

INTERNAL MEDICINE ROTATION PLAN

NAME OF ROTATION: **IM4 Neurology**

FOCUS OF THIS ROTATION

- The goal of this rotation is to provide the Internal Medicine trainee (PGY4) with the opportunity to strengthen competencies in the assessment and management of patients with neurological disorders in the emergency department, on the ward, and in the ambulatory clinic setting. The rotation builds upon residents' earlier Neurology rotation experiences in PGY1-3 with the overall goal of independent proficiency with neurological issues within the scope of Internal Medicine specialist practice.

CBD stage(s) for this rotation:

- TTP

Length of this rotation:

- 1 block

PGY Level(s) for this rotation:

- PGY4

Locations for rotation:

- SHSC
- SMH
- THP-CV
- THP-Miss

Required training experiences included in this rotation (TTP Stage):

- TTP 1.1 Inpatient Internal Medicine
 - TTP 1.1.2 Inpatient consult service in the role of a junior attending, to include emergency department

Recommended training experiences (TTP stage):

- TTP 3.5. Experience in any subspecialty of Internal Medicine. This may be inpatient or ambulatory care

EPAs Mapped to IM4 Neurology	Total # of EPAs 4+ per block
1. TTP 3 Assessing and managing patients in whom there is uncertainty in diagnosis and/or treatment	2
2. TTP 4 Assessing and managing patients in whom there is uncertainty in diagnosis and/or treatment	1
3. TTP 6 Working with other physicians and healthcare providers to develop collaborative patient care plans	0-1 (MSF)
4. TTP 7 Identifying learning needs in clinical practice, and addressing them with a personal learning plan	0-1

	Other assessments during this rotation:	Tool Location / Platform (e.g. POWER, Entrada):
1.	ITAR	POWER
2.	(MSF)	e-Portfolio

	Key Objectives for IM4 Neurology : By the end of the rotation the resident should be able to ...	CanMEDS Role(s):

1.	Perform an accurate and detailed neurologic history and physical examination tailored to the patient's presenting complaints, including the use of physical examination maneuvers specific to a clinical presentation (e.g., Dix-Hallpike and HINTS maneuvers in a patient with acute vertigo).	Medical Expert
2.	Formulate a provisional and a differential diagnosis based on correct lesion localization of the patient's presenting symptoms and signs.	Medical Expert
3.	Demonstrate a rational and judicious approach to the investigation of patients with a variety of acute and chronic neurologic presentations.	Medical Expert
4.	Apply knowledge of medications commonly used in the management of neurologic disorders, including their indications, potential side effects, potential interactions with other medications or interactions with primary neurological disorders, and contraindications.	Medical Expert
5.	Complete lumbar punctures independently.	Medical Expert
6.	Recognize the role for common neurophysiologic tests (e.g., EEG, EMG/NCS, evoked potentials), and provide basic interpretations of CSF findings, CT and MRI.	Medical Expert
7.	Demonstrate the ability to perform and document accurate, patient-focused assessments reflecting the time constraints of the clinical environment.	Health Advocate
8.	Recognize the important determinants of health in patients with common neurological disorders (e.g., stroke, headache, seizures, neuropathy), and advises appropriate lifestyle or other preventative measures.	Health Advocate