

NEUROLOGY SERVICE

Location: University of Washington Medical Center

FACULTY CONTACT:

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OVERALL EDUCATIONAL PURPOSE

The overall educational purpose is to train physicians to become comfortable managing clinical neurological conditions through exposure to both inpatient and outpatient care. Patients with headaches, stroke, Parkinson's disease, stupor and coma are some examples of neurological conditions to which the trainee should be exposed. Learning to take a neurological history and perform a neurological examination is also important.

TEAM STRUCTURE

Attending

R3/R4 – Neurology

R2 - Neurology

R1- Medicine

MSIV

PRINCIPAL TEACHING METHODS

Case discussion and review

The principle teaching methods include care of neurological inpatients, work-up of 2-4 outpatients per week

Rounds

Daily

Didactics

Weekly grand rounds are held from 4-6 PM on Thursday afternoons. In addition, on the 2nd and 4th Tuesday, clinical demonstrations are held at Harborview from 7-8AM.

EDUCATIONAL CONTENT

Mix of Diseases

Educational content includes patients with a variety of neurological conditions, Headaches, Parkinson's Disease, peripheral neuropathies, myasthenia gravis, chronic seizure disorders are commonly seen in the outpatient setting.

Patient Characteristics

Educational content includes patients with a variety of neurological conditions: headaches, Parkinson's Disease, peripheral neuropathies, myasthenia gravis, chronic seizure disorders are commonly seen in the outpatient setting.

Types of Clinical Encounters

The residents also have exposure to neuroradiology interpretation, to EEG, and EMG reports

Procedures

The main diagnostic procedure is lumbar puncture that is directly performed by the resident.

Services**Rotation Specific Schedule****Monday**

12:30-1:30 Lunch Conference (RR-110)

Tuesday

7:00-8:00 Clinical Demonstrations (HMC 2nd & 4th only)

12:00-1:00 Chairman's Rounds (D-209)

Wednesday

12:30-1:30 Lunch Conference (RR-110)

Thursday

8:00-9:00 Medicine Grand Rounds (UW Health Sciences)

9:15-10:15 Resident Teaching Conference (T-739)

11:30-12:30 General Medicine Conference (RR-110)

4:00-6:00 Neurology Grand Rounds

Friday

12:30-1:00 Interns' Report (RR-110)

Call and Weekend Responsibilities

Principle Educational Materials Used Recommended Readings

Pathologic materials

METHODS USED IN EVALUATING RESIDENT AND PROGRAM PERFORMANCE

At the end of the rotation, the resident is evaluated in writing and their performance reviewed with them verbally by every attending and fellow he or she has interacted with for a significant amount of time. The evaluator rates the resident on a nine-point scale in each component of clinical competence (i.e. patient care, medical knowledge, practice based learning improvement, interpersonal and communication skills, professionalism, system based learning, educational attitudes, leadership, overall clinical competence).

The resident is given the opportunity to evaluate in writing the quality of the curriculum and the extent to which the educational goals and objectives of the rotation have been met. The resident also evaluates the teaching competence of each attending and fellow with whom s/he has interacted for a significant amount of time.

EXPLICIT LINES OF RESPONSIBILITY FOR CARE OF PATIENTS ON THIS SERVICE

The team on each inpatient service consists of an attending neurologist, an R3 or R4 who is the chief resident, and an R2 Neurology resident. The Junior resident is directly responsible for the inpatient service and for supervising R1 residents, but the Chief resident directs the resident teaching. The intern follows his/her own patients and writes daily notes. Outpatients are seen 2-3 times per week, and usually two new patients are seen at each clinic and presented to the attending physician who then examines each patient.