

# Department Chairs and Program Directors' Forum

John D. England, MD

Richard M. Paddison Professor and Chair

Department of Neurology

LSUHSC School of Medicine in New Orleans

# Objectives

- To know and understand various ways for funding Neurology education and fellowship programs.
- To know and understand how philanthropy can help support Neurology programs.
- To understand the role of digital (virtual) platforms in education and recruitment. Discuss how the COVID-19 pandemic has changed Neurology programs.

# Agenda

- **Funding:** Dr. Steven Galetta, Dr. David Urion, Ms. Heather MacLean, and others
- **Digital (virtual) platforms:** Dr. Brian Copeland, Dr. Gauri Pawar, Dr. Erica Schuyler, Dr. Emily Pharr, and others
- **New ACGME requirements for GME:** Dr. Gauri Pawar, Dr. Emily Pharr, Dr. Brian Copeland, Dr. Erica Schuyler, and others

# Funding

Presented by:



**Steven Galetta, MD**  
NYU Langone Health



**Heather MacLean**  
NYU Langone Health



**David Urion, MD**  
Children's Hospital Boston -  
Harvard Medical School

# Living the Dream: Funding to Support Education Programs

Presenters:

Steven L. Galetta, MD

*Philip K. Moskowitz, MD Professor and Chair of Neurology, Department of Neurology at NYU Grossman School of Medicine*

*Heather MacLean, Senior Director of Development, NYU Langone Health*

# Funding Matters

## Traditional Funding Mechanisms

- Medical School, Hospital, State
- Department Funds – CME
- Industry
- **Philanthropy**

## Why Philanthropy?

- Potential for education initiatives to impact both clinical care and research
- Opportunity for donor engagement and growth, and to have a tangible and personal connection
- Downstream impact
  - Raise the visibility of your program
  - Resident applicants look at the fellowship opportunities
  - Bolsters the institution by building a future referral network of trainees

# Making the Case for Support

- Many lay donors think medical school tuition covers all expenses including resident training
- Critical need for more neurologists but we lack full government support, particularly for fellowships
- Education programs impact the entire department and institution
- Great opportunity for donors who want to have a significant impact but without the \$\$\$

## **But aren't donors only interested in research.....**

- Focus is usually on research because of perceived disease impact
- Need substantial money to move the needle – challenge to set realistic donor expectations for a 6-figure gift
- Research can be fraught with political challenges due to institution focus on extramural funding
- Fellows and residents pursue research projects so indirect impact
- For a research focused donor, make the case for supporting a research fellowship year
  - Bridges the gap between bench and bedside
  - Assists in recruitment and retention of research-focused clinicians

## From Study to Practice:

- Board of Trustee and Bank Executive: Stroke Fellowship
  - Taking a disease specific, yet unrestricted gift, to maximize impact
- Fresco Institute Fellowships at NYU Langone
  - Fostered collaborations and connections in Italy
  - Supports both clinical and research fellowships in movement disorders
- Building the Relationship: Headache Medicine Fellowship
  - Donor initially interested in research who pivoted to fellowship support
  - Opportunity for donor growth
- Bridging the Gap: Translational Fellowships in MS
  - Playing the long game – a donor with institutional potential but stated interest in MS
- Bolstering the Residency Program: Unrestricted Departmental Gift
  - Kellar Family Foundation supports PD research but provided an opportunity for additional unrestricted donation to the department

**Thank You**

# Digital (virtual) platforms

Presented by:



**Brian Copeland, MD**  
LSU Health Sciences  
Center SOM - New Orleans



**Gauri Pawar, MD**  
West Virginia University -  
Robert C. Byrd Health



**Emily Pharr, MD**  
Wake Forest University  
School of Medicine



**Erica Schuyler, MD**  
University of Connecticut School  
of Medicine

# New ACGME requirements for GME:

Presented by:



**Brian Copeland, MD**  
LSU Health Sciences  
Center SOM - New Orleans



**Gauri Pawar, MD**  
West Virginia University -  
Robert C. Byrd Health



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Wake Forest University  
School of Medicine



**Erica Schuyler, MD**  
University of Connecticut School  
of Medicine

# ACGME Core Program Requirements

Effective since 7/1/2020

# Program Director

- At a minimum, the program director must be provided with the salary support required to devote 35 percent FTE of non-clinical time to the administration of the program.
- Additional support for the program director and the associate program director(s) must be provided based on program size as follows:

Number of approved residency positions	Minimum Program Director FTE	Minimum aggregate PD/APD
9-15	.35	0.40
16-20	.35	0.45
21-25	.35	0.50
26-30	.35	0.55
31-35	.35	0.60
36-40	.35	0.65
> 40	.35	1.00

# Faculty

- A total faculty member to approved resident complement ratio of one to one must be maintained. The program director may be counted as one of the faculty members in determining the ratio.
- **Core faculty –**
  - The core faculty must include a program director, a child neurologist, and a minimum of three full-time neurology faculty members who provide clinical service and teaching and who devote sufficient time to the program to ensure basic and clinical education for residents.
  - Core faculty members must complete the annual ACGME Faculty Survey.

# Program Coordinators

Number of approved resident positions	Minimum FTE coordinators required
1-6	0.50
7-15	0.75
16-24	1.00
25-33	1.25
34-42	1.50
43-51	1.75
52 or more	2.00

# Fellowships

## Clinical neurophysiology, Vascular neurology, Epilepsy

- Director needs 10% FTE of non-clinical time for program administration
  - Additional 10% for program size 1-3 and 15% for 4 or more fellows
- A core faculty-to-fellow ratio of at least one to one must be maintained in programs with two or more fellows
- Program must have 2 core faculty, including PD who are board certified in respective subspecialty.