

CURRICULUM for NEUROLOGY

Trainee's Name _____

Date _____

Residents must contact the consulting Neurology attending on call and identify themselves as the resident on elective. Residents are required to prepare a case presentation for morning report and are encouraged to arrange for time in the out patient offices (aim for once a week). Please arrange for an attending to be present at morning report. There is Neurology clinic in the Primary Care Center across the street on the 2nd and 4th Thursdays from 9AM-noon.

	Monday	Tuesday	Wednesday	Thursday	Friday
8-9 9-11 11-12 P	Pre-rounds Attending Rounds MR	Pre-rounds Attending Rounds MR	Pre-rounds MR (9-10) Attending Rounds	Pre-rounds Neuro clinic (PCC 2 nd /4 th) MR	Pre-rounds Attending Rounds MR
Noon	Conference	Conference	Conference	Grand Rounds	Conference
1-5 P	Attending Rounds, reading Office	Attending Rounds, reading Office	Attending Rounds, reading Office	Attending Rounds, reading Office	Attending Rounds, reading Office

I. Objectives

Patient Care

	Unsatisfactory	Satisfactory	Superior
• Takes a complete subspecialty focused history and physical examination and gathers appropriate data for presentation to consultant	1	2 3 4 5 6	7 8 9
• Written work is complete and organized in a problem-centered format	1	2 3 4 5 6	7 8 9
• Careful follow-up of patient's problems, providing assistance to the primary inpatient care team	1	2 3 4 5 6	7 8 9
• Develops own appropriate problem-based diagnostic and therapeutic plans and offers them to consultant	1	2 3 4 5 6	7 8 9

Medical Knowledge

• Commitment to Continuing Medical Education demonstrated through daily rounds, reading and completion of portfolio, if applicable	1	2 3 4 5 6	7 8 9
• Demonstrates adequate knowledge for common inpatient and outpatient subspecialty-specific conditions	1	2 3 4 5 6	7 8 9
• Applies knowledge appropriately and effectively using systematic Bayesian reasoning	1	2 3 4 5 6	7 8 9

Interpersonal and Communication Skills

• Caring, respectful behaviors	1	2 3 4 5 6	7 8 9
• Organized consultant-appropriate oral presentations	1	2 3 4 5 6	7 8 9
• Works well with primary team members – communicates consultant's suggestions	1	2 3 4 5 6	7 8 9
• Works and communicates effectively and collegially with nursing and ancillary staff	1	2 3 4 5 6	7 8 9

Practice-based learning and Improvement

• Appreciates the limitations of his/her medical knowledge and asks for help when needed	1	2 3 4 5 6	7 8 9
• Independent study and learns from mistakes	1	2 3 4 5 6	7 8 9
• Responsive to constructive criticism	1	2 3 4 5 6	7 8 9
• Able to use the computerized patient database (Powerchart) effectively to obtain information	1	2 3 4 5 6	7 8 9
• Produces at least one original research article that is relevant to diagnostic or therapeutic strategies in active patients	1	2 3 4 5 6	7 8 9

Professionalism

• Vigorous patient advocate; knows ALL the relevant facts about patients	1	2 3 4 5 6	7 8 9
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- Honesty, reliability, responsibility, cooperativeness and timeliness 1 2 3 4 5 6 7 8 9
- Shows respect, compassion, and integrity in working with patients, peers and attendings, and hospital staff 1 2 3 4 5 6 7 8 9
- Follows the rules of the residency program (e.g., work hour regulations) 1 2 3 4 5 6 7 8 9
- Attends the formal educational and didactic sessions 1 2 3 4 5 6 7 8 9

Systems-based practice

- Trainee's suggestions, during presentations, are cost-effective and demonstrate proper use of available inpatient (e.g. tests) and outpatient resources (e.g. home IV therapy, visiting nurses, hospice etc.) 1 2 3 4 5 6 7 8 9

Comments:

General

- These objectives were discussed with the resident at the beginning of the rotation Yes No
- The trainee has successfully achieved the above-listed objectives of this rotation. Yes No
- This evaluation was discussed with the resident by the end of the rotation Yes No

Name of Attending Physician _____

II. Educational Purpose of Rotation:

The purpose of the Neurology elective is to expose and instill a reasonable working knowledge and problem-solving skill-set required to optimally diagnose and care for patients with common neurologic diseases encountered during internal medicine practice.

A) Knowledge - Trainees will learn the skills necessary to diagnose and manage common neurologic problems including: cerebral vascular disease (esp CVA and TIA), CNS infections (meningitis and brain abscesses), movement disorders (esp Parkinson's Disease), peripheral neuropathies (esp those related to diabetes and nutritional deficiencies), CNS malignancies, encephalopathy/coma, dementia, delirium and myopathic diseases. Residents are also exposed to rehabilitative techniques following CVA.

B) Skills: From the experiences gained during the rotation, the resident will:

1) Refine his/her skills in medical history taking especially as pertains to neurologic disease problem-solving. He/she will master relevant neurology review of systems and physical diagnosis, 2) Learn to prioritize tasks, 3) Use time efficiently, 4) Learn the principles of medical decision making, 5) Learn to cost-effectively order diagnostic studies and provide therapeutic interventions.

C) Attitudes: Desirable attitudes. He/she should:

1) Assume responsibility for aiding in patients' neurologic management – knowing every detail of their neurology-relevant history (including old records), physical examination, laboratories, diagnostic/therapeutic plan, 2) Access the opinions of attending physicians and consultants ONLY AFTER thinking about a case and offering their best effort at synthesis and a plan, 3) Appreciate the role of and when to consult the neurologist.

III. Principal Teaching Methods: Residents will learn by performing 1-2 consultations each day, presenting them to the attending consultant during rounds, followed by discussion. The resident will ALWAYS offer his/her diagnostic and therapeutic plan for correction and/or refinement by the attending physician. The resident will read chapters from the primary references (see below) that are germane/applicable to their patients' problems. Residents will follow-up patients on whom they've completed a consultation until resolution or discharge to understand the course of disease. Daily required conferences include:

1. Resident's Morning Report – MTR (11-12:00), W (9-10:00 AM)
2. Neurology Attending Rounds - Daily (9-11:00 and 1-5:00 PM as required to complete)
3. Noon conference lecture series – 5 days/week, July-September is a repeating course of core topics, while October-June includes specialty and sub-specialty lectures comprising a 2-year cycle that covers most fundamental topics for each discipline.

IV. Patient Characteristics – All adult patients admitted to Bridgeport Hospital and whose physicians request a Neurology consultation. These patients include nearly equal numbers of men and women, ranging in age from 18 to over 100 years and of average age in the mid 60's. Roughly 20% of patients have no insurance or Medicaid. The remaining have Medicare or private insurance. The socioeconomic demographic mirrors that of the community (20-30% poor, 70-80% middle class). Patients are admitted with a broad array of multiple and complex medical illnesses. Residents are exposed to an abundance of patients with CVD, CNS infections, Parkinson's Disease, dementia and delirium. They will generally see at least one patient with CNS malignancy, myopathy, neuropathy and other rare movement disorders. While the majority of consultations are performed for patients admitted to the Medicine Service, roughly 20-30% come for patients with primary surgical or obstetric-gynecologic reasons for admission.

V. Procedures - Residents will have the opportunity to perform lumbar punctures under the supervision of the attending neurologist. (see Institutional Procedures Credentialing Policy).

VI. References – *Adams; *Principles of Neurology* (applicable chapters); Computerized data-bases available throughout the hospital at every terminal: *Up-to-Date* and *MD-Consult*. All trainees are expected to use one of these or similar resources to master topics that are germane to their patients every day.

Other Resources: Harrison's, *Principles of Internal Medicine*

V. Methods of Evaluation

Residents and interns are evaluated by the consulting Neurology attending physicians with whom they work during the 4-week rotation. All evaluations will be performed on-line, by email, using the E-value system. A resident shall not receive credit for a rotation until he has evaluated the rotation, attending and the degree to which he had opportunity to complete the objectives.

Residents are required to prepare a case presentation for morning report.

Faculty

K. Sena, MD
L. Beck, MD
P. Barach, MD
L. Webb, MD
J. Butler, MD
J. Zhang, MD

EVALUATION OF ATTENDING PHYSICIAN

Attending Physician: _____ Service/Rotation: _____

Evaluator: _____ Month/Year: _____

For each of the following criteria, please rate (✓) the attending physician whose rotation you have just completed.

<u>Availability:</u>	Not Observed	Marginal	Satisfactory	Very Good	Excellent
• Was prompt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Adhered to rounds and consult schedules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Kept interruptions to a minimum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Spent enough time on rounds; was unhurried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Encouraged active housestaff participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

<u>Teaching:</u>	Not Observed	Marginal	Satisfactory	Very Good	Excellent
• Stated goals clearly and concisely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Kept discussions focused on case or topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Asked questions in non-threatening way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Used bedside teaching to demonstrate history-taking and physical skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Emphasized problem-solving, (thought processes leading to decisions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Integrated social/ethical aspects of medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Stimulated team members to read, research, and review pertinent topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Accommodated teaching to actively incorporate all members of team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Provided special help as needed to team members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

<u>Patient Care and Professionalism:</u>	Not Observed	Marginal	Satisfactory	Very Good	Excellent
• Placed the patient's interests first	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Displayed sensitive, caring, respectful attitude toward patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Established rapport with team members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Showed respect for residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Served as a role model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Was enthusiastic and stimulating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Demonstrated gender sensitivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Recognized own limitations; was appropriately self-critical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Encouraged housestaff to bring up problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Medical Knowledge:

	Not Observed	Marginal	Satisfactory	Very Good	Excellent
● Demonstrated broad knowledge of medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Was up-to-date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Identified important elements in case analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Used relevant medical/scientific literature in supporting clinical advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Discussed pertinent aspects of population and evidence-based medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Practice-Based Learning and Improvement:

	Not Observed	Marginal	Satisfactory	Very Good	Excellent
● Explicitly encouraged further learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Motivated residents to self-learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Evaluated residents ability to analyze or synthesize knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

System-Based Practice:

	Not Observed	Marginal	Satisfactory	Very Good	Excellent
● Reviewed expectations of each team member at beginning of rotation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Provided useful feedback including constructive criticism to team members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Balanced service responsibilities and teaching functions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Recommendations:

	<u>Yes</u>	<u>No</u>
● Would you recommend that this faculty member continue to serve as an attending physician for the training program?	<input type="checkbox"/>	<input type="checkbox"/>
● To further enhance professional development, would you recommend that this faculty member receive formal training in teaching and faculty education?	<input type="checkbox"/>	<input type="checkbox"/>

Overall Comments: _____

