

Formal research exposure during neurology residency training matters

Alberto Maud, MD
Gustavo J. Rodríguez,
MD

Correspondence to
Dr. Maud:
alberto.maud@ttuhsc.edu

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In North America, the curriculum of neurology residency training must accomplish a variety of metrics in a constrained period of time. The 6 American Council for Graduate Medical Education (ACGME) Core Competencies are made up of different milestones that residents should master at key stages of their medical training, including patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The ACGME requires scholarly activity by all trainees participating in residency and fellowship programs. The curriculum should advance a resident's knowledge of the basic principles of research and introduce him or her to a research pathway that would enhance the quality of medical training. Research, as any other educational and professional activity, has to be taught within a structured mentored educational program that advances the student from basic to more complex skills. Traditionally, the research activity during the neurology residency was left to the discretion and motivation of the neurology resident during his or her training. The final research production defied easy measurement and varied substantially across graduating residents. Other medical specialties, including internal medicine, have explored the advantages of having a formal scholarly program during the residency. Participation in scholarly activity can lead residents to superior clinical performance as well as better scores on the in-service residency examinations and board examinations.¹

In this issue of *Neurology*®, Robbins et al.² present an interesting study assessing the benefit of a dedicated scholarly program in an adult and pediatric neurology residency program. The authors investigated the effect of a formal scholarly activity program administered by the neurology residency program director. The program included guided mentorship in the initiation of research activity. The authors compared the research production by the pediatric and adult neurology residents 5 years before vs 5 years after the implementation of the program. There was more than double

the total scholarly output in graduating neurology residents after institution of the program, supporting the idea that implementing a formal and well-organized scholarly program in neurology residency resulted in academic production at different levels, from abstract submissions to scientific meetings to peer-reviewed journal publications. The result of that seeding will, hopefully, blossom beyond the years of residency and training. It could result in a cultural change toward a more scientific approach to medicine, and in this particular case, to neurology and neuroscience. Trainees (including medical students) exposed even at early stages of their career to scholarly activity are also more likely to improve their clinical skills and medical knowledge. The benefits of this type of program potentially extend beyond academia, such that future neurologists educated on research habits may improve their skills in private practice through a more scientific and evidence-based approach to practicing neurology. How to spread and reproduce this experience to all the ACGME-accredited programs throughout the country, without interfering with the rest of the curricula during the 36 months of neurology residency training, will prove a major challenge. The ACGME and the American Academy of Neurology have pivotal roles that could support successful implementation of programs like this in the near future.

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DISCLOSURE

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From the Department of Neurology, Paul L. Foster School of Medicine, Texas Tech Health Science Center El Paso, TX.