

UCLA Department of Neurology

Neurology Consult Service: Center for Health Sciences

Rotation Overview:

At UCLA Center for Health Sciences, residents work in teams of two PGY2 residents and a senior (PGY4) Chief resident with the supervision of a rotating attending faculty Neurologist. There are usually 1-2 rotating third year medical students. The team cares for primary Neurology patients that are concentrated on 7 West but may be in other locations in the hospital based on bed availability. In addition, this team provides formal neurologic consultation for patients from other medical services within the Center for Health Sciences. The resident team develops diagnostic and therapeutic management plans for these patients in collaboration with the attending. Regular learning occurs throughout the process of patient assessment and management. There are also more structured regularly scheduled teaching conferences.

This overview outlines the UCLA CHS Consult Rotation as a unified or integrated curriculum. This rotation provides a structure for resident education in all of the core competency areas; however there are rotation activities that promote growth in specific competency areas, which are further identified below using the following key:

Patient Care: 1

Medical Knowledge: 2

Practice-Based Learning and Improvement: 3

Interpersonal and Communication Skills: 4

Professionalism: 5

Systems-Based Practice: 6

Principal Teaching / Learning Activities:

- **Pre-Rounds:** residents and students on the consult service are expected to pre-round on all their own primary patients prior to morning report. Key data is collected in preparation for Morning Work Rounds. Urgent patient issues are identified early, so they can be taken care of proactively.
 - **Competency addressed: 1, 2, 4, and 5.**
- **Senior Resident Morning Report** occurs Monday through Friday from 7:45 a.m. to approximately 8:15 a.m.. The residents from the Stroke service participate in this venue as well. The most interesting patient from the previous call night is presented by the post-call PGY2. The Chief resident focuses the discussion and summarizes teaching points. This is meant to be a case based interactive discussion involving the attending, residents, and students. An anatomy question of the day may also be presented if assigned to a student by the Chief or senior on the stroke service.
 - **Competencies addressed: 1, 2, 3, 4, 5, and 6.**

- **Neuroradiology Rounds:** CT and MRI scans on active patient and new patients are reviewed with the neuroradiology faculty.
 - **Competency addressed: 1, 2, and 3.**
- **Morning Work Rounds** immediately follow morning report except on Wednesday mornings when the team is off to Grand Rounds. Typically the team stays in a group while active consult and primary patients are discussed. Patient care plans for the day are prioritized and the patients are seen in conjunction with the attending on service at scheduled times.
 - **Competency addressed: 1, 2, 3, 4, 5, and 6.**
- **Attending Rounds:** the attending on service rounds with the service team seeing all those patients who are new or active consultation and primary neurology service patients. Typically this occurs after morning report and radiology rounds, but often occurs twice each day based on patient volume.
 - **Competency addressed: 1, 2, 3, and 6.**
- **Professor Rounds:** Once each month on Thursdays at 11:00 am to 12:00 noon the Education/Administrative Chief resident organizes a patient based conference. The patient is presented to a previously scheduled senior professor, at the bedside if possible. Effort is made to match the patient presentation to the professor's specific area of expertise so that important specific clinical pearls are shared and the residents can benefit from master level clinical knowledge.
 - **Competency addressed: 1, 2, 3, 4, 5, and 6.**

**** In addition, all residents rotating on the Neurology Consult Service at CHS are expected to attend and benefit from the competency based curriculum or DIDACTIC THREAD covered in the Wednesday lecture series (Grand Rounds, Core Curriculum, Resident Update Meetings, Journal Club, Neuroanatomy Case Review, and NOC).**

Principal Educational Goals / Objectives:

PGY2 and PGY4 Residents

- Interview and examine patients more skillfully
- Generate and prioritize differential diagnoses
- Define and prioritize patient care needs
- Develop rational evidence-based management strategies
- Expand clinically applicable knowledge base
- Identify gaps in personal knowledge and implement strategies for filling the gaps
- Teach colleagues effectively
- Communicate effectively with patient and families
- Communicate and collaborate effectively with physician and student colleagues
- Behave professionally toward patients/families, and all members of the care team
- Understand and utilize the multidisciplinary resources necessary for optimal care of the hospitalized patient

Additional Chief Resident Objectives

- Coordinate educational activities for the resident/student team
- Effectively delegate consultation requests and patient care work
- Keep the attending informed on the status of the team
- Provide exemplary leadership for junior residents and students

Recommended Resources:

- 1) Hospitalist Neurology (Blue Books of Practical Neurology, Vol 19); edited by Martin Samuels, MD
- 2) Neurology in Clinical Practice, edited by Walter G. Bradley, DM, FRCP and Robert B. Daroff, MD, et. al.
- 3) Principles of Neurology, Raymond Adams, Maurice Victor, Alan Ropper
- 4) Merritts Textbook of Neurology
- 5) Neurological Differential Diagnosis; John Phillip Patten
- 6) Localization in Clinical Neurology; Paul W. Brazis, MD, Joseph C. Masdeu, MD, and Jose Biller, MD
- 7) Diagnostic Neuroradiology, Anne G. Osborn, MD, FACR
- 8) Computer access to internet sources with available links:
Pub Med, Medline, Harrison's On Line, MD Consult, STAT
Biomedical Library

Evaluation Methods:

- At the end of the rotation the attending faculty that have worked with the resident team are asked to fill out a comprehensive evaluation form that is based on the core competency areas and the goals/objectives listed above. These evaluations are compiled and reviewed with each resident biannually.
- The residents and medical students assess the performance of each member of rotating health care team by completing peer evaluations. These peer evaluations are compiled and reviewed with each resident biannually.
- Residents are asked to assess the faculty mentors that they have worked with as well as the overall rotation, again with the use of a written evaluation form.
- Resident Update Meetings, Residency Training Committee meetings, and Resident retreats provide an ongoing forum for recommending curricular or structural changes in the rotation.

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