

Name of Rotation: Moffitt Outpatient Practice

Supervisor: John W. Engstrom, M.D.

Rotation Description: The goal of this rotation is to familiarize residents with spectrum of patient care challenges that arise in an outpatient setting. This is accomplished in both general and subspecialty clinics. Many of the clinics have an associated case conference or didactic session coupled to the clinic; residents are expected to attend these conferences, except when transportation time must be allotted to get to continuity clinics (approximately twice per month). The resident is expected to independently evaluate patients, present their findings and propose a management plan to an attending physician, see the patient with an attending to clarify salient history and examination features, and implement the final management plan jointly developed with the attending physician. It is encouraged that patients seen in these clinics be followed in the resident's continuity clinic. The resident will order and follow-up on test results related to the management plan, and communicate these test results to the patient. The resident will work approximately 10% of the time with selected community neurologists who can provide an informative private practice perspective to the management of outpatients. The outpatient resident will cross-cover outpatients with urgent issues belonging to other residents not currently in the practice. At all times, the outpatient resident is expected to understand the strength and limitations of their own knowledge, and freely communicate with either faculty who saw the patient with them, other faculty in the practice, or the outpatient medical director regarding any questions regarding patient management that arise.

In addition to general neurology experience, the resident will rotate through the following subspecialty areas: MS, pain management, spine, movement disorders, epilepsy, and memory and aging. Residents are required to attend the weekly Wednesday afternoon adult outpatient conference, child neurology conference, and either Frontiers in Neurology and Neuroscience (e.g.-Grand Rounds) or Housestaff Conference (the latter two conferences are held on alternating weeks).

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)

-Learn the neurologic significance of symptoms, signs, and test results for common neurologic disorders seen in outpatients. (Competencies Addressed: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement)

-Develop neurologic history and examination skills that facilitate eliciting pertinent clinical information in the time-limited fashion that is germane to the outpatient practice.

(Competencies Addressed: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, Systems-Based Practice)

-Understand how to translate the medical significance of symptoms, signs, test results, diagnoses, and management plans into language that patients and families can understand (Competencies Addressed: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism)

-Understand the anatomic localization of specific neurologic symptoms and signs (Competencies Addressed: Medical Knowledge, Practice-Based Learning and Improvement)

-Learn the appropriate use common pharmacologic and non-pharmacologic treatments for common neurologic disorders. (Competencies Addressed: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement)

-Seek to understand the impact of chronic neurologic disease on the daily lives of outpatients and their families. (Competencies Addressed: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, Systems-Based Practice)

Rotation Objectives: (list 3 – 10 training objectives)

1. Learn to translate your understanding of the medical significance of symptoms, signs, test results, diagnoses, and management plans into language that patients and families can understand. (Competencies Addressed: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism)
2. Learn how to dictate outpatient letters that reflect an understanding of the reason(s) for consultation and either answer the clinical question posed by the referring physician or clearly communicate how further evaluation or management by the referring physician should proceed. (Competencies Addressed: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism)
3. Learn to elicit key aspects of the history and exam that enable initial management to proceed in the timely fashion required in an outpatient practice. (Competencies Addressed: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, Systems-Based Practice)
4. Learn the common pharmacologic and non-pharmacologic treatment options for management of common and treatable neurologic outpatient disorders (e.g.- epilepsy, spine pain, headache). (Competencies Addressed: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Systems-Based Practice)
5. Communicate test results and their significance to patients, and discuss test results of uncertain significance with attending staff. (Competencies Addressed: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism)
6. Learn how to develop a neuroanatomic localization of patient-specific symptoms and signs, and an initial differential diagnosis to discuss with the supervising outpatient attending. (Competencies Addressed: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills)

Bibliography/Study List:

Bradley WG, Daroff RB, Fenichel G, Jankovic J, Neurology in Clinical Practice, 5th edition

Adams and Victor's Principles of Neurology, 8th Edition. Eds. Ropper AH & Brown, RH. McGraw-Hill, New York 2005.

Harrison's Neurology in Clinical Medicine. Ed Hauser SL. McGraw Hill, New York 2006.