1. During this four week rotation, students will work with Neurology residents and attendings in the hospital and clinic. The hospital experience consists of 2 weeks of Neurology Ward Service, followed by 2 weeks of Neurology Consult Service, or vice versa. When on Ward Service at Foster-McGaw or Hines, students are expected to “split up” and make morning rounds with the team on ONE Saturday or Sunday morning for the month, after which they may go home. There is no student overnight call, and thus no early “post-call” dismissal for students. The outpatient clinic experience consists of participating in 1 half-day clinic session each week, with an assigned Neurology attending. Details about hospital and clinic assignments will be given at orientation.

2. A resident or attending will "assign" patients to students, whom the students see and examine on a daily basis, and present and discuss with the team on rounds. If not already performed by the on-call resident, the student may be asked to perform the initial history-and-physical (H&P) or inpatient consultation for that patient. New patient H&Ps are similarly assigned in outpatient clinic. Diagnostic and therapeutic plans are made under supervision of the responsible attending, whether in wards or clinic, and subsequent reading about each patient case is essential.

3. A major goal of this clerkship is for students to demonstrate their ability to perform a screening neurological physical examination. A videotaped movie demonstration of the neurological examination by Dr. Merchut is available on the Neurology Clerkship webpage under “CAI Modules.” Each clinic attending will directly observe how their assigned student performs key parts of this exam (cranial nerves, motor exam, reflexes and sensory exam), give them feedback and suggestions for improvement, and verify this competency on the student’s outpatient clinic evaluation form.

4. Students are expected to see a variety of patients in hospital and clinic, and are required to record or “log” these patient diagnoses on their yellow pocket cards, preferably at the end of each day. At least weekly, this patient information should be transferred to the student’s personal on-line log, and students will be contacted if entries fail to appear. For an adequate learning experience, every student should see at least one patient with each of the following seven generic conditions or syndromes:

---focal weakness/numbness
---visual changes
---dementia, delirium or language/memory/cognitive loss
---dizziness/abnormal gait/balance
---headache/regional pain
---impaired consciousness or sleep disorder
---seizures/abnormal movements

These are generic syndromes, because the exact diagnosis or disease may not be readily apparent at the first patient encounter in hospital or clinic. Two other clinical patient situations are not required to be seen, but if encountered by students, should also be recorded:

---cultural/religious/ethnic diversity
---end of life care

Each logged patient may have more than one generic syndrome, so please keep separate track of the number of “Assigned Patients” at the top of the yellow card and later in the on-line log as well, combining both hospital and clinic “Assigned Patients.” Students on wards or consult service will see, discuss, and learn about all service patients on daily team rounds, so any "Not Assigned" patients should also be recorded with the appropriate syndromes on the yellow card and then on-line log. (Also, if another student’s assigned patient has interesting findings on neurological exam, politely ask that patient if you could examine him or her at another time after rounds. Seeing real patients far exceeds reading about cases in a book.)

If one of the seven generic syndromes is not encountered with a patient in hospital or clinic, look up that syndrome in Study Guide 1 for the Practical Neurology DVD Review, found in this Handbook or on the clerkship webpage, and review that videotaped case. List that syndrome as a “Simulation” on the yellow card and on-line log. Practical Neurology DVD Review, is a compilation by Dr. José Biller of over 100 videotaped patients, available to students through the Neurology Clerkship webpage under “CAI Modules.” Study Guide 2 for the Practical Neurology DVD Review categorizes the videotaped patients according to final diagnosis (cerebrovascular disease, multiple sclerosis, and so on) instead of by generic syndrome. Either study guide may also be used to independently study these videotaped patients.

If the student performs or observes any of the procedures listed on their yellow card, this should also be recorded and logged on-line. It is unlikely that every student will have the opportunity to perform a lumbar puncture on this clerkship. Therefore, lecture and simulation teaching on this procedure will be provided in this clerkship, and every student should at least record a “Simulation” for lumbar puncture.

*Failure to enter student log data on-line will cause subtraction of 5 points from the final grade, and a “does not meet expectations” rating for the Professionalism competency.*