

UAMS / CAVHS Adult Neurology Night Float Rotation Curriculum Rev. 07/30/2007

Summary Description of Rotation

The neurology night float rotation provides for in-house coverage at night for neurology consultations and for inpatients on the neurology service, both at UAMS and the McClellan VAMC. It involves the PGY2 and PGY3 residents.

The goal of the one month Neurology rotation is to expose the resident to a broad range of acute neurological disorders on the General Neurology Inpatient Service, the Inpatient Stroke Service, the Inpatient Consultation Service, and the Emergency Department, as well as to coordinate transfer of patients to the Neurology Service from outside hospitals. The night float resident is responsible for primary patients as well as consultations from other services in the hospital, including the Emergency Department.

Educational Goals Summary

1. To provide a supervised 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 a supervised 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, interpersonal communication skills, and systems-based practice 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(s).

Summary of Expectations

Junior resident call is in-house. The Night Float Rotation involves call duty Monday through Friday for one month. Call begins at 6 pm on the weekdays and ends at 7 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 are backed up by a Faculty Neurologist at both UAMS and CAVHS.

The resident is responsible for the initial evaluation of night admissions or consultations, as well as the formulation of a 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.

Neurology strictly adheres to the duty hour limits mandate 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 by Day 1 of the rotation by the Residency Program Director. This written handout is provided by then.

Supervision

Immediate supervision of the Night Float resident is by a senior resident taking home call. The night float resident should discuss cases with the Faculty at night at the discretion of the senior resident and the Attending Faculty Neurologist. Cases are presented at morning report in the Dennis Lucy library at 7:00 AM, Monday through Saturday.

It is the policy of the Chief of Neurology at the McClellan VAMC that all night and weekend consultations, including in the emergency department, transfers and admissions be discussed by telephone with the Attending Faculty Neurologist.

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, including acute stroke and subarachnoid hemorrhage
- 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, including status epilepticus
- 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 Night Float Resident is excused from regular conference attendance during the month, with the exception of the QA (M&M) meeting at 7:30 AM on the first Wednesday of each month, held in the Dennis Lucy library.

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>

Journal of the American Academy of Neurology: <http://www.neurology.org>

Up-to-Date

Reading List – Provided separately.

ROTATION EXPERIENCE: Night Float
PATIENT CARE

Night Float (PGY2 & 3) Patient Care		
Objectives	Teaching Methods	Assessment Strategy
Gather essential and accurate information about emergency department & hospitalized patients with acute neurological symptoms, including neurological emergencies (coma, mental status change, headache, stroke, seizure, weakness).	PGY2 neurologic emergencies seminar Supervised Direct Patient Care Morning Report Telephone supervision with senior resident & faculty Performance feedback	Faculty rotation rating & evaluation NEX live patient examinations RITE 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.	PGY2 neurologic emergencies seminar Supervised Direct Patient Care Morning Report Telephone supervision with senior resident & faculty Performance feedback	Faculty rotation rating & evaluation NEX live patient examinations RITE Program Director semi-yearly review
Perform an extensive neurological examination and to be able to summarize findings and localize the lesion in the central or peripheral nervous system.	PGY2 neurologic emergencies seminar Supervised Direct Patient Care Morning Report Telephone supervision with senior resident & faculty Performance feedback	Faculty rotation rating & evaluation NEX live patient examinations RITE Program Director semi-yearly review
Formulate a differential diagnosis and management plan based upon neurological assessment.	PGY2 neurologic emergencies seminar Supervised Direct Patient Care Morning Report Telephone supervision with senior resident & faculty Performance feedback	Faculty rotation rating & evaluation NEX live patient examinations RITE Program Director semi-yearly review
Identify and describe abnormalities seen in common neurological disorders on radiographic testing.	PGY2 neurologic emergencies seminar Supervised Direct Patient Care Morning Report Telephone supervision with senior resident & faculty Performance feedback	Faculty rotation rating & evaluation 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

MEDICAL KNOWLEDGE

Inpatient Neurology Service (PGY 2 & 3) 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, and indications for thrombolytic therapy.	PGY2 neurologic emergencies seminar Supervised Direct Patient Care Morning Report Telephone supervision with senior resident & faculty Performance feedback	Faculty rotation rating & evaluation NEX live patient examinations RITE 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. Describe the foundational principles and management of acute encephalopathies.	PGY2 neurologic emergencies seminar Supervised Direct Patient Care Morning Report Telephone supervision with senior resident & faculty Performance feedback	Faculty rotation rating & evaluation NEX live patient examinations RITE Program Director semi-yearly review
Describe the underlying pathophysiology, diagnostic criteria and common treatment protocols for migraine & other headache syndromes.	PGY2 neurologic emergencies seminar Supervised Direct Patient Care Morning Report Telephone supervision with senior resident & faculty Performance feedback	Faculty rotation rating & evaluation NEX live patient examinations RITE Program Director semi-yearly review
Understand the uses and risks of antiepileptic drugs in the treatment of acute and chronic epilepsy, and status epilepticus.	PGY2 neurologic emergencies seminar Supervised Direct Patient Care Morning Report Telephone supervision with senior resident & faculty Performance feedback	Faculty rotation rating & evaluation NEX live patient examinations 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.	PGY2 neurologic emergencies seminar Supervised Direct Patient Care Morning Report Telephone supervision with senior resident & faculty Performance feedback	Faculty rotation rating & evaluation NEX live patient examinations RITE Program Director semi-yearly review

INTERPERSONAL AND COMMUNICATION SKILLS

Inpatient Neurology Service (PGY 2 & 3) Interpersonal and Communication		
Objectives	Teaching Methods	Assessment Strategy
Present cases verbally and in writing in a logical and coherent manner.	Supervised Direct Patient Care Morning Report Telephone supervision with senior resident & faculty Performance feedback	Faculty rotation rating & evaluation 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.	Supervised Direct Patient Care Morning Report Telephone supervision with senior resident & faculty Performance feedback	Faculty rotation rating & evaluation NEX live patient examinations 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.	Supervised Direct Patient Care Morning Report Telephone supervision with senior resident & faculty Performance feedback	Faculty rotation rating & evaluation 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.	Supervised Direct Patient Care Morning Report Telephone supervision with senior resident & faculty Performance feedback	Faculty rotation rating & evaluation NEX live patient examinations 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.	Supervised Direct Patient Care Morning Report Telephone supervision with senior resident & faculty Performance feedback	Faculty rotation rating & evaluation NEX live patient examinations Program Director semi-yearly review
Provide effective and comprehensive consultations.	Supervised Direct Patient Care Morning Report Telephone supervision with senior resident & faculty Performance feedback	Faculty rotation rating & evaluation NEX live patient examinations Program Director semi-yearly review

PRACTICE BASED LEARNING AND IMPROVEMENT

Inpatient Neurology Service (PGY 2 and 3) Practice Based Learning and Improvement		
Objectives	Teaching Methods	Assessment Strategy
Critical review and record of difficult and interesting cases.	Supervised Direct Patient Care Morning Report Telephone supervision with senior resident & faculty Performance feedback	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.	Supervised Direct Patient Care Morning Report Telephone supervision with senior resident & faculty Performance feedback	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.	Supervised Direct Patient Care Morning Report Telephone supervision with senior resident & faculty Performance feedback	Self assessment Faculty rotation rating & evaluation Program Director semi-yearly review
Facilitate the learning of consulting physicians in hospital and in the emergency department.	Supervised Direct Patient Care Morning Report Telephone supervision with senior resident & faculty Performance feedback	Self assessment Faculty rotation rating & evaluation

PROFESSIONALISM

Inpatient Neurology Service (PGY 2 and 3) Professionalism		
Objectives	Teaching Methods	Assessment Strategy
Interact responsibly with patients, families and co-workers taking into consideration age, disability, culture and gender issues.	Supervised Direct Patient Care Morning Report Telephone supervision with senior resident & faculty Performance feedback	Self assessment Faculty rotation rating & 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.	Supervised Direct Patient Care Morning Report Telephone supervision with senior resident & faculty Performance feedback Online HIPAA training	Self assessment Faculty rotation rating & evaluation Program Director semi-yearly review
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.	Supervised Direct Patient Care Morning Report Telephone supervision with senior resident & faculty Performance feedback Ethics case conferences	Self assessment Faculty rotation rating & evaluation Program Director semi-yearly review
Understand the scope and limits of living wills and DNR status.	Supervised Direct Patient Care Morning Report Telephone supervision with senior resident & faculty Performance feedback Ethics case conferences	Self assessment Faculty rotation rating & evaluation Program Director semi-yearly review
Evaluate a patient's capacity to make informed decisions and factors that would limit patient autonomy.	Supervised Direct Patient Care Morning Report Telephone supervision with senior resident & faculty Performance feedback Ethics case conferences	Self assessment Faculty rotation rating & evaluation Program Director semi-yearly review

SYSTEM BASED PRACTICE

Inpatient Neurology Service (PGY2 & 3) 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>PGY2 neurologic emergencies seminar Supervised Direct Patient Care Morning Report Telephone supervision with senior resident & faculty Performance feedback</p>	<p>Self assessment Faculty rotation rating & evaluation RITE Program Director semi-yearly review</p>
<p>Identification of psychosocial factors and the impact of care of progressive and disabling neurodegenerative disorders.</p>	<p>Supervised Direct Patient Care Morning Report Telephone supervision with senior resident & faculty Performance feedback</p>	<p>Self assessment Faculty rotation rating & evaluation Program Director semi-yearly review</p>
<p>Advocate for patients when dealing with resource allocation issues and complex payer systems problems.</p>	<p>Supervised Direct Patient Care Morning Report Telephone supervision with senior resident & faculty Performance feedback</p>	<p>Self assessment Faculty rotation rating & evaluation Program Director semi-yearly review</p>
<p>Develop an understanding of cost-effective health care that does not impact quality of care.</p>	<p>Supervised Direct Patient Care Morning Report Telephone supervision with senior resident & faculty Performance feedback</p>	<p>Self assessment Faculty rotation rating & evaluation Program Director semi-yearly review</p>
<p>Practice high quality cost effective medical care across all practice venues.</p>	<p>Supervised Direct Patient Care Morning Report Telephone supervision with senior resident & faculty Performance feedback</p>	<p>Self assessment Faculty rotation rating & evaluation Program Director semi-yearly review</p>