UCLA Department of Neurology
Stroke and Vascular Neurology Rotation

**General Aim:** Stroke accounts for more than ½ of all neurology inpatient admissions, and is the leading neurologic cause of mortality. This rotation will provide state-of-the-art training in acute stroke treatment, stroke prevention, and stroke diagnosis.

**Specific learning goals and objectives:**

1) Master current principles of the diagnostic evaluation of patients with cerebrovascular disease
2) Become skilled in the acute treatment of stroke
3) Acquire proficiency in treatments to prevent the occurrence of stroke

Rotation teaching philosophy: The resident will have fun, intellectual challenge, and experiential enrichment, respecting at all times the Fisherian dicta: neurology is learned “stroke by stroke”.

This overview outlines the UCLA Stroke and Vascular Neurology 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

**Rotation Elements/Activities:**

1) **Acute Stroke Care:** The resident will serve as a member of the Brain Attack Team, and respond immediately with other team members to acute patient candidates for thrombolysis, retroperfusion, and neuroprotective therapy. The resident will care for and write orders for all stroke patients on the neurology inpatient service. The resident will perform consults on stroke patients on non-neurology services. The resident will complete UCLA stroke registry data forms for all patients on discharge. The resident will receive bedside teaching daily in Stroke Rounds with the Stroke Attending as well as selected didactic sessions with the stroke fellow.

**Competencies addressed:** 1, 2, 3, 4, 5, and 6.
2) **Stroke Prevention**: The resident will implement secondary prevention treatments in all admitted stroke patients. If inpatient service burdens are low, the resident will additionally see outpatients in the Stroke Clinic one half-day per week. All patients will be discussed and examined with a Stroke Clinic Attending.

**Competencies addressed**: 1, 2, 3, 4, 5, and 6.

3) **Neurosonology**: The resident will have the elective opportunity to train in Transcranial Doppler (TCD) ultrasound in the Cerebral Blood Flow Laboratory. Training will include review of theoretical basis of neurosonology, dictating clinical interpretations of patient studies under attending guidance, and test performance under technologist guidance.

**Competencies addressed**: 1, 2, 3, and 6.

4) **Didactic Conferences**: The resident will attend the weekly multidisciplinary Neurovascular Case conference, the monthly Stroke Conference Lecture series, the monthly Stroke journal club, and the monthly joint Neurology – Vascular Surgery Case conference. The first year and second year resident will be responsible for presenting a designated stroke article at the Stroke journal club meeting.

**Competencies addressed**: 1, 2, 3, and 6.

5) **Readings**: *Caplan’s Stroke: A Clinical Approach*, 3rd ed, Caplan L, Butterworth Heinemann: Boston, 2000 is the core text for the rotation and should be read in its entirety by the PGY2 rotator. The Stroke Program provides a copy to the rotating resident. Additional recommended general references are:


Additional readings and articles on current Guidelines in stroke management and neurosonology topics will be provided during the rotation.

**Competencies addressed**: 2, 3, and 6.

**In addition, all residents rotating on the UCLA Stroke and Vascular Neurology Service 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).**

**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 also asked to assess the faculty mentors 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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Alon Avidan, M.D., M.P.H.