

Name of Rotation: UC Consult Senior

Supervisor: S. Andrew Josephson MD

Rotation Description:

This individual serves as the focus of the Consult Service, triaging all consultation from the ED and other inpatient services. S/he evaluate all patients seen during the daytime hours as well as following up on all patients evaluated by the covering residents during night or weekend hours. This resident is the primary interface of the Neurology Service with other services in the hospital. S/he is therefore expected to provide courteous, friendly, and willing service at all times. Their evaluation of patients should address the broad spectrum of patient needs conveyed by the individuals caring for these patients. The resident will be responsible for the Consultation pager as well as supervision and teaching of the UC Consult Junior and rotators on the service.

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:

1. Evaluate initial consultations in the various venues (inpatient wards, ED) in an appropriate time frame (Competencies Addressed: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, Systems-Based Practice)
2. Continue to follow patients as necessary during their hospitalization and provide continued consultative services to the referring physicians (Competencies Addressed: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism)
3. Maintain courteous, professional interactions with the referring services (Competencies Addressed: Interpersonal and Communication Skills, Professionalism)
4. Supervise and teach the basics of neurologic consultation to the UC Consult Junior on the service as well as rotators including visiting interns, residents, and subinterns (Competencies Addressed: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, Systems-Based Practice)
5. Present to and round with the Consult Attending daily (Competencies Addressed: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, Systems-Based Practice)

Rotation Objectives:

1. Provide an initial note at the time of the initial evaluation in the chart, and provide follow-up notes as indicated. If a patient is no longer followed by the Service, an explicit note in the chart should say this and invite re-consultation as needed. (Competencies Addressed: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Systems-Based Practice)
2. Admit patients from the Emergency Department to either the Neurology or Neurovascular services. This process will include effective collaboration with the Ward or Neurovascular Attending as well as with the residents on these services who will assume care of these patients. (Competencies Addressed: Patient

- Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, Systems-Based Practice)
3. Engage in timely communication with the referring service (Competencies Addressed: Interpersonal and Communication Skills, Professionalism, Systems-Based Practice)
 4. Allow for effective patient care by assuring the sign-out to on-call and covering residents is complete both in written and verbal form (Competencies Addressed: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, Systems-Based Practice)
 5. Attend morning report (Competencies Addressed: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, Systems-Based Practice)
 6. Round every other weekend on the Ward and Consult services (in the Ward Senior resident's absence) (Competencies Addressed: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, Systems-Based Practice)
 7. Attend and participate in weekly Journal Club and, when possible, biweekly UC Ward/Neurovascular Didactics (Competencies Addressed: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Systems-Based Practice)

Bibliography/Study List:

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

Wijdicks EF, et al: Practice parameter: prediction of outcome in comatose survivors after cardiopulmonary resuscitation (and evidence-based review): report of the Quality Standards Subcommittee of the American Academy of Neurology. Neurology 67:203, 2006

Adams HP Jr, et al: Guidelines for the early management of adults with ischemic stroke. Stroke 38:655, 2007

Grogan PM, et al: Practice parameter: Steroids, acyclovir, and surgery for Bell's Palsy (and evidence-based review): report of the Quality Standards Subcommittee of the American Academy of Neurology. Neurology 56:830, 2001

Tunkel AR, et al: Practice guidelines for the management of bacterial meningitis. Clin Infect Dis 39:1267, 2004

Washington University Neuromuscular Website: www.neuro.wustl.edu/neuromuscular