

## **Neurology Rotation.**

### **Description.**

This is a mandatory 4 week experience at Ochsner LSU Monroe Medical Center for PGY2 residents. Dr. Cresha Davis is the attending physician and will determine expectations for attendance in clinics, and will assign appropriate reading assignments and other scholarly activity.

There is no night call or weekend duties associated with this rotation (although at times residents on this rotation may be required to cover the inpatient FM or Peds services).

Residents will maintain their FMC Continuity Clinic 2 half-days per week during this rotation. The resident will be responsible for informing Dr. Davis in advance of their FM clinic schedule for the rotation. Residents on this rotation will also be excused for mandatory Didactics on Fridays from 12:30-3:30.

1/11/22.

Teri B. O'Neal, MD

### **Neurology Goals and Objectives**

Neurological problems are estimated to comprise 10 to 15 percent of a family physician's workload. History taking in neurology and performance of a comprehensive neurological examination are essential skills for all family physicians. Emphasis on good diagnostic and therapeutic skills and the appropriate consideration of bio-psychosocial and cultural factors must be included in the curriculum.

#### **Goals/Objectives:**

#### **Demonstrate knowledge/understanding/management of -**

#### **1) Neurologic anatomy and physiology**

- a) Demonstrate performance and documentation of the neurologic exam
- b) Describe basic principles of electromyography and nerve conduction velocity studies
- c) Describe basic principles of electroencephalography
- d) Describe basic principles of polysomnography
- e) Describe basic principles of lumbar puncture

#### **2) Common pathologic neurologic conditions encountered by Family Physicians**

- a) Cerebrovascular disease - discuss acute and chronic care for:
  - i) Cerebrovascular accidents (hemorrhagic and non-hemorrhagic)
  - ii) Transient ischemic attacks
- b) Headaches - describe common characteristics and management of:
  - (1) Migraine
  - (2) Tension Type
  - (3) Cluster
- c) Sleep apnea, central vs peripheral - describe the differences and management approach.
- d) Seizure disorders

- i) Gain knowledge of different seizure types and provide a description – focal, generalized, tonic, tonic-clonic
  - ii) Demonstrate knowledge of diagnostic modalities available (EEG, video EEG)
  - iii) Understand basic acute and chronic treatment modalities for seizures and the role Family Physicians play in seizure management
  - e) Movement disorders (as permitted by clinical exposure) – demonstrate basic knowledge including providing a description, the basic diagnostic approach, and initial management of:
    - i) Parkinson’s disease
    - ii) Restless legs syndrome
    - iii) Tremors
    - iv) Tics
    - v) Dystonia
    - vi) Chorea
  - f) Multiple sclerosis demonstrate basic knowledge including providing a description, the basic diagnostic approach, and initial management
- 3) Demonstrate knowledge of bio-psychosocial, cultural, and familial factors in the setting of chronic neurologic disease**
- a) Describe the effects of chronic disease on the individual
  - b) Describe the effects of chronic disease on the individual’s family
  - c) Describe the effects of chronic disease on the community
- 4) Demonstrate an understanding of the professional relationship between Family Physicians and Neurology Specialists**
- a) Describe the importance of a detailed history in neurologic disorders
  - b) Describe information important to include for referral to a Neurologic Specialist

**Expect rotation reading assignments to be provided by the attending physician.**

Updated 04-25-2021 by Euil E. Luther, MD  
Reviewed 4/14/22. Teri B. O’Neal MD