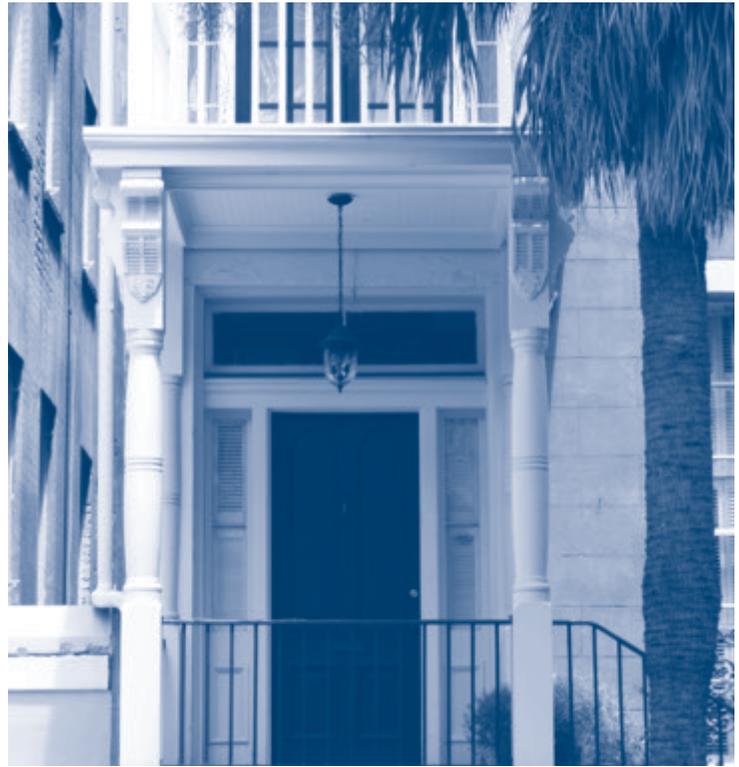
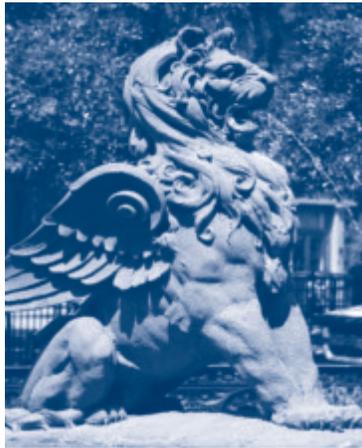




NEWSLETTER

Spring 2011
Volume 19, No. 2



SAVANNAH *Now and Then*

WHEN THE CHILD NEUROLOGY SOCIETY CONVENES IN SAVANNAH, Georgia on October 26, 2011 for its 40th Annual Meeting, it will mark only the fourth time that the organization has returned for a second time to a host city. Much has changed, both in the Society and in society, since that first Thursday morning in October 1980 when CNS Vice-President and Local Arrangements Chair, Dr. Paul Dyken, from Augusta, GA welcomed the 347 attendees and Dr. Arthur Prensley delivered his Presidential Address. The host state's former governor, Jimmy Carter, was campaigning for reelection to his second term as President and, though only narrowly ahead in the polls one month before the election, conventional wisdom still had him winning over his "too conservative to be elected" Republican counterpart, Ronald Reagan.

The proceedings began at 8:30 am, a more leisurely, civilized, and presumably less caffeinated opening to the day than the spartan 7:00 am start-time CNS attendees have since grown accustomed to with a full slate of three breakfast seminar to choose from each morning. The Invited Speaker on Friday morning (it was not yet named the Bernard Sachs Award Lecture) was Dr. Dominick Purpura, the renowned neuroscientist who subsequently went on to become the longest serving dean of a medical school in American history, presiding at the Albert Einstein College of Medicine of Yeshiva University from 1984 to 2006. The Hower Award Lecture was delivered at the Friday night banquet by Dr. John Menkes. Dr. Joe Volpe, chair of the 6-member Scientific Selection Committee crafted a

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CHILD NEUROLOGY SOCIETY

From the President



Donna Ferriero, MD
President, CNS

THIS HAS BEEN A BUSY SPRING WITH A FOCUS ON education at all levels, including significant progress by the CNS Training Committee on ABPN-mandated Maintenance of Certification (MOC)/Performance in Practice (PIP) modules, a promising switch in residency match programs from the SF Match to the NRMP and a fertile season of discussion within the PCN focused on how we should train our learners for a career in child neurology.

In this newsletter, you will find two very important articles that highlight the issues that have come up this year related to training. Bruce Cohen describes findings from surveyed training directors reflecting on how we prepare our residents for careers in child neurology. Those seeking additional perspectives may wish to access the forthcoming June issue of *Annals of Neurology* featuring an opinion piece co-authored by Scott Pomeroy and myself, as well as three-part series published last year in *Neurology* co-authored by Keith Ridel and Donald Gilbert.

As you all know by now, SF Match is gone, and we are moving to the NRMP. Harvey Singer has succinctly outlined the changes in the process that you will want to clip and save for future reference.

Anne Comi, Chair of the Training Committee, has been working diligently with her committee to get the PIPs organized and written. Many of you have stepped up to volunteer to assist on this, with John Bodensteiner providing key help and wisdom going forward. In addition, we have been contacted by Barbara Scherokman and asked if the Society would be interested in working with her on an online child neurology resource for medical providers in developing countries. Dr. Scherokman is a member of the Education Committee of the World Federation of Neurology in charge of undergraduate and graduate non-neurologist education in developing countries. Since there are very few neurologists in developing countries, her stated goal is to teach generalists how to rapidly and effectively evaluate neurological symptoms. We are in conversation with ICNA to see how we can partner with them, so if anyone is interested, please contact Harry Chugani or Anne Comi.

Drs. Deborah Hirtz and Bruce Cohen have kept the Practice Committee very busy reviewing a number of guidelines where CNS endorsement is requested. Lively discussions have ensued via email and it is becoming increasingly clear that we will need to develop strict principles for endorsement as we go forward.

While I'm on the "education soapbox," let me urge all of you to come to Savannah this October for what promises to be a very challenging and exciting program. As in past years, the meeting kicks off with the all-day Wednesday Neurobiology of Disease in Children symposium; this year's topic is "Friedreich's Ataxia." Scientific Program Chair, Steven Miller has organized an outstanding group of speakers for The Presidential Symposium focusing on new developments in Neuroinflammation. The Symposium will raise our awareness and address issues and controversies related to classic neuroinflammatory conditions (e.g. autoimmune encephalitis) and others you may not have considered "inflammatory (e.g. Neurofibromatosis). The Scientific Selection Committee was thrilled to review a record-breaking number of symposia proposals submitted by CNS members, from which a strong line-up of symposia and breakfast seminars emerged. This year our symposia will focus on Pediatric Neurocritical Care, Muscle and Neuromuscular Junction Disease of Infancy, and Progressive Encephalopathies in Children. Our nine breakfast sessions will highlight recent advances in a broad range of Child Neurology sub-disciplines. Detailed description of the program must await final ACCME approval, but a skeleton outline appears on page 3 and on the website.

This year's 40th anniversary meeting in Savannah, site of its 9th Annual Meeting in 1980, will highlight the past, present and future of child neurology and the Child Neurology Society. In that vein, it's worth noting that this year's Sachs Awardee, Laura Ment, presented two posters at that 1980 meeting after completing residency in 1979. Her report on cerebral blood flow determinations in preterm neonates paved the way for her groundbreaking work on IVH and indomethacin therapy. This year her abstract on a neonatal arousal scale for assessment of critically ill neonates will be featured. Come to the platform and poster sessions to hear more about the rapidly growing field of neonatal neurology that Dr. Ment pioneered.

Finally, one cannot talk about the past, present, and especially the future of child neurology without emphasizing the importance of the Philip R. Dodge Young Investigator Award. Please, make it a priority to contribute to the PRDYIA endowment fund this year and double your impact by taking advantage of the generous \$50,000 matching grant from the Pediatric Epilepsy Research Foundation (PERF). We need your help. We need every member's help. Two hundred members contributing \$250 would get us to the \$50,000 match; 1500 members contributing would move us closer to permanently endowing the award, a worthwhile goal as we approach our 40th anniversary meeting.



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CHILD NEUROLOGY SOCIETY

40th Annual Meeting CONTINUED FROM PAGE ONE

program featuring 35 platform and 40 poster presentations selected from among the 172 abstracts submitted. This year's meeting (with attendance expected to surpass 900) will include 16 platform presentations, 8 moderated poster presentations, and 211 posters selected from among the 284 abstract submissions reviewed by the 26-member Scientific Program Planning a Selection Committee chaired by Dr. Steven Miller. A skeleton outline of the overall program for this year's 40th Annual Meeting appears below; final details will be available and published in registration material scheduled for mailing and website posting in late June/early July pending final ACCME approval of the program.

WEDNESDAY, OCTOBER 26

7:30 AM – 5:00 PM

Symposium 1
NDC Symposium:
Friedreich's Ataxia

6:00 PM – 8:00 PM
Welcome Reception

8:00 PM – 10:00 PM
SIGS

THURSDAY, OCTOBER 27

7:00 AM – 8:30 AM
Breakfast Seminar 1
Induced Pluripotent Stem
Cells in Child Neurology:
New Tools, New Hope?

7:00 AM – 8:30 AM
Breakfast Seminar 2
ONE The Foregoing of Life
Sustaining Treatment.
Are Futility Policies Ethical?
Two The Foregoing of Life
Sustaining Treatment.
Value Judgment

7:00 AM – 8:30 AM
Breakfast Seminar 3
Advances in MRI Imaging
in Epilepsy

9:00 AM – 12:00 PM
Symposium 2
Presidential Symposium:
A New Look at Neuroinflammation

1:30 PM – 4:00 PM
Symposium 3
Saving the Brain: Opportunities
in Pediatric Neurocritical Care

4:00 PM – 6:00 PM
Child Neuro News Break
Wine & Cheese | Poster Review

6:30 PM – 10:00 PM
Satellite Symposium
TBD

FRIDAY, OCTOBER 28

7:00 AM – 8:30 AM
Breakfast Seminar 4
An Update on Genetics for
the Child Neurologist

7:00 AM – 8:30 AM
Breakfast Seminar 5
Circadian Patterns to
Pediatric Neurologic Disorders:
Novel Approaches to Diagnosis
and Therapy

7:00 AM – 8:30 AM
Breakfast Seminar 6
Managing Severe Pediatric
Movement Disorders

8:45 AM – 10:45 AM
Platform Session 1

8:45 AM – 10:45 AM
Platform Session 2

11:00 AM – 11:10 AM
Award Presentations

11:15 AM – 11:40 AM
Dodge Award Lecture

11:45 AM – 12:30 PM
Sachs Award Lecture
Laura Ment, MD

12:40 pm – 2:10 pm
Moderated Poster Session

2:15 pm – 4:45 pm
Symposium 4
Muscle and Neuromuscular
Disease of Infancy: Diagnosis
and Emerging Treatments

5:00 pm – 6:15 pm
Junior Member Seminar

6:30 pm – 11:00 pm
Reception & Banquet

SATURDAY, OCTOBER 29

7:00 AM – 8:30 AM
Breakfast Seminar 7
Non-invasive Brain Stimulation
in Children: Neurophysiology
and Therapeutics

7:00 AM – 8:30 AM
Breakfast Seminar 8
Neurologic Sequelae of
Pediatric Brain Tumors

7:00 AM – 8:30 AM
Breakfast Seminar 9
Autism: A Practical Review for
the Practitioner

8:45 AM – 9:30 AM
Hower Award Lecture
Deborah Hirtz, MD

9:45 AM – 12:15 PM
Symposium 5
Progressive Encephalopathies
in Children: International
Perspective



Registration materials will be sent and on-line registration will begin July 1.

CHILD NEUROLOGY SOCIETY

Nominating Committee

Nominees Announced for CNS Councillor Positions on CNS Executive Committee

BY DONNA M. FERRIERO, MD, PRESIDENT

THE NOMINATING COMMITTEE, CHAIRED BY JOHN Bodensteiner composed of Stephen Ashwal, Meredith Golomb, Robert Greenwood, Kathy Matthews, Ben Renfroe and Ann Tilton has submitted the following slate for this year's election of officers:

Councillor from the East

- Barry Kosofsky
- Michael Shevell

Councillor from the Midwest

- Suresh Kotagal
- Margaret McBride

The biographical sketches of the candidates were mailed to CNS Active members on June 1, along with profiles composed by the candidates themselves.

According to the CNS By-Laws, additional write-in nominations can be made by the membership. Since the election will be held by mail ballot, such nominations must be submitted to John Bodensteiner, MD, Chair, Nominating Committee, CNS National Office, 1000 West County Road E, Suite 290, St. Paul, MN 55126 within 30 days (July 1; this deadline is necessary to allow time for the preparation and mailing of the ballots to the membership and to permit a run-off election if necessary). The nominating package must include letters of support from a proposer and four seconders, the nominee's CV (so that a biographical sketch can be prepared), and a letter from the nominee indicating her/his willingness to serve, if elected.

ASSOCIATION OF CHILD NEUROLOGY NURSES

ACNN Update



Does Your Nurse, NP, CNS or PA Belong to ACCN?

ACNN IS AN INTERNATIONAL NONPROFIT organization of nurses and other health care professionals caring for children with neurological conditions. Our mission is to promote excellence in child neurology nursing practice through the development and support of nurses caring for children with neurological conditions. We aim to advance standards of care, provide educational opportunities, foster research and facilitate regional and international multidisciplinary collaboration.

ACNN offers:

- an annual conference in conjunction with the CNS meeting
- regional meetings

- networking opportunities
- awards and research grants
- a newsletter
- information and resources of importance to child neurology nurses

Help the nurses and health care professionals who assist you in your practice give the best possible care to your patients. Talk to them about ACNN and encourage them to join.

For more information about ACNN go to www.acnn.org.

PROFESSORS OF CHILD NEUROLOGY

PCN Update



Child Neurology Residency Training: Current and Future

BY BRUCE H. COHEN, MD, PRESIDENT, PCN

FOR THE LAST DECADE THERE HAVE BEEN discussions within the Professors of Child Neurology (PCN) regarding optimal training requirements for Child Neurologists. Some members of the PCN believe the current training paradigm that has been in place for decades is outdated, and instituting change could both increase the popularity of child neurology training and make that training more appropriate given the new clinical demands on the graduates of these programs. Polling of potential residents has determined that the extra year of training for child neurologist is a deterrent to some, while the idea of having to spend a year in adult neurology training deters others from entering training. Ideas for change range from training flexibility in time allotted to the adult neurology portion of training to an overhaul of the entire structure of how child neurologists are trained.

It is important, especially to the younger audience, to outline the history of the most common 2+3 pathway. The vast majority of child neurology residents complete two or three years of pediatric training prior to a three year training program in neurology/child neurology (N/CN). Successful completion of training and testing performed by the American Board of Psychiatry and Neurology leads to board certification in "Neurology, with Special Qualifications in Child Neurology." This pathway also allows the candidate to sit for board certification in Pediatrics, issued by the American Board of Pediatrics. An alternative pathway does exist that allows the candidate to complete one year of pediatrics and one year of basic neuroscience research, along with the three-year N/CN training program. A final pathway includes one year of pediatrics and one year of internal medicine followed by the N/CN training. Neither of the final two pathways will lead to board certification in Pediatrics. The board certification in Neurology, with Special Qualifications in Child Neurology allows the perception (and reality) that the doctor is qualified to provide neurological care for patients of all ages. The Residency Review Committee (RRC) mandates and enforces that one year of the three year N/CN residency is spent in adult neurology rotations. Most training programs have an identical curriculum for all first year neurology residents. In some programs the adult neurology months are split so the adult training is divided over two or three years.

This current 2+3 pathway evolved as part of discussions and compromise between not only the ABP and ABPN

but from the training programs themselves, and also involves federal/state funding for the training programs. This hard-fought battle wove together an agreement that essentially kept the N/CN training as a residency and not a fellowship, allowed the two years of pediatric neurology training to substitute for the third year of pediatric training (for the ABP board) and funding for all five years.

The reasons and opportunities for considering change are numerous. When child neurology training was initially developed, most training programs had only two child neurologists on staff and there was not the depth within the pediatric neurology programs that existed in the hospital's adult neurology service. Therefore, substantial time was required on the adult neurology services to learn the basic skills necessary to become a neurologist. Times have changed and now many child neurology programs are large enough to allow for the core neurology skill set to be taught by experts within the child neurology program, and within the scope of neurological disorders affecting children. In addition, some adult training programs concentrate their first year of training in areas that are less relevant in the training of the child neurologist, and many child neurologists in training have no intention of ever practicing adult neurology. An additional demand is that child neurology is a much broader field now than it was when the current training requirements came into effect, and therefore more emphasis is necessary on these age-specific disease states – especially if the resident does not wish to pursue additional subspecialty training after residency. Finally, most doctors choosing child neurology training really do not intend to practice as adult neurologists – the current estimate is that 9% of current child neurologists see adults as part of their practice. This "9%" can be viewed in two ways: a full 9% of those intending to practice child neurology end up practicing at least some adult neurology – and almost all (91%) that intended to practice child neurology have no reason to practice any adult neurology.

None of the reasons to consider change are meant to undermine the importance of adult neurology education, but some would argue that because the training program is limited to three years, there must be trade-offs. In the world of limited time resources these are not rhetorical issues. Changes should be considered to provide optimal educational experiences

Continued on page six

PROFESSORS OF CHILD NEUROLOGY PCN Update

and medical knowledge about established and evolving biomedical, clinical, epidemiological, and social behavioral sciences and the application of this medical knowledge to the care of children with neurological diseases.

In addition to the focus of changing the structure of training, there is a proposal to change the two year prerequisite training in pediatrics to one year. Any change in pediatrics training will have separate ramifications in the way pediatric and child neurology training are linked and will be addressed separately.

In a recent survey of the voting members of the PCN (about 72 members or $\frac{3}{4}$ of the PCN voting membership) responded to each survey question; the following opinions were expressed:

1. 35% believed programs should be required to divide the training between the first and subsequent years, with the clear understanding that any time spent after the first year of training will be at the supervisory level or at the level that the adult neurology residents function, while 65% felt that each program should be able to decide this issue internally.
2. 35% believed that 12 months of adult training was optimal, while 43% believe that 6-10 months was optimal and 15% believed that 3-4 months was optimal.
3. 61% believed that inpatient neurology training should be limited to six months.
4. 59% supported a Child Neurology training track – meaning the ABPN certificate would not grant board certification in (adult) neurology.
5. When asked how many months of adult neurology would be optimal for a Child Neurology board, 26% said 3 months, 29% said 6 months, 7% said 9 months and 34% said this is not a good idea.
6. Regardless if they thought a Child Neurology board was a good idea, most responders (84%) believed they could offer the proper educational experience for such a program. 39% of the responders thought their institution would support such a program, including funding for the extra child neurology months, while 24% said they doubted their institution would support the program (and 37% were not sure).

These survey results were presented at the Consortium of Neurology Program Directors in April 2011. In the days and now weeks since this presentation there has been much feedback. Whereas these directors present at the CNPD were sympathetic to the concerns outlined in the survey and expressed a willingness to sit down and work out the details, they were not supportive to the creation of a second board (The Child Neurology board). Many stated (paraphrased) ‘all your goals could be achieved by shortening pediatric training to one year and making minor tweaks with the current rules’. This issue (cutting two years of pediatric training to one year) was not addressed by the survey for reasons stated below.

In the not-so-distant past arguments against change were based on “how are we going to staff the wards with this proposal?” The residency work hour reduction has taken the purpose of residency from staffing the service to ensuring that all the time is spent with the purpose of providing the necessary training necessary to enter the workforce as a competent specialist. There are four options available:

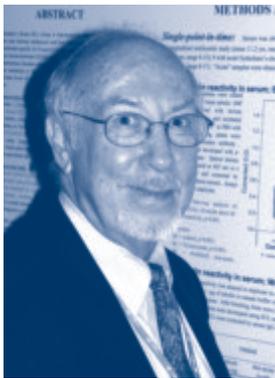
1. Make no changes: This option of status quo is not satisfactory because it does nothing to address the legitimate concerns for real changes in the practice of child neurology that have occurred over the last few decades.
2. Shorten the duration of pediatric training to one year and leave the current neurology component of training alone: This is the least likely to be successful for political reasons. This is not a desirable option as it will likely destroy the categorical program, making it difficult for prospective trainees to find a first year pediatric training program commensurate with their skills. It may also destroy many funding pathways because once it is established that training a child neurologist can be accomplished in four years, there is no reason to ever fund a fifth year of training. This will then destroy the fifth year of funding for any candidate wanting to do the current 2+3 or 1+1+3 program path. Dual board certification will not be possible. Regardless of potential benefits, we cannot imagine any buy-in from Pediatric or Child Neurology leadership for this option.

3. Create a new residency program in Child Neurology with a different ABPN certificate: One proposal is to create a 3 month adult, 33 month pediatric neurology program (3+33 but the actual decision could be flexible to a 4+32 or a 6+30 model). This will require a core leadership team to create the curriculum, advance the process through the RRC and CNPD and create the necessary exams at the ABPN level. Despite the huge effort, there is nothing standing in the way of this option. It is possible that for free-standing children's hospitals with strong child neurology programs but without natural adult neurology partners, a 3+33 month program could flourish using an established adult neurology training program to assist with adult aspects of training. There would be substantial local political hurdles for established programs: who decides whether to offer a CN program, an A/CN program, or both? Each program will have to deal with the internal conflicts between the child neurology program and adult neurology program. Funding for this new program could also get complicated, especially if the adult training is in a different city or state.
4. Working with the structure of the ABPN, RRC, and CNPD tweak the current system to achieve as many goals as possible without overturning the current structure of training. *This will require a full acceptance that the role of residency training is to educate residents and not as a "worker bee" for the attending physician.* The following changes would require a full buy-in that these changes are not a compromise between time given to the adult months and pediatric months, but rather the changes will strengthen quality of training for the resident who can enter practice as a child neurologist, but also maintains the ability to secondarily function as an adult neurologist. This less-than-revolutionary change, as developed by PCN leadership could require:
 - a. Continue the current 12 months of adult training but account for these months in a different manner
 - b. During the 36 months of training there will be a maximum of 6 months of adult inpatient service time
 - c. During the first 12 months of training there will be a maximum of 6 months of adult rotations, with a maximum of 4 months on inpatient service.
 - d. During the second and third years of neurology training, pediatric neurology residents will spend time in supervisory roles that would include ward senior resident and performing consultant services for inpatients.
 - e. During elective months where adult diseases are seen (Pathology, EEG and EMG are obvious electives) then credit will be given for adult time, up to 3 months credit. For example, if a resident chooses 3 months of EEG and two-thirds of the EEGs are adults, then the resident would be given 2 months adult credit.
 - f. The remainder of adult service should be in outpatient clinics, ideally where a broad range of diseases are evaluated.
 - g. The pediatric neurology training director will have as much authority as the adult neurology training director in achieving these goals.

I believe options 1 and 2 are "off the table" for current consideration. The leadership of the PCN believes option 4 (or a variation on this theme) has the best chance of success and discussions will occur with the CNPD and RRC for moving this forward. There are those that wish to move forward with a new training program and ABPN boards (designated 3+33), that if successful will co-exist with the standard N/CN training and offer more options (and/or confusion) for potential child neurologists.

"The only thing certain is change." (attributed to many authors, but probably Socrates)

CHILD NEUROLOGY SOCIETY NDD Match Committee



Child Neurology and Neurodevelopmental Disabilities Match Moves to NRMP

BY HARVEY S. SINGER, MD,
CHILD NEUROLOGY/NDD MATCH COMMITTEE CHAIR

The New Match

After consultation with Program Directors, the Executive Boards of the Child Neurology Society (CNS) and the Professors of Child Neurology (PCN), voted unanimously to relocate the Child Neurology (CN) and Neurodevelopmental Disabilities (NDD) match from the SF system to the National Resident Matching Program (NRMP) Main Residency Match. While the SF Match was a good first step, unacceptable limitations significantly restricted our ability to grow. By moving to the NRMP, we have followed the lead of our adult neurology colleagues and now have the ability to have a couple's match, two separate match tiers, and exciting joint match options with preliminary (i.e., two-year) pediatric positions. Although much work needs to be done to complete the transition process, and several issues require finalization, the goal of this letter is to update everyone with the latest information.

Next Scheduled Match Day

March 16, 2012.

Who will run the Match, how does one get information about available positions, and how does the applicant apply?

All matches will be completed on the web using the NRMP's Registration, Ranking and Results (R3) System. The NRMP will open its registration site on September 1, 2011 (Match is in March 2012). Information is currently being collected from all Program Directors about available training positions and will ultimately be pre-loaded in the R3 System. For more information on the R3 System and step-by-step instructions, see the user guides at http://www.nrmp.org/res_match/user.html. The Child Neurology/NDD Match Committee is currently negotiating with the Electronic Residency Applications Service (ERAS), however, as of this writing; it is unclear whether this system will be available for applications that will be submitted this fall for the March 2012 CN or NDD match. All applicants can continue to use ERAS for the pediatric portion of their application. If ERAS is unavailable for the CN/NDD application, we will identify another Application Service in a separate mailing.

What positions can be placed in the Match?

The NRMP Main Residency Match will accommodate two types of CN/NDD positions:

1. **Same Year (Reserved program) Match:** i.e., match in March 2012 for a CN/NDD training start date of July 2012.

These 2012 positions are classified as R positions, since they start in the year of the Match and require the applicant to have completed preliminary training in Pediatrics prior to July 1, 2012. Individuals who fail to match for a Same Year program will be eligible to enter into a controlled scramble afterwards.

2. **+2 year match**, i.e., match in March 2012 for both two-years of preliminary pediatric training (to start July 2012) and either CN or NDD (to start July 2014)

Options in the +2 year match include: the "Categorical", "Joint-advanced-preliminary program", and "Advanced child neurology/NDD program".

- a. **Categorical (aka "dummy" categorical program):** Provides continuous 5 years of training. The affiliated pediatrics program agrees to train whoever matches into the Child Neurology/NDD program and therefore does not rank them separately. If the number of slots assigned to the "dummy" categorical program is not filled, available positions can then be reverted (donated) to another category.
- b. **Joint advanced-preliminary program:** The advanced program (i.e., CN or NDD) is linked to a specific Pediatrics program. The applicant ranks CN on a primary rank order list and ranks the pediatrics program on a supplemental rank order list that is assigned to the CN program. Only applicants who rank the advanced program are able to rank the linked preliminary program on the corresponding supplemental list, and only applicants who match to the advanced program can match to the preliminary program. The CN and affiliated pediatrics programs submit separate rank lists for the Child Neurology/NDD applicants it would be

willing to train. The applicant must be interviewed and accepted by the pediatrics program. The Pediatrics program must agree to have a specified number of its slots assigned to the Joint A/P program, by creating a separate track in Pediatrics. If Joint A/P Pediatrics positions do not fill, they can be reverted (donated) to another program track in the Pediatrics program.

- c. **Advanced program:** Child Neurology/NDD training begins in PGY-3. This set-up is similar to the joint advanced-preliminary program, except the programs are not linked. In this scenario, the applicant is not restricted to do their preliminary training with the Child Neurology/NDD linked affiliated preliminary pediatrics program. Thus, the applicant could match to either the CN or the preliminary Pediatrics program, but not necessarily to both. The applicant ranks CN on a primary rank order list and ranks the pediatrics program on a supplemental rank order list that is assigned to the CN program. When the CN/NDD program is entered on an applicant's rank-order list (ROL), an automatic menu will appear that allows the applicant to create a supplemental ROL for his/her preliminary Pediatrics training. A different supplemental list, usually created based on geographic location (e.g., different city), can be established for each listed advanced program on the primary ROL. Child Neurology/NDD and Pediatric Program Directors each submit separate ROLs.

Note: Applicants can mix "Dummy categorical", "Joint-advanced", and "Advanced" programs on a single rank order list (ROL) and can create a different supplemental ROL for each Advanced program.

Program Directors can similarly place some of their positions in the Dummy categorical, Joint-advanced, or Advanced programs. Separate ROLs are created for each program type. The PD can revert (donate) positions from one program type to another (e.g., Dummy categorical to an Advanced program) to guard against going unfilled. Pediatric Program Directors can also redirect positions from a two-year to a three year program.

Required relationships with Pediatrics:

The NRMP is requiring the CNS/PCN to obtain formal confirmation that each pediatric training program agrees to accept a specified number of child neurology trainees for just two years of preliminary pediatrics. To prevent pediatrics programs from being disadvantaged based on accepting individuals who opt out of the third year of training, the current listing of three-year pediatric training programs will no longer be available for +2 year matches. Since most pediatric programs already admit our trainees for two years, we do not believe this should be a major issue.

What about +1 year candidates?

There is **no** match for 2013 (+1 year) candidates. At present, based on previous data obtained from the SF Match, we expect very few applicants to fall into this category. All applicants will need to be accepted via either the "same year" or "plus 2-year match, except as defined below.

Can a Program Director offer a position outside of the match?

At present, this is only permissible in the following situations

- a. **Post-match vacancy:** An applicant has gone through the Same-Year match process but has failed to match in March for a position to start in July of that same year. In this instance, the CN/NDD Program Director can directly negotiate with the candidate as part of an organized scramble process immediately following the Match.
- b. **Unexpected opening:** defined as a position, previously filled through the Match, that unexpectedly becomes available in the months immediately preceding an expected July start. In this instance only, a commitment can be made to another individual for that open position as long as the training begins within the first few months of that academic year and satisfies the rules and regulations of the Graduate Academic Training Committee of the Institution. Any position filled outside of the formal Match must have the approval of the Child Neurology/NDD Match Committee, prior to the formal commitment.

Continued on page ten

CHILD NEUROLOGY SOCIETY NDD Match Committee

Couples Match:

The partners register individually and then link their ROLs so that they match into the highest pair of programs where both applicants are offered positions. This option allows couples to obtain training at Institutions that are acceptable to both by geography and/or medical specialty. http://www.nrmp.org/res_match/special_part/us_seniors/couples.html.

Are there future planned discussions?

Ms. Mona Signer, Executive Director NRMP and Ms Renee Overton, Director ERAS, have offered to speak with CN/NDD Program Directors at the CNS meeting this October in Savannah.

Several Match Rules:

1. All programs with Child Neurology/Neurodevelopmental Disabilities residency training positions must participate in the NRMP Child Neurology/Neurodevelopmental Disabilities Matching Program.
2. Participating programs are required to make all of their positions available through the NRMP Match.
3. All applicants for Child Neurology/Neurodevelopmental Disabilities training positions are expected to participate in the NRMP process.

Policy and procedures for the reporting and investigation of Match violations of NRMP agreements:

"The NRMP assumes responsibility for instituting measures to protect the integrity of the matching process by requiring all match participants to behave ethically and responsibly during the matching process." Information on NRMP reporting procedures, confirmation and investigation procedures, corrective actions, and consequences can be found at http://www.nrmp.org/res_match/policies/violations.html.

Child Neurology/NDD Match Committee:

Current members of this Committee include: Harvey Singer MD (Johns Hopkins University), Leon Dure MD (University of Alabama, Birmingham), Sidney Gospe MD, PhD (University of Washington), and Steven Roach MD (Ohio State University). Our goal is to move this new and exciting venture ahead in a smooth and orderly fashion. We will do our best to answer all of your questions and to monitor the need for a process to address requirements for individuals in extraordinary circumstances. Please recognize that the Match application procedure is still being finalized. We look forward to the continued growth of Child Neurology and Neurodevelopmental Disabilities programs.

CHILD NEUROLOGY SOCIETY

Award Committee Update

2012 Child Neurology Society Hower Award

THE CHILD NEUROLOGY SOCIETY ANNOUNCES A prestigious award to honor a child neurologist and member of the Child Neurology Society who is highly regarded as an outstanding teacher and scholar, and additionally has given a high level of service to the Child Neurology Society. Particular emphasis is placed on contributions to child neurology at other national (ABPN, AAN, ANA) and international levels. Nominations for the 2011 Hower Award should be submitted prior to **October 3, 2011**. Nominations will be reviewed by the Awards Committee at the 40th Annual Meeting of the Child Neurology Society, October 26-29, 2011 in Savannah, GA. The recipient of the 2012 Hower award will be notified prior to December 31, 2011.

Eligibility Criteria

1. The nominee is a Child Neurologist and a member of the Child Neurology Society.
2. The nominee is recognized as an outstanding teacher and scholar.
3. The nominee has given a high level of service to the Child Neurology Society.
4. The nominee is recognized for contributions to child neurology at other national (ABPN, AAN, ANA) and international levels.

Procedure

1. Submit an electronic nomination to the Executive Director of the Child Neurology Society.
2. Prepare a Letter of Nomination with a length of 2-5 pages, double-spaced. The letter should include a statement of the applicant's eligibility for this award, as outlined above.
3. Attach a recent copy of the nominees' curriculum vitae.
4. Attach up to 3 additional letters of support (optional).
5. Convert the merged Letter of Nomination and the nominees' curriculum vitae to a PDF format. Please avoid .doc or .docx formats. No signatures are required.
6. **The complete nomination must be received on or before October 3, 2011.**
7. The 2012 awardee will be informed of the committee's decision by December 31, 2011. Since only one Hower Award is given yearly, nominees not selected are encouraged to reapply the following year.
8. There will be a five-minute introduction to the Child Neurology Society membership at the 41st Annual Meeting of the Child Neurology Society, November 1-3, 2012 in Huntington Beach, CA. The Awardee is then expected to deliver a forty minute presentation.
9. All correspondence should be **sent by email** to:
Mary Buttle Currey, CMP,
Executive Director,
Child Neurology Society,
1000 West County Road E, Suite 290,
St. Paul, MN 55126
Tel: 651-486-9447
E-mail: nationaloffice@childneurologysociety.org

CHILD NEUROLOGY SOCIETY Award Committee Update

2012 Child Neurology Society Bernard Sachs Award

THE CHILD NEUROLOGY SOCIETY ANNOUNCES A prestigious award to honor someone of international status who has done leading research in neuroscience with relevance to the care of children with neurological disorders. The awardee does not have to be a member of the Child Neurology Society. Nominations for the 2012 Bernard Sachs Award should be submitted prior to **October 3, 2011**. Nominations will be reviewed by the Awards Committee at the 40th Annual Meeting of the Child Neurology Society, October 26-29, 2011 in Savannah, GA. The recipient of the 2012 Bernard Sachs Award will be notified prior to December 31, 2011.

Eligibility Criteria

1. The nominee is someone of international status who has done leading research in neuroscience with relevance to the care of children with neurological disorders.
2. The nominee is recognized as an outstanding teacher and scholar.

Procedure

1. Submit an electronic nomination to the Executive Director of the Child Neurology Society.
2. Prepare a Letter of Nomination with a length of 2-5 pages, double-spaced. The letter should include a statement of the applicant's eligibility for this award, as outlined above.

3. Attach a recent copy of the nominees' curriculum vitae.
4. Attach up to 3 additional letters of support (optional).
5. Convert the merged Letter of Nomination and the nominees' curriculum vitae to a PDF format. Please avoid .doc or .docx formats. No signatures are required.
6. **The complete nomination must be received on or before October 3, 2011.**
7. The 2012 awardee will be informed of the committee's decision by December 31, 2011. Since only one Bernard Sachs Award is given yearly, nominees not selected are encouraged to reapply the following year.
8. There will be a five-minute introduction to the Child Neurology Society membership at 41st Annual Meeting of the Child Neurology Society, November 1-3, 2012 in Huntington Beach, CA. The Awardee is then expected to deliver a forty minute presentation.
9. All correspondence should be **sent by email** to: Mary Buttle Currey, CMP, Executive Director, Child Neurology Society, 1000 West County Road E, Suite 290, St. Paul, MN 55126
Tel: 651-486-9447
E-mail: nationaloffice@childneurologysociety.org



Huda Zoghbi, MD Receives \$500,000 Gruber Neuroscience Prize

In a June 15 press release issued by The Peter and Patricia Gruber Foundation it was announced that CNS member, Huda Y. Zoghbi, MD, will receive its 2011 Neuroscience Prize, to be awarded November 13 in Washington, DC at the Annual Meeting of the Society for Neuroscience. Dr. Zoghbi received the CNS Young Investigator Award in 1988 and was given the Bernard Sachs Award in 2001. As Professor of Pediatrics, Molecular and Human Genetics, Neurology, and

Neuroscience at Baylor College of Medicine in Houston and Director of the Jan and Dan Duncan Neurological Research Institute at Texas Children's Hospital, she has mentored several outstanding young neuroscientists, including the two most recent recipients of the CNS Philip R. Dodge Young Investigator Award: Drs. Jeffrey Neul and Stephen Maricich.

In its press release, the Gruber Foundation cited Dr. Zoghbi's "pioneering work in unlocking the genetic and molecular mysteries behind a number of devastating

neurological disorders, including Rett syndrome, spinocerebellar ataxia type 1, and brain tumors called medulloblastomas. Her contributions to these discoveries have greatly advanced our scientific understanding not only of these disorders, but also of more common ones, including autism, Parkinson's disease, and Alzheimer's disease. Her work has inspired many researchers in the broad field of neurological disorders, and serves as an exemplar of how complex brain disorders can be better understood by basic genetics and molecular neuroscience."

CHILD NEUROLOGY SOCIETY Award Committee Update

2012 Child Neurology Society Lifetime Achievement Award

THE CHILD NEUROLOGY SOCIETY ANNOUNCES A prestigious award to recognize a life-long commitment to child neurology, patient care and humanism in medicine. Nominations for the 2012 Lifetime Achievement Award should be submitted prior to **October 3, 2011**. Nominations will be reviewed by the Awards Committee at the 40th Annual Meeting of the Child Neurology Society, October 26-29, 2011 in Savannah, GA. The recipient of the 2012 award will be notified prior to December 31, 2011.

Eligibility Criteria

1. The nominee has been a member of the Child Neurology Society for at least 20 years.
2. The nominee is recognized for an outstanding commitment to child neurology, patient care and humanism in medicine, as assessed by the nominator(s), colleagues, trainees, and patients and their families.
3. The nominee is recognized for leadership or service to the Child Neurology Society.
4. The nominee is recognized for a life-long career devoted to child neurology as a clinical discipline, whether as a practitioner, clinical investigator, or advocate for the principles of the Child Neurology Society.

Procedure

1. Submit an electronic nomination to the Executive Director of the Child Neurology Society.
2. Prepare a Letter of Nomination with a length of 2-5 pages, double-spaced. The letter should include a statement of the applicant's eligibility for this award, as outlined above.
3. Attach a recent copy of the nominees' curriculum vitae.
4. Attach up to 3 additional letters of support (optional).
5. Convert the merged Letter of Nomination and the nominees' curriculum vitae to a PDF format. Please avoid .doc or .docx formats. No signatures are required.
6. **The complete nomination must be received on or before October 3, 2011.**
7. The 2012 awardee will be informed of the committee's decision by December 31, 2011. Since only one Lifetime Achievement Award is given yearly, nominees not selected for the Award are encouraged to reapply the following year.
8. There will be a five-minute introduction to the Child Neurology Society membership at the 41st Annual Meeting of the Child Neurology Society, November 1-3, 2012 in Huntington Beach, CA. The introduction will be followed by a very brief acceptance of award, but no presentation by the award recipient.
9. All correspondence should be **sent by email** to:
Mary Buttle Currey, CMP
Executive Director,
Child Neurology Society,
1000 West County Road E, Suite 290,
St. Paul, MN 55126
Tel: 651-486-9447
E-mail: nationaloffice@childneurologysociety.org