

## Clinical Base Year

### Adult Neurology Inpatient Service Curriculum

**Collaborating Faculty:** Gauri Pawar, MD  
 Residency Program Director  
 Department of Neurology

**Educational Purpose:** The purpose of this rotation is to familiarize residents with normal and abnormal responses of the central and peripheral nervous system. This rotation is spent with the adult neurology faculty on the service, evaluating and treating neurologic disorders in adults, on the inpatient service. Residents will be involved directly in the evaluation and care of neurology patients in emergency room, ICUs, step-down units, skilled nursing unit and regular floors.

#### Competency Based Goals and Objectives:

	Patient Care	Medical Knowledge	Practice-Based Learning/Improvement	Interpersonal & Communication Skills	Professionalism	System-Based Practice
Obtain a complete history utilizing information from patients and family	*	*		*	*	
Develop a thorough neurological examination in patients with different levels of consciousness	*			*	*	
Develop differential diagnoses and evaluation of common neurologic complaints including headaches, dizziness, weakness, numbness, and pain	*	*	*			
Develop skills in presenting patients to more senior residents and faculty in a concise, thoughtful manner				*	*	
Develop a knowledge to recognize and react appropriately to common neurologic emergencies such as stroke, seizure, and coma	*	*	*			
Develop skills to perform a consultation in the emergency room that addresses concern of referring doctor and serves patient well	*	*	*	*	*	*
Develop approach to acute stroke intervention to allow appropriate and state-of-the-art treatments	*	*	*			*
Develop a knowledge of the NIH Stroke Scale	*	*	*			*
Develop a knowledge of stroke syndromes	*	*	*			*
Develop technical skills including performance of LP, cold caloric testing, EEG	*	*	*	*		
Develop a knowledge of epilepsies and approach to status epilepticus including recognition, management and prognostic factors	*	*	*			*

## Department of Anesthesiology

Develop a knowledge of anticonvulsants, their usages and common side effects.	*	*	*			*
Begin to develop a knowledge of the major neuromuscular diseases, including acute presentations, course, management, pathologic features, and prognosis.	*	*	*			*
Understand the common infectious diseases that affect the nervous system: meningitis, encephalitis, and brain abscess. Know the microbes and therapies. Know the diagnostic tests available to assist in making the diagnosis.	*	*	*			*
Begin to develop a knowledge of neurodegenerative diseases and movement disorders as well as a plan for evaluation and treatment	*	*	*			*
Develop skills in utilizing computerized patient care systems				*		*
Develop skills to dictate discharge summaries promptly and succinctly to relay appropriate and necessary information	*		*	*	*	*
Maintain communication with referring physician to facilitate after-hospital care for the patient	*			*	*	
Demonstrate caring attitude towards patient and family	*			*	*	
Develop skills to negotiate as an advocate for the patient, including with end-of-life care issues	*	*	*			*
Demonstrate the ability to obtain, interpret, & evaluate consultations from other medical specialties		*	*	*	*	*
Serve as a consultant to other healthcare professionals		*	*	*	*	*
Maintain up-to-date medical records & write legibly				*		*
Demonstrate the ability to be a part of a multidisciplinary team				*	*	*
Respect patient confidentiality				*	*	
Recognize limitations in knowledge & skills		*			*	*
Demonstrate skills for obtaining & evaluating up-to-date info		*	*			
Demonstrate ability to critically evaluate medical literature		*	*			
Demonstrate patient-centered and culturally competent medical care.	*			*	*	
Recognize and acknowledge the roles of the various members of the care team including the patient and family.				*	*	
Demonstrate ethical behavior, integrity, honesty, & compassion	*			*	*	
Review his/her professional conduct & remediate as appropriate					*	
Demonstrate knowledge of practice guidelines	*	*	*			*

## Department of Anesthesiology

pertaining to adult neurology.						
Develop skills to translate basic science knowledge to care of patients	*	*		*		

**Resident Responsibilities:** Residents are primarily responsible for the care of all patients on the inpatient service as well as those on the consult and EMU service at night and on weekends. All first call residents on the wards will take in house calls. Call rooms are available. Residents are assigned specific patients but are expected to be aware of the care of all patients on the service. Residents are expected to interact with referring physicians on a regular basis, communicating assessments, recommendations for plan of care and management, and to arrange for appropriate follow-up of patients. Residents are responsible for case presentations to senior residents and faculty as well as documentation on charts in a timely fashion. First call residents need to discuss every admission and after hour consult (in house or ER) with the senior on wards. Residents will participate in the review of all tests and counseling of patients and caretakers/families. Residents will be supervised and discuss every patient with the senior resident and faculty. First call residents need to start work every day giving enough time to assess all of their patients, follow up on testing done, complete notes, and pre-round with the senior on ward, before faculty rounds. Patient notes need to be left on the patient charts. You must date and time each note in the chart. It **MUST** be the actual time and date of the patient evaluation or procedure. **DO NOT** under ANY circumstance post-date or pre-date your notes. This is a form of malpractice and will not be tolerated.

Formal presentations to faculty will occur on morning teaching rounds with faculty review of history and examination and immediate feedback. Residents will answer all pages promptly, including those to the emergency room.

Residents may be asked to do case presentations for Grand Rounds.

Call schedule will ensure that residents do not work more than 80 duty hours/week and this will be monitored by the program director and coordinator. The chief resident sets up the call schedule and all changes must go through the chief resident. Residents must also notify the program coordinator, emergency room, and hospital operator of any changes.

### Rotation calendar:

Residents will attend all regularly scheduled conferences unless detained by an emergency. All Psychiatry residents rotating through Neurology are required to attend the conference in the Psych Department on Wednesdays from 2-3pm.

**Evaluation:** Residents are evaluated on their performance during the rotation as well as a formal evaluation filed electronically, by the scoring system and narrative comments. Evaluations will be done by the ward attendings and the senior on wards.

### Key References:

Adam and Victor's Principles of Neurology, Victor and Ropper  
Neurology in Clinical Practice, Vol I and II, Bradley

## Curriculum Timeline

Approved by Education Committee, September 26, 2007