Overall Program Goals

1. To prepare the physician for the independent practice of clinical neurology by providing training based on supervised clinical work with increasing responsibility for outpatients and inpatients.

2. To provide a foundation of organized instruction in the basic neurosciences.

3. To provide an opportunity to develop and maintain an investigative career in the basic neurosciences and in clinical neurology.

4. To gain an appreciation for the history of neurology and the rich traditions of our specialty.

5. To develop the many personal attributes necessary for becoming an effective physician, including honesty, compassion, reliability, and effective communication skills.

Goals for the First Year (PGY-2)

1. To learn how to obtain an accurate neurologic history and to perform and interpret a neurological examination.

2. To learn the appropriate indications for ordering laboratory studies in neurology: EEG, EMG, nerve conduction studies, evoked potentials, lumbar puncture, CT and MR imaging of the brain and spinal cord.

3. To learn how to evaluate and treat common neurological problems:
   - **Neurological Emergencies**: Coma and mental status changes, stroke, seizures.
   - **Common outpatient neurological problems**: Headache, dizziness, back and neck pain, peripheral neuropathies.

4. To develop and improve written and oral communication skills.

Goals for the Second Year (PGY-3)

1. To learn how to diagnose, evaluate and treat multiple sclerosis, Parkinson's disease and other movement disorders, neuromuscular diseases, dementia, central nervous system infections, and tumors of the nervous system.

2. To perfect the resident’s history-taking skills and neurologic exam in infants and children.
3. To learn the interrelationship of abnormalities of the nervous system with normal growth and development of the nervous system.

4. To provide the resident with an exposure to and a forum for discussion of a wide variety of neurologic problems in adults and pediatric patients.

**Goals for the Third Year (PGY-4)**

1. To become independent in the evaluation and management of patients presenting with a wide variety of inpatient and outpatient neurological disorders.

2. To gain experience in performing and interpreting EMG’s, Nerve Conduction Studies, EEG’s and evoked potential testing. Expertise in these fields is highly desirable, and depending on individual resident educational goals independence in performing and interpreting these studies is possible.

3. To gain experience supervising junior residents on the inpatient neurology services at Strong Memorial Hospital.

4. To improve the resident’s teaching skills by participating as an instructor in the Medical Student 3rd year clerkship didactic course.

5. Depending on individual resident educational goals, this is the level at which scholarship is expected. This may include written case reports or reviews submitted for publication, book chapters, or independent research projects.

**OVERALL PROGRAM GOALS EMPHASIZING THE SIX CORE COMPETENCIES**

**CORE COMPETENCIES** – In accordance to Accreditation Council for Graduate Medical Education (ACGME), the six core competencies of patient care, medical knowledge, interpersonal and communication skills, practice-based learning, professionalism, and system-based practice will be the focus of all educational and assessment activities directed to the residents.

1. **Patient care**: This competency is essentially covered continuously on all clinical services, didactic sessions and conferences, journal club and morbidity/mortality conference. Goals and objectives for various rotations are developed and provided to the residents. Their performance is regularly assessed using close faculty observation on clinical services, monthly faculty evaluation forms, and yearly in-service examination and observed/graded Clinical Examinations in Neurology.. (Gather data; order diagnostic tests, interpret data, make decisions, perform procedures appropriate for adult and child neurology, manage patient therapies, work with others to provide patient-focused care)

2. **Medical Knowledge**: Again, this competency is acquired on all clinical services as well as all didactic sessions and conferences. The assessment process is similar to those mentioned above; ie., close faculty observation on clinical services, monthly faculty evaluation forms, and yearly in-service examination and
mock oral boards. (Have an appropriate fund of medical knowledge and actively use that knowledge to solve medical problems)

3. **Interpersonal and communication skills**: This is mainly provided by role modeling of senior residents and faculty members on clinical services. Training on basic cultural awareness is given on an individual basis. We have also incorporated lectures on effective techniques for history taking/physical examination. Residents are assessed by monthly faculty evaluation forms, review of dictated notes, and observed/graded Clinical Examinations in Neurology. (Develop a therapeutic relationship with patients and their families, use verbal and non-verbal skills to communicate effectively with patients and their families, work effectively as a team member or leader)

4. **Professionalism**: This is also provided by role modeling of senior residents and faculty as well as departmental and institutional lectures. Residents are evaluated by faculty on a monthly basis as well as observed/graded Clinical Examinations in Neurology. (Demonstrate integrity and honesty, accept responsibility, act in the best interest of the patient, demonstrate sensitivity to patients’ and families’ ethnicity, age and disabilities)

5. **Practice based learning**: There are many opportunities for residents to acquire this competency: journal club, morbidity and mortality conference, Chairman’s Rounds (a case from resident’s ward service or clinic is presented to the chairman and the diagnosis/management is discussed and critiqued at length), Practice Guidelines (guidelines published by the American Academy of Neurology based on review of the available literature. These are reviewed regularly at the residents’ didactic sessions. During residency, house officers will learn to analyze practice performance and carry out needed improvements, locate and apply scientific evidence to the care of patients, critically appraise the scientific literature, and use electronic media to support learning and patient care as well as facilitate the learning of other health care professionals.

6. **System Based Practice**: We have incorporated lectures on coding issues, health care organizations, and use of ancillary services such as occupational/physical therapy into the didactic session. This area is also covered at the time of orientation by the clinic staff. The residents also learn about other systems of practice through their rotations at the Lexington VAMC. Use of Practice Guidelines provides another opportunity for residents to become familiar with different available services. Residents are assessed by monthly faculty evaluation forms. We are in the process of implementing a web-based 360 degree evaluation to be completed by clinic staff, nurses, etc. (Demonstrate awareness of interdependencies in the health care system that affect quality of care, provide cost-effective care, advocate for quality patient care, and work with hospital managers and interdisciplinary teams to improve patient care.)