Course: <u>Neurology Sub-Internship</u> Course Number <u>NEUR 1902</u>

Department: Neurology & Neurotherapeutics

Faculty Coordinator: Ghazala Perven, MD

Asst. Fac. Coordinators: Lauren Philips, MD Hospitals:

- Parkland EMU/ED (rounding room in Epilepsy Monitoring Unit on 16th floor)
- Zale General Neurology (rounding room Charles Sprague 3.112)

Periods Offered: August to June

Length: 4 weeks

Max # of Students: 2

First Day Contact: Attending on service

First Contact Time: 7:30 am

First Day Location: Depending on the rotation (if Parkland EMU then meet in the EMU rounding room on the 16th floor; if on Zale General Neurology meet in CS 3.112)

Prerequisites: Neurology clerkship, screening by the neurology academic office

I. Course Description

This is a 4 week sub-internship in neurology intended to provide in-depth knowledge of the breadth of the specialty. This rotation is intended for those who are pursuing or considering a residency in neurology. The student will spend 2 weeks on a general neurology inpatient service and 2 weeks on an epilepsy monitoring service and emergency department, functioning as a sub-intern and helping to manage the care of patients with such diagnoses as stroke, hemorrhage, neuromuscular illness, demyelinating disease, seizure, headache, myelopathy, and encephalopathy. The student will gain experience in keystone diagnostic testing (EEG, EMG, imaging, and lumbar puncture) as well as keystone neurotherapeutics (anti-epileptics, immunotherapy, plasma exchange, tPA, and neurointervention).

Goals		Objectives (describe activities that will support how goals are to be achieved)	Assessment methods (examples-explain how student will be evaluated)
	t Care: Assessment and Management Students will perform complete and accurate neurologic histories and physical assessments Students will document their findings accurately in the health record	 Students will pick up new patients daily and follow-up on their old patients Students will review their subjective, Quality of pro- Direct evalua and physical 	Quality of progress notes
3.	In their presentations, students will summarize key elements of the history and exam findings		
4.	Students will discuss general diagnostic approaches appropriate to clinical presentation		
5.	Students will take responsibility for implementation of treatment plans.		
6.	Students will develop procedural skills in lumbar puncture		
Medica 1.	al knowledge: Students will localize lesions to general regions of the nervous system	 Students will present assessments with at least three differential diagnoses based on time course of illness and physical exam findings Students will compare and contrast relevant tests during their presentations 	 Quality of oral presentations Quality of admission and daily progress notes
2.	Students will identify relevant pathophysiologic categories to generate a basic differential diagnosis		

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 3. Students can list risks and benefits of tests to patients 4. Students demonstrate basic knowledge of management of patients with neurologic disease 		
 Interpersonal and communication skills: Develops a positive relationship with patients in uncomplicated situations Actively participates in team-based care Participates in effective transitions of care using structured communication tools 	 Students will call consults on their patients Students will facilitate disposition by communicating with social work and other ancillary services Students will write concise and informative discharge summaries Students will write concise and informative discharge instructions 	 Direct observation Quality of discharge summaries Quality of discharge instructions
 Practice Based Learning and Improvement: 1. Uses information technology to search and access relevant medical information 2. Uses scholarly articles and guidelines to answer patient care issues 	• Students will research literature for the cases assigned to them.	 Quality of oral presentations Initiative in finding and sharing articles Reflection in the assessment and plan
 Professionalism: 1. Demonstrates compassion, sensitivity, responsiveness, & non-discriminatory 	 Students will be punctual Students will be well dressed Students will be efficient with their time and considerate of others' time Students will be encouraged to identify moral conflicts in patient care 	Direct observation

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 behavior in all interactions with patients, families and co-workers 2. Consistently demonstrates professional behavior, including timeliness 3. Identifies ethical issues in practice 		
 Systems based practice: 1. Describes basic cost and risk implications of care 2. Makes clinical decisions that balance cost and risk benefit ratios 	• Students will compare and contrast relevant tests during their presentations	Quality of oral presentationsGroup discussions during rounds

III. Methods of Instruction:

A. Didactic

- o Grand rounds
 - Wednesday noon to 1 pm
- Resident didactic lectures
 - Thursday 3 pm to 6 pm
 - Friday noon to 1 pm
- Rosenberg rounds
 - Friday 2 pm to 3 pm
- Afternoon report
 - Variable throughout the year
- Epilepsy didactics
 - Friday at noon E1.202
- B. Clinical

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- o Teaching by attendings, fellows, and residents on the inpatient services
- Epilepsy surgery conference on Wednesday 1-3 pm CMC
- IV. Overview of student responsibilities
 - 1. Students will report to work at 7 am each day (one day off per week)
 - 2. Students will work directly under the senior resident or fellow
 - 3. Students will serve as an intern on the inpatient services seeing patients, writing notes, presenting, calling consults, coordinating disposition, and placing orders as possible
 - 4. Attend all didactics
 - 5. During the EMU/ED weeks student will report to the Epilepsy monitoring unit on the 16th floor at Parkland in the morning and in the afternoon will join the neurology resident in the ED. The expectations would be the same as above.
- V. Method of evaluation of students and requirements:
 - 1. Observation by attending physician on rounds.
 - 2. Observation by senior resident throughout the workday