APPLYING KNOWLEDGE AND PRACTICING CLINICAL SKILLS

• Apply Knowledge from DNS to Patient Care.
  • Read about patient’s differential and condition
  • Synthesize the case for diagnosis
  • Use the primary literature for patient management

• Learn and Refine Clinical Skills
  • Obtain patient experience and communicate with family
  • Collect all the data
  • Communicate with health care team
  • Work productively to help team and guide care

• Professionalism
  • Enthusiastic about trying to help the patient
  • Proactive about learning
  • Contribute to discussion and education
Clinical Exposure

- Adult, Peds, NSurg, Inpatient, Outpatient, Consults, ED
- Working-up & Presenting Patients
- Rounding with Team
- Patient Ownership

Didactics – Lectures are Over!

- Ethics Conference
- Neurology & Neurosurgery Core Conferences
- Professor’s Rounds
- Clinical Skills and Localization Workshops
OBJECTIVES

• Perform a Comprehensive Neurological Assessment

• Synthesize Case for Prioritized & Rationalized Differential

• Summarize Case and Assessment for Concise Oral Presentations and Comprehensive Write-Ups

• Apply Knowledge and Use Literature for Patient Management

• Follow and Advocate for your Patients

• Work Productively with Team to Care for Patients, Educate, and Increase Independence
SYMPTOM-BASED APPROACH

THE CHIEF COMPLAINT!

- Disorders of consciousness
- Mental status and/or behavioral changes
- Memory complaints
- Pain in the head, neck, and back
- Numbness, paresthesias, and neuropathic pain
- Weakness and clumsiness
- Dizziness and vertigo
- Disorders of language
- Vision loss and diplopia
- Dysarthria and dysphagia
- Abnormal movements
- Sleep-related complaints
DISEASE CATEGORIES

- Stroke & Hemorrhages
- Structural Coma
- Metabolic Encephalopathies
- Neuro-Toxicology and Vitamin Deficiencies
- Meningitis & Encephalitis
- Dementia & Memory
- Seizures & Syncope
- Vertigo
- Headaches
- Myelopathies
- Radiculopathies
- Neuropathies
- Immunologic Diseases
- Movement disorders
- Neuromuscular disorders
- Brain tumors

Details found on Clerkship Website
REQUIRED CONFERENCES

GOOGLE CALENDAR
• Core Clinical Conference
• Neurosurgery Lectures (Tues morning)
• Localization and Imaging Workshops
• Professor’s Rounds
• Grand Rounds (Fri morning)
• Oral Presentation Skills Workshop (1st Fri)
• Neurologic Exam Skills Workshop (1st Mon)
• Landau Ethics Conference (last Wed afternoon)
• LP Simulation Session with Chief Resident (1st Week)

You are welcome to attend most other lectures. Speak to your resident. (Resident Report, Summer Stock, Residents as Teachers are just for residents).
CONFERENCE AIMS

- **Professor’s Rounds**
  - Synthesize the case history, Pro-actively localize, Create a prioritized differential diagnosis, and Build expectations for neuro exam
  - Will send email few days before Professor’s Rounds for available cases to potentially see at bedside

- **Oral Presentation Skills Workshop**
  - Provide clear, concise, and well-organized patient presentations for rounds
  - Will work through a case together to decide what goes in the presentation

- **Neurologic Exam Skills Workshop**
  - Master the technique and flow for the screening neurologic exam
  - You will practice a full region-based neuro exam on each other

- **Localization and Imaging Workshop**
  - Review neuroanatomy, Interpret imaging studies, and Apply localization for differential diagnosis

- **LP Simulation Workshop**
  - Consent and perform a lumbar puncture with good technique
INPATIENT STRUCTURE

• **Two Teams: Stroke and General**
  • One Attending, One Chief, Four Residents
  • Students belong on a team
  • Assigned a resident for call
  • Student on Stroke Call carries tPA pager (11400 Conference Room)

• **Both Teams take call each night**
  • Call typically every 4th
  • Schedule typically synchronized with assigned resident

• **Day admissions (Short) through 5pm or cap**

• **Call admissions (Long) typically start at 5pm**

• **Clinic when on call**
  • Leave at 4:30 if patients are available to admit
  • Can stay or leave if no admits are available yet
CALL OPTIONS

Option 1: Leave at 9:30pm

- Typically 2 patients (range 1-3) from short or long-call admits. Latest you can get patient is 7:30pm.
- Return following day to pre-round, submit H&P, help coordinate patient care, and attend conferences. Leave no later than 5 pm.
- If you did not admit 2 patients on long-call day, or your patient census is low, may need to work-up 1, or pick-up 1-2 patients on post-call day.
- Pros:
  - Work with all residents on your team,
  - Attend conferences post-call,
  - Participate in patient management on post-admission day.

Option 2: Stay overnight

- Choose to take 0-3 overnight calls
- Leave after new patients rounded upon and your follow-ups are reviewed (no later than 11am).
- If you are still in the hospital at midnight, overnight call rules apply
- Bed on 4th floor
- No conferences after 11am
- Pros:
  - Work more with a single resident
  - Potential for exposure to sick patients and cross-cover,
  - May be more efficient to do write-up in hospital,
  - Participate in patient management on evening of admission.
CALL DETAILS

• No penalties for leaving. No bonuses for staying
  • Nothing on the evaluation rubric related to staying overnight
  • Equal amount of work

• Do not have to decide ahead of time
  • Patient admission flow, how sick is your patient, next day conferences, etc

• Equal opportunity to distinguish yourself
  • Can be productive and contribute during the evening, or the following day

• Your decision
  • Resident will not advise what to do
  • You can ask resident how things are looking for the night if you are contemplating staying

• If post-call, and you have a new patient presentation in conflict with morning conference:
  • Go to the conference, but let the conference attending know you will need to excuse yourself prior to your patient presentation
START DAY

• We are looking for you to be a pro-active participant on the team, making a contribution to patient care and education. You will have the chance to figure-out how to ‘be the doctor’.

• Pick-up several patients to follow
• Review charts for patients on your team
• Have patients to present on rounds for Day 2
• Try to carry census of 3-5 patients

• Inpatient Adult during the second half of the block begins on the weekend
CLINICS

• **Inpatient Adult Service:**
  • Often matched with your assigned resident (adult or peds)
  • BJC Center Outpatient Care, ConnectCare, Children’s Clinic

• **Peds Consults**
  • Will pick one ½ day clinic each week, Dr. Larsen to advise

• **Adult Consults**
  • Pre-scheduled based upon your choices

• **Neurosurgery**
  • Weekly ½ day resident clinic
PATIENT LOGS

- Required log of Neurology Symptoms, Diagnoses, and Situations done on New Innovations

- Enter 2-3 patients per day

- Enter your patients daily

- Comment field FYI
  - Not evaluated
  - Can enter one thing you learned, brief summary, etc
  - Do not need to write in full sentences
  - No PHI
BOOKS

• Review Diseases of the Nervous System notes
• Pick one - Lange Neurology, Blue Prints, Case Files
• Consider supplementing with Pre-Test
• Review Disease List on Clerkship Website
• Text books, on-line websites, primary literature for patients
FEEDBACK

• Weekly

• Multiple perspectives
  • Attending and Chief: Observes more knowledge, synthesis, participation, and oral presentations
  • Resident: Observes more teamwork, interactions with patients and families, independence and resourcefulness

• Entered online in New Innovations

• Designed to help identify problem areas and maximize steps towards becoming a doctor

• First half evaluations will be returned in 3rd week
EVALUATION

• **Objective**
  - Criterion based
  - No curves of cutoffs
  - Emphasizes thought process and contribution to patients/team/education
  - Evaluators do not assign grade, they evaluate criterion
  - Evaluation session to ensure all perspectives and consistency

• **Individual**
  - You are not compared to one another
  - Teamwork among students can be synergistic

• **Pass is not Fail**
  - Three-tiered grading
  - Pass is “Meets Expectations”
  - Honors is a challenge but achievable

• **We Want You To Improve and Do Well**
  - Feedback so you know where you stand
  - Detailed formative and summative comments
  - Dr. Larsen’s Experiential Learning Project
  - “Greatly Exceeds Expectations” is a success for us all
  - Focus on becoming a better doctor/manager
REPORTER

• **A Serious Student**
  • Gathers basic information, but needs assistance to process, complete the picture, decide what is important, organize, prioritize a differential, devise a plan
  • Enthusiastic, reliable, looking to help, diligent, dedicated, respectful, makes steady improvement
  • May be quiet or passive, benefits from detailed instruction
  • May see role as learner, duplicative, non-vital, and limited to contribute
  • Can be excellent resident with more practice and training
  • “Meets Expectations” or Pass
INTERPRETER

• A Thinker and Contributor
  • Obtains a complete history and exam, applying knowledge to get all the details
  • Integrates case so history and exam are cohesive
  • Synthesizes case to present concisely with a prioritized differential
  • Gaining independence, becoming more resourceful, becoming proactive and outspoken on rounds
  • Forms strong relationship with patients, advocates
  • Beginning to access literature for patient issues
  • “Exceeds Expectations” or High Pass
• **Impacts patient care and team education**
  
  • Takes ownership and knows everything about their patients; takes active interest in all patients to maximize learning and contribution
  
  • Provides localization and concise assessment, prioritized/rationalized differential and plan
  
  • Applies neuroanatomy, pathophysiology, epidemiology to assessments
  
  • Improves quality and efficiency of hospital stay. Patients and families identify student as “their doctor”
  
  • Anticipates what needs to be done, resourceful in circumventing roadblocks, responsibility for outcomes
  
  • Routinely uses literature and evidence-based medicine for management issues
  
  • “Greatly Exceeds Expectations” or Honors
PERSPECTIVE AND RECOMMENDATIONS

- Clear your mind

- Goal is to actively work towards becoming/being a manager for a number of categories

- Success is defined by professional development, making a difference for your patients, contributing to the team

- I can meet with anyone at anytime for a customized development plan
APPOINTMENTS WELCOME

- Interest in neuroscience or career in neurology?
- Reporter level mid-rotation - welcome to get individualized learning plan

QUESTIONS