Advocacy education in neurology residency: A survey of U.S. neurology residency program directors

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OBJECTIVE

The primary objective was to assess the prevalence of formal advocacy training in neurology residency programs in the U.S. through a survey of neurology residency program directors. Additional objectives included ascertaining neurology residency program directors’ personal experiences with advocacy and perceived barriers to incorporating advocacy training into their programs.

BACKGROUND

Advocacy is recognized as an important role and responsibility of neurologists, however formal training in advocacy and public policy is not incorporated into all neurology residencies. Teaching neurology residents basic principles of advocacy and public policy provides them with knowledge and skills to advocate and creates a foundation for becoming effective advocates in their future careers.

METHODS

Neurology residency program directors were contacted using the AAN Synapse online community for the Consortium of Neurology Residency Program Directors. They were asked to complete an anonymous online survey on the subject of physician advocacy and medical education. Survey data was collected using Qualtrics.

RESULTS

A total of 35 program directors completed the survey.

• Most program directors report feeling slightly or moderately familiar with the topic of physician advocacy.
• A majority (74%) of program directors do not provide any formal advocacy education in their residency programs.
• Most program directors indicated interest in introducing advocacy education but cited time constraints and personal lack of knowledge about advocacy as the top barriers in doing so.
• About half (51%) of program directors report having personally participated in advocacy during their careers, however most did not receive any formal advocacy education during their own training.

CONCLUSIONS

While survey response rate was low, this is the first time data has been reported on the prevalence of advocacy education in neurology residency programs. Results indicate a need for the development of advocacy curricula and a need to develop ways to deliver this educational material without adding to residents’ existing time constraints.