

Fellowship Frequently Asked Questions

Acronyms

- **ABMS** -- American Board of Medical Specialties: this is the organization comprised of specialty boards.
- **ABPN** -- American Board of Psychiatry and Neurology: this is the organization which certifies Neurologists (and Psychiatrists) via the written and oral board exam. It is an ABMS-affiliated Board.
- **ACGME** -- Accreditation Council for Graduate Medical Education: this organization supervises post-graduate training by developing training program requirements and by periodic evaluation of programs for compliance. ACGME approval is mandatory for Medicare reimbursement of housestaff costs. This is accomplished through specialty RRCs.
- **RRC** -- Residency Review Committee: The RRC for Neurology is charged with approving and accrediting Neurology, Child Neurology, Clinical Neurophysiology and Pain Management residency programs.
- **GMEC** -- Graduate Medical Education Committee: Each and every institution with a post-graduate training program is required to have a committee of the medical staff association which oversees the training programs of that institution.
- **ECFMG** -- Education Council for Foreign Medical Graduates
- **ABEM** -- American Board of Electrodiagnostic Medicine: an example of a non-ABMS approved board exam, certifying competencies in electrodiagnosis. There are many others covering sleep, EEG, EPs, neuroimaging, etc.

All Neurology, Child Neurology, Clinical Neurophysiology residencies must be approved by their institutional GMEC and by the RRC for Neurology. Graduates are then eligible to take the Board exam given by the ABPN.

Choosing a Fellowship

How do I choose a fellowship?

Don't choose what is "popular" or what makes you more "marketable." Choose what you really want to do. This will not only ensure your happiness and peace of mind but also continued growth in an environment of your choice.

How do I get into a fellowship of my choice?

The essential ingredients begin with you. Solid letters of recommendation from your faculty go further than you think. You are being observed at all times. Work hard. Of course it never hurts to have done an away elective in your PGY-3 year at your institution of choice. This not only helps get your "foot in the door" but also helps you decide if that is indeed the door you want to open for yourself. Fellowship directors like to choose someone who has been committed to his/her area of interest. If your CV reflects your interest in your choice of fellowship, it makes you a stronger applicant. Lastly, the importance of applying early cannot be overemphasized.

How do I go about trying to find a list of programs that offer what I want to do?

This can be difficult in the absence of a complete listing of fellowships. The AAN/AUPN/ANA Fellowship Directory ([hyperlink](#)) provides the most comprehensive listing of fellowships by topics. Word of mouth can be an invaluable resource. Gather information early. Ask your chief residents what their plans are. How did they like the places they interviewed. Ask your faculty about any programs that they may suggest to you.

What questions should I ask that might help me decide in favor of the program?

Are you required to be on a full license? This should prompt red flags immediately. Are they more interested in your billing or teaching you? Also, when on a full license you are on your own. When you leave do you need a "tail"? Make sure you choose to do a fellowship to further your education and not billing for an institution in dire financial need. Talk to fellows at the program. Do they have opportunities for conferences, grand rounds and other such forums? Ask what their hours are. What would your schedule be like?

What is the timeline for applying for a fellowship?

Each institution is different, so check the fellowship directory or contact the institution directly. Some institutions accept applications all year. Many institutions accept applications from June to October for fellowships to begin on July 1.

Program Director Mindset

Why do they become fellowship directors?

Most fellowship directors launch their programs because they like to teach and they like to mentor. Many additional motivations, some less altruistic, include: fond recollection of their fellowship training and a desire to recreate it for others, horrific recollection of their fellowship training and a desire to save others from such a fate; need for assistance in research and scholarly activity; fulfilling academic mission of department and division; prestige; see more patients and increase clinical productivity.

What are fellowship directors looking for in a fellow?

Expectations and desires among fellowship directors for fellows are as varied as their motivations. Almost universally, directors are looking for an able assistant, who is easy to teach and eager to learn, is clinically capable, and easy to get along with.

Some evidence of interest during the course of residency in the particular subspecialty of the fellowship is generally sought. Abstracts or papers presented in the subfield are helpful. Experience in the salient subspecialty during a residency elective rotation, memorable patient stories, etc., help to persuade directors of a candidate's interest and commitment.

What are the funding sources for fellowships?

Sources and robustness of fellowship funding varies widely from subspecialty to subspecialty. Some fellowships are supported by leftover, unfilled residency slots, with

the Graduate Medical Education monies from Medicare being directed at a fellow rather than a resident. Similarly, VA monies are sometimes available to directly support fellow slots, or can be redirected from resident slots to fellow slots. Large research grants may have prespecified salaries for fellows. Fellows may apply for individual fellowship grants from subspecialty grant sources (epilepsy, parkinson's, stroke foundations, etc.) and from the AAN. These generally require a particular research project be outlined in a competitive grant application. Clinical revenues often at least partially support positions. Fellows who are training in ABMS-approved fellowship programs (e.g., many EEG, neurophysiology fellowships) cannot bill Medicare separately as attendings and need all notes co-signed. Conversely, fellows who are training in non-ABMS fellowship programs, including the many subspecialties unrecognized currently by ABMS (e.g., stroke, neuro-oncology, neurointensive care, multiple sclerosis, behavioral neurology), often can bill Medicare separately as attendings, and do not need notes co-signed. At programs that participate in clinical trials, often some of the clinical trial funds received are directed to fellow support.

You will frequently hear the terms "hard money" and "soft money." While their use is somewhat variable, hard money generally refers to money definitely in the bank, e.g., Medicare GME slot, VA-supported slot, awarded grant slot. Soft money refers to money that is expected or hoped for, but not yet definitely secured, e.g., clinical revenues, clinical trial monies dependent on enrolling certain numbers of patients, grants applied for but not yet awarded.

What are the types of fellowships?

Basic science: generally 2-3 years, with bulk of time spent in the lab.

Clinical research: generally 1-2 years, with mixture of clinical work, participation in clinical trials, original research, and chapter writing. General goal is academic career.

Clinical: generally 1-2 years, preparatory to a career in clinical practice, often focused on specialized procedures not fully acquired in the course of residency, e.g., EEG, EMG, sleep, pain, movement disorders, imaging.

What is the value of fellowships?

Fellowships have many possible rewards. They can provide core research training and subspecialty content area training essential for an academic career. They can permit acquisition of unique skills and additional subspecialty content area training useful for neurologic practice. They may provide training required for board certification in subspecialty areas. They provide unique and intrinsically interesting opportunities for in-depth training in a neurologic subspecialty. They shield the trainee from the already long-deferred confrontation with the "real world" for another 1-2 years. And they constitute a unique intellectual apprenticeship, a close working relationship with a senior mentor who will inevitably become a detailed model (to follow or to avoid) that will shape trainees' thoughts and actions for the rest of their careers.

Clinical Neurophysiology Fellowship

In 1990, the ABPN, in concurrence with the ABMS, established a Board examination for Added Qualification in Clinical Neurophysiology. This test was first given in 1992, and has been given every two years since. "Added Qualification" was deleted from the certificate as of 1997. Only successful graduates of ACGME RRC-approved residencies in Clinical Neurophysiology are eligible. It was not until 1996 that the ACGME first accredited fellowships in Clinical Neurophysiology, which they call residencies.

Clinical Neurophysiology residencies are for one year and "must include significant didactic and clinical experience in two" of EEG, EMG or Sleep, with a board exposure to other aspects of clinical neurophysiology with either clinical or didactic experience. The year can have a particular emphasis on either EEG or EMG or sleep but must have elements of clinical and didactic education for two of the areas. For institutions to receive Medicare funding for Clinical Neurophysiology residents, it must be an ACGME-accredited program. *For IMGs on a J1 visa, a program must be ACGME accredited (see exceptions).* To enter an ACGME-accredited Clinical Neurophysiology program, the applicant must have successfully completed an ACGME-approved Neurology or Child Neurology residency.

To be eligible to take the Board exam for Certification in Clinical Neurophysiology, the applicant must have successfully completed an ACGME-accredited Clinical Neurophysiology residency, and must be Board Certified in Neurology or Child Neurology. The exam is currently a written exam, given over four hours. Certification is for ten years. Many institutions require specialty and subspecialty Board certification, if such Board certification is available.

Other Accredited Subspecialties

Pain Management

In 1998, the ABPN, in concert with the American Board of Anesthesiology (ABA) and the American Board of Physical Medicine and Rehabilitation and with the concurrence of the ABMS, developed a subspecialty Board examination in Pain Management. To be eligible for this board, an applicant must have completed an ACGME accredited program in Pain Management, or for the first five years of the Board exam (through 2003 examination), completed a 12-month fellowship in Pain Management or practiced Pain Management for at least 24 months. It is a computer-based exam administered by the ABA but application and certification for Neurologists and Child Neurologists is through the ABPN. Eligibility is not limited to board certification in Neurology or Child Neurology.

In June 2000, the RRC for Neurology published requirements for training programs in Pain Management. It is a one year program, in which at least nine of the months must be in pain management. Programs must meet these requirements to receive ACGME accreditation.

Neurodevelopmental Disabilities

In 1999, the ABPN in concert with the American Board of Pediatrics, with the concurrence of the ABMS, developed a Board examination in Neurodevelopmental Disabilities. This Board exam will be administered by a conjoint Committee operating under the supervision of both boards. Requirements for eligibility prior to 2006 (grandfather period) include board certification in Child Neurology, and one of either 24 months formal training in neurodevelopmental disabilities, 12 months formal training in neurodevelopmental disabilities and 50% practice time for 2-1/2 years devoted to it, or 50% of practice time for the previous five years in neurodevelopmental disabilities.

As of 2001, there is no RRC in Neurology program requirements for training programs in neurodevelopmental disabilities.