

FREQUENTLY ASKED QUESTIONS

Specialty/Field Questions:

1. a) What are some of the strengths about your specialty? What draws and keeps people in your specialty?

Neurology is a fascinating field on the cusp of medical development. There have been huge advancements over the past few decades with the field evolving to such a point that many new treatments are emerging for diseases previously deemed untreatable. Neurology advances the understanding of human thought, intelligence, emotion, senses, movement, and behavior as well as dealing with many debilitating illnesses of the nervous system. To us, Neurology is the true frontier of medicine.

Neurology is a unique subspecialty. One can localize a disease simply based on a good history and physical examination. The art of neurology is deeply rooted in an accurate history and physical examination leading to a diagnosis, which guides the treatment plan. In training and practice, you will face various challenges. The dynamic practice requires excellent interpersonal skills and meticulous observation abilities. Neurology offers the best opportunity to work in a team environment and offers abundant opportunity for interaction with colleagues from a wide range of medical specialties.

- b) What are some common complaints your specialty?

The complaints of a neurological patient are quite vast and vary significantly in their severity. Common issues with Neurology patients include headache, weakness/numbness, cognition issues, and abnormal movements, to name just a few.

2. Why did you choose your specialty?

Interest in neurological patients and the interesting ways they present.
The key role of physical examination and clinical reasoning in reaching a diagnosis.
Wonderful combination of applying basic fundamental knowledge (neuroanatomy and physiology) and scientific information (new treatment strategies) in everyday practice
Abundant research opportunities

3. What types of clinical cases do you commonly see?

Diverse patients, anything from stroke, MS, seizure disorders/epilepsy, migraines, movement disorders, neuromuscular diseases, infectious disease, many rare diseases and many more.

4. Briefly describe a typical day.

On service, the typical day starts at 7:30. You review patients' lab work/imaging, then meet with staff and round on the in-patients. During the day, there are calls to see new consults throughout the hospital and emergency room. At various scheduled points in the week there are teaching rounds which can be informal intake rounds to more formal lectures in stroke rounds and grand rounds.

In the clinic, you will start at designated time with staff to see out patients throughout the day in an office setting.

For Neurology call, you can pair up with a resident to see new consults in the hospital, and also look after patients in Neurology/stroke wards.

5. a) What are the varieties of lifestyles within your field?

Neurologists have extremely variable life styles. Some choose office-based practice; some work in academic centers where you can combine research and hospital oriented practice. You can choose your own life style. Neurology residents also have balanced lifestyles.

- b) Specifically, how able is your specialty to accommodate family life?

We are able to accommodate family during our training. Neurology service can be demanding; however, neurologists and residents in our program still find time to have a life and fun outside the hospital.

6. Range of incomes?

Comparable to other internal medicine specialties. Varies significantly depending on if you have an office based practice or hospital based practice.

7. How do you see your discipline changing over the next decade?

There is extensive research in genetic medicine, imaging, and interventional neurology that will change the face of practice. There is room for many new therapeutics in each of the major neurologic subspecialties. This gives an opportunity for young neurologists to see a long a constantly evolving practice over the course of their careers.

Residency Program Questions:

8. a) What are you looking for specifically in an impressive candidate?

The Residency Training Committee will select candidates based on characteristics such as:

- Strong academic achievement
- Excellent communication and interpersonal skills attested to by referees
- Reference from an academic neurologist who has supervised the applicant's work
- Interest in neurology demonstrated by elective experience in neurology or related fields
- Interest and proficiency in basic science, clinical and/or health outcomes research

- b) What can a potential candidate do now in order to be an appealing applicant to your program?

As described above, one can show their interest in Neurology by doing an elective in the department and actively pursue research in basic science, clinical and/or health outcomes

9. How is your residency program organized? (i.e. year by year breakdown and schedule of rotations)

PGY 1:

This year is mainly to give the resident a solid background in clinical medicine as well giving the resident an introduction to clinical neurology, allowing the resident to become more familiar with the personnel in the division.

Typically a resident will do 3 months of Neurology (1 month stroke, 1 month general, 1 month consult) with the bulk of rotations including specialties such as General Internal Medicine, Psychiatry, Emergency Medicine, Endocrinology, Rheumatology, Infectious Diseases, Geriatrics, Oncology, and CCU.

PGY 2:

This year will be devoted to the development of sound neurological clinical skills and to rounding out the trainee's general medical skills. Neurological clinical skills will be developed during rotations on the in-patient ward service. Neurosurgery, NeuroICU and NeuroRehab will be scheduled. The remainder of Medicine rotations will be completed in PGY-2.

Research may be introduced in the latter part of PGY-2.

PGY 3&4:

These years can be tailored to meet the trainee's career goals. Emphasis is on developing skills through participation in specialty out-patient neurology clinics including those devoted to movement disorders, epilepsy, neuromuscular, MS, cognitive neurology, and general neurology. As well there are many opportunities available to work with academic and clinician neurologists. Inpatient 'senior' resident rotations will also take place. The additional 13 months of this portion of training can be devoted to enhancing skills in EEG/evoked potentials, EMG and/or NeuroRadiology.

In addition, the trainee can undertake elective time in areas associated with clinical, research, or basic neuroscience which may enhance the achievement of career goals. Electives in other centers are considered on a case by case basis. As well, residents will be expected to initiate a research project in PGY-3 which should be completed over the subsequent years of training. This project should be undertaken at a level commensurate with the trainee's experience and may be in the area of basic or clinical neuroscience. If needed, elective time can be used to work on research projects.

Beginning in PGY 3 and continuing into PGY 5, the neurology resident will be involved in the weekly 1/2 day neurology continuity clinic which focuses on patients with undifferentiated neurological complaints, similar to those presenting to a general neurologist. The resident will follow patients as required over time and in doing so will function as the patient's primary neurologist with supervision provided by an experienced neurologist. During the "senior stroke rotation," the resident will focus on acute and hyper-acute emergency department stroke care, under the direction of a stroke fellow and/or stroke neurologist.

PGY 5:

During this year, the senior resident will return to the clinical setting completing rotations on out-patient and in-patient services, including three months of pediatric neurology. An additional two months are devoted to training in neuropathology.

In addition, the trainee will spend time on the adult neurology service as a "junior staff". In this role, the resident will directly supervise in-patient management on the neurology ward under the guidance of one of the staff neurologists and take outside phone calls. Trainees will continue to participate in weekly continuity clinics during this final year. In addition, the research project started in PGY-3 should be completed.

10. What is your residency program's orientation and focus?

A five-year training program in Adult Neurology is offered in accordance with the requirements of the Royal College of Physicians and Surgeons of Canada. Emphasis is placed on acquisition of decision-making skills as they pertain to neurological problems in the out-patient and in-patient setting.

11. What is the availability of experiences in subspecialty areas during training?

Throughout the residency program, residents are exposed to all of the major subspecialties of Neurology. Due to the large number of electives given to each resident, one can gear his/her training towards the trainee's career goals and subspecialties that interests him/her as a long-term career choice.

12. Are there sufficient elective opportunities during training to explore your special interests?

Yes. As mentioned above, as a resident becomes more senior, there is plenty of time (over 30 weeks) of elective time given to each resident to meet one's career goals and pursue any interests

13. What is the on-call schedule during each year of residency?

On-call scheduling will vary with each rotation that the resident undertakes. The Neurology program adheres to all of the PARA suggestions regarding resident on-call regulations and durations.

14. What distinguishes the U of A program from other programs?

Distinguished staff who are actively involved in teaching as well as research, including many of the pioneers of Canadian Neurology in their respective subspecialties. We have a resident to staff ratio of 0.8.

15. a) Who can we contact for more information or to set up electives?

Please contact the residency program coordinator (medneuro@ualberta.ca or 780-248-1237) Tina Barnard. Once your elective has been scheduled through the Neurology program, it is essential that you contact the UGME office.

- b) Specifically, is there a list of residents whom we can call or email?

The residents are all very approachable and happy to answer student questions. The first point of contact should be our co-chief residents, Kevin Yen (kyen1@ualberta.ca) or Steve Joza (joza@ualberta.ca) who can answer many questions and put you in touch with one of the other current or recently graduated residents.

16. How competitive is it to get in, and then to succeed in your field?

The majority of candidates interested in Neurology match to their specialty refer to CaRMS website for the latest statistics.

17. a) Is there active and/or required research in your residency program?

Members of the Division of Neurology at the University of Alberta are involved in basic and clinical neurosciences research in the majority of subspecialty areas within neurology. Residents are expected to initiate and complete a research project under the direction of divisional members during the final three years of training.

- b) What role does research play in your career?

The level of research involved in an individual's career is entirely up to the individual. The potential for future research in the field is limitless as there are many exciting opportunities available for research in Neurology.

18. What local, national or international conferences would be of benefit to candidates interested in your residency program?

The Canadian Neurological Sciences Federation Annual Congress, (<http://www.cnsfederation.org/>) or the American Academy of Neurology Conference (aan.com)