

2010-2011 UCLA NEUROLOGY 3RD YEAR CLERKSHIP SYLLABUS

WELCOME!

The UCLA Neurology 3rd year Clerkship is a three-week clinical experience coupled with an eight-week didactic experience, all a part of the combined Psychiatry/Neurology Course. We hope you will enjoy your time spent with us in neurology and develop a sound, fundamental base in clinical neurology for future reference in whatever specialty you may choose as a career. Questions regarding the clerkship may always be directed towards the Clerkship Director, Dr. Charles Flippen II (cflippen@ucla.edu), or the Clerkship Coordinator, Amy Castillo (acastillo@mednet.ucla.edu).

CLERKSHIP GOALS

The primary goals of the 3rd year Neurology Clerkship are for you to:

1. Gain competence in taking a neurologic history and performing a neurologic exam, and use them to aid in localization and diagnosis of neurologic disease
2. Develop knowledge, attitudes, and skills necessary to assess, diagnose, and refer patients presenting in the primary care setting with neurologic complaints
3. Have the opportunity to explore the field of neurology as a potential career path through exposure to a variety of complaints and diagnoses through patient encounters and case-based didactics

OBJECTIVES

At the completion of the 3rd year Clerkship, you should be able to:

1. Perform a complete neurologic exam
2. Perform an appropriately focused neurologic history and screening exam based on presenting symptoms
3. Localize a lesion based on history and exam findings
4. Generate an appropriate basic differential diagnosis for common neurologic presentations and diagnoses
5. Recognize neurological emergencies and describe initial steps in their evaluation and management
6. State the indications for an LP and describe techniques to perform procedure appropriately and safely
7. Describe indications for CT and MRI imaging of the CNS, emphasizing their use in emergency situations
8. Describe ethical and psychosocial issues encountered in the care of neurologically ill patients
9. Describe differential diagnosis, initial evaluation, and basic management of the following chief complaints, using experience gained through patient interactions or case-based didactics:
 - a. Altered mental status
 - b. CNS infection
 - c. Cognitive impairment or dementia
 - d. Dizziness or vertigo
 - e. Disturbance of speech or language
 - f. Headache
 - g. Loss of consciousness, coma, or brain death
 - h. Numbness or altered sensation
 - i. Seizure or epilepsy
 - j. Spinal cord injury or syndrome
 - k. Tremor or other involuntary movements
 - l. Vision loss or diplopia
 - m. Weakness

STRUCTURE OF CLINICAL ROTATION

You will be rotating at one of four sites: **UCLA Medical Center** (Stroke or General team); **West LA VAMC**; **Olive View-UCLA Medical Center**; or **Harbor-UCLA Medical Center**. You are expected to participate fully as a member of your team, performing neurologic examinations and assessments (including written H&P's) on new patients, presenting them daily to your residents and attendings, discussing diagnosis and management principles, and writing daily progress notes. You will be responsible for pre-rounding on your assigned patients in preparation for each morning's work rounds and following up on their clinical course throughout the day.

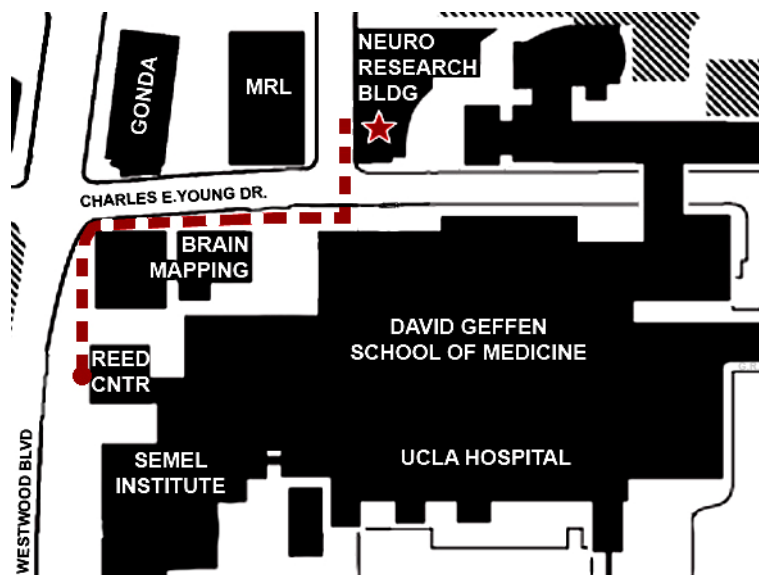
You will work **two weekend days** while on service, and may be asked by your senior resident or attending to cross-cover patients assigned to another student during that time. In addition, you will attend an outpatient clinic at least one half-day per week (more at some sites) and take **two nights of call** with the on-call resident at your assigned site. The call requirement will vary by site according to how the residents take call at that site. (Therefore, you would take overnight home call if rotating at West LA VA or Olive View, or take in-house call until no later than midnight if rotating at UCLA or Harbor.) Schedule this with your site's senior residents early in the rotation. If you are interested in exploring your interests in neurology, you may certainly arrange to take call on more than one occasion.

See the separate ROTATION SCHEDULES handout for more detailed information for each site.

DIDACTICS

All students rotating on neurology will participate in didactics at the UCLA main campus (CHS) on Mondays (for the full eight-week combined rotation) and on Wednesdays (during your three weeks of clinical rotation).

10. Monday afternoons (*all 8 weeks*): After morning rounds at your site, return to CHS (NPI 37-415) for psychiatry lectures from **2 to 3:30 PM**, followed by neurology lectures from **3:30 to 5:30 PM**.
 - a. You are *not* expected to return to your site after Monday didactics unless you are taking call.
11. Wednesday mornings (*only during 3 weeks of neurology*): Arrive at CHS (NRB Auditorium – see map below) for Neurology Grand Rounds at **9AM** (when scheduled). From **10AM until 1PM** (various locations), you will attend Casebook sessions with Dr. Flippen. On selected days, there may be variations in this schedule, in which case you will be notified in advance.
 - a. After Wednesday didactics, you **are** expected to rejoin your team at your site for the remainder of the work day. Of course you should eat lunch, but a lunch “hour” should not be assumed – get in touch with your chief resident promptly.



LECTURES AND ASSIGNED READINGS

Assigned readings are listed to complement the weekly lecture schedule to prepare you to gain the maximum from lectures. In addition, suggestions are made for when to incorporate topics that do not have a Monday lecture associated with them (e.g. coma, pediatrics, emergencies, etc.).

These readings are rich in information and manageable if you pace yourself. Approximate numbers of pages assigned each week are noted.

Assigned texts:

- 1) **“Lange”**: Aminoff MJ, Greenberg DA, & Simon RP. **Clinical Neurology** (6th ed.). (2005) Lange Medical Books/McGraw-Hill, New York.
-- You should have this book from your first two years. This is the primary text.
- 2) **“Fundamentals”**: Davis LE, King MK, & Schultz JL. **Fundamentals of Neurologic Disease**. (2005) Demos Medical Publishing, New York.
-- This book can be purchased for \$29.95 from the book store or borrowed from the Neurology Office of Education. This is the secondary text for selected topics.

| | Lecture Topic (Additional Topics) | Lange: Chapter (pages) | Fundamentals: Chapter (pages) |
|---------------|--|---|--|
| Week 1 | Stroke <i>(Neurological History and Exam)</i> <i>(Neurological Investigations)</i> | 9 (all) Appendices A & B (all) 11 (pp. 344-56) | -- 1 & 2 (all) 3 (all except LP) |
| Week 2 | Multiple Sclerosis Lumbar Puncture <i>(Emergencies)</i> | 5 (all); 6 (pp. 224-5) 11 (pp. 340-4) -- | 10 (pp. 101-5) 3 (pp. 29-34) 15 (pp. 161-5); 18 (pp. 185-92) |
| Week 3 | Seizures / Epilepsy <i>(and Loss of Consciousness)</i> Dementia | 8 (all) 1 (pp. 44-66) | -- -- |
| Week 4 | Neuromuscular Neurogenetics / Neurodegenerative <i>(Headache)</i> | 5 (pp. 177-95, 200-24) -- 2 (all); 6 (pp. 225-6) | 10 (pp. 105-7) -- -- |
| Week 5 | Movement Disorders Neuro-infectious Disease | 7 (all) 1 (pp. 20-39 again, 51 again) | -- -- |
| Week 6 | Spinal Cord Disorders Sleep <i>(Coma/Altered Mental Status)</i> | 6 (pp. 226-9) 7 (pp. 259-60) 1 (pp. 3-44); 10 (all) | 7 (all) -- 14 (pp. 145-7); 16 (pp. 171-3) |
| Week 7 | Neuro-otology / Dizziness Neuro-ophthalmology | 3 (all) 4 (all) | -- -- |
| Week 8 | Pediatric Neurology, Part I Pediatric Neurology, Part II | -- -- | 17 (pp. 173-83); 19 (pp. 198-9) -- |

Note on texts: Many students elect to use Blueprints or PreTest in preparation for the test. While these may serve as useful review materials, they typically do not provide enough information to have a complete understanding of clinical neurology. **Students who have failed the shelf exam almost universally report that they used Blueprints or PreTest as their primary text(s).**

THE PATIENT LOG

You are to log **all patient or case-based encounters** that illustrate the chief complaints listed in the clerkship objectives above in the PDA log system. (A minimum of 10 is required to pass the course; however, the expectation is that you will log **all patients and case-based didactics** promptly.) You may log encounters with **live patients** or with **case-based didactics** on the same topic, indicating the nature of the encounter in the log. Please keep up with your PDA log on a daily basis, and use this as a guide to help your residents select patients that will give you a varied exposure to the chief complaints on the objective list. Your diligence also will help us assure that the clerkship is meeting the needs of you and future students.

THE TEST

On the final Friday of the eight-week combined block, you will take the NBME Neurology Subject Examination, which has about **100 questions** over **2 hours and 10 minutes**. On the same day, you will also be taking a brief Radiology test. (The psychiatry NBME examination will take place on the final Monday of the eight-week combined block. Test day details will be made available during the last week of your rotation.)

Pace your studying over the eight weeks accordingly. It is a difficult but fair exam that rewards preparation, with clinical, case-based scenarios. **Sample questions provided by the NBME are included in your orientation packet.** Well-prepared students have done extremely well on it. Unfortunately, some students have failed it, and often this is because of poor preparation (i.e. reading and studying) over the course of the eight weeks. **Caution:** **Blueprints** and **PreTest** are popular study guides, but many people who have failed the shelf exam used them as their sole study materials. They are best reserved for review, and not recommended for primary study.

SPECIAL NOTE: As per DGSOM policy, you are expected to work until the end of the last Thursday before the test day, just as on any other day. Your teams are specifically instructed not to send you home or give you a day off. **Please do not ask.** Instead, plan your studying well in advance – this is a marathon, not a sprint.

REQUIREMENTS TO COMPLETE CLERKSHIP

In order to complete this clerkship successfully, you **must**:

1. Participate in inpatient duties – including seeing new consults and admissions, following patients, writing daily notes, and assisting with other team activities – on all assigned days, including **two weekend days**.
2. Attend **all** assigned Monday and Wednesday didactics.
3. Submit your completed and signed **Completion Checklist**, documenting the following:
 - a. Take **two nights of call** (until midnight if in-house; overnight if home call).
 - b. Have a minimum of **3 H&P write-ups reviewed** and signed off by a resident or attending.
*** These **co-signed write-ups should be submitted** at the end of the rotation.
 - c. Complete **all 7 elements of a full neurological exam under observation**, with each **signed off** by an attending. (You may accomplish this with ward or clinic attendings – **be pro-active and plan ahead**. Take opportunities to demonstrate these exam elements for the faculty you work with and **remind them you need to be observed doing so**. Get feedback!)
4. Complete PDA log for all patient interactions and case-based discussions for items on the list. Absolute **minimum of 10 encounters**, but typical is more like 20-30. (The Casebook covers nearly the whole list.)
5. Score **≥10th percentile** (based on 2008-2009 national norms) on the NBME Subject Examination.
6. Return your borrowed copy of the Davis (“Fundamentals of Neurologic Disease”), if applicable.
7. Complete evaluations of your residents, attendings, and teachers at the end of the clerkship.

LETTERS OF DISTINCTION

You **may** be awarded, at the discretion of the Clerkship Directors, and in consultation with Site Directors and your evaluators, a ***Letter of Distinction*** for the 3rd Year Neurology Clerkship if you meet the following criteria:

- **Meet all the requirements** for completion of the clerkship listed previously.
- Score **≥80th percentile** (based on 2008-2009 national norms) on the NBME Subject Examination.
- Accumulate **consistently exemplary** (typically in the “Outstanding” range) ratings on your final evaluations, with supportive narrative comments from your evaluators.
- Conduct yourself **professionally** in all interactions with faculty, residents, staff, and patients.

TIPS FOR SUCCESS

In order to **excel** on this rotation:

1. Bring **all** the proper tools:
 - Tuning fork (128 Hz); reflex hammer; penlight; ophthalmoscope, stethoscope; near card
2. Know the most about your patients as people – be their best **advocate**
3. Read about your patients’ specific conditions – be an **expert** on their neurologic issues
4. Go the “**extra mile**” (What would you appreciate if you were the patient?)
5. Show **enthusiasm** and seek out new patients that will provide **variety in your PDA log** (this means keeping up with it DURING the rotation!)
6. **Seek and incorporate feedback** throughout your clinical rotation
7. **Check out with your team daily** before leaving – sometimes important clinical events develop late in the day: stick it out with your team
8. Keep up with **neurology assigned readings** throughout the eight weeks
9. Keep up with **psychiatry assigned readings** throughout the eight weeks, too
10. **Balance and pacing** are key to succeeding in both rotations at the same time – plan ahead!

WHAT CAN YOU EXPECT FROM US?

We want you to have a well-rounded experience with us on neurology. You should be accepted as a team member, and given the opportunity to evaluate patients assigned to you. You should be treated with respect as a team member and the opportunity to model your behavior after professional interactions by your residents and attendings. You should receive feedback from your team members (don’t hesitate to solicit it!) on your skills in examination, oral presentation, and write-ups. You should receive informal teaching throughout your clinical experiences to help solidify your knowledge of clinical neurology.

CONTACTS

Please do not hesitate to contact your Site Director, a Clerkship Director, or the Clerkship Coordinator if there is a concern or question about your rotation experience or your own interests in neurology. *Good luck and have fun!*

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