Neurology Practice Rotation Curriculum

Internal Medicine Residency Program, University of California Irvine Long Beach Memorial Medical Center Updated: June 2016

Rotation Introduction: Neurology encompasses the prevention and management of disorders of the central and peripheral nervous systems. The Neurology Rotation is a private practice based rotation in which each resident will actively participate in performing consults, following inpatients and outpatients for a three-week block.

Rotation Logistics:

- During this rotation, a resident will be assigned to a private practice Southland Neurologic Associates (Drs. Patel, Omidvar, Ramezan, and Thompson). Based on patient care demands and neurologist needs, the residents time will spend time doing consults and following patients in both inpatient and outpatient settings as well as learning about EMG and nerve conduction studies.
- The resident will be given pager #3-18884 (access from outside of the hospital by calling 562-933-7243). At 9:00 each morning, the neurology resident should call the neurologists' office in the morning to determine the consults that have been called into the group and to speak with the neurologist who is assigned to the teaching service. During the day, the office personnel or the attending will inform the resident of new consults.
- Each neurology attending has volunteered his/her time to contribute to your education. Resident attendance each day is <u>REQUIRED</u> and any unexcused absence will be reported to the residency review committee. Only in cases of an emergency or illness should the resident be excused. It is the resident's responsibility to personally discuss any absence from the rotation with the site Program Director or Chief Resident, in addition to the Neurologist with whom they are working.
- Two outpatient clinics are scheduled into your neurology rotation, but attendance at these can be adjusted to patient care needs and educational interest. .
- You will also be <u>REQUIRED</u> to complete The NIH Stroke scale (http://www.nihstrokescale.org) early on in the rotation and the completion certificate should be turned into the GME offices to document one of your competencies for the rotation. This is important, since you may be called for Code Strokes in the hospital to evaluate patients to determine with the neurologist on call, if they are appropriate for TPA. Angie West, the director of the Stroke Program on 4 West, can help you with the protocol.
- To identify your learning goals and make the most of the educational experience, please complete the Neurology MKSAP questions during the first week of the block and complete the reading during the block. You will be <u>REQUIRED</u> to complete a neurology self-assessment test before the end of the block
- You will be <u>REQUIRED</u> to give the Neurology attendings a competency assessment form for the neurological examination to complete before the end of your block. Please give your attending the form along with a return envelope for the attending to mail the completed form to our office.
- Lumbar Puncture try to complete some of your LPs this rotation and save the Competence Evaluation card to submit at the time of your semi-annual reviews

- Rehabilitation is an important part of stroke care. Please follow your stroke patients when they are in the stroke rehabilitation unit to gain an understanding of what patients experience during rehabilitation.
- Resident continuity clinics are scheduled into the block.

Caps: These are subject to change, depending on the feedback from the faculty and residents.

Southland Neurologic Institute

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Resident Responsibilities:

- 1. Participate as a member of the practice
- 2. Evaluate and manage patients whenever appropriate, including the writing of notes and orders. For admissions, the Resident should dictate or type a thorough Neurology H & P, which the faculty will discuss with you on the first day.
- 3. Discuss patient status and assessment with appropriate faculty
- 4. Evaluate teachers and the rotation at the end of the rotation
- 5. Cover the MICU overnight duty once per week and be available for back-up call on the indicated days.

- 6. Round on two Saturday mornings with the Neurology attendings
- 7. Complete the NIH Stroke Scale online education program and turn in the completion certificate to the GME office
- 8. Give the neurology competency assessment form to one of your attendings and arrange for a time to have him evaluate this and fill in the form. We will provide a self- addressed stamped envelope for him to mail the form to the GME office.

Documentation:

- 1. The resident is to dictate or type the initial consult note and place it in the chart as soon as possible. These are to be performed and completed right after seeing the patient.
- 2. This consult note should include all the elements of a complete History and PE and should be problem oriented in format
- 3. Daily progress notes should be completed for all patients that the resident is following.
- 4. Each resident will be required to give a Neurology attending that has worked with them during the block, a competency assessment form for the neurological examination to complete before the end of your block. Please return these forms to the residency office at LBMMC or UCI.

Faculty Responsibilities:

- 1. Assure educational value of resident cases
- 2. Provide resident case based teaching and supervision
- 3. Involve the residents in patient management decisions and allow autonomy, appropriately adjusted for level of training
- 4. Encourage case-based reflection and reference to and application of the medical literature
- 5. Allow residents to attend scheduled residency conferences
- 6. Provide ongoing formative evaluation and feedback to the Resident directly and report informally to the Program Director as needed before the end of the rotation
- 7. Fill out and return written evaluation forms of Resident and the rotation at the end of the rotation, including the neurology physical examination competency assessment form.

Rotation Goals, Objectives and Learning Resources

Patient Care

Overview: The resident should be competent in the care of common inpatient neurology conditions including the clinical presentation, diagnosis and treatment

Objectives: Residents should demonstrate competency in the following:

- 1. Perform and interpret a detailed neurologic examination.
- 2. Acute stroke assessment using the NIH stroke scale
- 3. Use of evidence-based order sets

Medical Knowledge

Overview: Residents should learn the established and evolving medical knowledge relevant to inpatient neurology.

Objectives: Residents should have a thorough grasp of the medical knowledge to care for patients with the following:

- 1. Stroke evaluation, treatment and prevention
- 2. Stroke Rehabilitation
- 3. Coma
- 4. Epilepsy
- 5. Dementia
- 6. Delirium
- 7. Syncope
- 8. Headache
- 9. Dizziness
- 10. Peripheral Neuropathy
- 11. Neuromuscular Disease
- 12. Brain Death
- 13. Imaging of the Brain and Spinal Cord
- 14. Neurophysiologic Tests
- 15. Vascular Imaging

Communication

Overview: Residents are expected to communicate in a way that results in effective information exchange and provides collaboration with patients, their families, and other health professionals.

Objectives: Residents should demonstrate competency in the following:

- 1. Medical Consultation Verbal and Written Communication
- 2. Determining Code Status
- 3. Informed Consent
- 4. Patient Education for post-stroke patients

Professionalism

Overview: Residents are expected to carry out professional responsibilities, adhere to ethical principles, and maintain sensitivity to diverse patient populations.

Objectives: Residents should demonstrate competency in the following:

- 1. Educational activities necessary for lifelong learning
- 2. Understand and respect patient/family confidentiality and informed consent
- 3. Give constructive feedback to members of the health care team to improve problems encountered in the workplace
- 4. Receive feedback openly and identify a personal improvement plan
- 5. Adhere to the appropriate dress code for a neurology consultant
- 6. Apply ethical principles to patient care including: patient autonomy, do no harm and social justice.

Practice Based Learning and Improvement

Overview: All physicians who want to deliver high quality and up to date medical care have a commitment to learn for a lifetime and apply new knowledge in the practice of medicine. This process begins during residency by assessing the

effectiveness of the health care that they deliver and learning to critically appraise evidence about diagnostic and treatment effectiveness.

Objectives: During the neurology block, residents are expected to:

- 1. Reflect on their own knowledge, behaviors and mistakes in providing care for patients with neurology conditions and set appropriate learning and care improvement goals.
- 2. Apply the <u>EPB Learning Cycle</u> to issues relevant to neurology care. Set appropriate learning and care improvement goals, seeking high quality evidence to inform their questions and applying this to patient care.

System Based Improvement

Overview: The quality and safety of health care depends on how well the systems of health care delivery function. All physicians should contribute to the continuous improvement process for the quality and safety of health care. To improve the efficiency and cost of health care, new models of health care delivery are necessary.

Objectives: Residents should learn:

- 1. How patients access and receive preventive, acute and chronic care for patients with neurology conditions.
- 2. To identify areas for quality improvement and systematic solutions to gaps in care delivery. Residents should have a working knowledge of :
 - The role of rehabilitation in common neurology conditions
 - A Comprehensive stroke center
 - Stroke systems of care