

AUPN 2025



2nd Annual Meeting • Baltimore, MD • Saturday, September 13th

The Life of a Neurology Residency and the Supporting Department

Speakers:

Edward H. Yu, MD

Michelle Fabian, MD

Joshua Kornbluth, MD

Moderator:

David Lerner, MD



Financial Disclosures

- None

Objectives

- Understand the supportive role of chairs during transitional times of neurology residency programs
- Provide structure and considerations to program directors to address during transitional times of neurology residency programs
- How to build a business case for university and/or hospital administration to support the neurology department and residency program

AUPN 2025



2nd Annual Meeting • Baltimore, MD • Saturday, September 13th

Life of a Neurology Residency: At the Beginning

Edward H. Yu, MD, FAAN

Program Director, Neurology Residency

*Staten Island University Hospital – Lenox Hill
Hospital*



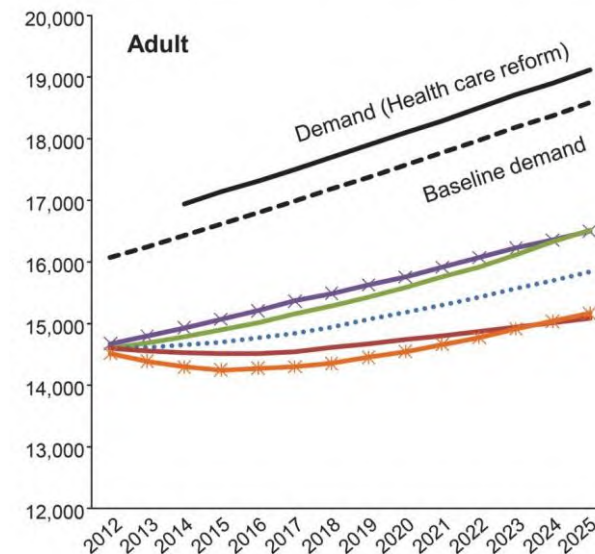
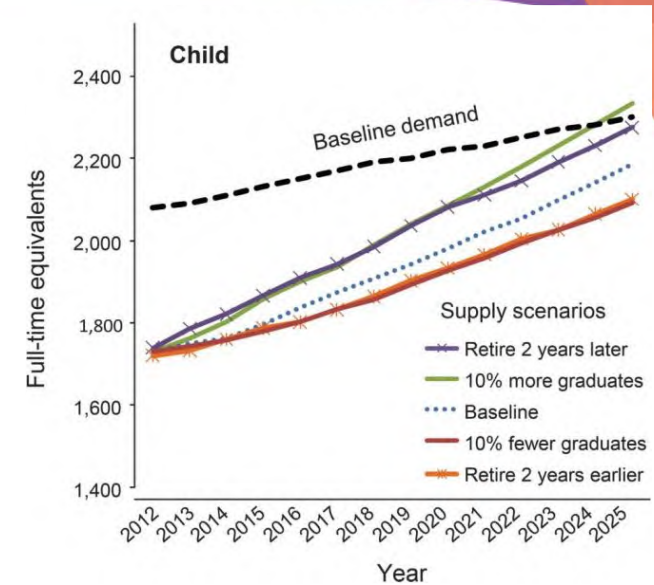
Objectives

- ❑ Justification for starting a residency
- ❑ Planning and preparing the application
- ❑ Timeline and application process



Neurology Shortage

- ❑ In 2023, US population reached turning point with those over 65 years old > children for first time in US history
- ❑ 2025 projections – 41 states will have labor mismatch with demand > supply
- ❑ 88% with a mismatch of > 20%
- ❑ Pediatric neurology amongst top 3 pediatric subspecialties w/ longest wait time for appointments



- Majerski et al. A Shortage of Neurologists – We Must Act Now: A report from the AAN 2019 Transforming Leaders Program. Neurology 2021;96:1122-1134

Residency Match Data



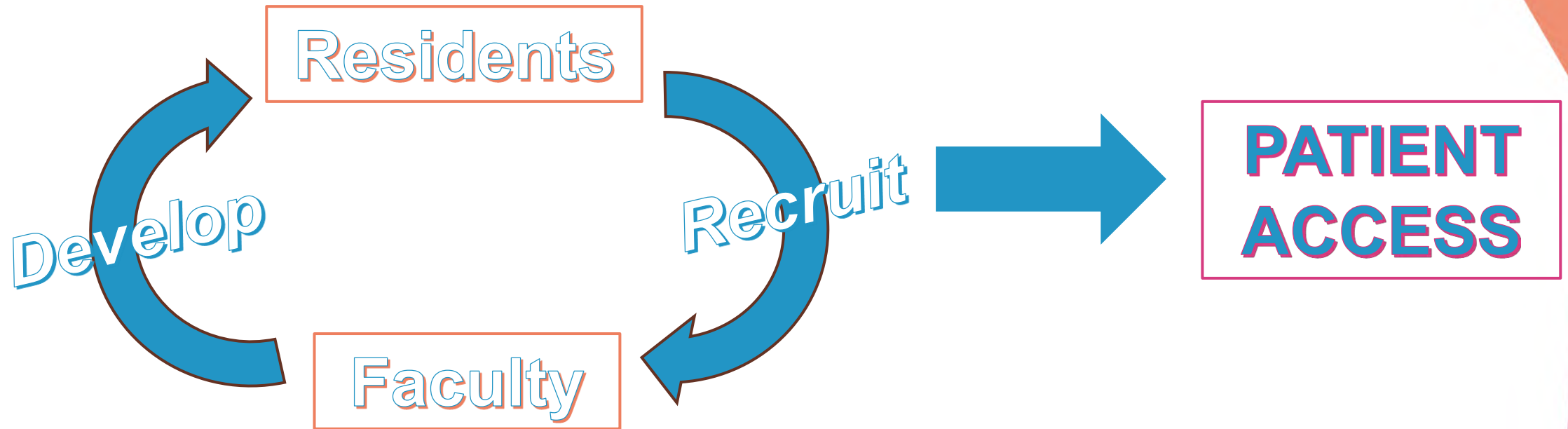
- Advanced Data Tables for the 2021-2025 Main Residency Match. National Residency Match Program

Residency Match Data



- Advanced Data Tables for the 2021-2025 Main Residency Match. National Residency Match Program

Justification



AUPN 2025



2nd Annual Meeting • Baltimore, MD • Saturday, September 13th

PLANNING

Identifying Key Players
Gathering Resources



Mission and Program Aims

- What is the mission of the program?
- Does your mission align with that of the *Department* and your *Institution*?
- What are your Program Aims, and do they align with the mission?
- Program aims will dictate certain approaches to building the program



What do You Already Have?



- Clinical Staff
- Administrative support
- Infrastructure
- Academic framework and program(s)

Developing a Plan



- Identify Program Staff
- Resident Complement
- ACGME Program Requirements

Identify staff - support

- RESIDENCY

- Program Director +/- Associate PD
- Program Coordinator

Dedicated Minimum Time *in Aggregate* for Leadership

Number of Approved Resident Positions	Minimum support required (FTE)
1-6	0.2
7-10	0.4
11-15	0.5
16-20	0.6
21-25	0.7
26-30	0.8
31-35	0.9
36-40	1.0
41-45	1.1
46-50	1.2
51-55	1.3
56-60	1.4
61-65	1.5
66-70	1.6

Program Coordinator Dedicated Time

Number of Approved Resident Positions	Minimum FTE
1-6	0.5
7-10	0.7
11-15	0.8
16-20	0.9
21-25	1.0
26-30	1.1
31-35	1.2
36-40	1.3
41-45	1.4
46-50	1.5
51-55	1.6
56-60	1.7



Identify staff - support

- **FELLOWSHIP**

- Fellowship Director
- Program Coordinator

Dedicated Minimum Time *in Aggregate* for Leadership

Number of Approved Fellow Positions	Minimum FTE
1-3	0.1
4-6	0.15
7-9	0.2
10-12	0.25
13-15	0.3

Program Coordinator Dedicated Time

Number of Approved Fellow Positions	Minimum FTE
1-3	0.2
4-6	0.2
7-9	0.2
10-12	0.25
13-15	0.3



Director Qualifications

• RESIDENCY DIRECTOR

- Specialty expertise (board certified)
- 3 years documented education and/or administrative experience*
- “Demonstrate ongoing clinical activity”
- Staff member at primary clinical site

• FELLOWSHIP DIRECTOR

- Variable depending on fellowship
- Subspecialty expertise (certification if available)
- “Qualifications acceptable to the Review Committee”



Identify staff - Faculty

- **RESIDENCY**

- Core: PD + 1 Pediatric Neurologist + minimum 3 additional faculty
- Expectation 1:1 ratio
- Current certification or qualifications acceptable to Review Committee
- Hold appropriate hospital appointments
- Faculty available “on regular basis” for 19 “required disciplines”

- **FELLOWSHIP**

- Subspecialty expertise or qualifications acceptable to Review Committee
- Hold appropriate hospital appointments
- Expectation 1:1 ratio

Resident Complement

- Faculty Count
- Patient Load
- Additional Learners
 - E.g rotators, fellows, etc
- Educational Resources

INPATIENT DATA [PR 1.8.b.]
 List of GME residents/fellows from other ACGME-accredited programs rotating through neurology last year [PR 1.11.]

Specialty and Years of GME (e.g., Medicine PGY-2) Indicate PGY Level(s)	Number of these residents in the last year	Months each resident in Neurology	Neurology Assignment (ward, clinic, other)	Site #
Medicine PGY-1	50, 42	0.5, 0.5	Consult, ward	1, 2
Neurological surgery PGY- #	#	#	Assignment	#
Physical Medicine and Rehabilitation PGY- #	#	#	Assignment	#
Psychiatry PGY- 1, 2	8	1	Consults	1
Family Medicine PGY- #	#	#	Assignment	#
Transitional Year PGY- #	#	#	Assignment	#
Other PGY- (specify)	#	#	Assignment	#
Hospital Consultations				
# Adults		1497	455	#
# Children		434	0	#

AUPN 2025



2nd Annual Meeting • Baltimore, MD • Saturday, September 13th

BUILDING Collaboration and Organization



Getting The Program Accredited – Key Players

- Accreditation Council for Graduate Medical Education (ACGME)
 - Residency Review Committee
 - Accreditation Field Representative
- Designated Institutional Official (DIO)
- Graduate Medical Education Committee (GMEC)



Accreditation Council for
Graduate Medical Education

Timeline


- Residency Review Committee
- GMEC/DIO Review Timeline
- Residency start date
- Recruitment Timeline
 - AAMC ERAS
 - NRMP



Accreditation Council for
Graduate Medical Education

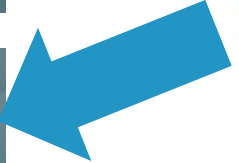
23
OCT 2025

Agenda Closing Date



29-30
JAN 2026

Review Committee Meeting



< 23
JAN 2026

Agenda Closing Date

2
APR 2026

Review Committee Meeting

Timeline

Residency Review Committee

GMEC/DIO Review Timeline

Residency start date

Recruitment Timeline

AAMC ERAS

NRMP



Accreditation Council for
Graduate Medical Education

23

OCT 2025

Agenda Closing Date

29-30

JAN 2026

Review Committee Meeting

23

JAN 2026

Agenda Closing Date

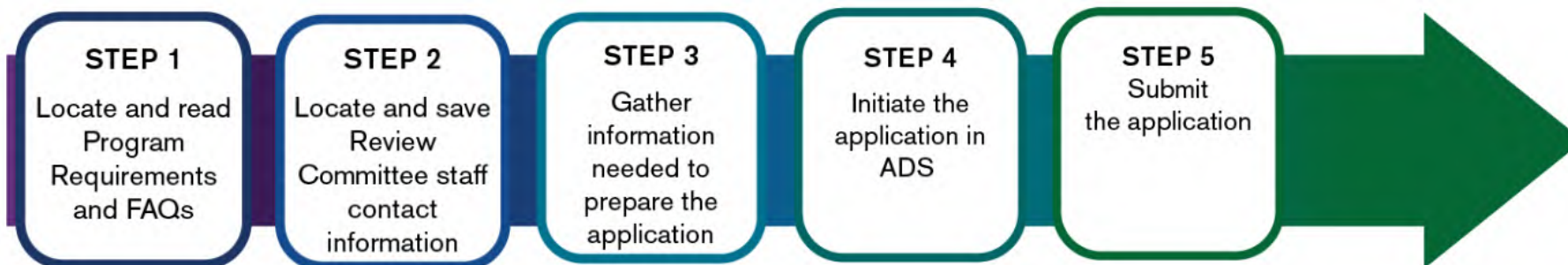
2

APR 2026

Review Committee Meeting

ACGME Application

- Common Application
- Specialty-specific Application
- Required Documents:
 - Block Diagram
 - Program Letters of Agreement (PLA)
 - Program/Institutional Policies
 - Goals & Objectives
 - Evaluation forms



Residency

Important timepoints



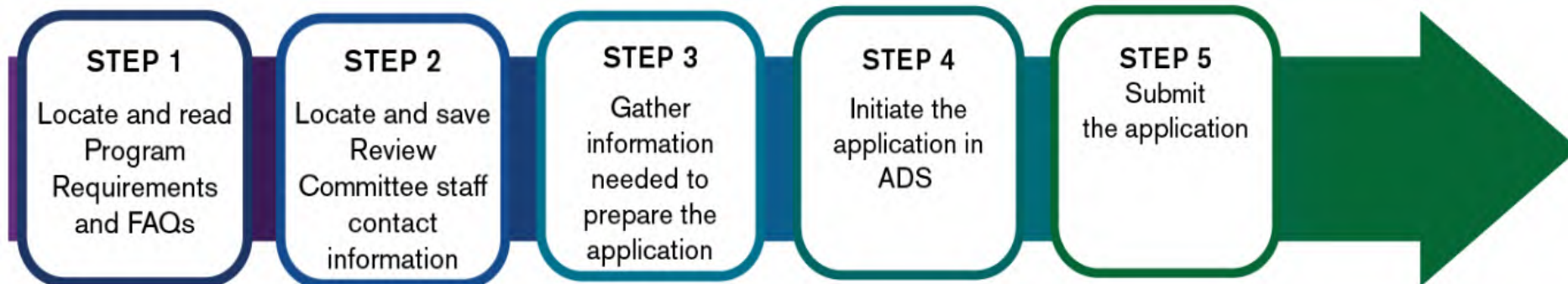
Residency

Important timepoints

-
- 18 ● Review Requirements & Gather Data
 - 16 ● Identify RRC Agenda Closing & Meeting Dates
 - 14 ● Meet with DIO
 - 12 ● Complete Common + Specialty Specific Application
 - 10 ● DIO Review and Approval
 - 6 ● Submit Application in ADS
 - 6 ● RRC receives application
 - 5 ● Initial Site Visit
 - 3 ● RRC Review & Approval
 - 0 ● RRC Confers Decision
 - 5 ● Recruitment Starts
 - 14 ● Residency Starts Blackout Dates
 - 25 ● Focused Site Visit
 - 34 ● RRC Confers Decision - "Continued Accreditation"

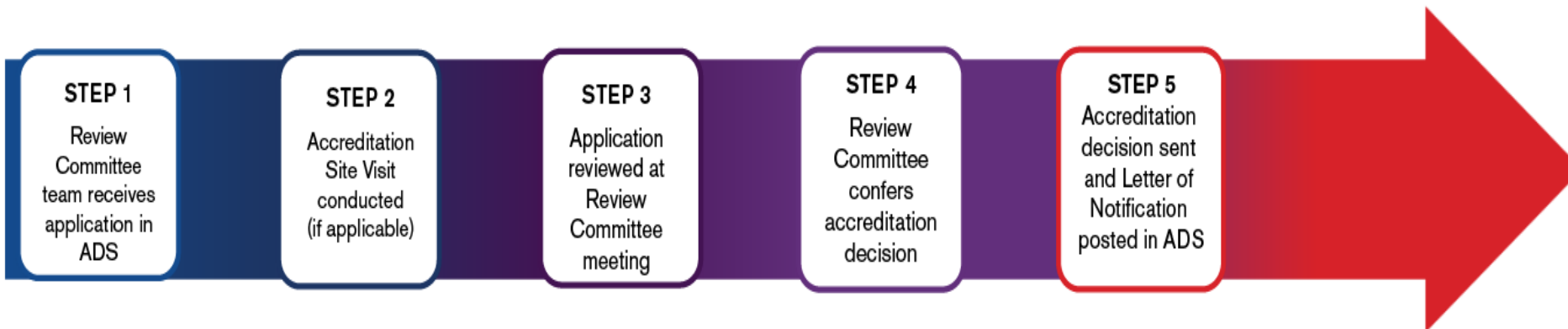
ACGME Application

- ❑ Common Application
- ❑ Specialty-specific Application
- ❑ Required Documents:
 - ❑ Block Diagram
 - ❑ Program Letters of Agreement (PLA)
 - ❑ Program/Institutional Policies
 - ❑ Goals & Objectives
 - ❑ Evaluation forms

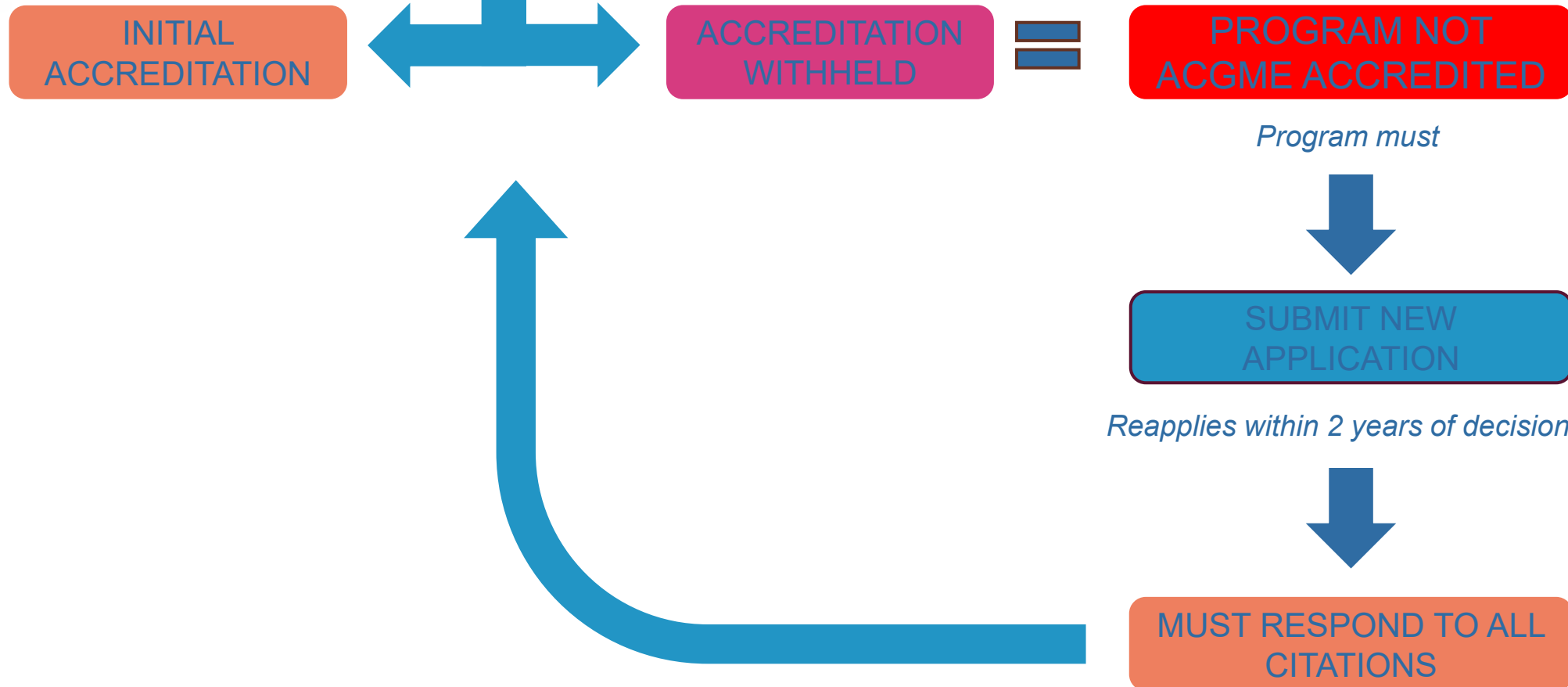


Initial Site Visit

- ❑ Initial Accreditation Site Visit
- ❑ RRC Meeting
- ❑ RRC Confers Accreditation Decision



RRC Accreditation Decision



Residency

Important timepoints

-
- 18 ● Review Requirements & Gather Data
 - 16 ● Identify RRC Agenda Closing & Meeting Dates
 - 14 ● Meet with DIO
 - 12 ● Complete Common + Specialty Specific Application
 - 10 ● DIO Review and Approval
 - 6 ● Submit Application in ADS
 - 6 ● RRC receives application
 - 5 ● Initial Site Visit
 - 3 ● RRC Review & Approval
 - 0 ● RRC Confers Decision
 - 5 ● Recruitment Starts
 - 14 ● Residency Starts Blackout Dates
 - 25 ● Focused Site Visit
 - 34 ● RRC Confers Decision - "Continued Accreditation"

AUPN 2025



2nd Annual Meeting • Baltimore, MD • Saturday, September 13th

LAUNCHING
Now that you are
accredited . . .

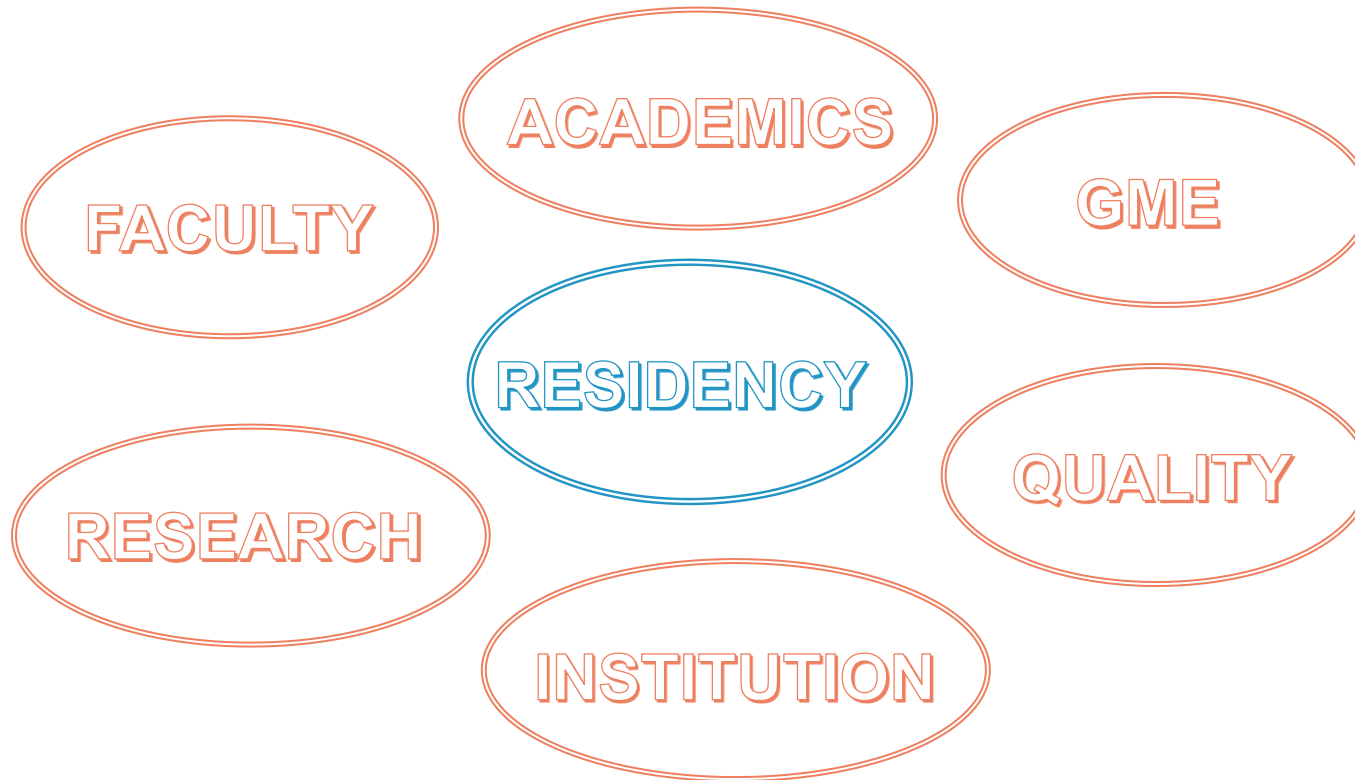


After Accreditation

- Recruiting your first class
- Build the program
- Follow academic calendar
- Assess and reassess
- Engage your faculty members
- Continue to grow



Continue to grow...



Continue to grow...



Thank you

AUPN 2025



2nd Annual Meeting • Baltimore, MD • Saturday, September 13th



- Buchalter et al. Disparities in spatial access to neurological care in Appalachia: a cross-sectional health services analysis. *Lancet Regional Health – Americas*. 2023;18:100415
- Dall et al. Supply and demand analysis of the current and future US neurology workforce. *Neurology* 2013;81:470-478
- Feigin et al. Burden of neurological disorders across the US from 1990 – 2017: a global burden of disease study. *JAMA Neurol*. 2021;78(2):165-176
- Lin et al. Geographic variation in Neurologist density and neurologic care in the United States. *Neurology* 2021;96:e309-e321
- Mahajan et al. Neurology residency training in 2017: a survey of preparation, perspectives and plans. *Neurology* 2019;92:76-83
- Majerski et al. A Shortage of Neurologists – We Must Act Now: A report from the AAN 2019 Transforming Leaders Program. *Neurology* 2021;96:1122-1134
- McGinley et al. Geographic disparities in access to neurologists and multiple sclerosis care in the United States. *Neurology* 2024; 102:e207916
- National Residency Match Program. Advanced Data Tables for the Main Residency Match. 2021 – 2025
- State by state data on graduate medical education. AAMC.org:
<https://www.aamc.org/advocacy-policy/state-state-data-graduate-medical-education>



AUPN 2025



2nd Annual Meeting • Baltimore, MD • Saturday, September 13th

Program Expansion

Michelle Fabian, MD

*Director, Mount Sinai Hospital Neurology
Residency Program*



Icahn
School of
Medicine at
Mount
Sinai



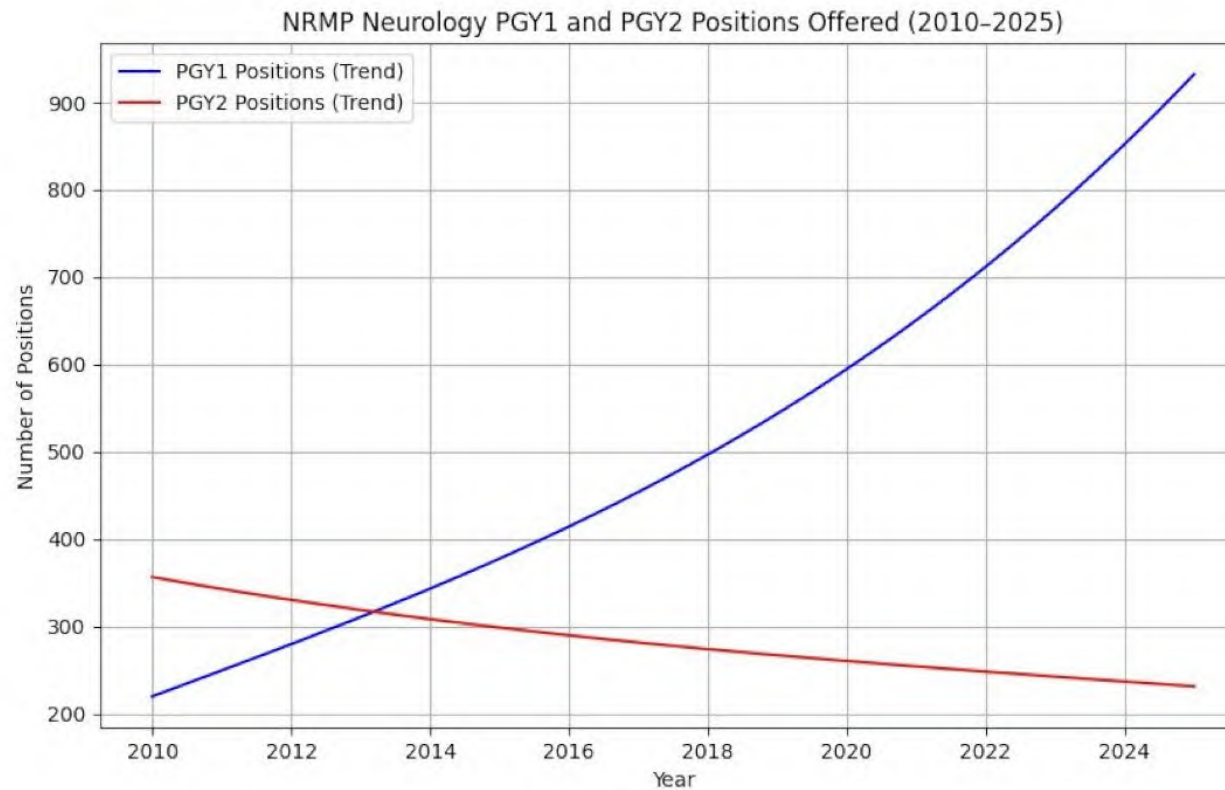
Goals

- Understand rationale and eligibility for program expansion
- Explore the process of gaining Institution Support
- Review ACGME requirements and approval process

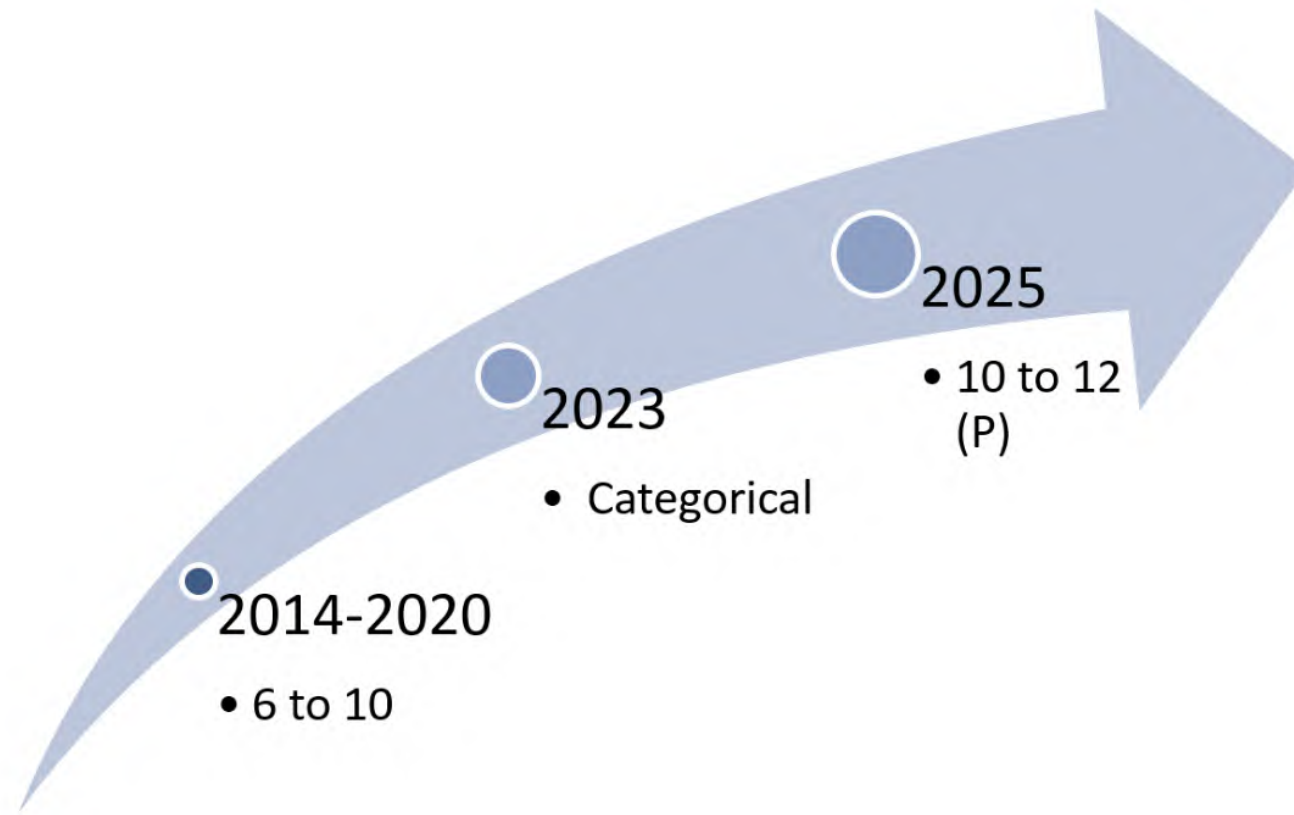
Temporary vs Permanent

- Temporary Expansion
 - Under 90 days, do not need ACGME approval
 - Resident graduates late
- Permanent Expansion
 - >90 days, requires ACGME approval
 - Extenuating, one-time circumstances
 - Resident remediation
 - Medical leave

NRMP Neurology Positions (2010-2024)



MSH Neurology Residency



Why Expand?

- Improve Individual Education
 - Increase outpatient and subspecialty exposure
 - Develop longitudinal education experiences
- Address the national neurology shortage

When Can You Expand?

Eligible:

- Continued Accreditation
- Continued Accreditation without Outcomes
- Adequate Faculty/Coordinator FTEs
- 1:1 Faculty:Resident Ratio
- Sufficient Space and Resources

Not Eligible

- Initial Accreditation
- Continued Accreditation with Warning
- Probationary Accreditation

Rationale for Program Expansion

- Review committee will consider “the desire and ability to educate an increased number of residents” an adequate educational rationale
- Does not require an innovation or change in program structure
- Cannot be simply to provide labor to the hospital

Internal Process



Obtain Departmental and GME Support



Secure Funding

CMS DGME/IME funding

- Institution Cap

Other Funding Sources

- VA
- HRSA
- Philanthropic Grants

ACGME Application Process

- Apply through ADS
 - Provide educational rationale
 - Faculty:Resident Ratio
 - Current and proposed block diagram
 - Major changes since last review
 - Responses to active citations

RRC Review

- Program progress towards resolution of citations
- ACGME survey results
- 3 year board pass rates
- Faculty and resident scholarly activity
- Leadership and programmatic instability

- RRC may take 30 days to make decision

Resident vs APP

	Expanding Residency Program	Hiring Advanced Practice Providers (APPs)
Training Investment	High – includes faculty time, curriculum development, ACGME compliance	Moderate – APPs are fully trained and credentialed but may not know neuro
Time to Productivity	Delayed – residents require supervision and ramp-up time	Immediate – APPs can contribute from day one
Cost Analysis	<ul style="list-style-type: none"> - Salary: ~\$60-80K/year per resident - Supervision: Faculty time (non-billable) - Indirect Costs: GME infrastructure, onboarding, didactics 	<ul style="list-style-type: none"> - Salary: ~\$110–150K/year per APP - Benefits: Full-time employee benefits - Revenue: Potential for Independent billing
Academic Mission	Strong Alignment	Less Direct

AUPN 2025



2nd Annual Meeting • Baltimore, MD • Saturday, September 13th

Remediating the Struggling Training Program

“It’s not you, it’s us”

Joshua Kornbluth, MD

*Neurology Program Director, Tufts
University*



Goals

- By the end of this session, participants will learn how to:
 1. Identify when a program is struggling
 2. Understand concepts to manage and drive change for struggling training programs
 3. Keep up momentum and move progress forward

Why this matters

- In 2023–2024, there were **13,393 accredited programs**, with **12,034 (90%)** having continued accreditation, **386 newly accredited**, and **50 having accreditation withdrawn**
- Properly administering a training program takes **TIME**.
- Struggling programs will take **MORE**
- Support from Chairs to facilitate this is **mission-critical**

AUPN 2025



2nd Annual Meeting • Baltimore, MD • Saturday, September 13th

Part 1: Identifying the Struggling Program



Reflection

How do you identify a struggling team member?

What Does "Struggling" Mean? The Spectrum of Distress

The Warning Signs



A struggling program isn't just one on probation. It's a spectrum:

Subtle Distress: Declining morale, faculty burnout, "good enough" culture.

Emerging Concern: Negative trends in surveys, minor citations.

Acute Crisis: ACGME Probationary Status, major citations, significant faculty/resident turnover.



Key Idea: The earlier you identify the signs, the easier the remediation. Proactive monitoring is key.

My Bona Fides

Based on the information available at its recent meeting, the Review Committee conferred the following adverse action:

Status: Probationary Accreditation
Maximum Number of Residents: 20
Effective Date: 04/04/2019

The Review Committee noted that the program will undergo a full site visit prior to its next annual review.

The decision to take an adverse accreditation action is based on the failure of the program to be in substantial compliance with the ACGME's Program Requirements and/or Institutional Requirements.



Based on the information available to it at its recent meeting, the Review Committee accredited the program as follows:

Status: Continued Accreditation with Warning
Maximum Number of Residents: 20
Effective Date: 04/02/2020



Based on the information available to it at its recent meeting, the Review Committee accredited the program as follows:

Status: Continued Accreditation
Effective Date: 01/23/2025
Total Approved Resident Positions: 21

The Review Committee determined that the program is in substantial compliance with the Program Requirements and did not issue any new citations.

RESOLVED CITATIONS



Based on the information available to it at its recent meeting, the Review Committee accredited the program as follows:

Status: Continued Accreditation
Maximum Number of Residents: 20
Effective Date: 01/26/2023

AREAS NOT IN COMPLIANCE (Citations)

The Review Committee cited the following areas as not in substantial compliance with the ACGME's Program Requirements and/or Institutional Requirements:

Do ask, Do Tell

- Don't assume everything is ok
- You should NOT be surprised by themes on your surveys
- Consider an ombudsperson
- Trust but verify resident concerns

Your Program's Dashboard

ACGME Annual Resident & Faculty Surveys:

- negative trends, not just single data points.
- Pay close attention to Duty Hours, Faculty Supervision, and Program Resources. A score below the national mean, especially if declining, is a major red flag.

Program Evaluation Committee (PEC) & Annual Program Evaluation (APE):

- Is your APE just a "check-the-box" activity, or a real, data-driven quality improvement project?
- Actionable Tip: Your PEC meeting minutes are a discoverable document by the ACGME. Ensure they reflect honest assessment and concrete action plans.

Clinical Competency Committee (CCC) Data:

- Are you seeing patterns of residents failing to achieve milestones? This could reflect a curricular problem, not just an individual learner issue.

Board Pass Rates

- A lagging indicator, but a critical one. A first-time pass rate below the national average for your specialty requires immediate investigation.

Recruitment Data

- Are you seeing fewer applications? Are you matching lower on your rank list? The applicant pool often senses trouble before anyone else.

Decoding Your ACGME Letter

Area for Improvement (AFI)

A "heads-up." The Review Committee (RC) has a concern but isn't citing you... yet. This is your chance for easy, proactive correction.



Citation

A formal finding of non-compliance with a specific ACGME requirement. Must be addressed directly and documented in your APE.



Warning Status

A step up from citations, indicating persistent problems that place the program at risk.



Probationary Status

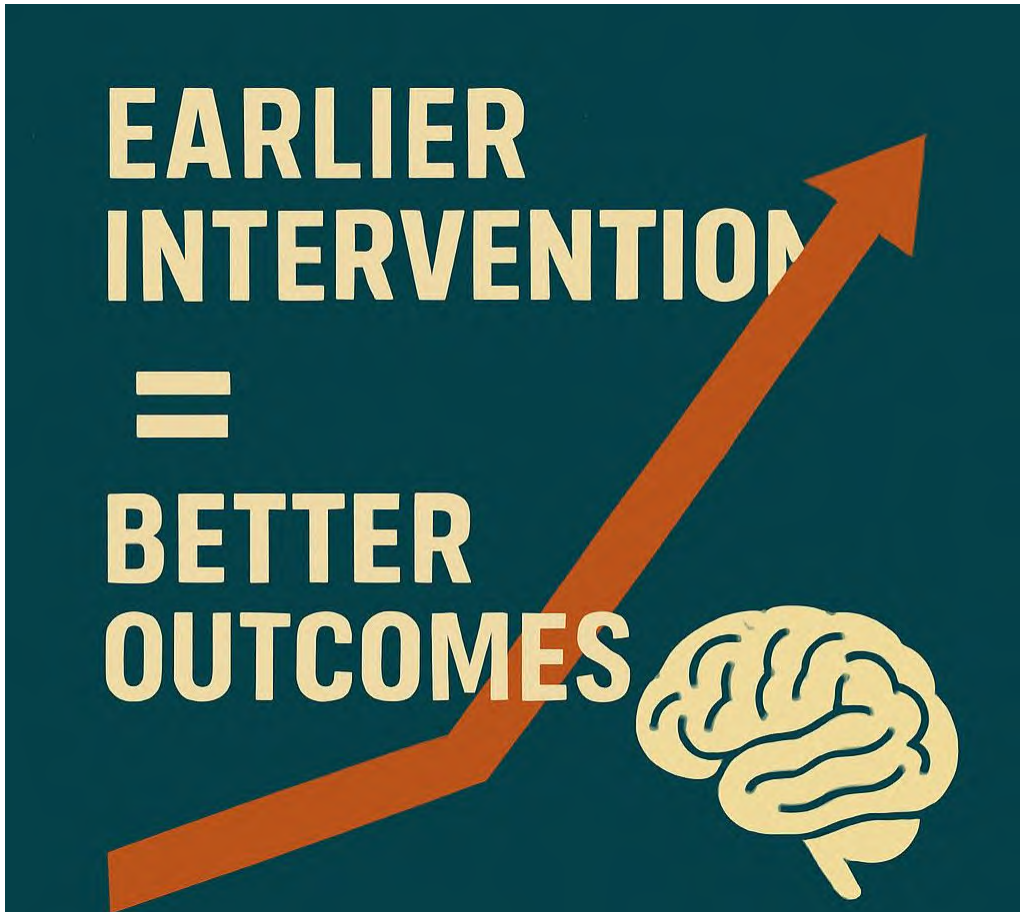
The most severe sanction short of accreditation withdrawal.

This status is publicly listed.... So applicants can see it



Key Point: An AFI is a gift! It's the ACGME telling you exactly where to focus your improvement efforts before it becomes a citation.

The Struggling Program



- Parallel to resident remediation:
 - Just as with struggling residents, early identification prevents crisis

AUPN 2025



2nd Annual Meeting • Baltimore, MD • Saturday, September 13th

Part 2: Driving and Managing Change



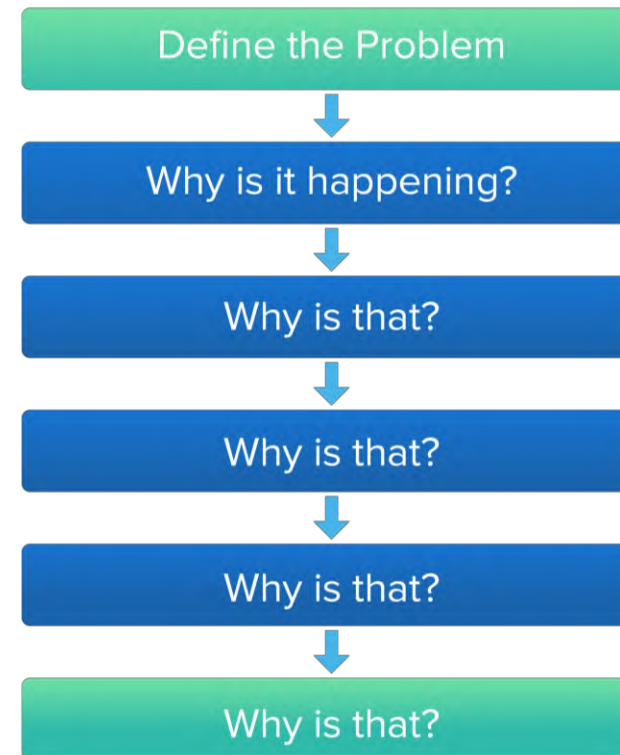
Step 1: RCA

- You received a citation for "inadequate faculty supervision." Why?
- Superficial Cause: Dr. Smith didn't answer a text
- Deeper Causes (The Real "Why"):
 - Faculty are overworked and covering multiple services (Workforce issue).
 - The call schedule is poorly designed (Systems issue).
 - Faculty have not received training on supervision expectations (Education issue).
 - There's a culture of residents feeling afraid to ask for help (Culture issue)
- Actionable Tool: Use a "5 Whys" analysis or a fishbone diagram with your PEC to drill down to the true root cause

5 Whys Example 1

- Persistent Duty Hour Violations
- Problem: Residents on the stroke service are consistently reporting duty hour violations.
 - Why? Because they are staying late to finish their clinical documentation.
 - Why? Because the handoff process at the end of a shift is inefficient and documentation from the day is often incomplete, requiring the on-call resident to spend hours catching up before they can see new consults.
 - Why? Because there is no standardized handoff process or expectation for when daily progress notes must be completed.
 - Why? Because the faculty have never been trained on a standardized handoff model (like I-PASS) and are not held accountable for ensuring their teams complete notes before the end of the day shift.
 - Why? (The Root Cause) The program has failed to implement and enforce a required, standardized system for clinical handoffs and daily workflow, relying instead on informal and variable practices. This systems-level failure, not individual resident inefficiency, is the core problem.

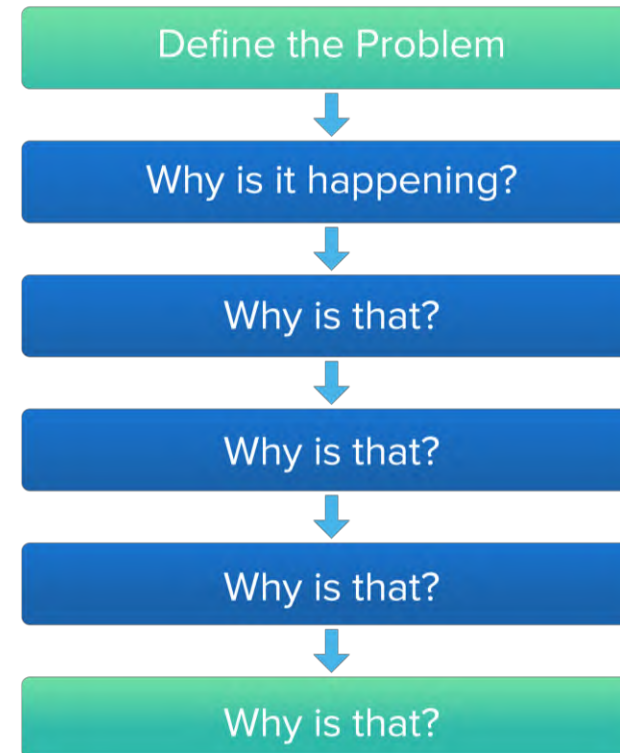
The 5 Whys



5 Whys example

- Falling Board Pass Rate
- The program's board certification pass rate has declined for three consecutive years.
 - Why? Graduating residents perform poorly on specific content areas, particularly basic neuroscience and neuropharmacology.
 - Why? These topics are covered only in the PGY-2 year in traditional lectures, with little reinforcement later in training.
 - Why? Because our didactic curriculum is a collection of disconnected lectures rather than an integrated, longitudinal curriculum that spirals back to foundational concepts.
 - Why? The PEC has not mapped the curriculum against the ABPN content outline to identify these gaps.
 - Why? (The Root Cause) The program lacks a formal, data-driven process for curriculum management. There is no designated faculty lead or protected time allocated for systematically reviewing, mapping, and updating the curriculum based on board outlines and learner performance data.

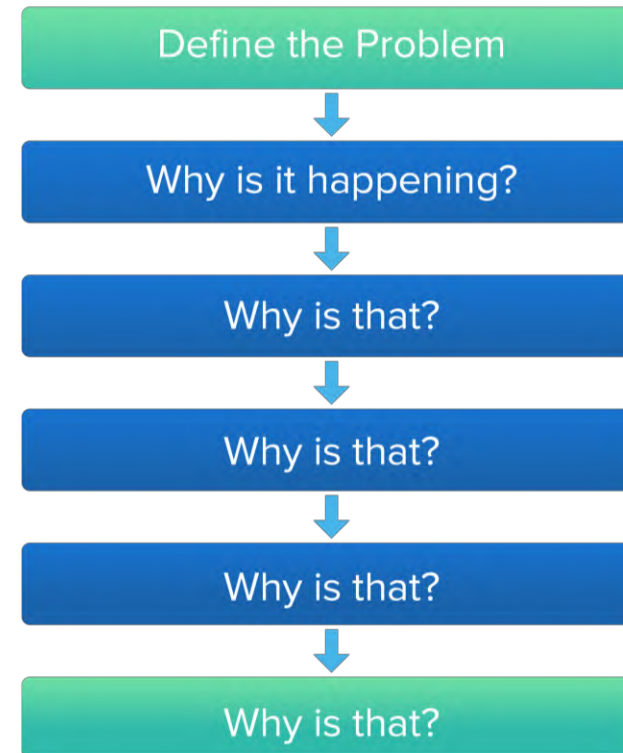
The 5 Whys



5 Whys example

- What's your AFI/Citation you want to walk through?

The 5 Whys



Step 2: Develop a Formal Remediation Plan

- The Action Plan: Be **S.M.A.R.T.**
- Your APE/Response to ACGME (must be a detailed, specific, and measurable plan.
 - **Specific:** What exactly will you do? (e.g., "Revise the night float curriculum to include a simulation session on emergent neurological conditions.")
 - **Measurable:** How will you know you've succeeded? (e.g., "Post-session survey scores will improve by 20%; 100% of PGY-2s will complete the session.")
 - **Achievable:** Is this realistic given your resources?
 - **Relevant:** Does this intervention directly address the citation/AFI?
 - **Time-bound:** What is the exact timeline for implementation and re-evaluation? (e.g., "Curriculum revision by Oct 2025; first session in Jan 2026; re-evaluate with post-surveys by June 2026.")
- Pro Tip: Assign a "champion" for each item in your action plan to ensure accountability

Step 3: Engage Your Stakeholders



Remediation is a team sport. PD's must manage down and up



Department Chair: MUST act as CEO of the department here

Essential for securing resources (financial, personnel, time) needed for your action plan. Frame the issue as a departmental priority.



Residents & Fellows: Be transparent

They are living the curriculum and often have the best solutions. Create a Resident Program Improvement Committee.



Faculty: They must be involved in the solution, not just blamed for the problem.

Faculty development on feedback, supervision, and evaluation is crucial.



Designated Institutional Official (DIO) & GME Office: Your biggest allies!

They have institutional resources and experience with ACGME requirements. Engage them early and often.

AUPN 2025



2nd Annual Meeting • Baltimore, MD • Saturday, September 13th


Part 3: Outcomes & The Road to Success



Success



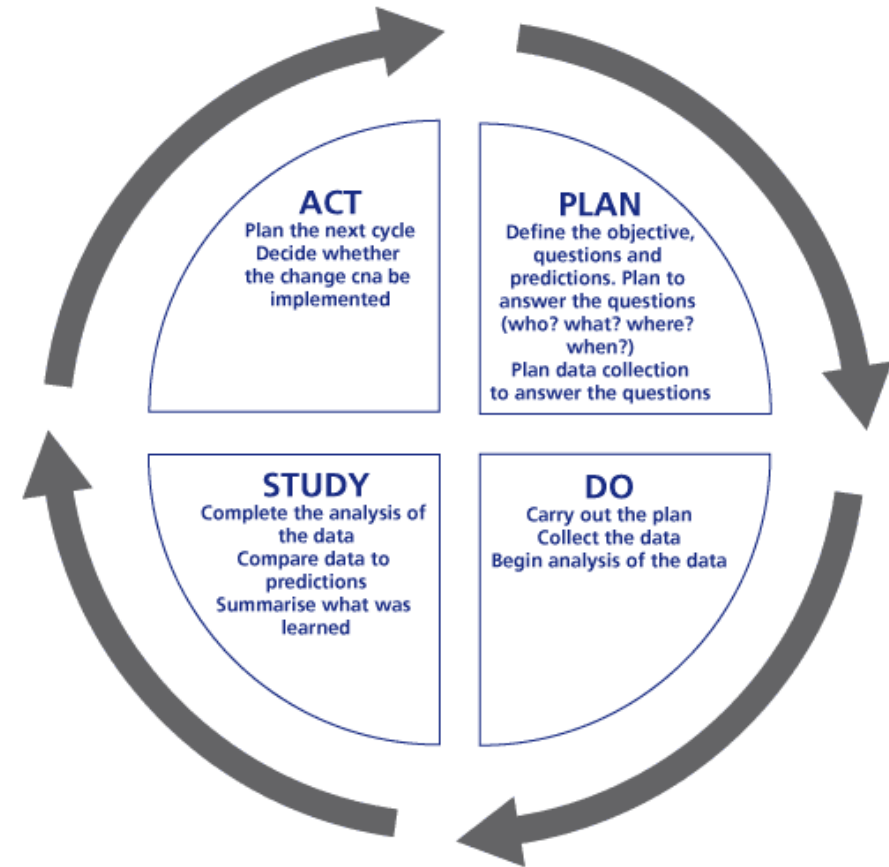
Hard truths

- There are costs to doing poorly
 - Low morale
 - Low performance
 - Compromised patient care
 - Poor reputation
 - Poor recruitment
 - There are costs to improving
 - Time
 - Money
 - Opportunity for innovation
- 

• Change is hard!

Part 3: Outcomes & The Road to Success

Six Sigma Methodology - DMAIC



Referernces

- My own experiences
- [Common Program Requirements – Residency](#)
- ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES Effective Date: June 7, 2025 [ab_acgmepoliciesprocedures.pdf](#)