prompt access to consultation with other disciplines, including cardiology, critical care medicine, emergency medicine, neurology, pulmonology, laboratory medicine and surgical fields. There must be allied health staff and other support personnel necessary for the comprehensive care of patients with acute neurological illness

Yes  No

7. Medical Information Access. Fellows, faculty, and staff must have ready access to specialty-specific and other appropriate reference material in print or electronic format. Internet-based medical literature databases with search capabilities and institutional access to research publications should be available

Yes  No

**Additional comments:**

Use the button below to save or update this page only. Use the "Save All" button at the top of the page to save or update all pages simultaneously.

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## Provide an estimate of the annual procedure activity in your program

Please note: all changes to this chart are saved in real time.

	Sponsoring Hospital	Ancillary
<b>Supratentorial</b>	Estimate hours: <input type="text"/>	Estimate hours: <input type="text"/>
Sitting	Performed? <input type="text"/> No <input type="text"/>	Performed? <input type="text"/> No <input type="text"/>
Awake	Performed? <input type="text"/> No <input type="text"/>	Performed? <input type="text"/> No <input type="text"/>
Tumor	Performed? <input type="text"/> No <input type="text"/>	Performed? <input type="text"/> No <input type="text"/>
Vascular	Performed? <input type="text"/> No <input type="text"/>	Performed? <input type="text"/> No <input type="text"/>
Cortical Mapping	Performed? <input type="text"/> No <input type="text"/>	Performed? <input type="text"/> No <input type="text"/>
Transpheoidal	Performed? <input type="text"/> No <input type="text"/>	Performed? <input type="text"/> No <input type="text"/>
IOM-SEP, MEP, Seizure	Performed? <input type="text"/> No <input type="text"/>	Performed? <input type="text"/> No <input type="text"/>
<b>Posterior fossa</b>	Estimate hours: <input type="text"/>	Estimate hours: <input type="text"/>
Tumor	Performed? <input type="text"/> No <input type="text"/>	Performed? <input type="text"/> No <input type="text"/>
Vascular	Performed? <input type="text"/> No <input type="text"/>	Performed? <input type="text"/> No <input type="text"/>
Chiari	Performed? <input type="text"/> No <input type="text"/>	Performed? <input type="text"/> No <input type="text"/>
Acoustic	Performed? <input type="text"/> No <input type="text"/>	Performed? <input type="text"/> No <input type="text"/>
IOM-cranial nerve	Performed? <input type="text"/> No <input type="text"/>	Performed? <input type="text"/> No <input type="text"/>
<b>Spinal Cord/Nerve</b>	Estimate hours: <input type="text"/>	Estimate hours: <input type="text"/>
Tumor	Performed? <input type="text"/> No <input type="text"/>	Performed? <input type="text"/> No <input type="text"/>
Acute injury	Performed? <input type="text"/> No <input type="text"/>	Performed? <input type="text"/> No <input type="text"/>
Vascular	Performed? <input type="text"/> No <input type="text"/>	Performed? <input type="text"/> No <input type="text"/>
Nerve procedure	Performed? <input type="text"/> No <input type="text"/>	Performed? <input type="text"/> No <input type="text"/>
<b>Craniotomy-Trauma</b>	Estimate hours: <input type="text"/>	Estimate hours: <input type="text"/>
Intracranial hemmorrhage	Performed? <input type="text"/> No <input type="text"/>	Performed? <input type="text"/> No <input type="text"/>
Depressed Skull fracture	Performed? <input type="text"/> No <input type="text"/>	Performed? <input type="text"/> No <input type="text"/>
<b>Endovascular Therapy</b>	Estimate hours: <input type="text"/>	Estimate hours: <input type="text"/>
Stroke	Performed? <input type="text"/> No <input type="text"/>	Performed? <input type="text"/> No <input type="text"/>
Cerebrovascular stent	Performed? <input type="text"/> No <input type="text"/>	Performed? <input type="text"/> No <input type="text"/>
AVM, Aneurysm	Performed? <input type="text"/> No <input type="text"/>	Performed? <input type="text"/> No <input type="text"/>
Tumor Embolization	Performed? <input type="text"/> No <input type="text"/>	Performed? <input type="text"/> No <input type="text"/>
<b>Functional intracranial</b>	Estimate hours: <input type="text"/>	Estimate hours: <input type="text"/>
DBS--movement disorders	Performed? <input type="text"/> No <input type="text"/>	Performed? <input type="text"/> No <input type="text"/>
Seizure therapy	Performed? <input type="text"/> No <input type="text"/>	Performed? <input type="text"/> No <input type="text"/>
MRI surgical procedure	Performed? <input type="text"/> No <input type="text"/>	Performed? <input type="text"/> No <input type="text"/>
<b>Minor Procedures</b>	Estimate hours: <input type="text"/>	Estimate hours: <input type="text"/>
Vagal Nerve Stimulator	Performed? <input type="text"/> No <input type="text"/>	Performed? <input type="text"/> No <input type="text"/>
Cordotomy rhizotomy	Performed? <input type="text"/> No <input type="text"/>	Performed? <input type="text"/> No <input type="text"/>
Implantable Pumps	Performed? <input type="text"/> No <input type="text"/>	Performed? <input type="text"/> No <input type="text"/>
CNS diversion	Performed? <input type="text"/> No <input type="text"/>	Performed? <input type="text"/> No <input type="text"/>

<b>Pediatric Craniotomy</b>		Estimate hours: <input type="text"/>	Estimate hours: <input type="text"/>
Tumor	Performed? <input type="text" value="No"/>	Performed? <input type="text" value="No"/>	Performed? <input type="text" value="No"/>
Trauma	Performed? <input type="text" value="No"/>	Performed? <input type="text" value="No"/>	Performed? <input type="text" value="No"/>
Posterior fossa	Performed? <input type="text" value="No"/>	Performed? <input type="text" value="No"/>	Performed? <input type="text" value="No"/>
Supratentorial	Performed? <input type="text" value="No"/>	Performed? <input type="text" value="No"/>	Performed? <input type="text" value="No"/>
Spinal Cord	Performed? <input type="text" value="No"/>	Performed? <input type="text" value="No"/>	Performed? <input type="text" value="No"/>
CNS diversion	Performed? <input type="text" value="No"/>	Performed? <input type="text" value="No"/>	Performed? <input type="text" value="No"/>
<b>Spine</b>		Estimate hours: <input type="text"/>	Estimate hours: <input type="text"/>
Anterior & Posterior	Performed? <input type="text" value="No"/>	Performed? <input type="text" value="No"/>	Performed? <input type="text" value="No"/>
Cervical	Performed? <input type="text" value="No"/>	Performed? <input type="text" value="No"/>	Performed? <input type="text" value="No"/>
Thoracic	Performed? <input type="text" value="No"/>	Performed? <input type="text" value="No"/>	Performed? <input type="text" value="No"/>
Lumbar	Performed? <input type="text" value="No"/>	Performed? <input type="text" value="No"/>	Performed? <input type="text" value="No"/>
Instrumentation <4 levels	Performed? <input type="text" value="No"/>	Performed? <input type="text" value="No"/>	Performed? <input type="text" value="No"/>
Instrumentation >4 -7levels	Performed? <input type="text" value="No"/>	Performed? <input type="text" value="No"/>	Performed? <input type="text" value="No"/>
Instrumentation >7 levels	Performed? <input type="text" value="No"/>	Performed? <input type="text" value="No"/>	Performed? <input type="text" value="No"/>
Minimally invasive (TLIF, OLIF)	Performed? <input type="text" value="No"/>	Performed? <input type="text" value="No"/>	Performed? <input type="text" value="No"/>
Trauma	Performed? <input type="text" value="No"/>	Performed? <input type="text" value="No"/>	Performed? <input type="text" value="No"/>
Tumor primary or metasatic	Performed? <input type="text" value="No"/>	Performed? <input type="text" value="No"/>	Performed? <input type="text" value="No"/>
<b>IOM</b>		Estimate hours: <input type="text"/>	Estimate hours: <input type="text"/>
Spinal Cord	Performed? <input type="text" value="No"/>	Performed? <input type="text" value="No"/>	Performed? <input type="text" value="No"/>
Brainstem	Performed? <input type="text" value="No"/>	Performed? <input type="text" value="No"/>	Performed? <input type="text" value="No"/>
Vocal Cords	Performed? <input type="text" value="No"/>	Performed? <input type="text" value="No"/>	Performed? <input type="text" value="No"/>
Aurditory	Performed? <input type="text" value="No"/>	Performed? <input type="text" value="No"/>	Performed? <input type="text" value="No"/>
SEP	Performed? <input type="text" value="No"/>	Performed? <input type="text" value="No"/>	Performed? <input type="text" value="No"/>
MEP	Performed? <input type="text" value="No"/>	Performed? <input type="text" value="No"/>	Performed? <input type="text" value="No"/>
ABR	Performed? <input type="text" value="No"/>	Performed? <input type="text" value="No"/>	Performed? <input type="text" value="No"/>
EMG	Performed? <input type="text" value="No"/>	Performed? <input type="text" value="No"/>	Performed? <input type="text" value="No"/>

## Program Director Agreement

Please have the program director confirm a commitment to fulfill responsibilities outlined in the program requirements document which can include:

### Program Director Responsibilities

The program director must administer and maintain an educational environment conducive to educating the fellows in each of the delineated competency areas. The program director shall:

- Prepare and submit all information required and requested by the ICPNT
- Be familiar with and oversee compliance with ICPNT policies and procedures, available on the ICPNT web page
- Obtain review and approval of the sponsoring institution's general medical office or Designated Institutional Official, or equivalent local institutional oversight official (which may be the chair or head of Anesthesiology or local equivalent), before submitting to the ICPNT information or requests for the following:
  - Applications for ICPNT accreditation of new programs;
  - Major changes in program structure outlined in original application;
  - Fellowship program citations, and responses to all proposed adverse actions regarding the fellowship program;
  - Voluntary withdrawal as a ICPNT-accredited program;
  - Requests for appeal of an adverse action regarding the fellowship program.
- Coordinate supervision policy with the residency program director that specifies the lines of responsibility for the anesthesiology residents or other direct providers and the Neuroanesthesiology fellows.
- Organize a formal and transparent selection process for Neuroanesthesiology fellows and complete all necessary institutional and ICPNT requirements for documentation of selection and recruitment
- Based on ICPNT guidelines as an educational template, maintain a written outline of the educational goals of the program with respect to the knowledge, skills, and other attributes of fellows at each level of education, and for each major rotation or other program assignment.
- Provide for appropriate clinical supervision / guidance to the fellows
- Regularly organize teaching and academic activities for the fellows such as journal clubs, case conferences, morbidity and mortality meetings, continuous quality improvement activities, didactic conferences, webinars (or other internet based educational opportunities), and research conferences
- Implement a formal evaluation process documenting satisfactory accomplishment of educational goals and objectives; and provide periodic feedback and evaluation to the fellows
- Monitor and document work-hours of the fellows and ensure that the institutional work-hour policy is followed
- Provide mentorship and career guidance to the fellows
- Certify and document successful completion of fellowship by fellows.
- Maintain up to date records of all fellowship activities. Maintain a transcript of successful fellowship rotations and case numbers and forward to ICPNT at the conclusion of a successful fellowship.
- Report to ICPNT any unsuccessful completion, program withdrawal or termination of fellowship. Documentation of the basis for each should be provided
- Upon successful completion of the fellowship provide to the graduating fellow an institutional certificate of completion of the fellowship. As allowed by institutional protocols the certificate should indicate that the completed fellowship was accredited by the International Council on Perioperative Neuroscience Training of the Society for Neuroscience in Anesthesiology. Upon notification of successful completion of the fellowship by the program director ICPNT will also issue a certificate indicating that the successfully completed fellowship was accredited by the ICPNT.

Program Director: *No Program Director Assigned (See Page 2)*

I agree

Program Director Signature:

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