

WORK-BASED ASSESSMENTS (WBA)

WBAs

8 for Neurology

1. Gather a history
2. Perform a physical examination
3. Prioritize a differential diagnosis following a clinical encounter
4. Recommend diagnostic or screening plans for common situations
5. Interpret diagnostic or screening information for common situations
6. Provide an oral presentation of a clinical encounter
7. Document a clinical encounter
8. Communicate with patients and/or families

WBA: Entrustment Scale

ENTRUSTMENT SCALE

1. “I stepped in and did it, they observed”
2. “I talked them through it”
3. “They mostly did it, I directed them from time to time”
4. “I was available just in case and I checked their work”

TYPICAL LEARNER

1. Foundations years 1 and 2. Early Patient Care Phase year 3.
2. Patient Care Phase year 3 and Explore and Focus year 4.
3. Patient Care Phase year 3 and Explore and Focus year 4. Residents.
4. Residents.

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Continuum



WBA: Gather a History

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GOAL

When you go back in the room you hear the same history. All the same key features necessary to make a diagnosis. Expect that your Hx from the pt will be a little different on minor issues rather than major.

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EXAMPLES

Student presents the CC as dizziness

-along with most characteristics. Forgets to tell you the duration, which is very helpful for the diagnosis of BPPV.
-but does not give any characteristics other than lightheaded feeling.
-along with some characteristics. Forgets to tell you the duration, triggers or frequency, and did not ask other symptoms like headache.
-along with all characteristics. You find nothing new from the patient.

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EXAMPLES

Student presents the CC as dizziness

-along with most characteristics. Forgets to tell you the duration, which is very helpful for the diagnosis of BPPV. **3**
-but does not give any characteristics other than lightheaded feeling. **1**
-along with some characteristics. Forgets to tell you the duration, triggers or frequency, and did not ask other symptoms like headache. **2**
-along with all characteristics. You find nothing new from the patient. **4**

WBA: Perform a Physical Examination

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GOAL

When you go back in the room you find the same exam. It is accurate for the major exam findings that lead to a diagnosis. Expect that your PE from the pt will be a little different on minor issues rather than major.

WBA: Perform a Physical Examination

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EXAMPLES

Student presents a patient with gait trouble

-along with asymmetric rest tremor, rigidity, masked face, poor arm swing, and dysdiadochokinesia to make the diagnosis of idiopathic PD.
-but thinks arms in posture means tremor at rest. You find an action tremor instead and foot numbness to indicate PN as cause.
-along with hyperactive reflexes, circumduction gait on the right and even spasticity. Even though you are impressed, you find asymmetric reflexes that are more on the right with an upgoing toe.
-with a normal strength and gait exam. You find significant proximal weakness, scapular winging, and Trendelenburg gait.

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-but thinks arms in posture means tremor at rest. You find an action tremor instead and foot numbness to indicate PN. **2**
-along with hyperactive reflexes, circumduction gait on the right and even spasticity. Even though you are impressed, you find asymmetric reflexes that are more on the right with an upgoing toe. **3**
-with a normal strength and gait exam. You find significant proximal weakness, scapular winging, and Trendelenburg gait. **1**

WBA: Prioritize a Differential Diagnosis Following a Clinical Encounter

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GOAL

Includes localization and differential diagnosis with clinical reasoning. Make sure they localize before listing a differential so that the differential does not include diseases that don't fit with localization. The differential should include the diagnosis you feel is correct and do-not-miss bad diseases. *Yes, there will be times when you don't know the diagnosis either.*

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EXAMPLES

Student presents a patient with numbness

-localizes to peripheral nerve and advises diabetes testing. However, the numbness is legs/abdomen/groin clearly pointing to spinal cord.
-does not localize and thinks the diagnosis is ALS.
-localizes to peripheral nerve and correctly interprets normal distal strength and intact ankle reflexes as small-fiber. Their DDx for SFN is bigger than yours.
-localizes to peripheral nerve and says ulnar neuropathy at the elbow, nTOS, or C8 radiculopathy, but does not remember that cubital tunnel syndrome does not involve the forearm.

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EXAMPLES

Student presents a patient with numbness

-localizes to peripheral nerve and advises diabetes testing. However, the numbness is legs/abdomen/groin clearly pointing to spinal cord. **2**
-does not localize and thinks the diagnosis is ALS. **1**
-localizes to peripheral nerve and correctly interprets normal distal strength and intact ankle reflexes as small-fiber. The DDx is bigger than yours. **4**
-localizes to peripheral nerve and says ulnar neuropathy at the elbow, nTOS, or C8 radiculopathy, but does not remember that cubital tunnel syndrome does not involve the forearm. **3**

WBA: Recommend Diagnostic or Screening Plans for Common Situations

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GOAL

Students should be able to recommend CT, CTA, MRI, EEG, TTE, common labs, and EMG. It is beyond this course to recommend MR spectroscopy, PET, specific genetic testing.

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EXAMPLES

Student presents a patient with acute stroke

-recommends the first tests are TTE and cholesterol.
-recommends first line CT, CTA, EKG and labs. Mentions many second line tests like TTE with bubble, cholesterol, A1c but will make the decision based on results of initial testing and type of stroke.
-recommends an ASA.
- recommends a CT, EKG and labs but does not understand the need for CTA and how it relates to thrombectomy.

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EXAMPLES

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-recommends the first tests are TTE and cholesterol. **2**
-recommends first line CT, CTA, EKG and labs. Mentions many second line tests like TTE with bubble, cholesterol, A1c but will make the decision based on results of initial testing and type of stroke. **4**
-recommends an ASA. **1**
- recommends a CT, EKG and labs but does not understand the need for CTA and how it relates to thrombectomy. **3**

WBA: Interpret Diagnostic or Screening Information for Common Situations

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GOAL

Students should be able to review the reports and correlate the findings for the patient for CT, CTA, MRI, EEG, TTE, common labs, and EMG. It is beyond this course to be able to independently interpret the films, EEG, TTE or EMG.

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EXAMPLES

Student reviews the testing report

-after they pulled up the spine MRI T2 and was able to find the L5-S1 level on sagittal and axial pointing out the S1 root compression in the lateral recess.
-and reads that the EMG shows an axonal neuropathy and suggests the pt has CIDP.
-before they pull up the MRI brain DWI pointing out the acute stroke in the left lateral thalamus.
- before they pull up the CTA and can find the carotid artery but not the cavernous stenosis.

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EXAMPLES

Student reviews the testing report

-after they pulled up the spine MRI T2 and was able to find the L5-S1 level on sagittal and axial sequences pointing out the S1 root compression in the lateral recess and correlating that clinically. **4**
-and reads that the EMG shows an axonal neuropathy and suggests the pt has CIDP. **1**
-before they pull of the MRI brain DWI pointing out the acute stroke in the left lateral thalamus and correlating that with pure sensory lacune. **3**
- before they pull up the CTA and can find the carotid artery but not the cavernous stenosis where the stenosis is. **2**

WBA: Provide an Oral Presentation of a Clinical Encounter

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GOAL

Students should be able to deliver an oral case presentation (OCP) mentioning the CC, HPI, pertinent PMH/SH/FH/meds/allergies/ROS, PE, assessment and plan. It should be fluid, non-judgmental, 5-15 minutes depending on complexity, and in a linear order. Correctness of content is less important as other WBAs cover Hx, PE, differential Dx, and diagnostic testing. Try to let the student present w/o interruption.

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EXAMPLES

Student delivers the OCP

-with many stops and starts, places much of the HPI after the assessment, and forgets the CC and PE.
-and you have no questions or comments before going to see the patient together.
-and you ask them clarifying questions in several sections.
-and you ask them clarifying questions in the assessment (one section) to help prioritize one disease over another.

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EXAMPLES

Student delivers the OCP

-with many stops and starts, places much of the HPI after the assessment, and forgets the CC and PE. **1**
-and you have no questions or comments before going to see the patient together. You wish you were so eloquent. **4**
-and you ask them clarifying questions in several sections. **2**
-and you ask them clarifying questions in the assessment (one section) to help prioritize one disease over another. **3**

WBA: Document a Clinical Encounter

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GOAL

Students should be able to write-up a clinical encounter in the electronic medical record or in a Word document. Focus on the 4 main parts of the write-up, which are HPI, PE, A, and P. Think SOAP note. You should not need to make significant corrections for content. “Significant” means an error of recording or interpretation. Do not focus on your personal style or sentence structure.

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EXAMPLES

Student writes up the clinical encounter

-and I make corrections for content in the PE only (1 of 4), but not HPI, assessment or plan.
-and I make corrections for content in all sections (4 of 4). Essentially rewriting the note.
-and I make corrections for content in 2 (or 3) of 4 sections.
-and I read it in awe. Objective, succinct, and clinical correlation is amazing. Wishing I could write as well.

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-and I make corrections for content in 2 (or 3) of 4 sections. **2**
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WBA: Communicate with Patients and/or Families

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GOAL

You should have a pre-counseling session to agree on the scope of the communication/counseling.

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EXAMPLES

During the pre-counseling session the student

-is not familiar with diagnosis and does not want to take the lead.
-is knowledgeable about the disease including cause, prognosis, and treatment without your prompting. Starts the conversation with what the patient already knows and proceeds without need for you to intervene. Empathetic.
-is knowledgeable about the disease including cause, prognosis, and treatment without your prompting. You do step in several times to discuss treatment side effects and why it is not another disease.
-you give specific directions about the meeting and help a lot in the room, but the student is taking the lead.

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-you give specific directions about the meeting and help a lot in the room, but the student is taking the lead. **2**