

Career Counseling in Neurology

Frequently-Asked Questions

This booklet has been prepared by the Department of Neurology in response to questions frequently asked by medical students who wish to explore the training and career opportunities in this field. We hope that it will be helpful to students and serve as a basis of discussion in individual meetings with faculty members and residents.

- Can you give me a brief description of the field? What are the key elements of this field that define it?
 - **Neurology is the specialty that looks at conditions that affect the central and peripheral nervous system. Neurologists usually subspecialize and careers can range from academic to private practice and intense and fast paced as in neurocritical care neurology to outpatient and comprehensive as in dementia.**
 - **The nervous system is the means by which we perceive the universe and interact with it. The key element that defines neurologists it is a deep and abiding curiosity about this process. Neurologists look at different aspects of this process depending on their sub-specialization.**

- What is the patient population that I will encounter? Will it include both children and adults? Will there be emergency work? What types of technology will I encounter?
 - **Neurology encompasses both Adult and Pediatric or Child Neurology. For adult neurology, patients will generally be in the geriatric age group although there are frequent exceptions as epilepsy and neuromuscular disorders tend to affect younger patients. Exceptions exist in all of the subspecialties.**
 - **During residency training, emergency work will be a significant component. After residency, there is a wide range from virtually exclusively emergency work in neurocritical care or stroke, a mixture in epilepsy and neuro-hospitalist, to virtually never as in movement disorders, neuromuscular, or dementia.**
 - **The technology depends on the subspecialty. In epilepsy EEGs, epilepsy monitoring, and intraoperative monitoring require a high level of comfort with electrophysiology technology and neuro-imaging. In stroke, neuroimaging and neuro-interventional technology are common. In neuromuscular disorders, electrophysiology, genetic testing, neuropathologic studies, and neurorehabilitation are commonly used as well as ventilation devices. However, in all areas of neurology the history is the cornerstone of the diagnosis and ongoing dialog with the patient and his or her family is critical.**

- Is it possible to describe the personality characteristics of many physicians in this field?
 - **Neurologists tend to like the intellectual stimulation of the field. As there is a wide range of specialties it is difficult to generalize. Neurocritical care, neuro-interventionalists, and stroke specialists tend to enjoy fast-paced, high-intensity situations with critically ill patients. Epileptologists tend to enjoy both critical situations and the challenges of managing a chronic and elusive condition. Neuromuscular, movement, and dementia specialists tend to like chronic outpatient care with comprehensive approaches.**

- How long is the training program/residency?
 - **For adult neurology, the residency is 4 years. 1 year is internal medicine and 3 years are neurology. Many programs are categorical and you would match for all 4 years up front. Graduates are eligible to sit for the neurology boards. Some people choose to do 3 years of medicine before neurology and are then eligible to sit for the internal medicine boards as well.**
 - **For pediatric neurology, the training is typically 5 years. The first 2 years are pediatrics and the next 3 years are a pediatric neurology fellowship. Graduates are eligible to sit for both child neurology and pediatrics boards. There is also a research option consisting of 1 year of pediatrics, 1 year of research, and 3 years of pediatric neurology. Graduates of this path are only eligible to sit for the child neurology boards.**

- Are there fellowships available after residency?
 - **Yes.**
 - **Accredited fellowships: child neurology, neurodevelopmental disabilities, clinical neurophysiology (including neuromuscular and epilepsy), and vascular neurology.**
 - **Other fellowships include: movement disorders, neurocritical care, neurobehavior, and research fellowships.**
 - **Interventional neuroradiology and pain are interdisciplinary in neurology, radiology, or anesthesia departments.**

- How do I know if my academic record/grades will make me a suitable applicant?
 - **Neurology residency applicants range from strong students to exceptional students. Most applicants are accepted into a neurology residency.**
 - **Neurology residencies at academic institutions tend to have higher standards, while hospital-based residencies tend to accept a wider range.**

- What is the role of my USMLE Step 1 score? What is a competitive score to qualify for an interview? If I failed Step 1 what are my options? Should I take Step 2 early.
 - **Failing USMLE Step 1 is a challenge. However, Neurology is a small field and, depending on the reasons and the subsequent scores on Steps 1 and 2 as well as the other components of your application, it should be possible to still get into a neurology residency.**
- Do I need a Step 2 Clinical Knowledge score to be screened for an interview? To be ranked?
 - **No.**
- Is there anything that I can do in my rotation or elective experience in this field to enhance my qualifications?
 - **Just do a good job. Your letters of recommendation will reflect your performance and enthusiasm.**
 - **Electives and research in the field are seen as very strong positive factors. Most applicants have either one or both.**
- Should I take outside electives in other institutions? If so, how many are advised and allowed?
 - **It is not necessary to take outside electives in other institutions. Some of the top programs in the country look more favorably on students who have taken electives at their institutions and done well. However, Downstate Neurology clinical training and clinical and basic science research is very well regarded and our graduates have gotten into the top programs without taking electives at outside institutions.**
- If your field requires a preliminary year what are your recommendations regarding that year?
 - **Do your preliminary training at the same institution where you will do neurology, if possible. If not, then be sure you get strong preliminary training. Remember, this training will last the rest of your life and needs to provide a solid foundation for your neurology training.**
- Is a research experience important in my application to this field? Do I need to do a one year research experience? Will research offset a low Step 1 score? Should I have publications to qualify for your field?
 - **Electives and research in the field are seen as very strong positive factors. Most applicants have either one or both.**
- Is community service important in my application to this field?
 - **Community service is helpful.**

- What do you advise on obtaining letters of recommendation? Should they all be from the field? How many should I have? Do I need a chair's letter? If so, how do I obtain that letter?
 - **You should have at least 3 letters. One should be from your neurology clerkship or neurology elective. This attending can speak directly to your performance. In addition, a chair's letter is helpful. The other letter should be from another faculty member who knows you well.**
- How do I meet with residents in the field and ask them to share their experiences and advice? Can I find residents with educational backgrounds similar to mine?
 - **The adult and pediatric neurology residents are friendly and outgoing. Most are Downstate graduates or graduates of other US medical schools. They are more than happy to talk to potential future neurologists. Just ask in the neurology office for the contact information of the chief residents and they will be happy to talk with you and to recommend other residents who may have a similar background.**
- If I want to learn more about the field, can you recommend how I do that?
 - **I recommend talking to the resident and to talking to neurologists in various stages of their careers. The chair is very helpful in pointing students towards faculty members with varied interests and ongoing research projects.**