

Name of Rotation: VA Survey

Supervisor: Gary M. Abrams M.D.

Rotation Description: (one paragraph)

This rotation is designed to familiarize the neurology resident with 1) core principles of neurological rehabilitation 2) selected subspecialty areas in neurology. The rehabilitation experience includes a weekly Rehabilitation Clinic; 6-8 sessions with senior rehabilitation therapists during patient treatment sessions; monthly Botox Clinic and Pain Management Clinic; didactic presentations on stroke rehabilitation and spinal cord injury; a reading syllabus of pertinent reprints and American Academy Neurology syllabus for Neurorehabilitation. The additional subspecialty rotations are Epilepsy Clinic, Movement Disorder Clinic, Memory Disorder Clinic, and EMG/Neuromuscular Clinic. The emphasis for R2s is neurorehabilitation; R3 and R4 residents concentrate on subspecialty experiences.

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)

-Be familiar with the general principles of rehabilitation and neuroplasticity in the nervous system as it relates to patients with neurological disabilities and the roles of physical therapy, occupational therapy, and speech therapy in managing neurological problems. (Competencies Addressed: Patient Care, Medical Knowledge, Interpersonal and Communication Skills, Professionalism, Systems-Based Practice)

-Understand principles of chronic pain management, including management of neuropathic pain. (Competencies Addressed: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, Systems-Based Practice)

-Basic introduction to neurological subspecialties – Epilepsy; Neuromuscular disease; Movement Disorders; Behavioral Neurology. (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)

-Know the treatment options for neuropathic pain (Competencies Addressed: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Systems-Based Practice)

-Know the neurorehabilitation assistive devices used to enhance mobility and ADL performance (Competencies Addressed: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, Systems-Based Practice)

-Participate in dysphagia evaluation, including the modified barium swallow (Competencies Addressed: Patient Care, Medical Knowledge, Practice-Based Learning

and Improvement, Interpersonal and Communication Skills, Professionalism, Systems-Based Practice)

-Understand basic stroke rehabilitation and spinal cord injury management. (Competencies Addressed: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, Systems-Based Practice)

-Participate in understanding and using botulinum toxin to treat chronic neurological disorders (Competencies Addressed: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement)

-Understand basic diagnostic and management approaches for neuromuscular disease, epilepsy, and dementia (Competencies Addressed: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, Systems-Based Practice)

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.)

Selected References from 2006-2007 Syllabus

1. AAN Continuums Series – American Academy of Neurology
2. Stroke Rounds Series – Abrams, Stroke Rehabilitation 2004
3. Wolf et al. Effect of constraint induced movement therapy on upper extremity function 3 to 9 months after stroke. The EXCITE randomized clinical trial. JAMA 2006;296:2095-2104.
4. Gordon W et al: Traumatic brain injury rehabilitation. State of the science. Am J Phys Med Rehabil 2006;85:343-382.
5. Gordon et al. Physical Activity and Exercise Recommendations for Stroke Survivors. An American Heart Association Scientific Statement From the Council on Clinical Cardiology, Subcommittee on Exercise, Cardiac Rehabilitation, and Prevention; the Council on Cardiovascular Nursing; the Council on Nutrition, Physical Activity, and Metabolism; and the Stroke Council. Circulation 2004;109:2031-41.
6. Ward NS, Cohen LG. Mechanisms underlying recovery of motor function after stroke. Arch Neurol 2004; 1844-88.
7. Hammond MC. Medical care of persons with spinal cord injury - VA guidelines.
8. Thompson AJ. Neurorehabilitation in multiple sclerosis. Foundations, fact, and fiction. Curr Opin Neurol 2005;18:267-271.
9. Thompson AJ. Rehabilitation for patients with Parkinson's disease. Lancet 2001;357:410-11.
10. Tinetti M. Preventing falls in the elderly. N Engl J Med 2003;348:42-9.