



Original Article

Program Director Survey: Attitudes Regarding Child Neurology Training and Testing



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ABSTRACT

BACKGROUND: As a result of major clinical and scientific advances and changes in clinical practice, the role of adult neurology training for Child Neurology and Neurodevelopmental Disability (NDD) certification has become controversial. The most recently approved requirements for board eligibility for child neurology and neurodevelopmental disability residents still include 12 months in adult neurology rotations. The objective of this study was to assess United States child neurology and neurodevelopmental disability residency program directors' opinions regarding optimal residency training. **METHODS:** The authors developed an 18-item questionnaire and contacted all 80 child neurology and neurodevelopmental disability program directors via e-mail, using Survey-Monkey. **RESULTS:** A total of 44 program directors responded (55%), representing programs that train 78 categorical and 94 total resident positions, approximately 70% of those filled in the match. Respondents identified multiple areas where child neurology residents need more training, including genetics and neuromuscular disease. A substantial majority (73%) believed child neurology and neurodevelopmental disability residents need less than 12 adult neurology training months; however, most (75%) also believed adult hospital service and man-power needs (55%) and finances (34%) would pose barriers to reducing adult neurology. Most (70%) believed reductions in adult neurology training should be program flexible. A majority believed the written initial certification examination should be modified with more child neurology and fewer basic neuroscience questions. Nearly all (91%) felt the views of child neurology and neurodevelopmental disability program directors are under-represented within the Accreditation Council for Graduate Medical Education Residency Review Committee. **CONCLUSIONS:** The requirement for 12 adult neurology months for Child Neurology and Neurodevelopmental Disability certification is not consistent with the views of the majority of program directors, who favor more training in subspecialized fields of child neurology.

Keywords: training, neurodevelopmental disabilities, adult neurology, child neurology, Graduate Medical Education
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Introduction

Child Neurology and Neurodevelopmental Disabilities (NDD) training programs prepare residents to care for the neurological and medical needs of persons from infancy through young adulthood. While historically in the United States, child neurology developed as a subspecialty of Adult Neurology, with child neurology training and expertise developing after adult neurology training, today the optimal relationship between adult neurology and child neurology training is more controversial.^{1,2} This controversy prompted the authors to implement a survey of child neurology and

NDD program directors, to explore the views of those in our profession closest to the training process.

The American Board of Psychiatry and Neurology (ABPN) began granting child neurology certification under the title “Neurology with special qualification in Child Neurology” in 1968.³ The accreditation of programs by the Accreditation Council for Graduate Medical Education (ACGME) began in 1987.⁴ The currently approved training pathways for eligibility for ABPN certification in child neurology are (1) 2 years of pediatrics, 2 years of child neurology, 1 year of adult neurology (the most common, also provides eligibility for American Board of Pediatrics certification in Pediatrics); (2) 1 year each of pediatrics and adult medicine (either internal medicine or family practice), 2 years of child neurology, 1 year of adult neurology; or (3) 1 year of pediatrics, 2 years of child neurology, 1 year of adult neurology, and 1 year of neuroscience research.⁵ This overall structure has not changed significantly in several decades.⁶

The subspecialty of NDD was approved by the American Board of Medical Specialties in 1999 and the first certifying examinations were held in 2001. Currently, NDD recognized as a subspecialty by the ABPN, offers graduates eligibility for board certifications in (1) general pediatrics (two training years); (2) neurology with special qualification in child neurology (1.5 years child neurology, 1 year adult neurology); and (3) NDD (1.5 years NDD). This specialty trains physicians to provide longitudinal care for children and adults with disabilities.

Despite major advances in molecular genetics (e.g., exome sequencing), neuroradiology (e.g., fetal magnetic resonance imaging), and numerous subspecialties, and an order of magnitude increase in publications,² child neurology and NDD training requirements have not been updated. The most recent revision of training requirements by the ABPN and ACGME certification committee, effective July 1, 2014, continue to require 12 mandatory adult neurology training months for child neurology and NDD.⁵ The most substantive change was limiting adult neurology inpatient training to no more than 6 months.

The objective of this study was to assess the views of child neurology and NDD residency program directors regarding the optimal training of residents to prepare them for independent practice.

Methods

The authors developed an 18-item electronic survey to assess the opinions regarding training of child neurology and NDD residency program directors. Several items had free text responses (see [online supplement](#)).

The survey addressed program demographics, training locations and timing of adult neurology rotations, funding, staffing concerns, certification examinations, preferences for training, possible barriers to changes, and views on child neurology representation in national organizations.

A list of current child neurology and NDD program directors was compiled from the ACGME and Child Neurology Society websites. A total of 80 child neurology and NDD program directors were identified and sent e-mail messages requesting participation in the study, ensuring anonymity, and providing a hyperlink to SurveyMonkey. Three weekly reminders were sent afterward to nonresponders. The survey was administered between May and June of 2015.

All analyses were performed using SPSS (IBM v. 22). Descriptive statistics with frequencies were calculated. Answers regarding length of

training and barriers to change were also divided based on funding sources and analyzed using χ^2 test. This study was approved by the Institutional Review Board at Cincinnati Children’s Hospital Medical Center.

Results

Respondent characteristics

A total of 44 program directors responded to the survey (response rate of 55%). These 44 programs offered a total of 94 child neurology and NDD resident positions: 78 categorical (83%), six reserved (6.4%), and 10 advanced (10.6%). As there are currently approximately 130 child neurology and six NDD positions offered in the National Residency Matching Program, these responses represent program directors responsible for 70% of current trainees. The majority (84%) of training programs were located within a children’s hospital. Adult neurology training was completed at either one or two institutions for most (82%) programs.

Distribution of adult neurology training months

In most (75%) programs, child neurology and NDD residents train 7–12 months on adult neurology rotations during their postgraduate year (PGY) 3 year, including 50% with 10–12 and 30% with 12 consecutive months. Regarding the six inpatient months, PGY3 residents rotate as junior residents on the inpatient adult service 3–4 months in 66% of programs, and on the consult service 2–3 months in 61% of the programs. Few programs expose their residents to supervising senior experiences on an inpatient (23%) or consult (20%) rotation during the PGY4 or PGY5 year.

Adult neurology requirements

Nearly half (47%) of program directors report child neurology and NDD residents have adult neurology night or weekend call responsibilities for greater than 6 months total, with one third requiring 10–12 adult call months. The night and weekend call exceeding 6 months occurs primarily during the adult clinic and elective months ([Table 1](#)).

Source of resident salaries

Training in multiple institutions was commonly reported, but practices regarding salary payment varied. Salaries during adult neurology training are paid for by the pediatric institution in 36%, the adult neurology institution

TABLE 1.

Child Neurology and Neurodevelopmental Disability Resident’s Responsibilities for Hospitalized Adult Neurology Patients, During Non-inpatient Adult Rotations

| | |
|---|------------|
| Yes, during the adult neurology clinic months | 21 (47.7%) |
| Yes, during the adult neurology elective months | 15 (34.1%) |
| Yes, during the 12 clinical child neurology months | 2 (4.6%) |
| Yes, during the other 12 months (child psychiatry, etc.) | 1 (2.3%) |
| No, only during the six adult inpatient or consult months | 20 (45.5%) |

Note: Numbers add up to more than 100% because program directors could choose more than one.

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