

## University of Kentucky Department of Neurology

### Inpatient Stroke Service

#### Introduction

The neurology resident on the stroke service is the primary manager of patient care and is the leader of the medicine intern and medical students on the service in this effort. The neurology resident is under the direct guidance of the Stroke Attending. In instances when there is both an adult neurology resident and a pediatric neurology resident on the stroke service, the two neurology residents should consider themselves to be co-leaders of the team, and should divide the responsibilities of the team. The exception would be in regards to general medical care of adult patients in which the adult neurology resident should take the lead. Although beginning the HO-2 year with only limited neurological knowledge, the neurology resident on the stroke service will dramatically expand his knowledge base and patient management skills during this rotation.

#### PRINCIPLE EDUCATIONAL GOALS GROUPED BY COMPETENCY

##### **I. PATIENT CARE**

1. Interview patients more skillfully.
2. Examine patients more skillfully.
3. Become competent performing the NIH Stroke Scale.
4. Improve neurological localization skills.
5. Accurately diagnose clinical stroke syndromes and stroke mimics.
6. Effectively manage the acute stroke patient.
7. Define and prioritize patients' neurological and medical problems
8. Appropriately select and interpret pertinent laboratory and imaging studies.
9. Effectively implement long-term medical care of the stroke patient
10. Improve clinical ability to anticipate, prevent and treat both medical and neurological complications
11. Improve efficiency of care in the hospital setting.
12. Improve understanding of ethical issues regarding end of life care and palliative care issues.

##### **II. MEDICAL KNOWLEDGE**

1. Improve basic neurological knowledge base.
2. Expand clinical knowledge base regarding the basic pathophysiology of ischemic stroke and the relevant basic science concepts of vascular anatomy, thrombosis, thromboembolism and atherosclerosis.
3. Expand clinical knowledge base of common stroke syndromes and be familiar with categorization of ischemic stroke mechanism/etiologies
4. Expand knowledge of primary and secondary stroke prevention strategies

5. Access and critically evaluate current medical information and scientific evidence relevant to patient care.

### **III. PRACTICE-BASED LEARNING AND IMPROVEMENT**

1. Identify and acknowledge gaps in personal knowledge and skills in the care of hospitalized stroke patients.
2. Develop and implement strategies for filling in gaps in knowledge and skills.

### **IV. INTERPERSONAL SKILLS AND COMMUNICATION**

1. Communicate effectively with patients and families
2. Communicate effectively with physician colleagues at all levels.
3. Communicate effectively with all non-physician members of the health care team to assure comprehensive and timely care of hospitalized patients.
4. Present patient information concisely and clearly, verbally and in writing.
5. Teach colleagues and medical students effectively.

### **V. PROFESSIONALISM**

1. Demonstrate respect, compassion and integrity when dealing with patients and families.
2. Demonstrate sensitivity and respect for patients' age, culture, race, gender and religious beliefs.
3. Demonstrate a commitment to ethical principles of providing or withholding care, patient confidentiality and informed consent, and business practices.
4. Demonstrate a commitment to carrying out professional duties including punctuality, reliability, chart maintenance and independent learning and professional development.
5. Demonstrate professional respects for superiors, colleagues, students and all members of the health care team.

### **VI. SYSTEMS-BASED PRACTICE**

1. Understand and utilize the multidisciplinary resources necessary to care optimally for hospitalized stroke patients.
2. Collaborate with other members of the health care team to assure comprehensive patient care.
3. Use evidence-based, cost-conscious strategies in the care of hospitalized patients.
4. Understand the long-term consequences of patient care in relation to the individual's socioeconomic status.

## Duties

1. The HO is directly involved in the management of all patients on the stroke service. This includes:
  - a. interviewing and examining every new admission
  - b. composing an abbreviated admission/accept note on every patient; an NIH Stroke scale score must be documented for each stroke patient.
  - c. reviewing/guiding and teaching interns in their performance of a complete and accurate admission history and physical on every patient
  - d. the adult neurology resident should help the attending physician in guiding and teaching the pediatric neurology resident about general medical care of the adult patient
  - e. leading work rounds with the intern and students
  - f. assuring that the team is prepared for daily rounds with the attending
  - g. assure that appropriate stroke patients are on the mild or moderate caremap
2. The HO must write a thorough progress note on every patient for whom the intern has not done so. All notes should be in "SOAP"-note format. Patients with a medical student note must also have an intern or resident note *in addition to* the student note. The resident should read all student progress notes and correct/amend and sign them if the intern has not done so already.
3. The HO may see stroke consults in the ED during daytime work hours at the direction of the senior resident on the consult team. Patients admitted through the ED by the consult team during daytime hours should be seen if possible by the stroke service HO-2 on the day of admission to facilitate efficiency of care and workup.
4. By the nature of the disease process, the stroke service is diagnostic testing-intensive. The HO is responsible for facilitating the timely and efficient performance of all tests and ensuring that all tests ordered are actually scheduled.
5. The evaluation of an acute stroke patient for potential lytic or neuroprotective therapy is a medical emergency and takes precedence over *ALL OTHER* stroke service duties. The stroke neurology resident is expected to attend and participate in the evaluation of all patients who are being considered for acute stroke therapy. The only exception to this is if the resident is managing a concurrent medical emergency of another patient. A patient who has received thrombolytic therapy at another institution and transferred to UKMC should be evaluated immediately upon arrival by the stroke neurology resident.
6. The HO should personally review all CT and MRI scans of patients admitted to the stroke service. All diagnostic testing results should be personally reviewed by the HO. Time permitting, the HO should also be exposed to the basics of neuro-ultrasound reading and interpretation and should attempt to review ultrasound cases of his patients.

7. The HO is the primary teacher for the intern and students.
  
8. When the general neurology ward resident leaves the hospital early post-call as per the duty hours rules, then the stroke resident becomes responsible for helping the intern on the general neurology service if needed and is also responsible for seeing direct admissions to the general neurology team in addition to his own team.