

Identifying the educational needs of physicians in pediatric epilepsy in order to improve care: results from a needs assessment in Germany, Spain, and the United States*

Suzanne Murray¹, Sara Labbé¹, Sanjeev Kothare²,
Ignacio Málaga³, Gerhard Kluger⁴, Patti Ogden⁵,
Patrice Lazure¹, Alexis Arzimanoglou^{6,7}

¹ AXDEV Group Inc., Brossard, QC, Canada

² Cohen Children's Hospital, NY, USA

³ Child Neurology Unit, Asturias Central University Hospital, Spain

⁴ Neuropediatric Clinic and Clinic for Neurorehabilitation, Epilepsy Center for Children and Adolescents, Schoen Klinik Vogtareuth, Germany and PMU Salzburg, Austria

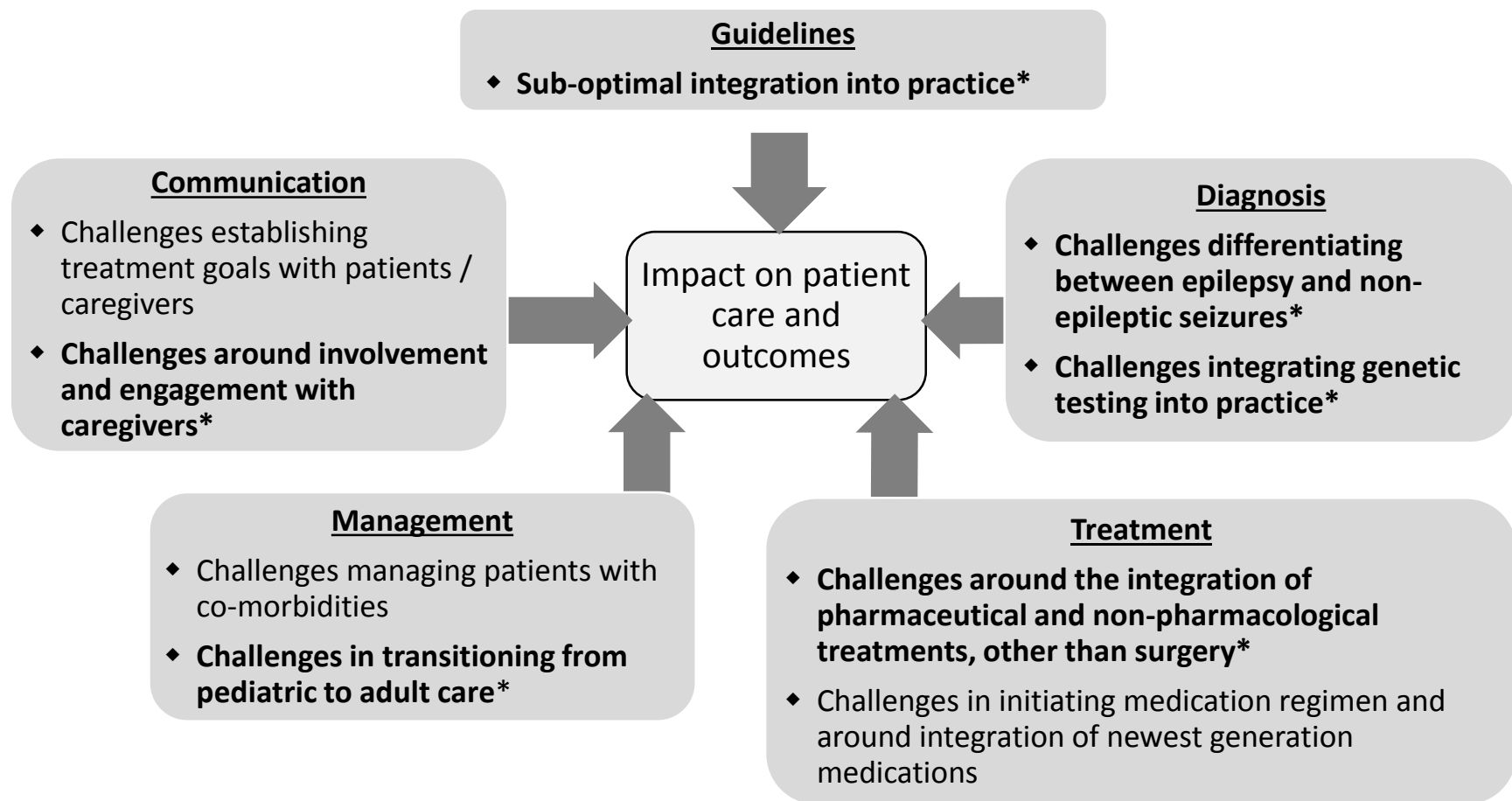
⁵ University of Chicago Medical Center, USA

⁶ Universitat de Barcelona and Hospital San Juan de Déu Epilepsy Unit, Barcelona, Spain

⁷ Department of Pediatric Clinical Epileptology, Sleep Disorders and Functional Neurology, University Hospital of Lyon, Member of the European Reference Network EpiCARE, Lyon, France

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Key findings emerging from the triangulated data of the educational needs assessment



* Challenges in bold are described in detail in the article.

How can study findings inform educational interventions?

- Educational needs and their causalities (e.g. lack of skills or knowledge) identified in this study could be the starting point for the development of educational interventions in Western countries.
- Validation of these needs should be conducted in the learners practice setting prior to the development of the educational interventions, especially for physicians practicing in developing countries.
- Context: new classification guidelines, and an increased need to provide comprehensive care - Providing support to neuropediatricians in these areas will become a priority to improve the quality of care offered to pediatric patients with epilepsy.

Concluding remarks of the present study - 1

This study identifies challenges faced by neuropsychiatricians practicing in three developed countries, related to diagnosing, treating, and managing pediatric patients with epilepsy. Specific gaps in knowledge and skills were identified, and should be addressed by medical educational interventions.

Epileptic seizures are one of the most frequent, and often the first, symptoms of a large number of neurological diseases in children.

All child neurologists need to be trained to recognize if a first paroxysmal event is epileptic in nature or not, to identify the seizure type, and to prescribe the most appropriate diagnostic investigations to identify the syndrome and etiology.

They also need to know the indications and pharmacological characteristics well in order to choose a first or second drug treatment.

Concluding remarks of the present study - 2

According to the ILAE definition, when the first two treatment choices fail to fully control the patient's seizures, the patient is to be considered as drug-resistant, and therefore should rapidly seek specialized advice. The child should then be referred to a child neurologist who is specialized in epilepsy.

As demonstrated by our study, child neurologists specialized in epilepsy need to master not only the clinical characteristics of each of the epilepsy syndromes and the semiological expression of all types of focal seizures, but also video-EEG interpretation, interpretation and comprehensive analysis of neuroimaging findings, interpretation of genetic results, and the indications for early referral for a pre-surgical evaluation and appropriate interpretation of the results of that evaluation.