

The globalization of US and Canadian neurology residency training

Is it just about the money?

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Neurology is becoming increasingly global, including practice, research, and education. Indeed, more than one-third of attendees at the American Academy of Neurology (AAN) annual meeting come from abroad (personal communication, AAN, September 10, 2013), and in 2012, approximately 64% of all manuscripts submitted to *Neurology*® came from outside the United States (personal communication, Kathy Pieper, September 9, 2013). There is a growing interest in global health electives by US and Canadian medical students and residents, who are increasingly seeking opportunities for international electives. In this issue of *Neurology*, Lyons et al.¹ report the results of a survey to assess opportunities for global health electives in neurology residency training programs conducted by the AAN Graduate Education Subcommittee and the Member Research Subcommittee. They found that such electives are few, occurring in just over half of the responding programs; lack of funding appears to be the major obstacle in setting up such electives. Although only 61% of neurology program directors completed the survey, which may have skewed the results, 3 major themes emerged from the comments posed by the survey respondents.

Is it permitted? Neurology residency programs must strictly adhere to program requirements developed by the US Accreditation Council for Graduate Medical Education (ACGME) or the Royal College of Physicians and Surgeons of Canada in order to maintain accreditation. The ACGME program requirements for neurology residency training are silent on the issue of international electives. That said, for a 48-month residency program in adult neurology, only 33 months have specific requirements (6–8 months of internal medicine, 18 months of clinical neurology, 3 months of child neurology, 1 month of psychiatry, and 4 months of vacation).² Thus, 15 months are unstructured and can theoretically include international electives. There is no reason to believe that a well-organized international elective that includes clear learning objectives, direct oversight, and a formal evaluation process would be less educational than a research elective with a similar structure. Given the

upcoming changes in ACGME accreditation with the Milestones Project and the Next Accreditation System,³ the focus will be placed on outcomes and not process, and this should result in greater flexibility for residency programs in organizing electives. International electives should be specifically addressed in the program requirements, or at least in the frequently asked questions.

Who funds it? Residency education in the United States is largely funded by Medicare at present.⁴ The funds hospitals receive from Medicare for support of resident education are earmarked for rotations that include direct patient care, either inpatient or outpatient. Research electives and international electives cannot be funded by Medicare, hence hospitals and departments of neurology need to support resident salaries during these rotations from other sources. Since resident scholarship, which includes research, is an ACGME requirement for all residency programs,² hospitals should already be supporting such activities by their residents to a certain extent. Unfortunately, given the financial realities of funding hospitals and neurology departments, unless outside funds are identified, international electives are unlikely to receive funding in most residency programs.

Who oversees it? Based on the results of this survey, there appears to be no explicit structure or supervision for international electives in most neurology residency programs. If an international elective is to become formalized in a training program's rotation options, a collaborative advisory committee should be established in order to provide structure and oversight for these experiences. This committee should include not only the program director and faculty from the home institution but also representatives from the host institution. Specific policies and procedures should be developed for international electives, and these should require specific objectives for the elective, a clearly identified supervisor, and a formal evaluation system. Predeparture preparation and postdeparture debriefing should also be a formal part of the process of setting up such electives. Predeparture preparation should include activities aimed at

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educating the trainee regarding the health system, culture, disease entities, and neuroepidemiology in the host country. In addition, preparations must address issues of personal health and safety while abroad. Finally, the advisory committee must evaluate the overall goals of the institutional collaboration. In many resource-limited settings, a well-developed rotation could substantially improve neurologic education and clinical care at the host institution, but careful attention must be given to issues of resource allocation and local supervision. For example, without appropriate planning, US trainees could overwhelm the local capacity for direct supervision and convenient housing with unanticipated detrimental effects on local trainees or faculty.

The future of US and Canadian neurology includes international neurology, and neurology residency education should reflect that future. The challenge is to permit and also to strongly encourage residency programs to establish international electives for their residents and to find ways to fund these exchanges. Just as medical student applicants look for international opportunities when selecting medical schools, neurology residency applicants will increasingly do the same. Graduates from programs sponsoring these international experiences will likely be better equipped to practice and teach neurology in a global medical profession than those coming from programs

that lack such exposure. They will also be more facile and able to adapt to the rapidly evolving North American medical education and health care environment that awaits them at training completion.

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