NEUROLOGY ROTATION AT IMMC

I. Clinical Neurology: For second year internal medicine residents – four weeks duration.

II. Division & Course Director: Calvin Hansen, M.D.
Other Faculty – Todd Janus, MD
Lynn Struck, M.D.

Each resident will work primarily with Dr. Hansen. Other division faculty will assist Dr. Hansen with teaching one week at a time. Resident is expected to arrive at 7:45 am for the first day with Dr. Hansen. His office is at John Stoddard Cancer Center, Suite 300, IMMC.

III. Cognitive Objectives

A. Learn to perform and interpret neurologic history and physical examination.

B. Understand indications for common neurologic tests, i.e., EEG, NCV, EMG, CT, MRI lumbar puncture, and carotid duplex.

C. Acquire broad general knowledge of common neurologic problems such as:
   1. Headache disorders
   2. Seizure disorders
   3. Cerebrovascular disease
   4. Peripheral neuropathies/radiculo.pathies
   5. Movement disorders, especially Parkinson’s
   6. Cerebral neoplasms
   7. Degenerative CNS disorders, especially Alzheimer’s
   8. Common myopathies
   9. Meningeal and other CNS infections
   10. Metabolic disorders effecting CNS function
   11. Vertigo and related conditions

IV. Principal Teaching Methods

A. Annual lecture series

B. Outpatient and inpatient clinical teaching with neurology faculty

C. Regular review of neurology MKSAP questions provided by staff

D. Optional: Review neurology items missed by resident on most recent in-service exam

E. Suggested reference texts:  1) Adams, Victor & Ropper, Principles of Neurology
                               2) Harrison’s Internal Medicine, 18th edition
V. Competency-Specific Learning Objectives

**Patient Care**
Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents are expected to:
- demonstrate the ability to effectively evaluate and manage patients with common neurology problems such as acute stroke and new onset seizure disorders.
- demonstrate the ability to effectively evaluate and manage patients with chronic neurologic conditions such as headache, Parkinson’s Disease, spasticity, etc.

**Medical Knowledge**
Residents must demonstrate knowledge about established and evolving biomedical, clinical, and epidemiological sciences and the application of this knowledge to patient care. Residents are expected to:
- demonstrate ability to access and critically evaluate medical literature as it pertains to neurology.
- read relevant parts of the Neurology Syllabus.

**Practice-Based Learning & Improvement**
Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. Residents are expected to:
- demonstrate ability to identify gaps in knowledge and skills.
- demonstrate ability to identify and utilize resources to fill knowledge gaps.

**Interpersonal and Communication Skills**
Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange with patients, families and professional associates. Residents are expected to:
- demonstrate timely and adequate medical note taking and record completion.

**Professionalism**
Residents must demonstrate a commitment to carry out professional responsibilities, adhere to ethical principles, and demonstrate sensitivity in caring for a diverse patient population. Residents are expected to:
- demonstrate respectful behavior towards patients, families, colleagues, and allied health professionals.
- demonstrate ability to coordinate complex patient care with patients, families, Social Services and other allied health professionals.

**Systems-Based Practice**
Residents must demonstrate an awareness of, and responsiveness to, the larger context and system of health care and the ability to effectively call on system resources to provide optimal care of patients. Residents are expected to:

- demonstrate ability to provide care using evidence-based medicine, especially in diagnosis and management of stroke, multiple sclerosis, and other common neurologic conditions.

VI. Logistics of Rotation

Residents will evaluate at least four new inpatients or outpatients per week and completely present each patient’s case to neurology staff. Additional patients may be assigned as felt appropriate by the faculty. Resident will report specifically to the neurology staff regarding all patient care on this service. Resident will work one weekend during the month. This should be coordinated with Dr. Hansen at the start of the month. Resident will be excused for continuity of care clinics and all scheduled residency conferences.

Estimated starting time each morning Monday through Friday will be approximately 8:00 a.m. with the earliest expected departure time 5:00 p.m. Occasionally resident will be expected to stay later if the staff member is still involved in patient care or didactic sessions beyond that time.

VII. Medical Record Documentation

Extent of medical record documentation will be left to the discretion of the particular staff attending physician.

VIII. Performance Assessment

Performance will be evaluated by neurology staff attending physician.

MKSAP neurology questions will be reviewed during the month. Feedback will be given to the resident regarding areas for further study based on questions missed during these review sessions.

IX. Evaluation

A. At the end of the rotation, the resident will be evaluated by the supervising faculty. Personal feedback will be provided and an evaluation form will be completed and returned to the residency office. The evaluation form will be reviewed and signed by the resident.

B. The resident will be evaluated by faculty in each of the required six general competency areas as follows:
1. **Patient Care**
   a. Demonstrate ability to effectively evaluate and manage patients with common neurology conditions.
   b. Demonstrate competence with lumbar puncture procedures performed during the rotation.
   c. Resident will also be observed performing a complete neurologic examination during the month.

2. **Medical Knowledge**: Demonstrate ability to access and critically evaluate current medical information relevant to neurology and demonstrate understanding of assigned reading materials (syllabus and any other readings provided).

3. **Practice-Based Learning**: Demonstrate ability to identify gaps in knowledge and skills in the care of patients with neurology conditions and demonstrate real-time strategies to address these gaps.

4. **Interpersonal and Communication Skills**: Demonstrate adequate communication abilities in dealings with patients and families. Demonstrate timely and complete medical records.

5. **Professionalism**: Demonstrate respectful behavior towards patients and families, colleagues, nurses and other allied health personnel. Always protect patient confidentiality and provide informed consent.

6. **Systems-Based Practice**: Demonstrate an evidence-based, cost-conscious approach to patient care. Collaborate with nursing, social services and other allied health care providers to assure timely, comprehensive care provided.

William J. Yost, MD FACP
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