



Good Health. Generation to Generation.

NEUROLOGICAL SURGERY RESIDENCY PROGRAM DESCRIPTION

GARDEN CITY HOSPITAL
GARDEN CITY, MICHIGAN

1. Overview

- a. The Neurosurgical Surgery residency program ("NSRP") at Garden City Hospital ("GCH") will provide comprehensive clinical exposure and didactics in Neurosurgical Surgery ("NS") supplemented by arranged rotations at affiliated sites.
- b. Through June 30, 2008, the NSRP will be 5 years in duration (OGME-2 through OGME-6), to be preceded by completion of an inclusive of an American Osteopathic Association (AOA) approved internship (OGME-1).
- c. Effective July 1, 2008, the NSRP will be 6 years in duration, inclusive of OGME-1-R surgical year, followed by OGME-2 through OGME-6 in NS.
- d. Successful completion of the structured curriculum in Neurosurgical Surgery will meet the requirements for board eligibility through the American Osteopathic Board of Surgery.

2. Program Mission Statement

- a. The purpose of the Residency is to provide the necessary training and education to prepare the osteopathic resident for the practice of Neurosurgical Surgery.

3. Goals and Objectives

- a. The goals and objectives of the NS Residency Program are:
 - i. To provide the Resident with a strong foundation in General Neurosurgical Surgery such that he/she is competent to enter practice or prepared to pursue subspecialty training and is eligible for certification by the American Osteopathic Board of Surgery.
 - ii. To arrange clinical and didactic experiences that allow for integration of the core competencies into the Program's curriculum
 - iii. To define and employ methods of evaluation to assess integration and application across the core competencies
- b. The goals of the program will be met through
 - i. Clinical rotations under the supervision of the Program Director, faculty, and supervising physicians at affiliated institutions
 - ii. Progressive levels of responsibility in patient care and surgical procedures commensurate with the resident's level of training and skills

- iii. Academic conferences to include presentations, literature reviews and case discussions
- c. The ACOS Model Program for NS training may be found in the appendix to this document.
- d. GCH acknowledges the importance of maintaining an appropriate balance of education and service in all graduate medical education programs.

4. Program director and faculty

- a. The Program Director will meet the following requirements:
 - i. Board certification in Neurological Surgery
 - ii. Membership in ACOS
 - iii. Participation in professional societies or organizations
 - iv. Maintenance of active Medical Staff membership at GCH
 - v. Maintenance of State of Michigan licensure
 - vi. Maintenance of professional requirements, such as continuing medical education
- b. The Program Director will have the following responsibilities
 - i. Develop the Residents' schedule of rotations, in collaboration with the Department of Medical Education
 - ii. Participate in the program's formal didactics and promote the residents' educational experience
 - iii. Evaluate the Residents' performance as defined by ACOI/AOA and submit reports in a timely fashion
 - iv. Attend the American College of Osteopathic Surgeons ("ACOS")
 - v. Osteopathic Surgical Educators' meetings as per ACOS/ACOI guidelines
 - vi. Review and report annually to ACOS on the Residents' progress on the research project or medical manuscript
 - vii. Work with the Medical Education office and the Vice President of Medical Education to provide appropriate administrative oversight of the program
 - viii. Comply with other requirements for program directors as described by AOA and ACOS
- c. The program director will be selected by the Administration of GCH and the Department of Medical Education at GCH. In the event of a change in program director, a written request for approval of the program director's appointment will be submitted by the Department of Medical Education to Residency Evaluation and Standard Committee of ACOS, with subsequent registry by the AOA.
- d. Additional program faculty will be identified in accordance with AOA standards and the standing rules of the Department of Neurosurgical Surgery at GCH.

5. Program eligibility and prerequisites

- a. The traditional pathway into the Residency will consist of selection of a Neurosurgical Surgery linked Intern (OGME-1) through the osteopathic

- internship match. Assuming appropriate academic progress, this individual will progress into residency training (OGME-2 through OGME-6) at GCH.
- b. Effective July 1, 2008, entrants will be match into OGME-1-R positions, which will be considered the first year of the six year residency program.
 - c. Applicants must be enrolled in or have graduated from an AOA-accredited College of Osteopathic Medicine.
 - d. Applications will be accepted through the Electronic Resident Application Service (ERAS) and will include the following documents: application form; curriculum vitae; Dean's Letter/Medical Student Performance Evaluation; COMLEX transcript; COM transcript; personal statement; letters of recommendation.
 - e. Applicants will be reviewed without discrimination based on race, color, religion, sex, age, national origin, handicap, marital status or other unlawful criteria. Selection of Residents will be in accordance with GCH's policy on House Staff Appointment and Advancement.

6. Resident responsibilities and expectations

- a. Rotations
 - i. OGME-1 will consist of rotations that meet AOA requirements of a traditional rotating internship. Upon completion of this year, the intern will be awarded a certificate of completion.
 - ii. Effective July 1, 2008, the OGME-1-R NS resident will fulfill the rotational requirements as defined by ACOS/AOA.
 - iii. The OGME-2 resident will complete three months of neurology and three months of general surgery rotations at GCH. The remainder of the OGME-2 year will be assigned to the NS service under the direction of the Program Director.
 - iv. During OGME-3 through OGME-6, the resident will be assigned to additional rotations in NS at GCH and at affiliated institutions. Rotation schedules are approved by the Program Director.
 - v. Out-rotation requests must describe the educational rationale for the rotation, and must be signed by the Program Director and the Vice President of Medical Education.
 - vi. It is the resident's responsibility to obtain and complete any documentation required by the institution hosting an out-rotation. Materials will be sent to the host institution by the Department of Medical Education staff and copies of all documents will be maintained in the resident's file.
 - vii. Any changes in the rotation schedule must be approved by the Program Director and Vice President of Medical Education. Under no circumstances should a resident change an assigned rotation without notice and approval.
- b. Didactics and meeting attendance
 - i. Residents will attend scheduled didactic meetings with the program director/faculty during rotations at GCH. Residents will participate in the didactics offered at affiliated institutions while on rotation there.
 - ii. Residents will participate in professional staff activities (e.g. departmental meetings, morbidity and mortality reviews, etc.) as assigned by the program director.

- c. Teaching
 - i. Residents will be expected to participate in the medical education of residents, interns, and medical students, both on assigned rotations and as part of GCH's program of scheduled lectures.
 - ii. Interns will be required to give an intern presentation during OGME-1 which will be reviewed by the Vice President of Medical Education.
- d. Evaluations
 - i. It is the responsibility of the intern/resident to ensure that all required evaluations are completed in a timely fashion. See appendix for sample forms.
 - ii. The following evaluations must be completed for each rotation and submitted to the Department of Medical Education
 - 1. Evaluation by the supervising physician of the intern's or resident's performance via the House Staff Performance Evaluation form.
 - 2. Evaluation of the rotation and supervising physician(s) by the intern/resident using the Evaluation of Rotation form.
 - iii. Residents will be evaluated by the Program Director using the Resident Quarterly Evaluation form or equivalent.
 - iv. Residents will be evaluated by the Program Director at the end of each academic year and be required to evaluate the Program Director and residency. See section below on "Annual report."
- e. Logs
 - i. OGME-1: Interns are to keep logs as required by the AOA for each rotation. The logs are to include: patient encounters, procedures performed or observed, educational conferences attended or presented, reading completed, and autopsies attended. The preferred format for the intern logs is through the eLogs system sponsored by the Statewide Campus System. This system utilizes a PDA-based application and a data repository housed at SCS, accessed through an internet connection.
 - ii. OGME-2 through OGME-6 (and OGME-1-R, effective 2008): Residents are to utilize the ACOS log system which may be found online at www.oplog.org. An instructional manual is available through the ACOS website (www.facos.org) or in the Resources section of the GCH Medical Education website (www.gchmeded.org). Logs are to be submitted to the Program Director for review and verification.
- f. Annual report
 - i. It is the responsibility of each NS resident to submit the required documents to ACOS for review by the RESC within 30 days of the completion of each academic year. Instructions and links for the annual report may be found at www.facos.org.
 - ii. Copies of all documents must be provided to the Department of Medical Education for inclusion in the resident's academic file.
 - iii. Components of the annual report include the following (see appendix for sample forms)

1. Program Director's Annual Resident Evaluation Report for Surgery (completed by the Program Director; to be reviewed and signed by the resident)
 2. Resident's Annual Report for Neurological Surgery (segregated totals form)
 3. Resident's Annual Evaluation Report of the Program Director (preferably completed online at www.facos.org)
 4. Scientific paper (see section 6.n below)
- iv. ACOS may impose fines on interns/residents who fail to complete the report within the deadlines. Any such fines are the sole responsibility of the resident and will not be the responsibility of the Program Director or the Department of Medical Education.
- g. Call
- i. OGME-1: Call will include general house coverage duties as assigned.
 - ii. OGME-2 through OGME-6: Call will be taken from home as per the assigned schedule and within the guidelines of the Duty Hours policy and procedures as outlined in the House Staff Manual. All time spent in the hospital while on call is to be included in the resident's duty hours totals for the week.
- h. Academic file requirements
- i. The intern/resident will be responsible for providing the following to the Department of Medical Education for their academic file:
 1. Curriculum vitae, if not submitted through ERAS
 2. Internship certificate (upon completion for GCH interns)
 3. Current State of Michigan licensure as an osteopathic physician (educational limited or full)
 4. AOA membership card or equivalent
 5. Copy of driver's license
 6. Copy of Social Security card
 7. Copy of current BLS/ACLS certification
 8. Copy of medical school diploma and/or final transcript showing date that degree was conferred
 9. Current mailing address
 10. Current email
 11. Current telephone number
 12. Emergency contact information
 - ii. All internship/residency contracts will be maintained in the academic file.
 - iii. The intern/resident may view the contents of his/her academic file at any time.
 - iv. At the completion of internship and residency, the intern/resident should review his/her academic file to ensure all required logs, evaluations and other documents are in place.
- i. Compliance with duty hours
- i. It is the responsibility of the intern/resident to know and abide by GCH's policy and procedures on duty hours.

- ii. Interns and residents are to complete and return duty hours report forms when requested by the Department of Medical Education.
 - iii. During OGME-1 (internship), moonlighting is prohibited.
 - iv. During OGME-2 and OGME-3, moonlighting requires the permission of the Program Director and compliance with all policies and procedures. In particular, moonlighting must be included in the resident's total duty hours, which must not exceed 80 hours per week averaged over four weeks.
 - v. Copies of policies and forms may be found in the attachments section.
- j. Hospital policies
- i. As employees of Garden City Hospital, all interns and residents are expected to adhere to Hospital, including but not limited to:
 - 1. Code of Conduct
 - 2. Confidentiality
 - 3. Leave of Absence
- k. Each intern/resident is required to maintain membership in AOA throughout his/her training.
- l. Each intern/resident is strongly encouraged to apply for membership to ACOS. A fee will apply for review of each resident's academic year by the RESC if he/she is not a member.
- m. Each intern/resident is to provide Medical Education with a current email address.
- n. Research
- i. Research requirements are defined by the ACOS Residency Evaluation and Standards Committee (RESC). The goal is for each resident to demonstrate the ability to synthesize and apply medical research data by writing an original scientific research paper. Through this process, the resident should improve cognitive skills, and learn to manage and communicate medical information.
 - ii. This requirement is met by:
 - 1. OGME 2 Submission of a literature review or a poster presentation or a scientific paper.
 - 2. OGME 3 Submission of a literature review or a poster presentation or a scientific paper.
 - 3. OGME 4 Submission of a case report or a poster presentation or a scientific paper.
 - 4. OGME 5 Evidence of original research and data collection, and a progress report prepared in the format of a scientific paper by completion of OGME 4, approved by the program director, on an original research topic.
 - 5. OGME 6 Additional evidence of original research and data collection, and completion and submission of an original research paper approved by the program director.
 - iii. A copy of the paper/presentation and the appropriate form are to be submitted to ACOS as part of the annual year-end paperwork. Copies will be kept in the resident's academic file as well.

