Clerkship Contact Information

Clerkship Director: Michael Bellew, MD Phone: 407-266-1112

E-mail: Michael.Bellew@ucf.edu

Clerkship Assistant Director: Stephen Berman, M.D. Phone: 407-266-1167

E-mail: <u>Stephen.Berman@ucf.edu</u>

Bay Pines, VA-Site Director: Alfred Frontera, MD Phone: 727-398-6661 (ext. 5587)

E-mail: <u>Alfred.Frontera2@va.gov</u>

Celia Linton
Phone: 407-303-3662
E-mail: Celia.Linton@ucf.edu

Clerkship Coordinator:

Neurology website: https://med.ucf.edu/academics/md-program/program-modules/m3-third-year-clerkships/neurology/

One Minute Preceptor

Get a commitment

Probe for supporting evidence

Teach general rules

Reinforce what was done well

Correct mistakes

Medical Knowledge

- Develop and demonstrate proficiency in evaluation the following common conditions:
 - Stroke/TIA
 - Seizure
 - Migraine
 - o Dementia
 - Neuropathy
 - Myopathy

- Motor neuron disease
- Neuromuscular disease
- o Dementia
- o Delirium
- Demyelinating disease
- Movement disorders
- Develop and demonstrate basic competencies in dealing with neurological emergencies, including:
 - Acute ischemic stroke
 - Intracranial hemorrhage
 - o Delirium
 - Status epilepticus
 - Myasthenic crisis
 - Neuromuscular respiratory failure

- Acute central nervous system infections
- Spinal cord compression
- o Increased intracranial pressure
- Acute worst headache

Patient Care

- Develop and demonstrate proficiency in eliciting historical elements of and performing examination techniques in evaluation of the following complaints:
 - Dizziness, vertigo, and syncope
 - Weakness
 - o Headache
 - Sensory loss
 - Memory loss

- Altered mental status, loss of consciousness, cognitive impairment
- Back pain
- Hyperkinesis
- Hypokinesis
- Acute muscle weakness
- Develop and demonstrate the ability to **synthesize** clinical data into a **differential diagnosis** and initial treatment plan for patients with common neurological problems.

Systems-Based Practice

 Develop and demonstrate the ability to synthesize clinical data into a differential diagnosis and initial treatment plan for patients with common neurological problems.

Practice-Based Learning and Improvement

- For patients seen in the clerkship, apply evidence based principles to compare and contrast available treatment options with regard to efficacy, risk, benefit, and cost-effectiveness.
- Through reflection upon and discussion of patients seen develop increased knowledge and understanding of neurological disease processes and their diagnosis and treatment.

Ethics and Professionalism

 Demonstrate respect, truthfulness and honesty; appropriate self-assessment; understanding patient's rights; recognizing and responding appropriately to conflicts between personal convictions and patient's choices of medical treatments; and sensitivity to cultural and ethnic diversity.

Interpersonal and Communication Skills

- Demonstrate the ability to inquire about family and support systems; understanding of cultural diversity in health care delivery; understanding of social, psychological, and economic factors in health care delivery; accurately assessment of patients' expectations and assumptions; and effective engagement of patients and families in verbal communication.
- Demonstrate the ability to give and receive handover of patient care responsibilities.

Grading Rubric

The final neurology clerkship grade will be based on the following components:

- 55% Preceptor evaluations
- 20% NBME subject exam, passing set at a 70th national percentile
 - o 70th national percentile or above is required to be eligible for an "A" in the clerkship.
- 5% Two clinician-observed history and physicals forms
- 5% H&P Write-up
- 5% Peer Feedback for H&P Write-up
- 5% OSCE
- 5% Peer assessments of contribution to group work

Didactics

A minimum number of contact experiences for specific types of patients has been determined based on published data, consensus of the UCF COM Neurology Clerkship Working Group, and local practice patterns.

Over the course of the six-week rotation students should see and examine a minimum of:

- 3 patients with a vascular disorder (e.g., TIA/stroke, intracranial hemorrhage)
- 3 patients with an episodic disorder (e.g., headache, seizure)
- 1 patient with a coma
- 2 patients with developmental or neurodegenerative disease (e.g., congenital, dementia, movement)
- 2 patients with spinal or peripheral neurologic disease (e.g., radiculopathy, neuropathy)
- 2 patients with a neoplastic, infectious, or immunologic disorder

In addition, students should see and/or assist in performance and interpretation of neurologic procedures, including a minimum of:

- 1 lumbar puncture; (LP simulation meets this requirement)
- 1 EMG/NCS study
- 1 EEG
- 1 CT
- 1 Cerebral Angiogram
- 1 MRI

Every student participates in core didactic sessions on Wednesday afternoon and are excused from clinical activities. Didactics are based on student reading schedule.

Students are required to attend all site conferences and education activities.

Sample Didactic Schedule

			Sumple	Diddelie Sched	uie		
Time	Orientation	NEUROLOGY DIDACTIC SCHEDULE BLOCK 1					
	Monday		Week 1 COM 211	Week 2 COM 211	Week 3 3-Way	Week 4 COM 211	Week 5 * COM 211*
6:00am- 7:05am	Orientation, Florida Hospital (FH) - FH Ginsburg Tower - 11th Floor Scrub and Gown	Time	Bay Pines -Bldg 1 Room B214	Bay Pines -Bldg 1 Room B214	Conference Call Bay Pines – Bldg 1 Room	*Mid-rotation feedback w/Dr. Bellew/Dr. Berman or Dr. Frontera (Bay Pines)* 3-Way	3-Way
7:15am- 9:00am	Session, FH Ginsburg Tower - 3rd Floor				B214	Conference Call	
9:00am- 10:00am	Neurosurgery Suites Hands On Neurovascular Ultrasound, GT-10	1pm- 2pm	Overview of Neuro Exam- Interactive Session (Separate- Dr. Berman with				
10am- 2:15pm	NIH Stroke Scale Inter professional Education, GT- 11th		Orlando Students and Dr. Frontera & Peter with Bay Pines Students)				
2:30pm- 3:00pm	ER Orientation/Tour with Heather RN, BSN,Clinical Stroke Specialist	2:00- 3:00 pm	Optional Lifelong learning Group Project (Drs. Berman and Bellew)	LP Simulation (Separate- Dr. Berman with Orlando Students and Drs. Frontera or Cruz with Bay Pines Students)	Optional Lifelong learning/ Group Project (Drs. Berman and Bellew)	Optional Lifelong learning Group Project (Drs. Berman and Bellew)	*1pm-3pm for Group Project Presentations
3:00pm- 3:30pm	Optional Tour of FH: The on-call rooms, Cardiovascular Ultrasound Department and Barker Conference Rooms						
		3:00- 4:00 pm	Degenerative Disease (Dr. Berman)	EEG, EMG/NCV (Dr. El-Said)			
3:30pm	FH Students scrub in surgery, angio cases, and/or round with Dr. Bellew	4:00- 5:00 pm	Eve Disorders	Seizures and	Neuro- Imaging (Dr. Shapiro)		Neuro Oncology
**Please note, all dates and times are subject to change at the			(Dr. Patel)	Sleep Disorders (Dr. El-Said)		Dizziness (Dr. Seidman)	(Dr. Avgeropoulos

discretion of the Clerkship Director

****Please note, didactic sessions occur on Wednesdays and student attendance is mandatory

Longitudinal Clerkship Curriculum

Interdisciplinary conference, every six weeks

Topics include:

- **Ethics & Humanities**
- Gender-Based Medicine
- **Medical Informatics**
- **Medical Nutrition**

Geriatrics and Principles of Palliative Care

Week 6

No Lecture-Afterno on off for Self-Study

- Culture, Health and Society
- **Patient Safety**
- **Healthcare Policy**

Policies

https://med.ucf.edu/student-affairs/gps-a-good-place-to-start/policies/

Clinical Supervision of Medical Students Policy

Levels of supervision—adapted from the ACGME classification—are defined as follows:

Direct Supervision: the supervising health care professional is physically present with the student and patient.

Indirect Supervision with direct supervision immediately available – the supervising health care professional is physically within the hospital or other site of patient care, and is immediately available to provide direct supervision.

Medical students cannot do any medical or surgical procedure without the direct supervision of the attending or supervising resident physician.

COM Student Mistreatment Definition

UCF College of Medicine has defined mistreatment as any behavior that is harmful or offensive and unreasonably interferes with a student's learning. Such behavior may be verbal (swearing, humiliation, insults), emotional (neglect, a hostile environment), and physical (threats, physical harm). Students should be aware that medical student training is a rigorous process and feedback may occasionally be uncomfortable. For example, the Socratic method is frequently utilized in medical education, to not only assess knowledge, but also to promote synthesis and application of that knowledge. In and of itself, the Socratic method does not constitute mistreatment. (However, once it is clear that a student has reached the limit of his/her knowledge, it is not appropriate to continue berating students with questions or with denigrating comments about his/her knowledge base.) Students should take this into account when assessing potential cases of mistreatment.

Report mistreatment to the Clerkship Director, Dr. Bellew.

Attendance Policy

Clerkship students cannot be excused from clinical activities by their preceptors, all absences need to be approved by the Clerkship Director through the Clerkship Coordinator's office.

Medical Care Policy

Residents cannot provide medical care to students they evaluate.

Positive Learning Environment Definition

Having a respectful, inclusive, and robust learning environment plays a critical role in developing and sustaining a professional, capable, compassionate, and diverse healthcare workforce that will meet the healthcare needs of all. - AAMC Statement on the Learning Environment

Industry relation policy

It is the intent of the COM to work collaboratively with Industry partners that share a heightened commitment to maintaining the highest ethical standards. All COM relationships and interactions with Industry will be structured, managed, and monitored to assure adherence to such ethical standards. Individual and institutional decisions, actions, and relationships must be free from even the appearance of bias relating to vendor/Industry relationships. Clinical judgments, business agreements, education, and research activities must not be impacted by undue influence resulting from financial relationships with, or gifts provided by, Industry. All collaborations and financial relationships with Industry must be based on the goals of advancing science, education, and clinical care consistent with the COM mission and values

• COM Personnel shall not accept or use personal gifts (including food) from representatives of Industry, regardless of the nature or dollar value of the gift.

Please visit the link to review the complete policy: https://med.ucf.edu/media/2012/05/UCF-COM-Industry-Relations-policy-and-Guidelines-12-2014.pdf

Clinical Duty Hours Policy

Duty hours are defined as all clinical and academic activities related to the education of the medical student, i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as didactic sessions, grand rounds and conferences. Duty hours do not include reading and preparation time spent away from the duty site.

a. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

Please visit the link to review the complete policy: https://med.ucf.edu/media/2012/08/Duty-Hours-Policy1.pdf

FERPA Reference Sheet for Faculty

FERPA, the Family Educational Rights and Privacy Act of 1974, as Amended, protects the privacy of student educational records. It gives students the right to review their educational records, the right to request amendment to records they believe to be inaccurate, and the right to limit disclosure from those records. An institution's failure to comply with FERPA could result in the withdrawal of federal funds by the Department of Education.

Please visit the link to review the complete policy: http://registrar.ucf.edu/docs/ferpa reference sheet faculty.pdf

Benefits for Preceptors

Volunteer and affiliated faculty members are entitled to the following privileges and benefits offered by the University of Central Florida:

- The privilege to be designated as UCF faculty
- The right to participate in departmental and college-wide academic activities
- Access to Harriet F. Ginsburg Health Sciences Library and UCF Libraries services and resources when working with students
- Discounts on all purchases other than textbooks at the Barnes and Noble bookstore located on the UCF main campus
- Discounts on purchases from the UCF Computer Store
- Access to faculty development opportunities

AMA PRA Category 1 Credit, available to preceptors:

• UCF COM Faculty Development Clinical Teaching modules, https://med.ucf.edu/faculty-and-academic-affairs/faculty-development/teaching-resources-2/clinical-teaching-2/

Expectations for Preceptors

- Direct observation of basic skills
- Advise Learners on complex patient care scenarios
- Teaching and guidance
- Constructive feedback
- If requested, written assessment of student performance following the completion of the rotation. If you did not a receive an evaluation form for a student that you would like to evaluate, please contact the Clerkship Coordinator for one. These evaluations make up 55% of the student's final grade for the Clerkship.

Motivational Strategies for Learners

Motivation determines the *direction*, *intensity* and *persistence* of effort.

Extrinsic vs. Intrinsic motivation

Intrinsic motivation strategies in the clinical setting

- Facilitate experiences that are relevant to their future career goals or personal learning objectives
- Provide experiences that challenge the learner
- Identify opportunities for learners to work autonomously
- Communicate to the learner their role on the healthcare team

Orsini, C., Evans, P., & Jerez, O. (2015). How to Encourage Intrinsic Motivation in the Clinical Teaching Environment?: A systematic review from the self-determination theory. *Journal of Educational Evaluation for Health Professions*, 12, 8. http://doi.org/10.3352/jeehp.2015.12.8