University of Kentucky Department of Neurology
Float Rotation

Introduction
The neurology float resident in this position is the primary manager of consults and works to support the neurology residents on the general and stroke services in the care of their patients. In instances when the on-service general and stroke residents are rounding, the float will assist with new consults and admissions. After the rounds are completed, the float resident will continue to assist with consults and admissions, as well as perform procedures, such as lumbar punctures. Though beginning the year as a neurological novice, the float resident will dramatically expand his neurological base of knowledge while assisting on these services. This rotation is assigned to PGY-2, PGY-3, and PGY-4 residents. In addition to the objectives listed below, the resident will gain skills in assessing, formulating a plan, and managing these patients.

PRINCIPLE EDUCATIONAL GOALS GROUPED BY COMPETENCY

I. PATIENT CARE
1. Interview patients more skillfully.
2. Examine patients more skillfully.
3. Improve neurological localization skills.
4. Accurately diagnose neurological disorders requiring inpatient admission.
5. Effectively manage the patient with acute neurological illness including appropriate drug therapy and non-pharmacological treatments and therapies.
6. Define and prioritize patients’ neurological and medical problems.
7. Appropriately select and interpret pertinent laboratory and imaging studies.
8. Improve lumbar puncture skills.
10. Improve efficiency of care in the hospital setting.

II. MEDICAL KNOWLEDGE
1. Improve basic neurological knowledge base.
2. Expand clinical knowledge base regarding common neurological problems requiring inpatient admission. This includes but is not limited to ischemic and hemorrhagic stroke, TIA, vasculitis, subarachnoid hemorrhage, encephalopathy, AIDP, myasthenic crisis, multiple sclerosis exacerbation, acute seizures and status epilepticus, status migrainosus, meningitis/encephalitis.
3. Improve understanding of evaluation and diagnostic testing for common neurological illnesses.
4. Expand knowledge of potential interventions to anticipate and prevent future complications relative to the patient's illness.
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 patients with neurological illness.
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 patients with neurological illness.
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 involved in the triage, assessment, and management of patients for which consultation is requested by other services, as well as patients directly admitted to the hospital. This includes
   a. interviewing and examining new admissions.
   b. composing an abbreviated admission or consultation note on every patient that they evaluate.
   c. reviewing, guiding and teaching the interns or accepting resident of the patient's admission history and physical.
   d. consulting with the attending physician of either the stroke or neurology service on each patient they are asked to evaluate or give recommendations.
5. When the stroke neurology ward resident leaves the hospital early post-call as per the duty hours rules, then the float resident becomes responsible for helping the intern on the general or stroke neurology service if needed.
6. The float neurology resident may be called to see a patient in the ED by the senior resident on the consult, general neurology, or stroke team according to circumstances and relative work loads.

Note: A significant portion of your time during residency training will be spent managing the care of neurologically ill patients on the in-patient ward service (including patients in the Intensive Care Unit) either at the University of Kentucky Medical Center or the Lexington VA. This is a busy, yet exciting time in your training, as you will be exposed to a broad spectrum of disease processes. Like the study of any medical discipline, you will see more of some diseases than others (common things being common). While this has the distinct advantage of allowing you to become proficient in the care of patients with these disorders, one runs the risk of breezing over important information and missing details that could ultimately prove critical to patient diagnosis and care. It is thus our expectation that each and every one of you take an extensive, detailed history and perform a thorough, directed examination for every patient you see, even if it is thought to be a benign symptom for which the consult or direct admission was warranted. Particular importance should also be paid to information that can be found in the hospital chart or outside records. Pertinent information from these sources should be included in the history as deemed appropriate. This may take a bit more time, but it is essential if we, as a team, are to provide the best patient care possible.