

Clinical Patient Care

1. During this four week clerkship, students will work with Neurology residents and attendings in the hospital and clinic. Students primarily assigned to Loyola will spend one week on each of the following:
 - Clinical Stroke Service (admissions and consults on stroke patients)
 - General Neurology Service (admissions and consults on non-stroke patients)
 - Outpatient Clinic or Pediatric (inpatient and clinic) Neurology
 - Neurointensive Care Service or Night call (4-10pm)

Students primarily assigned to Hines VA will spend two weeks on each of the following:

- Inpatient Ward/Consult service
- Outpatient Clinic/Clinical Neurophysiology Lab

All students on hospital (not outpatient clinic) service rotations, are to make weekend rounds with their resident/attending team on Saturday or Sunday. There is no overnight-call for students (those rotating on the Night Call week finish by 10 PM). Details about hospital and clinic assignments will be given at or prior to 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 videotape of this examination is available on the Neurology Clerkship webpage under "Educational Resources." Each student logs in three (3) patients which they examined under direct observation, perhaps best done in outpatient clinic. See the "Direct Observation Instructions" on the Neurology Clerkship webpage. Failure to log in three directly observed neurological examinations will generate a "meets with concerns" competency rating. Residents or attendings will also verify direct observation of each student obtaining key components of one (1) patient history.
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, later transferring this patient information to the student's personal on-line log. Students will be reminded to do so if entries fail to appear on-line. During this clerkship, every student should see at least one patient with each of the following generic conditions or syndromes:

- delirium/acute mental status change
- dementia/memory/cognitive loss
- dizziness/abnormal gait or balance
- focal weakness or numbness
- headache or regional pain
- impaired consciousness or sleep disorder
- seizure or abnormal movements
- visual changes

These are generic syndromes, because the exact diagnosis or disease may not be readily apparent at the first patient encounter in hospital or clinic.

Since each logged patient may have more than one generic condition or syndrome, please keep separate track of the number of “Assigned Patients” at the top of the yellow pocket card and later in the on-line log as well, combining both hospital and clinic “Assigned Patients.” “Assigned Patients” are those personally followed by the student on a daily basis, or were initially examined (H&P, consult) by the student.

Students in the hospital 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 a student never encounters a patient with one of these “must see” conditions or syndromes as the clerkship rotation ends, they must review and log in a “Simulation” patient. Under “Educational Resources” on the Neurology Clerkship webpage, a videotaped patient with this condition can be found in Study Guide 1 for the Practical Neurology DVD Review. The student should then list that syndrome as a “Simulation” on the yellow card and on-line log. Failure to do so will generate “meets with concerns” competency ratings. 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 “Educational Resources.” 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.

5. 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, a workshop lecture and simulation on this procedure will be

provided in this clerkship, and every student should at least record a “Simulation” for lumbar puncture.