

**Name of Rotation:** Epilepsy

**Supervisor:** Paul Garcia

**Rotation Description:** (one paragraph)

During this two-week rotation through the epilepsy monitoring unit, the resident will perform a epilepsy history and neurologic examination on 2-3 patients per week admitted to the EEG video telemetry unit for the purpose of correlating clinical “spells” with possible electrographic seizures. The resident will follow patients through a week of video/EEG monitoring. Video/EEG records for each patient will be reviewed daily. Residents will participate in the weekly monitoring conference, epilepsy surgeries, WADA testing, epilepsy journal club and surgical planning conferences.

**Core Competencies:**

**Patient Care-**Resident is able to provide compassionate, appropriate and effective patient care for the treatment of health problems and promotion of health. Resident understands how to appropriately prioritize patient problems and develop an appropriate diagnostic plan, prescribes medications appropriately, shows an appropriate balance between attention to the details of patient care and the overall context of treating the patient's illness. Resident obtains consultations appropriately, and is able to perform technical procedures adequately, when appropriate.

**Medical Knowledge-**Resident demonstrates knowledge of established and evolving biomedical, clinical, epidemiological, and social/behavioral sciences as well as the application of this knowledge to patient care. Resident is able to assess diagnostic information critically and constructively, and recognizes the psychosocial aspects of illness. Resident is able to critically evaluate the medical literature and apply new knowledge to the delivery of safe and effective patient care.

**Practice-Based Learning and Improvement-** Resident is able to critically evaluate the care of their patients, appraise and assimilate scientific evidence, and continuously improve patient care delivered on the basis of ongoing self-evaluation and learning. The resident uses knowledge to educate patient families, medical students, allied health personnel, peers, and other health professionals as appropriate. Resident is capable of self-identifying strengths, deficiencies, and the limits of their knowledge and expertise. The Resident is receptive to constructive criticism (formative evaluation feedback) regarding the care of patients and physician performance. Resident is able to set learning and improvement goals, and identify and perform activities appropriate to meeting those goals.

**Interpersonal and Communication Skills-**The Resident demonstrates interpersonal and communication skills that result in effective information exchange and collaboration with patients, families and other health professionals.

These skills include the ability to communicate across a broad range of socio-economic and cultural backgrounds and ability to communicate with physicians, health professionals, and health related agencies effectively. Resident is able to maintain comprehensive, timely and readable medical records. Resident can work effectively as a member or leader of a healthcare team and serve appropriately as a consultant to other physicians and health professionals. Resident is able to clearly lead daily work rounds, when appropriate.

**Professionalism-** Committed to carrying out professional responsibilities and adhering to ethical principles. Resident demonstrates respect for patient privacy and autonomy and

is accountable to patient, society and the medical profession for actions. Resident demonstrates compassion, integrity and respect for others as well as responsiveness to patient needs that supersede self-interest. The Resident demonstrates sensitivity and responsiveness to a broad patient population including diversity in gender, age, culture, race, religion, disability, and sexual orientation. Resident demonstrates the ability to manage personal stress effectively. Answer pages or messages in a timely fashion. Resident understands how to maintain appropriate professional boundaries, and demonstrates integrity, honesty and compassion. Resident completes assigned tasks in a timely fashion.

Systems-Based Practice-Resident understands and is capable to interact effectively with different systems of care. Demonstrates the ability to provide high-quality care in a cost-effective manner. Resident incorporates consideration of cost-awareness and risk-benefit analysis in patient care decisions. Resident advocates for high quality care for all patients.

**Rotation Goals:** (list 3 – 6 goals)

-Begin to understand how to classify the different forms of epilepsy. (Competencies Addressed: Medical Knowledge, Practice-Based Learning and Improvement)

-Learn how to evaluate patients with epilepsy, including communication with the patient and family about the impact of the disease and disease management on activities of daily living. (Competencies Addressed: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, Systems-Based Practice)

-Develop an understanding of how to use different epilepsy medications commonly used to treat epilepsy (Competencies Addressed: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement)

-Develop an understanding of the purpose of an epilepsy telemetry unit and how patient evaluation on the unit and in the hospital can contribute to the management of patients with epilepsy refractory to medical therapy. (Competencies Addressed: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Systems-Based Practice)

**Rotation Objectives:** (list 3 – 10 training objectives)

- 1) Learn to take a history and perform a physical examination in patients with epilepsy (Competencies Addressed: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, Systems-Based Practice)
- 2) Understand common issues related to treatment of patients with anticonvulsant medications (Competencies Addressed: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Systems-Based Practice)
- 3) Learn about studies used to evaluate patients with epilepsy including EEG, MRI, PET SPECT, WADA and Neuropsychological testing (Competencies Addressed: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement)

- 4) Learn to classify specific seizure types based on video/EEG monitoring (Competencies Addressed: Medical Knowledge, Practice-Based Learning and Improvement)

**Bibliography/Study List:** (list 3 – 10 references). Electronic learning resources can be listed also. These references should reflect general educational materials within your field that is appropriate for a resident in training. High impact individual papers may comprise up to 3 references on the list.)

1. Lowenstein DH. Seizures and Epilepsy. in Harrison's Principles of Internal Medicine, 16<sup>th</sup> edition. Dennis L. Kasper, Eugene Braunwald, Anthony S. Fauci, Stephen L. Hauser, Dan L. Longo, J. Larry Jameson, and Kurt J. Isselbacher, Eds.  
Available online at:  
<http://www.accessmedicine.com/content.aspx?aID=104059>
2. Alldredge BK, Gelb AM, Isaacs SM, et al. A comparison of lorazepam, diazepam, and placebo for the treatment of out-of hospital status epilepticus. *N Engl J Med* 2001;345:631–637.
3. Kwan P, Brodie MJ. Early identification of refractory epilepsy. *N Engl J Med* 2000;342:314–319.
4. Wiebe S, Blume WT, Girvin JP, et al. A randomized, controlled trial of surgery for temporal-lobe epilepsy. *N Engl J Med* 2001; 345:311–318.