

Neurology for Rotators 2021-2022

Welcome to Neurology! We are excited to have you join the neurology department for your rotation. To maximize both your experience and your contribution to our team, the following is a guide to helping you negotiate some of the nuances of your rotation. This "survival guide" will serve as a kind of heads up of what to expect but not all of the following information will apply to all rotators. The Neurology residents on your particular service will be the most important resource for how to maximize your experience. If concerns come up, please do not hesitate to contact me directly: **email katharine.n.sourbeer@vumc.org, pager 835-9365, GME phone (615) 943-3679, or personal cell phone for after-hours (571) 278-3548.**

Objectives

1. Learn and practice your neurologic exam.
2. Become familiar with the management of patients with neurologic illness.
3. Remain engaged and committed to provide excellent care to all the patients on the service.
4. Provide additional general medicine insight to each patient's care.

Sign-out (Stroke, General, and Consult Services)

-AM sign-out is at 6:45-7 AM in 6S work area for stroke and general and 6N call room for consults

-PM sign-out is at 4:30 PM in 6N call room (Monday thru Friday) and whenever work completed Saturday and Sunday for general and stroke (contact neurology junior on call to sign out). For consults, you will work until dismissed by attending, typically by 2pm but depending on how busy things are.

Conferences

Some or all of these conferences may be virtual through the Zoom platform. Please get the link from the residents you are on service with and tune in virtually. Locations listed are where these have traditionally taken place but determination on in-person vs Zoom is still pending at this time

All residents are strongly encouraged to attend conferences while rotating on Neurology.

- **Morning report:** Mondays and Thursday 7:00-7:30 AM in 6T conference room
- **Chairman's rounds:** Tuesdays at 11:00am in Sloan conference room
- **Noon conference:** Mon-Thurs, 12-1pm (and sometimes Friday). Usually located in the Sloan conference room in the Dept of Neurology, MCN first floor. Topics vary.
- **Radiology Conference:** Thursday 11:30 am in Sloan Conference Room
- **Grand rounds:** Fri, 8 AM. MRB-III (follow someone there...)
- **Journal Club:** Occasional Fridays 12-1pm

Hospital details

- Ask your Neuro colleagues for help, remember we are a TEAM!
- We have team pagers that are rolled to the appropriate first-contact for questions/concerns regarding these patients. This will usually be the Neurology PGY2 resident but **may be you** if that person is in continuity clinic or post-call (will never be you for the consult team). **Please remember to roll the pager if the junior is off or post-call!**
 - General: 831-4790
 - Stroke: 831-4792
 - Consult: 831-4793
- Room combinations:
 - Combination to most general doors in the hospital (including the ED) is 0160 – most are card readers now.
 - VA neuro room (3rd floor between elevator and neuro clinics): 4-1-2
 - VU call rooms on both 6S and 6N are 3-4-5
 - Please DO NOT drop your stuff in these rooms before 7:00 as the on-call residents may be getting their only sleep of the night

Rotations

Notes that apply to all inpatient services:

- On the general and stroke service at VU, days off will generally be arranged by the senior on service. On the consult service, all interns work one weekend day per week (to be arranged with the consult attending). Try to discuss this your first day on service to ensure you have the appropriate time off.
- Please let your senior resident know on your first day if and when you will be gone for clinic and/or post-call.
- Please also let us know if your next rotation is Night Float.
- Neuro PGY2 residents or the rotating interns on the stroke and general services are to write a note on each patient daily (list will be divided between them and APP if present). There is also an advanced practice NP or PA on the general and stroke services, that will also see patients and write notes, but may be off and do not work weekends. Expect to split the lists evenly among the PGY-2 Neurology resident, NP/PA and yourself. The Neurology PGY-2 will be responsible for dividing the list but if you find a particular case interesting/relevant to your specialty, please make your preference known.
- On the consult service, you will see new consults as designated by the consult senior resident and/or attending and follow those patients up daily as needed.
- Please ask your senior or junior neurology resident to show you which note to use for your given service.
- Review the student's notes when you can. Some students are so impressed with your wise words that they are compelled to copy what you wrote. This limits their thinking and their learning.

General Neurology Service

- This is our inpatient service for patients with non-vascular neurological problems. The general service is usually a mix of seizure patients, MS exacerbations, myasthenics getting plasma exchange, acute neuropathies, brain tumor patients. There is also a group of mysterious, unknown diagnoses that get transferred from elsewhere because no one else knows what's going on with them.
- The team is comprised of an attending, a senior neurology resident, a junior neurology resident, intern, and an NP (plus or minus medical students).
- You will be responsible for seeing and presenting about 1/3 to 1/2 of the patients on the service during rounds. Census varies, but this typically will range from 5-10 patients. For each patient you present you will also be responsible for writing a daily progress note and entering all necessary orders.
- **Please be present at AM neurology sign-out at 6:45AM on 6S to hear about overnight events.** This will be your opportunity to clarify the plan and ask the admitting overnight resident about the new patients that have been assigned to you.
- A typical day includes pre-rounding (both chart and in person). Generally rounding with the attending starts around 8:30 AM but this may vary so check with your team. The afternoons are generally spent entering orders, writing daily progress notes, updating families, and discharging patients. Please enter all consultation requests as early as possible (i.e. before noon conference).
- Admissions come via the consult service, so H&Ps will be written by residents on that service, *except for* direct admissions straight to the floor/ICU, which the residents on the general service will be responsible service. Admissions from the consult service should have all appropriate orders, but please *double check* all appropriate orders are in place once you are made aware of the admission, and before sign-out to the night team. Please also make sure that contingency plans are filled out.
- You will have 1 day off per week (averaged over your time on the rotation). These days off will be arranged with the other residents on service.
- Sign out to the on-call resident is at 4:30pm, typically in the 6N call room, and should be made in the presence of either the PGY2 or PGY4 neurology resident.

Stroke Service

- The team is comprised of an attending, a stroke fellow, a senior neurology resident, a junior neurology resident, an intern, and a PA (plus or minus medical students).
- There can be high turnover if there are a lot of TIAs, in addition to large strokes & hemorrhages in the ICU.
- Please use Stroke H&P templates if you happen to admit a patient (you should only be doing direct admissions as others should be admitted through the consult service) so all the relevant information is gathered in this document.
- You will be responsible for seeing and presenting patients during rounds that are divided between the neurology PGY-2, PA, and intern. This typically will range from 5-10 patients. For each patient you present you will also be responsible for

writing a daily progress note, updating family as needed, and entering all necessary orders.

- Each morning the junior resident will split the new patients from overnight between the two of you (PA typically doesn't take new patients but often stable patients awaiting placement will be transferred from your list to his). **Please be present at AM sign-out at 6:45AM in 6S conference to hear about overnight events.** This will be your opportunity to clarify the plan and ask the admitting overnight resident about the new patients that have been assigned to you.
- Admissions come via the consult service, so H&Ps will be written by residents on that service, *except for* direct admissions straight to the floor/ICU, which the residents on the general service will be responsible service. Admissions from the consult service should have all appropriate orders, but please *double check* all appropriate orders are in place once you are made aware of the admission, and before signout to the night team. Please also ensure there are contingency plans in the hand-off
- A typical day includes pre-rounding on your patients (both in person and in the chart---if you notice an exam change, do not wait til rounds to notify the senior resident, please let them know immediately), meeting with the overnight team at 6:45AM for sign out, then rounding with the attending starts between 8-9 AM. The afternoons are generally spent entering orders, writing daily progress notes, updating families, and discharging patients. Please enter all consultation requests as early as possible (i.e. before noon conference).
- You will have 1 day off per week (averaged over your time on the rotation). These days off will be arranged with the other residents on service at the beginning of your rotation.
- Sign out to the on-call resident is at 4:30pm, typically in the 6N call room, and should be made in the presence of either the PGY2 or PGY4 neurology resident

Consults

- Our inpatient consultation service provides consults to the VUH ICUs, inpatient floors, emergency room, Stallworth rehab hospital, and psychiatric hospital from 7:00-4:30 M-F. The weekends are covered by the neurology junior and senior resident on call. Interns on the consult service each work one weekend day per week (divided amongst yourselves) from 7am until dismissed by the attending. This is typically by around 2pm but may vary if things are busy.
- Common consultations include concern for stroke, seizures, or delirium. We are also frequently consulted for neurological prognosis.
- The team is comprised of an attending, senior resident (only in the first half of the year), junior neurology resident(s), and one or more interns (plus or minus medical students).
- You will be responsible for seeing and writing notes on new and follow-up consultations assigned by the senior resident or attending. Please be at the 6N call room to obtain assignments.
- Admissions to our general and stroke services are done through the consult team. If you admit a patient to either team, *it is expected* that you give in-person signout to one of the neurology residents on that service, along with the plan made jointly

- by you and our consult attending. Make sure that an accurate medication reconciliation has been done where able and that a code status is established, and that all orders are put in prior to handoff to the inpatient team. Please also try to fill out the contingency plan if able. If you need assistance with admission orders, please don't hesitate to ask one of the neurology juniors or seniors.
- You may see a patient in the Emergency Room or elsewhere in the hospital that has workup done that may need followed-up by our night-time residents, i.e., an EEG on an ICU patient, or imaging on an ED patient that effects disposition planning. If this is the case, ensure that you or a member of the consult team (if you leave for clinic/didactics) makes the night team aware that this needs followed-up, along with a plan (determined by you and the consult attending) based on findings/results.

I have attached separately in the same email, both a “normal” neurology exam template as well as a “coma” neurology exam template. You may create a smart phrase with these to put in your notes. Please note, that if you are unable to perform a part of the exam (i.e., gait testing in a patient at risk of fall), do not remove that part of the exam, just replace it with the fact that you could not perform, and *why* you could not perform it.