

UAMS / CAVHS Adult Neurology Inpatient Rotations I and II Curriculum

Summary Description of Rotation

The neurology hospital rotation conforms to the mandated 18-months of primary patient care for patients with disease of the nervous system. In general, it involves the PGY2 year at the junior level, and the PGY3 and PGY4 years at the senior, supervising level.

The goal of the one month Neurology rotation is to expose the resident to a broad range of acute and chronic neurological disorders on either the General Neurology Inpatient Service, the Inpatient Stroke Service, or the Inpatient Consultation Service. The individual teams are responsible for primary patients as well as consultations from other services in the hospital, including the Emergency Department. The Stroke Service is responsible for acute and critical stroke management.

The Neurology patients at UAMS are located primarily on 2B. Residents will also have the experience of having primary responsibility for critical neurological patients and of following critical neurological patients along with the Intensive Care Team.

The Neurology patients at the McClellan VAMC are located primarily on 4C. Patients that need more careful monitoring are cared for in the Neurological Stepdown Unit, 5E. Residents will also have the experience of having primary responsibility for critical neurological patients in the SICU, and of following critical neurological patients along with the Intensive Care Team in the MICU.

Educational Goals Summary

1. To provide an experience that will allow the resident to achieve basic competencies in the assessment and management of acute and chronic neurological diseases of the central and /or peripheral nervous system requiring hospitalization.
2. To provide an experience that will allow the resident to achieve basic competencies in performing consultations regarding acute neurological symptoms occurring as a complication of other disease states.
3. To learn the indications for ordering and interpreting ancillary and laboratory studies, including neuroimaging, neurosonology, lumbar puncture, EEG and EMG.

4. To provide training and supervision that allows development of professionalism necessary to become an effective physician, including honesty, communication, proper interaction with patient, peers and ancillary staff, and proper referral of patients to provide appropriate provisions of care.

Assessment Summary

Resident performance will be assessed in the six core competencies:

1. Patient Care (PC)
2. Medical Knowledge (MK)
3. Interpersonal and Communication Skills (ICS)
4. Practice Based Learning and Improvement (PBLI)
5. Professionalism (P)
6. Systems Based Practice (SBP)

At the end of the rotation, the resident should receive and/or complete the following assessments:

1. Verbal feedback from Attending Physician
2. Written assessment of performance in the six core competencies
3. Resident assessment of Attending Physician

Summary of Expectations

During the rotation, the resident will work with a Staff Neurologist who will cover the service for a 2-4 week block. The senior Neurology resident will remain as the supervising resident for the entire module.

The resident is responsible for the initial evaluation of the admission or consultation as well as the formulation of differential diagnosis and initial management plan. The resident will be expected to present every case to the Staff that same day or the following morning. Each patient will be followed daily with a completed note in the chart until the patient is discharged or until the consultation is signed off.

Residents are responsible for pre-rounding on new and follow-up patients prior to meeting with the Staff at an appointed time each day. Rounding will allow time for all residents to attend conferences. The Staff may round in the latter part of the afternoon to staff new consults or admissions that had been received that day.

Junior resident call is in-house. Call begins at 5 pm on the weekdays and 8 am on the weekends and ends at 8 am the following morning. There is back-up from a senior Neurology resident who is on call from home. The senior back-up Neurology resident may be required to come to the hospital to help the junior resident, if he/she is exceptionally busy. On-call residents will be backed up by a Faculty Neurologist at both UAMS and CAVHS.

Neurology strictly adheres to the duty hour limits mandated by the ACGME:

1. Duty hours must be limited to 80 hours per week, averaged over a four-week period.
2. Residents are provided with 1 day in 7 free from all educational and clinical responsibilities, on average.
3. A 10-hour time period is provided between all daily duty periods and after in-house call.
4. Continuous call must not exceed 24 hours, with an additional six hours allowed for rounds, transfer of care and educational activities.

Rotation Orientation

The orientation occurs on Day 1 of the rotation by the Attending Physician and the supervising resident on the service. This written handout is provided then

Supervision

Each Service has a team that typically includes an Attending Faculty Neurologist, a senior Neurology resident, and 1-2 junior Neurology residents and/or a Pediatric Neurology Fellow. There also may be 1-3 rotators (Internal Medicine PGY 1 or 2, Psychiatry PGY 1, Neurosurgery resident).

The Neurology attending physician will supervise all residents during the rotation.

Residents have the primary responsibility and autonomy in performing the initial H& P and daily assessments of the patient and then will review the case with the staff. Faculty will round on inpatients with the housestaff every day at an appointed time. Inpatient rounds are not to interfere with conference attendance, except in the case of a dire emergency.

Mix of Diseases

Residents will meet the goals and objectives of the rotation through the identification, diagnosis, appropriate testing, management, and treatment of the following broad categories of neurological diseases:

- A. Cerebrovascular disease
- B. Demyelinating disease
- C. Disorders of balance and dizziness
- D. Disorders of higher cognitive function and communication (the dementias and aphasia)
- E. Movement disorders
- F. States of altered consciousness
- G. Headache
- H. Spinal disorders and pain (neck and low back)
- I. Neoplasms of the central nervous system
- J. Disorders of muscle and the neuromuscular junction
- K. Disorders of peripheral nerve
- L. Epilepsy
- M. Central nervous system infections
- N. Nutritional diseases of the nervous system

Patient Characteristics

Patients will be admitted to the Neurology service either through direct admission from the outpatient clinic, the Emergency Department or transfer from an outside hospital due to the patient requiring tertiary care services. Hospitalized patients requiring neurological consultations have either developed acute neurological symptoms during their hospitalization or have chronic neurological symptoms or disorders requiring further investigation or treatment. Adult patients above the age of 18, of various ethnic backgrounds and socioeconomic backgrounds, with acute and chronic neurological disorders will be encountered during the rotation.

Procedural Skill Acquisition

Neurological skills include perfecting the technique of careful history taking as it applies to the neurological patient as well as the application of a carefully-performed neurological examination. In addition, numerous opportunities to perform lumbar puncture for spinal fluid analysis are available for the trainee to perfect his/her skills. Finally, acquiring knowledge of interpretive skills and familiarity with neuroimaging studies such as CT scans, MRI studies, etc. is essential.

Conferences:

The hospital clinic rotation is associated with numerous clinical conferences directed at patient management the treatment of neurological emergencies, and general didactic reviews. Attendance is required. These conferences include:

1. Basic Neuroscience Conference (Monday 12:00- 1:00 pm- JWS Bldg., 8th floor – Lucy Library)
2. Program Director's Core Competency and Ethics Conference, 1 Monday per month, 11:00 AM - JWS Bldg., 8th floor – Lucy Library)
3. QA (M&M) Conference 1st Wed per month, 7:30 AM - JWS Bldg., 8th floor – Lucy Library)
4. Neuropathology Conference (Wednesdays 4 pm - JWS Bldg., 8th floor – Lucy Library)
5. Neuroradiology Conference (Wednesdays 5 pm - JWS Bldg., 8th floor – Lucy Library)
6. Neurology Grand Rounds (Fridays 8:15-9:30 pm- JWS Bldg., 12th floor)
7. Epilepsy Journal Club, 1 Monday per month as scheduled, 5:00 PM - JWS Bldg., 8th floor – Lucy Library)
8. Stroke Journal Club, 1 Wednesday per month as scheduled, noon - JWS Bldg., 8th floor – Lucy Library)

Night and Weekend Coverage:

During the week, in-house call coverage for UAMS and the McClellan VAMC is by a PGY-2 or 3 Neurology resident on night float rotation, backed-up by a senior Neurology resident taking home call. In-house weekend coverage is by residents on the inpatient rotations. The on-call residents are supervised by faculty neurologists at UAMS and the McClellan VAMC, who take home call. Night call coverage is from 6:00 PM to 7:00 AM during weekday nights, and from 7:00 AM until 7:00 AM on weekends and approved holidays. It is the policy of the CAVHS Neurology service, mandated by the Chief of Neurology, that all ER consultations be staffed with the VA Faculty Attending Neurologist. At UAMS, this is up to the discretion of the UAMS Faculty Attending Neurologists, typically with morning report at 7:00 AM.

Resources:

AAN Patient Care & Practice Management: <http://www.aan.com/professionals/patient/index.cfm>

AAN Practice Guidelines: <http://www.aan.com/professionals/practice/index.cfm>

Up-to-Date (can be accessed through the UAMS library web site)

Reading List – Distributed separately.

SPECIALTY: Neurology

ROTATION EXPERIENCE: Inpatient Neurology Service

PATIENT CARE

Inpatient Neurology Service (PGY2) Patient Care		
Objectives	Teaching Methods	Assessment Strategy
Gather essential and accurate information about hospitalized patients with acute neurological symptoms including neurological emergencies (coma, mental status change, stroke, and seizure).	Direct Patient Care Clinical Teaching Rounds Performance feedback Conferences	Faculty rotation rating & evaluation Neuro Residents: NEX live patient examinations RITE Program Director semi-yearly review
Gather essential and accurate information about hospitalized patients with chronic neurological conditions/ neurodegenerative disorders and common neurological problems, including headache, dizziness, and spine pain.	Direct Patient Care Clinical Teaching Rounds Performance feedback Conferences	Faculty rotation rating & evaluation Neuro Residents: NEX live patient examinations RITE Program Director semi-yearly review
Perform a extensive neurological examination and to be able to summarize their findings and localize the lesion in the central or peripheral nervous system.	Direct Patient Care Clinical Teaching Rounds Performance feedback Conferences	Faculty rotation rating & evaluation Neuro Residents: NEX live patient examinations RITE Program Director semi-yearly review
Formulate a differential diagnosis and management plan based upon their neurological assessment.	Direct Patient Care Clinical Teaching Rounds Performance feedback Conferences	Faculty rotation rating & evaluation Neuro Residents: NEX live patient examinations RITE Program Director semi-yearly review
Identify and describe abnormalities seen in common neurological disorders on radiographic testing.	Clinical Teaching Rounds Performance Feedback Conferences Neuroradiology Conference	Faculty rotation rating & evaluation Neuro Residents: NEX live patient examinations RITE Program Director semi-yearly review
Demonstrate technical skills in performing lumbar punctures.	Staff & resident instruction & supervision	Faculty rotation rating & evaluation

PATIENT CARE (cont.)

Inpatient Neurology Service (PGY 3 and 4) Patient Care		
Objectives	Teaching Methods	Assessment Strategy
To become proficient in managing hospitalized patients with acute neurological symptoms including neurological emergencies (coma, mental status change, stroke, and seizure).	Direct Patient Care Clinical Teaching Rounds Performance feedback Conferences	Faculty rotation rating & evaluation Neuro Residents: NEX live patient examinations RITE Program Director semi-yearly review
To become proficient in managing hospitalized patients with chronic neurological conditions/neurodegenerative disorders and common neurological problems, including headache, dizziness, and spine pain.	Direct Patient Care Clinical Teaching Rounds Performance feedback Conferences	Faculty rotation rating & evaluation Neuro Residents: NEX live patient examinations RITE Program Director semi-yearly review
Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence and clinical judgment.	Direct Patient Care Clinical Teaching Rounds Performance feedback Conferences	Faculty rotation rating & evaluation Neuro Residents: NEX live patient examinations RITE Program Director semi-yearly review
Develop supervisory skills regarding senior resident responsibilities on the ward, including supervision of junior residents	Direct Patient Care Clinical Teaching Rounds Performance feedback Conferences	Faculty rotation rating & evaluation Neuro Residents: Program Director semi-yearly review
Screen patients for acute stroke therapies quickly and accurately and initiate thrombolytic therapy in the appropriate setting based upon the history, NIH stroke scale and neuroimaging findings.	Direct Patient Care Clinical Teaching Rounds Performance feedback Conferences	Faculty rotation rating & evaluation Neuro Residents: NEX live patient examinations RITE Program Director semi-yearly review
Perform comprehensive neurologic consultations	Direct Patient Care Clinical Teaching Rounds Performance feedback Conferences	Faculty rotation rating & evaluation Neuro Residents: NEX live patient examinations RITE Program Director semi-yearly review

MEDICAL KNOWLEDGE

Inpatient Neurology Service (PGY 2) Medical Knowledge		
Objectives	Teaching Methods	Assessment Strategy
Compare and contrast the medical and surgical approaches to treatment of ischemic stroke and explain the conditions under which each would be most efficacious.	Direct Patient Care Clinical Teaching Rounds Performance feedback Conferences, including Grand Rounds & Stroke journal club	Faculty rotation rating & evaluation Neuro Residents: RITE NEX live patient examinations Program Director semi-yearly review
Demonstrate the approach to assessing an acute change in mental status/coma and distinguish between different etiologies such as metabolic, toxic, infections, or vascular.	Direct Patient Care Clinical Teaching Rounds Performance feedback Conferences	Faculty rotation rating & evaluation Neuro Residents: RITE NEX live patient examinations Program Director semi-yearly review
Describe the underlying pathophysiology, diagnostic criteria and common treatment protocols for migraine & other headache syndromes.	Direct Patient Care Clinical Teaching Rounds Performance feedback Conferences	Faculty rotation rating & evaluation Neuro Residents: RITE NEX live patient examinations Program Director semi-yearly review
Understand the uses and risks of antiepileptic drugs in the treatment of acute and chronic epilepsy, and status epilepticus.	Direct Patient Care Clinical Teaching Rounds Performance feedback Conferences, including Grand Rounds & Epilepsy journal club	Faculty rotation rating & evaluation Neuro Residents: RITE Program Director semi-yearly review
Demonstrate an analytical thinking approach to a patient presenting with acute weakness in order to distinguish whether the lesion can be attributable to the central nervous system (brain or spinal cord) or peripheral nervous system (nerve root, peripheral nerve, neuromuscular junction or muscle) based upon assessment of upper or lower motor neuron signs.	Direct Patient Care Clinical Teaching Rounds Performance feedback Conferences	Faculty rotation rating & evaluation Neuro Residents: RITE Program Director semi-yearly review
Demonstrate knowledge of relevant neuroanatomy and underlying pathology found in multiple sclerosis, Alzheimer's dementia, Parkinson's disease and cerebrovascular disease.	Direct Patient Care Clinical Teaching Rounds Performance feedback Conferences	Faculty rotation rating & evaluation Neuro Residents: NEX live patient examinations RITE Program Director semi-yearly review

MEDICAL KNOWLEDGE (cont.)

Inpatient Neurology Service (PGY 3 and 4) Medical Knowledge		
Objectives	Teaching Methods	Assessment Strategy
Describe the underlying pathophysiology, presenting signs and symptoms and common treatment protocols for acute and non-acute stroke.	Direct Patient Care Clinical Teaching Rounds Performance feedback Conferences, including Grand Rounds & Stroke journal club	Faculty rotation rating & evaluation Neuro Residents: NEX live patient examinations RITE Program Director semi-yearly review
Demonstrate an investigatory and analytic thinking approach to a patient with new onset seizure and status epilepticus.	Direct Patient Care Clinical Teaching Rounds Performance feedback Conferences, including Grand Rounds & Epilepsy journal club	Faculty rotation rating & evaluation Neuro Residents: NEX live patient examinations RITE Program Director semi-yearly review
Critically evaluate and judiciously apply the latest knowledge to the care of patients with acute and chronic neurologic problems.	Direct Patient Care Clinical Teaching Rounds Performance feedback Conferences	Faculty rotation rating & evaluation Neuro Residents: NEX live patient examinations RITE Program Director semi-yearly review
Develop an approach to investigating and verifying new knowledge needed to care for patients.	Direct Patient Care Clinical Teaching Rounds Performance feedback Conferences	Faculty rotation rating & evaluation Neuro Residents: NEX live patient examinations RITE Program Director semi-yearly review
Describe the foundational principles and management of acute encephalopathies.	Direct Patient Care Clinical Teaching Rounds Performance feedback Conferences	Faculty rotation rating & evaluation Neuro Residents: NEX live patient examinations RITE Program Director semi-yearly review

INTERPERSONAL AND COMMUNICATION

Inpatient Neurology Service (PGY 2) Interpersonal and Communication		
Objectives	Teaching Methods	Assessment Strategy
Present cases verbally and in writing in a logical and coherent manner.	Direct Patient Care Clinical Teaching Rounds Performance feedback	Faculty rotation rating & evaluation Neuro Residents: NEX live patient examinations Program Director semi-yearly review
Demonstrate the ability to obtain, interpret and evaluate consultations from other medical specialties and to develop a diagnostic and management plan.	Direct Patient Care Clinical Teaching Rounds Performance feedback	Faculty rotation rating & evaluation Neuro Residents: Program Director semi-yearly review
Provide patients and their families explanations of neurological disorders and treatment that is geared to their educational level, as well as respecting the patient's cultural, ethnic, religious and economic backgrounds.	Direct Patient Care Clinical Teaching Rounds Performance feedback	Faculty rotation rating & evaluation Neuro Residents: NEX live patient examinations Program Director semi-yearly review
Work collaboratively in an effective manner with the multidisciplinary team involved in the inpatient care of neurological patients.	Direct Patient Care Clinical Teaching Rounds Performance feedback	Faculty rotation rating & evaluation Neuro Residents: Nursing staff evaluation Program Director semi-yearly review
Demonstrate effective communication within the team, with regards to patient's current or change in neurologic status, anticipated problems, therapeutic regimen and diagnostic tests to be reviewed.	Direct Patient Care Clinical Teaching Rounds Performance feedback	Faculty rotation rating & evaluation Neuro Residents: Nursing staff evaluation Program Director semi-yearly review

INTERPERSONAL AND COMMUNICATION (cont.)

Inpatient Neurology Service (PGY3 and 4) Interpersonal and Communication		
Objectives	Teaching Methods	Assessment Strategy
Present cases verbally and in writing in a logical and coherent manner.	Direct Patient Care Clinical Teaching Rounds Performance feedback	Faculty rotation rating & evaluation Neuro Residents: NEX live patient examinations Program Director semi-yearly review
Clearly describe a diagnostic and/or a therapeutic plan to patients, families, and consulting physicians.	Direct Patient Care Clinical Teaching Rounds Performance feedback	Faculty rotation rating & evaluation Neuro Residents: NEX live patient examinations Program Director semi-yearly review
Teach junior residents and medical students effectively.	Direct Patient Care Clinical Teaching Rounds Performance feedback	Faculty rotation rating & evaluation Neuro Residents: Program Director semi-yearly review
Provide distressing news to patients and families clearly and compassionately.	Direct Patient Care Clinical Teaching Rounds Performance feedback	Faculty rotation rating & evaluation Neuro Residents: Nursing staff evaluation Program Director semi-yearly review
Develop effective strategies for interacting with “stressed” or angry patients and or families.	Direct Patient Care Clinical Teaching Rounds Performance feedback	Faculty rotation rating & evaluation Neuro Residents: Nursing staff evaluation Program Director semi-yearly review
Listen to and evaluate the contributions of other members of the healthcare team, and work together as an effective team member.	Direct Patient Care Clinical Teaching Rounds Performance feedback	Faculty rotation rating & evaluation Neuro Residents: Nursing staff evaluation Program Director semi-yearly review

PRACTICE BASED LEARNING AND IMPROVEMENT

Inpatient Neurology Service (PGY2) Practice Based Learning and Improvement		
Objectives	Teaching Methods	Assessment Strategy
Critical review and record of difficult and interesting cases.	Direct Patient Care Clinical Teaching Rounds Performance feedback QA (M&M) conference	Self assessment Faculty rotation rating & evaluation Case log (encouraged) Program Director semi-yearly review
Research clinical questions regarding their patient's health problems using information technology to access on-line medical information to support their own education and to improve patient care and education.	Electronic medical record Medline/OVID searches- patient centered Conference presentations Journal clubs	Self assessment Faculty rotation rating & evaluation Program Director semi-yearly review Program Director semi-yearly review
Evaluate the clinical literature applying knowledge of epidemiology, biostatistics, and research study design.	Teaching conferences including Grand Rounds Journal Clubs	Self assessment Faculty rotation rating & evaluation Program Director semi-yearly review
Facilitate the learning of medical students.	Role Modeling Oral presentations Clinical instruction	Self assessment Faculty rotation rating & evaluation

PRACTICE BASED LEARNING AND IMPROVEMENT (cont.)

Inpatient Neurology Service (PGY 3 and 4) Practice Based Learning and Improvement		
Objectives	Teaching Methods	Assessment Strategy
Critical review and record of difficult and interesting cases.	Direct Patient Care Clinical Teaching Rounds Performance feedback QA (M&M) conference	Self assessment Faculty rotation rating & evaluation Case log (encouraged) Program Director semi-yearly review
Use appropriate computer databases and online educational materials to assist in “real time” medical decision making	Electronic medical record training Medline/OVID searches- patient centered Case presentations	Self assessment Faculty rotation rating & evaluation
Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.	Teaching conferences including Grand Rounds Journal Clubs	Self assessment Faculty rotation rating & evaluation Evaluations of Grand Rounds & conference presentations Program Director semi-yearly review
Facilitate the learning of medical students, junior neurology residents, psychiatry interns, and neurosurgery residents.	Role Modeling Oral presentations Patient Centered instruction	Self assessment Faculty rotation rating & evaluation
Demonstrate and teach medical students to access medical information on their patient for record review as well as online information/medical databases to assist in their evaluations of patients	Electronic medical record training Medline/OVID searches- patient centered Case presentations	Self assessment Faculty rotation rating & evaluation

PROFESSIONALISM

Inpatient Neurology Service (PGY 2) Professionalism		
Objectives	Teaching Methods	Assessment Strategy
Interact responsibly with patients, families and co-workers taking into consideration age, disability, culture and gender issues.	Direct Patient Care Clinical Teaching Rounds Performance feedback	Self assessment Faculty rotation rating & evaluation Nursing staff evaluation Program Director semi-yearly review
Demonstrate appropriate use of the EMR in regards to patient respect and confidentiality.	Direct Patient Care Clinical Teaching Rounds Performance feedback EMR training Online HIPAA training	Self assessment Faculty rotation rating & evaluation Nursing staff evaluation
Describe the differences of withdrawal of care, termination of care, and non-initiation of care and assist patients and their families in choosing these options in the appropriate clinical setting.	Direct Patient Care Clinical Teaching Rounds Performance feedback Ethics case conferences	Self assessment Faculty rotation rating & evaluation

PROFESSIONALISM (cont.)

Inpatient Neurology Service (PGY 3 and 4) Professionalism		
Objectives	Teaching Methods	Assessment Strategy
Interact responsibly with patients, families and co-workers taking into consideration age, disability, culture and gender issues.	Direct Patient Care Clinical Teaching Rounds Performance feedback	Self assessment Faculty rotation rating & evaluation Nursing staff evaluation Program Director semi-yearly review
Demonstrate appropriate use of the EMR in regards to patient respect and confidentiality as well as understanding the scope and limits of patient confidentiality.	Direct Patient Care Clinical Teaching Rounds Performance feedback EMR training Online HIPAA training	Self assessment Faculty rotation rating & evaluation Nursing staff evaluation
Discuss the differences of withdrawal of care, termination of care, and non-initiation of care and assist patients and their families in choosing these options in the appropriate clinical setting.	Direct Patient Care Clinical Teaching Rounds Performance feedback Ethics case conferences	Self assessment Faculty rotation rating & evaluation
Understand the scope and limits of living wills and DNR status.	Direct Patient Care Clinical Teaching Rounds Performance feedback Ethics case conferences	Self assessment Faculty rotation rating & evaluation
Evaluate a patient's capacity to make informed decisions and factors that would limit patient autonomy.	Direct Patient Care Clinical Teaching Rounds Performance feedback Ethics case conferences	Self assessment Faculty rotation rating & evaluation

SYSTEM BASED PRACTICE

Inpatient Neurology Service (PGY2) System Based Practice		
Objectives	Teaching Methods	Assessment Strategy
<p>Identification and performance of appropriate preventive care measures for the adult patient and the impact of preventive medicine on societal health</p> <ul style="list-style-type: none"> -Stroke Risk Factors. -Cerebrovascular and Cardiovascular Risk modification of stroke patients. -Initiation of antiplatelet or anticoagulant therapy in stroke prevention. 	<p>Direct Patient Care Clinical Teaching Rounds Performance feedback Departmental conferences including QA (M&M) & Stroke journal club</p>	<p>Self assessment Faculty rotation rating & evaluation RITE</p>
<p>Identification of psychosocial factors and the impact of care of progressive and disabling neurodegenerative disorders such as multiple sclerosis, Parkinson's disease and Alzheimer's disease and other dementias.</p>	<p>Direct Patient Care Clinical Teaching Rounds Performance feedback Monthly program director's mtg</p>	<p>Self assessment Faculty rotation rating & evaluation Nursing staff evaluation</p>
<p>Efficiently refer patients to appropriate allied health and social services to assist in acute care rehabilitation, long term management or home care assistance.</p>	<p>Direct Patient Care Clinical Teaching Rounds Interaction with SW Performance feedback Monthly program director's mtg</p>	<p>Self assessment Faculty rotation rating & evaluation Nursing staff evaluation</p>
<p>Develop an understanding of cost-effective health care that does not impact quality of care.</p>	<p>Direct Patient Care Clinical Teaching Rounds Performance feedback Monthly program director's mtg</p>	<p>Self assessment Faculty rotation rating & evaluation Nursing staff evaluation</p>

SYSTEM BASED PRACTICE (cont.)

Inpatient Neurology Service (PGY3 or 4) System Based Practice		
Objectives	Teaching Methods	Assessment Strategy
Advocate for patients when dealing with resource allocation issues and complex payer systems problems.	Direct Patient Care Clinical Teaching Rounds Interaction with SW Performance feedback	Self assessment Faculty rotation rating & evaluation Nursing staff evaluation
Access quality allied health care and social services resources as they apply to patients with neurological disorders/disabilities.	Direct Patient Care Clinical Teaching Rounds Interaction with SW Performance feedback Monthly program director's mtg	Self assessment Faculty rotation rating & evaluation Nursing staff evaluation
Practice high quality cost effective medical care across all practice venues.	Direct Patient Care Clinical Teaching Rounds Interaction with SW Performance feedback	Self assessment Faculty rotation rating & evaluation Nursing staff evaluation
Understand how their patient care and professional practices affect other health professionals, organizations and society.	Direct Patient Care Clinical Teaching Rounds Interaction with SW Performance feedback Monthly program director's mtg	Self assessment Faculty rotation rating & evaluation Nursing staff evaluation

