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AMERICAN
ACADEMY OF
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NEUROLOGY FELLOWSHIP PROGRAM DIRECTOR SURVEY

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Neurology Fellowship Program Director Survey
Survey Methods

Objective

The primary goal of the *Neurology Fellowship Program Director Survey* was to formally identify the needs of fellowship program directors relating to the Consortium of Neurology Program Directors (CNPd). As fellowship program directors have never been formally surveyed by the Academy, the survey will also help identify areas where fellowship program directors require the assistance of the AAN.

Sample

All neurology fellowship program directors from the United States and Canada were the target population for the survey. A list of 186 fellowship program directors was pulled from an internal AAN database. During data collection, 11 in the sample were removed as they were no longer the current fellowship program director, resulting in a final sample size of 175.

Instrument

The survey instrument was created by members of the CNPD. AAN staff and members of the AAN Member Demographics Subcommittee (MDS) reviewed the survey in the summer of 2008 and provided suggestions for improvement.

Data Collection

The survey was initially sent to the entire sample on September 30, 2008 via postal mail or fax. An email containing a link to the online version of the survey was also sent to the sample. A cover letter signed by the chair of the CNPD accompanied each survey. A reminder to complete the survey was sent to non-respondents on October 22 through a combination of postal mail or fax and email. A final reminder to complete the survey was mailed to all non-respondents on November 5 which contained a business reply envelope. In addition, emails were sent on November 5 and 21 in an attempt to increase the response rate. Data collection was closed on December 10, 2008.

Response Rate

A response rate of 76.6% (134/175) was achieved for the *Neurology Fellowship Program Director Survey*. The margin of error for all respondents at a 95% confidence level is $\pm 4.1\%$.

**Neurology Fellowship Program Director Survey
Survey Respondents' Demographic Characteristics**

The following demographic information on survey respondents was analyzed from the AAN internal membership database. The descriptive demographic data indicate that the survey respondents did not substantially differ from the survey non-respondents on major demographic variables.

The average age of survey participants is 50 years and the majority is male. A detailed comparison of all demographic variables can be found in Table 1.

Table 1. Demographic characteristics of survey respondents and non-respondents

Demographic characteristics		Survey Respondents (N = 134)	Survey Non-respondents (N = 41)
Age ¹ (mean)		50 years (SD = 8.1)	53 years (SD = 8.8)
Gender ² (%)	Male	77.3	89.5
	Female	22.7	10.5
AAN membership type (%)	Fellow	34.3	36.6
	Active	54.5	51.2
	Associate	5.2	2.4
	Junior	0.7	0.0
	Nonmember	5.2	9.8

¹ Data missing for 7.5% of respondents and 9.8% of non-respondents.

² Data missing for 4.5% of respondents and 7.3% of non-respondents.

Neurology Fellowship Program Director Survey
Executive Summary

Consortium of Neurology Program Directors

Most survey respondents (83%) have not attended a Consortium of Neurology Program Directors meeting at the ANA or AAN. More than two thirds indicated they did not know fellowship program directors were invited to attend, and approximately one-third of respondents were unaware of CNPD meetings. However, the majority of survey participants (83%) agree that fellowship program directors should be a part of the CNPD and invited to their meetings.

Administration of Fellowship

More than half (55%) of all respondents do not receive financial support to administer the fellowship. Approximately one-third has a part-time program coordinator/administrator to assist with the fellowship.

The top three needs of fellowship directors are:

- Financial support for fellowship
- Protected time or financial support to administer fellowship
- Financial support for program administrator/coordinator

National Resident Matching Program

Over half (53%) of all respondents indicated that fellowships should not participate in any matching program. Approximately one-third preferred that the possibility of a separate match for neurology fellowships should be investigated, while 12% agreed that fellowships should participate in the National Resident Matching Program.

Demographics

In addition to being a fellowship director, 45% of survey participants are also a department chair/section chief. Respondents have been a fellowship director for an average of seven years and have an average of 2 fellows training in their program. The vast majority (84%) of survey participants are in a university based group setting.

The most common fellowship areas are:

- Clinical neurophysiology
- Cerebrovascular disease/stroke
- Movement disorders
- EEG
- Epilepsy
- Neuromuscular disorders
- EMG

43% of all respondents indicated that their fellowships are accredited by ACGME, 47% are not accredited, and 10% are accredited by the UCNS.

**Neurology Fellowship Program Director Survey
Survey Frequencies**

1. Have you ever attended a Consortium of Neurology Program Directors (CNPd) Meeting at either the AAN or ANA Annual Meeting? (N=134)

17.2% Yes – skip to question 2 82.8% No – go to question 1a

1a. If you have never attended a CNPD meeting, please indicate your reasons (Mark all that apply*): (N=106)

- 67.9% Did not know fellowship program directors were invited to attend
- 16.0% Don't attend AAN meetings
- 12.3% Don't attend ANA meetings
- 14.2% Insufficient funding from department to attend meetings
- 0.9% No interest
- 15.1% Thought CNPD exclusively deal with adult neurology program director needs
- 35.8% Unaware of CNPD meetings
- 10.4% Other (please specify):¹

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

¹See survey comments on page 8

2. What is your preference for how fellowship program directors should be organized? (Mark one choice only) (N=120)

Fellowship program directors should be part of:

- 16.7% A completely separate program director organization with separate meetings.
- 16.7% The CNPD and be invited to both CNPD meetings (ANA and AAN) each year. No significant change in the structure of CNPD meetings should be made.
- 17.5% The CNPD and be invited to both CNPD meetings (ANA and AAN) each year. A change in the structure of CNPD meetings should be made with a specified amount of time for fellowship program issues to be discussed.
- 21.7% The CNPD, and be invited to both CNPD meetings (AAN and ANA), but hold a separate meeting specifically for fellowship program directors at subspecialty society meetings.
- 27.5% The CNPD, and be invited to both CNPD meetings (AAN and ANA), but hold a separate affiliate meeting specifically for fellowship program directors at the AAN Annual Meeting.

3. Besides fellowship program director, what other administrative duties do you perform? (Mark all that apply*) (N=126)

- 44.4% Department chair/section chief 4.0% Student clerkship director
- 6.3% Neurology residency program director 21.4% None
- 2.4% Preclinical neuroscience course director 31.7% Other (please specify):²

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

²See survey comments on page 8

4. What additional support do you receive from your department to administer the fellowship? (Mark all that apply*) (N=132)

- 6.1% Full-time program coordinator/administrator
- 32.6% Part-time program coordinator/administrator
- 2.3% Full-time secretary
- 23.5% Part-time secretary
- 4.5% Assistant or associate program director
- 0.0% Education staff (PhD educators)
- 54.5% I receive no financial support
- 0.0% Information technologist
- 3.8% Other (please specify):³

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

³See survey comments on page 8

5. What is your preference regarding neurology fellowships and the National Resident Matching Program (NRMP)? (Mark only one) (N=134)

- 11.9% Neurology fellowships should participate in the NRMP
- 31.3% Investigate the possibility of a separate match for neurology fellowships
- 53.0% Neurology fellowships should *not* participate in any matching program
- 3.7% Other (please specify):⁴

⁴See survey comments on page 8

6. What are your greatest needs as a fellowship program director? (Mark all that apply*) (N=134)

- 29.1% a. Faculty development in education and fellowship issues for department members involved in fellowship training
- 23.9% b. Faculty development in education and fellowship issues for the fellowship program director
- 49.3% c. Financial support for program administrator/coordinator
- 72.4% d. Financial support for fellowship (i.e. salary and benefits, travel fund, book fund)
- 14.9% e. Interfacing/advocating for needs with the ABPN
- 31.3% f. Interfacing/advocating for needs with the ACGME and Neurology Review Committee
- 67.2% g. Protected time or financial support to administer fellowship
- 38.1% h. Recognition of the fellowship program director role in tenure considerations
- 8.2% i. Other (please specify):⁵

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

⁵See survey comments on page 8

6a. Of those you marked in question 6, please rank your top 3 needs. (Enter a letter from question 6 in each box) (N=82)

- | | |
|---------------------------|--|
| Most important | Financial support for fellowship |
| 2nd most important | Protected time or financial support to administer fellowship |
| 3rd most important | Financial support for program administrator/coordinator |

Demographic information

7. Including this year, how many years have you acted as fellowship program director? (N=131)

Minimum	Maximum	Mean	Median
0	30	7.0	5

8. Select the type of practice that best describes yours: (Mark only one) (N=130)

0.0%	Solo private practice	4.6%	Staff-model HMO
0.0%	Neurology private group	6.9%	Government hospital or clinic
4.6%	Multispecialty private group	0.0%	Other public or private hospital or clinic setting
83.8%	University based group	0.0%	I do not have a clinical practice

9. How many fellows currently train in your program? (N=128)

Minimum	Maximum	Mean	Median
0	21	2.4	2

10. Please mark all areas for which you are the fellowship program director. (N=133)

0.8%	Advanced clinical neurology	0.0%	Neurogenetics
2.3%	AIDS	0.8%	Neuroimaging
2.3%	Alzheimer's disease	2.3%	Neuroimmunology
0.8%	Basic research	8.3%	Neurologic critical care
3.8%	Behavioral neurology	12.0%	Neuromuscular disorders
15.8%	Cerebrovascular disease/stroke	6.8%	Neuro-oncology
20.3%	Clinical neurophysiology	4.5%	Neuro-ophthalmology
3.8%	Dementia	0.0%	Neuro-otology
13.5%	EEG	0.0%	Neuropathology
11.3%	EMG	0.8%	Neuropharmacology
12.8%	Epilepsy	2.3%	Neurorehabilitation
0.8%	Geriatric neurology	1.5%	Neurovirology
3.0%	Headache	0.8%	Pain
0.8%	Interventional neurology	1.5%	Sleep disorders
15.8%	Movement disorders	0.0%	Spine
6.8%	Multiple sclerosis	1.5%	Other
0.0%	Neuroepidemiology		

11. Is your fellowship program accredited? (N=132)

43.2%	Yes, by ACGME	9.8%	Yes, by UCNS	47.0%	No
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12. Please share any comments you may have on the topic of this survey:

See survey comments on page 8

**Neurology Fellowship Program Director Survey
Survey Comments**

1a. If you have never attended a CNPD meeting, please indicate your reasons (*Mark all that apply*):

Other (please specify):

- ANA meetings conflicts with AANEM meetings
- Combination of above; CN directors usually attend AES meetings
- Conflicts with the Practice Management Course
- Don't regularly attend AAN meeting; attend ASA and Neurocritical Care Society meetings
- Inertia
- New fellowship
- New fellowship program
- Newly accredited program
- Recently got involved with residency
- Scheduling problems
- Time during the meeting

3. Besides fellowship program director, what other administrative duties do you perform? (*Mark all that apply*)

Other (please specify):

- Acting section chief
- Assist with student clerkship
- Associate chair for clinical activities
- Associate director of stroke program
- Associate residency program director
- Center director (P50)
- Chair admissions committee for school of medicine
- Clinical center director
- Department Head for Medical Center's Clinical Neurophysiology Dept; Chief of Service for Neurology
- Department vice chair for clinical affairs
- Director of clinical program
- Director of clinical subspecialty service
- Director of HD and MS centers
- Director of movement disorders program
- Director of neurofibromatosis clinic
- Director research lab
- Director, Epilepsy Center
- Director, Neurology Clinical Research Organization
- Director, Sleep Disorders Center
- Division chief
- Division Director

- EEG lab and EMM director
- EMG lab director
- Epilepsy
- Epilepsy and Neurodiagnostic Center director - VA site
- Epilepsy monitoring unit director
- Medical director EMG lab
- Medical director EMU
- Medical director of movement disorder and Parkinson program
- Medical director of the stroke program
- Multiple sclerosis program director
- NeuroICU Medical Director
- Residency education committee
- Section head
- Service Chief
- Stroke service co-director
- Various committees
- Vice Chair
- Vice chair of education

4. What additional support do you receive from your department to administer the fellowship? (Mark all that apply)

Other (please specify):

- \$3,000 in salary support
- Financial support
- Institution provides 0.10 FTE for secretary
- My regular secretary covers fellowship duties also
- Part of program

5. What is your preference regarding neurology fellowships and the National Resident Matching Program (NRMP)? (Mark only one)

Other (please specify):

- Leave it up to fellowships
- Need more info how this would work
- No opinion
- Not applicable to non-accredited fellowships
- Perhaps a match for large fellowship areas. Probably not for neuro-oncology.

6. What are your greatest needs as a fellowship program director? (Mark all that apply)

Other (please specify):

- Access to fellow candidates
- Common evaluation tools

- Core competency assessment
- Less burdensome PIF and other documents. It's not that I need more time; it's that the administrative burden should be MUCH less. I wouldn't choose to spend my time (wasted time) doing all that paperwork. For example, we're not becoming a neuromuscular fellowship for one reason only: paperwork. So we stick to CNP fellowship... It's a shame, isn't it?
- Less regulatory input from ACGME
- More visibility to potential applicants
- NIH training grants do not permit budgeting for director or secretary
- Planning for future of fellows
- Recruiting applicants, too few apply

12. Please share any comments you may have on the topic of this survey:

- Agree with the need to recognize the unique challenges of fellowship programs to provide support for this.
- Continue to have program director seminars, but rotate the dates from beginning one year alternating with end of meeting another year and offer a slightly less tuition to help junior faculty!
- Fellowships have become more popular after residency and there is limited time and resources to administer these programs to ensure a quality program. The increasing and ever changing regulations make it challenging to keep up. Additional resources if we are able to access them will be very helpful.
- Given that an existing group already is doing this for Clinical Neurophysiology, it would be redundant to try to set up a conflicting AAN based group with the same aims.
- Good job!
- I would be happy to serve in the Fellowship Director Committee. I was the chair (or vice-chair) of the Resident Education of the American Epilepsy Society between 1999-2006.
- It's an important issue
- Our fellowships are accredited by the AUPO in neuro-ophthalmology
- Please! We need a match. The entire selection process is very disorganized and difficult for programs and applicants!
- Switching from a unified CNP fellowship to more ideal but separate epilepsy, neuromuscular and sleep fellowships involves overhead costs the hospital balks at paying. Ideas to overcome this issue are welcome.
- Thank you
- Thank you, much needed survey, long due!
- The residency program receives much department attention and support. Fellowships are not organized at the department level and are balkanized by subspecialty with no formal interactions - despite the fact that the department has almost as many fellows as residents.
- The UCNS process has added validity to the fellowship and the field of neurocritical care. There are ongoing issues of how the UCNS, ABPN, Neurology RRC, and ACGME interact. Much work needs to be done to assure that all four organizations are working in concert. Fellowships have become increasingly fundamental, non-optional, forms of training. The ABPN, RRC, and ACGME do not formally act like they understand this concept. Hence, there is a disproportionate emphasis on the residency.
- UCNS application for geriatric neurology certification makes this of greater importance.
- We are accepting two fellows to our program in 2009.
- We are applying for UCNS accreditation.
- We are exploring ACGME accreditation.

- Why would AAN do this for Clinical Neurophysiology? There already is an organization for Clinical Neurophysiology program directors: The Consortium of Clinical Neurophysiology Program Directors. It meets annually at the American Clinical Neurophysiology Society meeting. Two years ago the group had the RRC executive director as a guest. The group also has had the ABPN medical director as a guest in the past. It discussed issues of mutual interest, sharing paperwork, developing syllabi, reviewing problem PIF areas, informing members about PIF and board issues. It was formulated in a way similar to the AAN's organization for general neurology residency program directors.
- We have just submitted our application for ACGME accreditation and are awaiting results of our application.
- We may really need to think about having different groups for different types of fellowship program directors if we would like them to find the educational information pertinent. Perhaps rotating CNL, Stroke, sleep fellowship program director meetings would be a good idea.