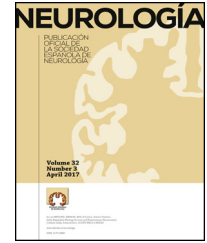




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ORIGINAL ARTICLE

Are neurology residents interested in headache? ☆, ☆ ☆

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KEYWORDS

Residents;
Neurology;
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Research;
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Abstract

Introduction: The years of residency are the pillars of the subsequent practice in every medical specialty. The aim of our study is to evaluate the current situation, degree of involvement, main interests, and perceived quality of the training received by Spanish residents of neurology, specifically in the area of headache.

Methods: A self-administered survey was designed by the Headache Study Group of the Spanish Society of Neurology (GECSEN) and was sent via e-mail to all residents who were members of the Society as of May 2015.

Results: Fifty-three residents completed the survey ($n=426$, 12.4%): 6% were first year residents, 25.5% second year, 23.5% third year, and 45% fourth year residents, all from 13 different Spanish autonomous communities. The areas of greatest interest are, in this order: Vascular neurology, headache, and epilepsy. Of them, 85% believe that the area of headache is undervalued. More than half of residents (52.8%) do not rotate in specific Headache Units and only 35.8% complete their training dominating anaesthetic block and toxin infiltration techniques. Of them, 81.1% believe that research is scarce or absent; 69.8% have never made a poster/presentation, 79.3% have not published and only 15% collaborate on research projects in this area. Lastly, 40% believe that they have not received adequate training.

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PALABRAS CLAVE

Residentes;
Neurología;
Cefalea;
Investigación;
Formación;
Docencia

Conclusions: Headache is among the areas that interest our residents the most; however, we believe that we must improve their training both at a patient healthcare level and as researchers. Thus, increasing the number of available courses, creating educational web pages, involving residents in research, and making a rotation in a specialised unit mandatory are among the fundamental objectives of the GECSN.

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¿Se interesan los residentes de Neurología en la cefalea?**Resumen**

Introducción: Los años de residencia son la base fundamental para el ejercicio posterior de cualquier especialidad médica. El objetivo de nuestro estudio es evaluar la situación actual, grado de implicación y calidad percibida en la formación como neurólogos de los residentes, específicamente en el área de cefaleas.

Métodos: Desde el Grupo de Estudio de Cefaleas de la Sociedad Española de Neurología (GECSEN) se diseñó una encuesta autoadministrada que fue enviada vía *e-mail* a todos socios los residentes de Neurología (mayo de 2015).

Resultados: Completaron la encuesta 53 residentes (53/426: 12,4%; R1: 6%; R2: 25,5%; R3: 23,5% y R4: 45% de 13 comunidades autónomas). Las áreas que más les interesan son por orden: vascular, cefalea y epilepsia. El 85% considera que el área de cefalea está infravalorada. Más de la mitad (52,8%) no rotan en consultas específicas de cefaleas y solo el 35,8% terminan su formación con dominio de la técnica de bloqueos anestésicos e infiltración de toxina. El 81,1% considera que la investigación es escasa o nula. El 69,8% nunca ha realizado un póster/comunicación, el 79,3% no ha publicado y solo un 15% colabora en proyectos de investigación en esta área. El 40% considera que no ha recibido una formación adecuada.

Conclusiones: La cefalea está entre las enfermedades que más interesan a nuestros residentes, sin embargo, consideramos que hay que mejorar su formación tanto en el ámbito asistencial como investigador, así como la visión que tienen de ella. Aumentar los cursos, crear páginas web formativas, involucrarles en investigación y considerar obligatoria la rotación en una unidad especializada son algunos de los objetivos fundamentales que planteamos desde el GECSN.

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Introduction

Residency is a fundamental step on the path to becoming a neurologist, which is why we must be sure that residents receive the best possible training. However, there has not to date been any specific evaluation of the training provided in the area of headache from the viewpoint of residents. The vertiginous advances seen in the various areas of neurology have brought about a parallel increase in subspecialisation.¹ The area of headache is no exception to this trend. This has resulted in a greater challenge for neurologists and an ever-greater need for them to be more specialised and capable of managing patients with more complex diagnoses or who do not respond to conventional treatment. Neurologists must have sufficient training and expertise to indicate and perform the new therapeutic alternatives to traditional oral treatment (anaesthetic blocks, botulinum toxin infiltration, etc.). They must also be able to work directly with colleagues from such other departments as pain units and neurosurgery and psychiatry departments in order to manage headache and frequently associated conditions from a holistic, multidisciplinary approach. Headache is a highly prevalent, incapacitating disease²; the constant publication

of new epidemiological, pathophysiological, and therapeutic discoveries makes it a highly fertile area for medical residents. Nonetheless, in such countries as the United States, there is a remarkably low number of headache specialists in comparison to demand. This may be due to the fact that physicians there must undergo one year of training and pass an examination in order to be accredited as headache specialists (19 states have 2 or fewer headache specialists).³ This frequently results in misdiagnosis, as has been shown by the CIEN-mig study in Spain, which found a diagnostic delay of 28.7 months for chronic migraine.⁴ This is just one example of the need for continued improvement of training in the area of headache, from the very earliest stages.

The official training programme for neurology in Spain (published in the Official State Gazette) establishes the requirement that physicians have the ability to comprehensively assess neurological patients, strengthen their technical skills in the area of neurology, and foster research within each subspecialty.⁵ However, headache training is currently unavailable in both mandatory and elective rotations in neurology residency programmes, as there is no rotation at specialised headache units or clinics. The

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