

It's time to leave the wilderness

Child Neurologists are the specialists who take care of children with diseases of the brain, spinal cord, nerves, and muscles. Some of those conditions include epilepsy, migraine, cerebral palsy, muscular dystrophy, and autism. Child Neurology was recognized as an independent medical specialty in 1968. Since its inception, the specialty has straddled the line between Pediatrics and what we now call Adult Neurology. This “marriage” was grounded on two arguments: Child Neurology was an offshoot of Neurology, not Pediatrics; and Neurologists were better suited to teach young doctors about diseases of the brain. As such, those seeking to become Child Neurologists had to complete a 5-year residency which included 2 years of general pediatrics training, 1 year of adult neurology training, and two years of dedicated Child Neurology training. For a long time this was a good model. But after almost 50 years, it is time we stop and think if we can do things better. After all, medical technology such as the CT scan or the MRI didn't even exist in 1968.

For the past several years, a small group of doctors have been pushing for change in the way we educate young doctors in the art of Child Neurology. Those doctors have not pulled arguments out of a hat. Instead, they have done what doctors do to prove a point – research. The results of those investigations have proven that young Child Neurologists want to spend more time learning about genetics, sleep medicine, neurological diseases of newborns, and autism. The results also show that newly minted Child Neurologist want to trade the time they spend leaning about brain diseases of adults (Parkinson's, Alzheimer's) for additional time learning Child Neurology. While these results are clear, and the advancement of medical science dictates that Child Neurology training evolve, some Child Neurologists have opposed change. In their mind, the system we use today, steeped deep in tradition, has served us well for 50 years.

To be fair, exposure to Adult Neurology is of value to Child Neurologist for at least the following reasons: to learn about stroke and brain tumors which happen more often in adults, and yet still occur in children; to see the evolution of diseases that are diagnosed in childhood and continue to be present in adulthood; and, in preparation for the eventual transfer of pediatric patients to Adult Neurologists, learn about resources that will be available to those patients. But just as is the case for Adult Neurology trainees, who only spend 3 months learning about pediatric diseases, such knowledge can be acquired in far less than 12 months.

But enough about problems. Are there solutions? Yes, and here are three options: 1- Reduce the number of months that Child Neurology residents spend learning general Pediatrics, and do the same with Adult Neurology. The balance would be invested learning more about childhood neurological diseases. 2- Leave untouched the time Child Neurologists spend in general Pediatrics, but cut on the year they spend in Adult Neurology. Once again, the balance would be invested learning more about childhood neurological diseases. 3- Give individual training programs flexibility in the way they train Child Neurologists. The safety net for this approach is what we call “board certification”- the test that Child Neurologists take at the end of their residency to attest they are

qualified to practice Child Neurology independently. Much has changed since 1968 when Child Neurology was a fledgling medical specialty. For that reason, changes in the way we train 21st century Child Neurologists are long overdue. Let us hope that change does not take another 50 years.

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