



American Academy of Neurology

2007 Adult Neurology Program Director Survey

Final report

April 26, 2007

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Adult Neurology Program Director Survey

Survey Methods

Objective

The main goal of the *2007 Adult Neurology Program Director Survey* was to gather information on adult neurology programs' educational content, teaching methods, institution of ACGME core competencies, institution of work duty hour requirements, evaluation methods, and program support. Survey findings will be used by the AAN, Consortium of Neurology Program Directors (CNPD), Graduate Education Subcommittee (GES), and Association of University Professors in Neurology (AUPN) to enhance resident education and program director support.

Population

The survey was sent to all adult neurology programs in the US that were in active status with the AAN as of February 21, 2007. There were 123 programs that were eligible to receive the survey. Directors of child neurology programs and programs in Canada were excluded from participation.

Instrument

Members of the CNPD and GES modified the survey instrument used to survey adult neurology program directors in 1999. The Member Demographics Subcommittee reviewed the instrument in January of 2007 and provided suggestions for improvement.

Data Collection

The survey was sent to 123 program directors via postal mail on February 26, 2007. A cover letter signed by the chairs of the CNPD and GES was enclosed with the survey. As an incentive for participation, the letter mentioned that participants' names will be entered into the drawing of one of the five syllabi on CD-ROM. An email was also sent to all participants on February 26 notifying them of the survey.

The survey was mailed for the second time on March 15 to those directors who did not respond to the first invitation to participate. The survey was available online at this time and an email with a link to the online version of the survey was sent to the directors encouraging them to submit their responses online.

The third reminder was completed via email on March 28. An email with a link to the online survey was sent to non-responding directors. Another email was also sent to program coordinators or administrators asking for their help in completing the survey.

The fourth reminder to the program directors was sent via email on April 2. Program coordinators or administrators also received an email at this time reminding them of the survey's deadline. AAN staff and members of the CNPD and GES called non-responding directors the week of April 9 encouraging them to return the survey. Data collection was closed on April 16, 2007.

Response Rate

A response rate of 82.9% (102/123) was achieved for the *2007 AAN Adult Neurology Program Director Survey*.

Adult Neurology Program Director Survey**Frequencies****Program Characteristics****1. Type of institution: Mark only one most accurate descriptor. (N=100)**

46.0%	State university system	0%	Federal government – VA
35.0%	Private university system	2.0%	Federal government – Military
5.0%	Separate non-affiliated institution	2.0%	Other (please specify) ¹
10.0%	Separate university affiliated institution		

¹ See survey comments on page 13**2. How many Neurology residents (PGY2-PGY4) currently train in your program? (N=99)**

Mean (SD)	Median	Minimum	Maximum
14.0 (7)	14.0	3	41

3. Do you have voluntary, unpaid clinical faculty who participate in the teaching of neurology residents? (N=100)

67.0% Yes 33.0% No

4. If Yes, please estimate the percentage of all teaching of Neurology residents that is provided by voluntary faculty (N=66)

Mean (SD)	Median	Minimum	Maximum
18.0 (27)	5.0	1	100

Program Director Demographics**5. How many faculty participate in residency training activities? Please estimate the FTE in a typical week in answering this question. For example: 1 FTE to cover inpatient staffing, 1 FTE to cover continuity clinic staffing, 1 FTE to cover consultation service staffing, 0.5 FTE to cover EEG staffing, etc. (N=96)**

Estimate total FTE per week

Mean (SD)	Median	Minimum	Maximum
9.3 (7)	8.0	3	65

6. Your gender (N=100)

81.0% Male 19.0% Female

7. Your age (N=97)

Mean (SD)	Median	Minimum	Maximum
47.8 (9)	46.0	31	75

8. Are you in a "clinician-educator" track? (N=95)

54.7% Yes 45.3% No

If No, is it available at your institution? (N=40)

35.0% Yes 65.0% No

9. What is your current academic rank? Please mark only one. (N=98)

1.0% Instructor 32.7% Professor
 21.4% Assistant Professor 0% Emeritus faculty
 44.9% Associate Professor

10. Including this year, how many years have you acted as Program Director? (N=99)

Mean (SD)	Median	Minimum	Maximum
6.7 (7)	4.0	0	40

11. Besides Program Director, what other administrative duties do you perform? Please mark all that apply.¹ (N=99)

11.1% Preclinical neuroscience course director 12.1% Vice-chair
 18.2% Student clerkship director 18.2% None
 22.2% Fellowship director 41.4% Other (please specify)²
 27.3% Department chair/Section chief

¹ Due to some participants choosing more than one response, total may add up to more than 100 percent.

² See survey comments on page 13

12. What is your primary interest/expertise within Neurology? (N=97)

11.3% General Neurology 16.5% Epilepsy/EEG
 17.5% Cerebrovascular 4.1% Neuroimmunology/Multiple Sclerosis
 8.2% Headache/Pain management 3.1% Behavioral Neurology/dementia
 10.3% Movement disorders 9.3% Other (please specify)³
 19.6% Neuromuscular disease/EMG

³ See survey comments on page 13

Program Director Support

13. During a typical week how many hours each week do you spend in the following duties?

	Mean (SD)	Median	Minimum	Maximum
Clinical Duties (N=98)	25.5 (13)	20.0	5	70
Teaching - Residency (N=95)	7.7 (6)	6.0	2	40
Administrative - Residency (N=98)	9.6 (6)	9.0	1	30
Education research (N=46)	2.5 (4)	1.5	0	20
Teaching - Other (N=73)	3.8 (4)	2.0	0	20
Administrative - Other (N=78)	7.2 (6)	5.0	0	25
Research - Other (N=70)	7.4 (8)	5.0	0	50
Other (please specify) ⁴ (N=15)	4.0 (5)	2.0	0	12

⁴ See survey comments on page 13

14. Please estimate the percentage of your salary from the following sources: Total should equal 100%. (N = 98)

	Mean % (SD)	Median %	Minimum %	Maximum %
Clinical income	51.7 (31)	50.0	0	100
Research grants	5.8 (12)	0	0	75
Education grants	0.9 (4)	0	0	25
Endowment	1.0 (5)	0	0	35
Departmental funding for Program Director	10.7 (1)	0	0	50
Departmental funding for other administrative work	4.2 (10)	0	0	75
Institutional funding for Program Director	6.0 (12)	0	0	50
Institutional funding for other administrative work	7.7 (18)	0	0	100
Other (please specify) ¹	12.2 (28)	0	0	100

¹ See survey comments on page 13

15. Have you ever attended a Consortium of Neurology Program Directors Meeting? (N=100)

80.0% Yes 20% No

16. Does your chair encourage you to attend the Consortium of Neurology Program Directors Meetings? (N=93)

75.3% Yes 24.7% No

17. Does your department or institution provide financial support for you to attend Consortium of Neurology Program Directors Meetings? (N=99)

44.4% Yes, both meetings (ANA and AAN) each year
 24.2% Yes, but only at the AAN Annual Meeting
 31.3% No

18. What is your incentive for being Program Director? Please mark all that apply.² (N=101)

4.0% There is no incentive
 84.2% I enjoy teaching
 23.8% I enjoy being an administrator
 51.5% I wanted to develop a program
 15.8% Education research
 92.1% Working with residents
 5.0% Tenure considerations
 18.8% To satisfy a request of my chair
 29.7% The work of a Program Director is highly valued by my colleagues
 7.9% Other (please specify)³

² Due to some participants choosing more than one response, total may add up to more than 100 percent.

³ See survey comments on page 13

19. What additional support do you receive from your department to administer the residency?
*Please mark all that apply.*¹ (N=102)

- 53.9% Full-time Program Coordinator/Administrator
- 38.2% Part-time Program Coordinator/Administrator
- 8.8% Full-time Secretary
- 19.6% Part-time Secretary
- 5.9% Information Technologist
- 3.9% Education Staff (PhD Educators)
- 26.5% Assistant or Associate Program Director
- 4.9% Other (please specify)²

¹ Due to some participants choosing more than one response, total may add up to more than 100 percent.

² See survey comments on page 13

20. Did your Program Coordinator/Administrator receive training in the Core Competencies from ACGME sponsored workshops or commercially produced workshops? (N=102)

48.0% Yes 52.0% No

21. If the AAN were to develop a series of workshops developed for Program Coordinators/Administrators, would you support sending them? (N=102)

90.2% Yes 9.8% No → Please specify reason³

³ See survey comments on page 13

22. The AAN is considering developing workshops aimed at resident/student education. These workshops will offer a variety of break-out sessions separate from the Annual AAN Clerkship and Residency Program Director's Conference. Please check the scenarios below which would allow you to attend these workshops. Please mark all that apply.⁴ (N=99)

- 74.7% If the workshop is attached to the AAN Annual Meeting (i.e. immediately before or after)
- 32.3% If the workshop is attached to the ANA Annual Meeting (i.e. immediately before or after)
- 31.3% Will attend at any time (including a separate meeting)
- 9.1% Other (please specify)⁵

⁴ Due to some participants choosing more than one response, total may add up to more than 100 percent.

⁵ See survey comments on page 13

23. What is your opinion regarding your neurology residency program applicants and residents in the past 5 years? (N=102)

- 55.9% The quality of neurology applicants/residents has improved
- 7.8% The quality of neurology applicants/residents has declined
- 36.3% The quality of neurology applicants/residents has remained the same

Resident Support

24. Do you have a book fund for every resident in the program? (N=102)

78.4% Yes 21.6% No → Go to question 26

25. What is the average annual amount per resident? (N=76)

Mean \$ (SD)	Median \$	Minimum \$	Maximum \$
510.7 (357)	500.0	77	2500

26. Do you have a meeting expense fund for every resident in the program? (N=100)

76.0% Yes 24.0% No → Go to question 29

27. What is the average annual amount per resident? (N=71)

Mean \$ (SD)	Median \$	Minimum \$	Maximum \$
897.2 (724)	750	250	5000

28. When do residents receive funding for meetings? Please mark all that apply.¹ (N=75)

45.3% Every year of training

33.3% During one year of training (e.g. PGY-4 only)

56.0% When a resident is presenting an abstract at a national meeting

18.7% Other (please specify)²

¹ Due to some participants choosing more than one response, total may add up to more than 100 percent.

² See survey comments on page 13

29. Do you have a travel fund for selected categories of residents? (N=98)

53.1% Yes 46.9% No

If Yes, please specify: Please mark all that apply.³ (N=50)

30.0% Chief resident

56.0% Residents receiving scholarships from other sources

94.0% Residents presenting an abstract at a national meeting

4.0% Other (please specify)⁴

³ Due to some participants choosing more than one response, total may add up to more than 100 percent.

⁴ See survey comments on page 13

30. Has the Medicare "Cap" limited your ability to offer residents external rotations? (N=95)

49.5% Yes 50.5% No

Resident Research**31. Do you have a research requirement for every resident during residency? (N=100)**

10.0% Yes, with a research rotation

53.0% Yes, but no specified research rotation → Go to question 34

37.0% No → Go to question 34

32. If you have a specified research rotation with no or limited other duties, what is the duration of the rotation? (N=10)

- 0% 0.5 months
- 10.0% 3 months
- 50.0% 1 month
- 0% Other (please specify)
- 40.0% 2 months

33. If you have a specified research rotation, how did you make time for the rotation? (N=10)

- 50.0% Always had a rotation, no change in schedule required
- 30.0% Reduced elective time
- 10.0% Reduced ward time
- 10.0% Reduced other rotation time (i.e. neuropathology, EEG, EMG)
- 0% Other (please specify)

Work Duty Hours

34. What change have you implemented due to work duty hour requirements? Please mark all that apply.¹ (N=100)

- 33.0% Instituted a night float system
- 15.0% Hired mid level providers
- 5.0% Hired Neurology hospitalists
- 2.0% Hired hospitalists (not Neurologists by training)
- 16.0% Faculty have taken more on call duties
- 16.0% There are neurology services staffed only by faculty
- 60.0% Rearranged services/rotations
- 13.0% Fellows have been given opportunities for internal moonlighting
- 12.0% Residents have been given opportunities for internal moonlighting
- 5.0% Eliminated in-house/overnight call for neurology residents
- 18.0% No change was needed
- 14.0% Other (please specify)²

¹ Due to some participants choosing more than one response, total may add up to more than 100 percent.

² See survey comments on page 13

35. How do you track work duty hours? Please mark all that apply.³ (N=100)

- 32.0% Electronic or written time records/cards completed by residents on a continuous basis
- 41.0% Electronic or written time records/cards completed by residents on a regular but intermittent basis
- 40.0% Resident self monitoring
- 19.0% Chief resident monitoring
- 16.0% Other (please specify)⁴

³ Due to some participants choosing more than one response, total may add up to more than 100 percent.

⁴ See survey comments on page

36. In your opinion, how did ACGME work duty hour requirements affect the following areas?

	Improved	Worsened	No change
a. patient care (N=99)	8.1%	40.4%	51.5%
b. resident education (N=100)	15.0%	61.0%	24.0%
c. resident quality of life (N=100)	80.0%	3.0%	17.0%
d. faculty work load (N=99)	0%	61.6%	38.4%

Education Research**37. Have you participated in medical education research? (N=101)**

- 32.7% Yes
 30.7% No, and not interested in doing medical education research → Go to question 40
 36.6% No, but am interested in doing medical education research → Go to question 39

38. How have you participated in medical education research? Please mark all that apply.¹ (N=32)

- 59.4% Designed a study/studies 21.9% Obtained external funding for study/studies
 56.3% Completed a study/studies 50.0% Published an abstract/abstracts
 12.5% Obtained internal funding for study/studies 34.4% Published a manuscript/manuscripts

¹ Due to some participants choosing more than one response, total may add up to more than 100 percent.

39. What are your needs in developing your medical education research career? Please mark all that apply.² (N=37)

- 59.5% Learning educational concepts
 73.0% Learning statistical methods in education research (i.e. construct validity, face validity, test reliability)
 59.5% Learning education focused research study design
 54.1% Learning to develop educational interventions
 75.7% Learning to measure outcomes
 59.5% Learning to write grants for education research
 21.6% Dealing with the IRB
 29.7% Learning to write manuscripts for education research
 70.3% Networking and developing collaborations with other programs

² Due to some participants choosing more than one response, total may add up to more than 100 percent.

40. How would you change the number of years in a Neurology residency? (N=100)

- 74.0% No change 1.0% Decrease by 1 year
 25.0% Increase by 1 year 0% Decrease by 2 years
 0% Increase by 2 years

Graduate Information**41. In the past 3 years, where have your graduates gone directly after residency? Please provide percentages. Total should equal 100%. (N=98)**

	Mean (SD)	Median	Minimum	Maximum
Fellowship training at your institution	39.3 (26)	40.0	0	90
Fellowship training at another institution	37.6 (24)	33.0	0	100
Went into practice	22.6 (24)	20.0	0	100
Returned to home country	0.3 (2)	0	0	20
Went to PHARMA	0	0	0	0
Left Neurology	0.1 (0.5)	0	0	5
Left medicine	0	0	0	0
Do not know	0.1 (1)	0	0	10

42. **Of your residents who go on to fellowships, please give the percentage of the fellowships, which are: Total should equal 100% (N=95)**

	Mean (SD)	Median	Minimum	Maximum
ACGME approved clinical fellowships (may include research)	71.3 (26)	80.0	0	100
Non-ACGME approved clinical fellowships	24.5 (24)	20.0	0	100
Basic science only fellowships	1.6 (5)	0	0	35
Mix of clinical and basic science fellowships (non-ACGME)	2.6 (9)	0	0	54

Curriculum

43. **The AAN would like to develop distance learning programs to supplement training experiences. The AAN Distance Learning Subcommittee needs to know what common gaps may exist in current programs to prioritize which learning modules might benefit trainees.**

Indicate if your Neurology Department has specialists to teach Neurology residents in the following areas of Neuroscience, Clinical Neurology, and related fields. Indicate the types of exposure. Please mark all that apply.¹

	Faculty within department (%)	Faculty outside department (%)	No faculty available (%)	Internal rotation (%)	Outside rotation (%)	Didactic lecture(s) or course (%)
Neurosciences						
1. Neurophysiology (N=101)	89.1	20.8	4.0	37.6	4.0	49.5
2. Neuropharmacology (N=101)	40.6	51.5	13.9	3.0	2.0	49.5
3. Neuropathology (N=102)	41.2	66.7	0	41.2	12.7	42.2
4. Neuroimmunology (N=99)	68.7	19.2	15.2	16.2	3.0	45.5
5. Neurogenetics (N=100)	52.0	40.0	16.0	7.0	6.0	46.0
6. Neuroepidemiology (N=100)	36.0	38.0	28.0	3.0	3.0	42.0
Clinical Topics						
7. Neuroradiology (N=102)	40.2	73.5	2.0	48.0	3.9	42.2
8. Pediatric Neurology (N=101)	80.2	28.7	0	47.5	10.9	42.6
9. Neuro-Intensive Care (N=102)	65.7	26.5	14.7	34.3	10.8	31.4
10. EEG-Epilepsy (N=102)	98.0	4.9	0	53.9	2.9	47.1
11. EMG-Neuromuscular (N=102)	98.0	4.9	0	53.9	2.9	47.1
12. Evoked Potentials (N=102)	99.0	2.0	0	36.3	2.0	40.2
13. Stroke-Vascular Neurology (N=102)	98.0	3.9	1.0	47.1	1.0	50.0
14. Psychiatry (N=102)	23.5	85.3	0	45.1	5.9	39.2
15. Neurosurgery (N=101)	15.8	86.1	0	30.7	4.0	30.7
16. Neuroanatomy (N=102)	60.8	50.0	5.9	5.9	2.0	53.9
17. Behavioral Neurology (N=102)	78.4	19.6	8.8	25.5	3.9	46.1
18. Movement Disorders (N=102)	88.2	6.9	6.9	34.3	8.8	47.1
19. Pain Management (N=102)	43.1	57.8	8.8	16.7	10.8	40.2
20. Neurology of Aging (N=102)	70.6	22.5	14.7	12.7	3.9	35.3

¹ Due to some participants choosing more than one response, total may add up to more than 100 percent.

43. (cont'd). Indicate if your Neurology Department has specialists to teach Neurology residents in the following areas of Neuroscience, Clinical Neurology, and related fields. Indicate the types of exposure. *Please mark all that apply.*¹

Neurosciences	Faculty within department (%)	Faculty outside department (%)	No faculty available (%)	Internal rotation (%)	Outside rotation (%)	Didactic lecture(s) or course (%)
21. Headache (N=102)	91.2	5.9	4.9	21.6	2.9	47.1
22. Neuro-oncology (N=100)	50.0	37.0	17.0	25.0	8.0	44.0
23. Neuro-ophthalmology (N=101)	45.5	59.4	5.0	32.7	7.9	44.6
24. Neuro-otology (N=101)	21.8	66.3	13.9	10.9	5.0	38.6
25. Neuro-rehabilitation (N=100)	35.0	65.0	4.0	21.0	17.0	35.0
26. Sleep Disorders (N=102)	65.7	40.2	4.9	29.4	6.9	49.0
27. Neuro-Infectious Disease (N=101)	42.6	46.5	14.9	5.9	4.0	47.5
28. End-of-Life/Palliative Care (N=102)	44.1	56.9	8.8	4.9	2.9	52.0
29. Ethics (N=102)	49.0	56.9	5.9	2.0	1.0	55.9
30. Practice Management (billing, coding, etc.) (N=101)	48.5	33.7	19.8	2.0	0	45.5
31. Statistics/Epidemiology (N=102)	46.1	54.9	9.8	1.0	2.0	45.1
32. Medico-Legal (N=102)	22.5	47.1	29.4	1.0	0	39.2
33. Outcomes Research (N=99)	38.4	42.4	24.2	1.0	0	32.3
34. Recognition and Management of Abuse (N=101)	17.8	59.4	22.8	1.0	1.0	34.7
35. Cost Effective Care (N=100)	42.0	37.0	24.0	1.0	0	36.0
36. Effects of Sleep Deprivation (N=102)	50.0	35.3	13.7	2.0	0	48.0
37. Other (please specify) ² (N=10)	30.0	40.0	0	10.0	0	70.0

¹ Due to some participants choosing more than one response, total may add up to more than 100 percent.

² See survey comments on page 13

44. From the table of educational components listed in question 43, even if you have faculty to teach or didactics in a specific area, select top 5 you would like to provide distance learning educational supplements for your residents. *Please use numbers representing the areas from question 43. Use each area only once.*

- 1 Statistics/Epidemiology
- 2 Practice Management (billing, coding, etc.)
- 3 Medico-Legal
- 4 Ethics
- 5 Neuropharmacology

45. What is a typical resident schedule in 36 months of neurology training? Please fill in the number of months or fraction of months (e.g. 2.5) for 36 months of residency. Total cannot equal more than 36 months.¹ (N=92)

	Mean (SD)	Median	Minimum	Maximum
Inpatient adult wards/Inpatient adult consults	13.3 (3)	12.8	8	20
Outpatient clinics (include continuity clinic)	5.3 (2)	6.0	0	10
Pediatric Neurology	3.1 (0.5)	3.0	2	6
Neuro-radiology	1.0 (0.7)	1.0	0	5
Psychiatry	1.0 (0.3)	1.0	0	3
Neurosurgery	0.4 (0.5)	0	0	2
Neuropathology	1.3 (0.9)	1.0	0	3
EEG	1.5 (0.9)	1.5	0	4
EMG	1.9 (0.9)	2.0	0	4
Epilepsy Unit	0.5 (0.7)	0	0	3
Research	0.3 (0.6)	0	0	2
Electives	4.3 (2)	4.0	0	11
Neuro-rehabilitation	0.4 (0.7)	0	0	4
Neuro-intensive care (if separate from adult wards)	0.6 (1)	0	0	4
Neuro-ophthalmology	0.3 (0.5)	0	0	2
Other	0.4 (1)	0	0	6

¹ Entries totaling more than 36 months were excluded from the analysis

46. How do you evaluate the following core competencies? Please mark all that apply.²

	Global Rating Scale	Written Exam	SP Exam ³	Simulation and Models	OSCE ⁴	Case Log	Record Review	360° Evaluation	Check-list Evaluation	Portfolio	Not sure
Patient Care (%) (N=100)	76.0	32.0	37.0	6.0	37.0	27.0	40.0	60.0	28.0	29.0	0
Medical Knowledge (%) (N=98)	76.5	86.7	35.7	8.2	33.7	8.2	30.6	36.7	22.4	26.5	0
Interpersonal and Communication Skills (%) (N=97)	75.3	6.2	35.1	10.3	37.1	4.1	17.5	76.3	24.7	18.6	0
Practice-based Learning and Improvement (%) (N=98)	71.4	19.4	13.3	2.0	14.3	12.2	28.6	42.9	26.5	36.7	4.1
Professionalism (%) (N=97)	76.3	6.2	29.9	9.3	33.0	4.1	16.5	75.3	26.8	24.7	0
Systems Based Practice (%) (N=98)	73.5	15.3	13.3	3.1	15.3	9.2	31.6	50.0	24.5	27.6	3.1

² Due to some participants choosing more than one response, total may add up to more than 100 percent.

³ Standardized Patient Exam

⁴ Objective Structured Clinical Evaluation

Adult Neurology Program Director Survey**Survey Comments****1. Type of institution: Mark only one most accurate descriptor****Other (please specify):**

- Multispecialty clinic
- Private institution

11. Besides Program Director, what other administrative duties do you perform? Please mark all that apply.**Other (please specify):**

- Clinic director (3)
- Clinical chief of service (2)
- Clinical service director (2)
- Assistant chief neurology of VA
- Assistant clerkship director
- Associate chief
- Board of hospital
- Chair education – for the department
- Chair – [name deleted] med. school admissions
- Chairman, IRB
- Clinical duties; res clinic
- Clinician (input, output), course lecturer
- CME, participate in preclinical clerkship
- Co-director EEG lab
- Committee work
- Curriculum committee chair
- Direct a service line
- Director stroke
- Epilepsy program director
- GME committee, academic senate
- GMEC, GMEX
- Grand rounds/CME
- Hospital pharmacy chair peer review – hospital vice-chair
- Inpatient director
- Medical director EMG lab, MDA clinic director
- Medical school core teaching faculty; director stroke care unit
- Movement disorders clinic director
- Movement disorders section director
- Occasional acting chairman
- Quality assurance officer
- Quality assurance officer, call schedule
- Quality officer
- Service chief
- Sleep lab director

- University wide promotions committee
- VA chief
- VA Service Chief

12. **What is your primary interest/expertise within Neurology?**

Other (please specify):

- Neuro-ophthalmology (5)
- Critical care
- Imaging - brain mapping
- Neuro-ophthalmology/neuro-otology
- Neurotoxicology
- Peds neuro
- Sleep medicine
- Spine/nerve disorders

13. **During a typical week how many hours each week do you spend in the following duties?**

Other (please specify):

- Admissions office
- Committee meetings
- Editor
- Marketing services
- More paperwork
- Non-reimbursed clinical activities
- Outside contract

14. **Please estimate the percentage of your salary from the following sources: *Total should equal 100%.***

Other (please specify):

- State salary (2)
- City hospital – chief of service
- Conducting clinical trials
- Core teaching faculty medical school
- Director’s salary donated to hospital foundation for neuro residents
- Federal funding from Department of Defense
- Funding is by a “block grant” to the department
- Institutional income for teaching/supervision
- Institutional salary
- Institutional salary line for teaching and research
- Medical director – hospital
- NIH
- PD funding and grants are used as salary offsets
- Salaried position
- State funded faculty position
- Stroke call
- Stroke directorship from hospital

- VA, 3 departments for teaching, medical legal
- VA and university salary
- Veteran's Administration salary

18. What is your incentive for being Program Director? Please mark all that apply.

Other (please specify):

- Desire to improve resident education; chair and PD is a dual position
- Improve neurology education and medical education
- I want out. Administrative burden no fun at all.
- It's a small department and as chair I have been program director.
- No one else wanted to do it!
- The challenge of education reform
- Trying to pass on my love for neurology to a future generation of neurologists
- Worthwhile, educates me, faculty recruitment

19. What additional support do you receive from your department to administer the residency? Please mark all that apply.

Other (please specify):

- Chairman support (excellent)
- None
- Nothing – it's me
- Second coordinator

21. If the AAN were to develop a series of workshops developed for Program Coordinators/Administrators, would you support sending them?

No → Please specify reason:

- No funding (2)
- Cost
- Does not seem relevant to their duties
- Expensive; can be learned otherwise
- GME provides education every month to all coordinators.
- I think the faculty need this more.
- I'd like to come.
- Not necessary
- Offered by our institution
- Only if added value
- She already attends ACGME and other meetings.

22. The AAN is considering developing workshops aimed at resident/student education. These workshops will offer a variety of break-out sessions separate from the Annual AAN Clerkship and Residency Program Director's Conference. Please check the scenarios below which would allow you to attend these workshops. Please mark all that apply.

Other (please specify):

- Adequate notice – at least one full day
- Close in time to the CNPD meeting
- Doesn't strike me as a need. They get that here.
- During the AAN meeting, already long enough
- Either before/after ANA or during AAN
- I probably wouldn't attend.
- If my department provides financial support and if my attendance was supported by the chair.
- Keep the cost down
- Will possibly attend at another time. Perhaps these can be integrated into the CNPD meeting?

28. When do residents receive funding for meetings? Please mark all that apply.**Other (please specify):**

- 1 attendance trip during residency plus 10 presentation trip days per year
- \$1000 can be spent over the 3 years
- Additional funds if they present an abstract
- Case by case basis
- During PGY3 or 4
- Every PG-3 and PG-4 attends the AAN Annual Meeting at departmental expense
- If they receive scholarships or grants
- May use the book fund
- May use book fund \$
- PGY-3 & -4 only
- PGY 3 and 4 years at ABPN rate and allocate funds if presenting
- RE: funding is faculty sponsored (donations) or outside education grants
- Residents receive 1 sum for books/meetings to use at their discretion.
- Scholarships offered by ANA, AAN and others
- They can use book money for conferences.
- They get one lump amount \$1000 to be used for books or meetings over 3 years. They get another \$1000 if presenting.
- When attending AAA - annually
- When external funding is available (e.g. AAN scholarship)

29. Do you have a travel fund for selected categories of residents?

If Yes, please specify: *Please mark all that apply.*

- Donation
- RE: faculty funded by donations or outside education grants

32. If you have a specified research rotation with no or limited other duties, what is the duration of the rotation?**Other (please specify):**

- Elective

33. If you have a specified research rotation, how did you make time for the rotation?**Other (please specify):**

- Residents can waive the one month required rotation if they accomplish scholarly activity during other rotation.

34. What change have you implemented due to work duty hour requirements? Please mark all that apply.**Other (please specify):**

- Applying to RRC to increase resident complement
- Eliminated in-house call for PGY3 & 4 residents
- Faculty often round only with medicine intern on weekends.
- Implemented daytime floater who addresses patient overflow after “duty hour” sign-out. Remaining residents encompass additional duties/patient care.
- Increased residency complement by 1/yr
- Increased size of residency from 4/years to 5/years
- Instituted post-call float system
- Jeopardy system to cover "near overtime" residents
- Mandatory in house call so residents can get credit for duty hours on call
- No call night prior to continuity clinic
- Only minimal change needed – mostly coverage of post call
- Provided “off” post-call periods as needed which limit continuity of care.
- Resident moonlighting time limited and must be cleared. Program directors limited to affiliated institutions to be consistent with duty hour limitations/requirements.
- Spread out night call
- This is still inadequate.

35. How do you track work duty hours? Please mark all that apply.**Other (please specify):**

- Faculty monitoring (3)
- Administrator monitoring; semi annual reviews
- Computerized timecard system/daily monitored on a consistent basis – reports generated for time-keeping
- E* value quarterly surveys
- Graduate medical education office monitoring
- Mentors ask/RPD asks
- Monthly reporting of compliance by residents
- Program director monitoring
- Random monitoring by GME annually
- Residents are encouraged to notify PD of any violations.
- Residents enter duty hours into new innovations systems.
- Residents sign a duty hours attestation monthly.
- Scheduling restrictions, PD monitoring
- Will be instituting an electronic record

43. **The AAN would like to develop distance learning programs to supplement training experiences. The AAN Distance Learning Subcommittee needs to know what common gaps may exist in current programs to prioritize which learning modules might benefit trainees.**

Indicate if your Neurology Department has specialists to teach Neurology residents in the following areas of Neuroscience, Clinical Neurology, and related fields. Indicate the types of exposure. *Please mark all that apply.*

Other (please specify):

- Basic (cellular-molecular) neuroscience
- Basic neuroscience
- Neurotoxicology
- Contract negotiations – beginning your own practice