Neurology Ward
GOALS AND OBJECTIVES

Rotation Goals

The Neurology Ward Rotation is designed to provide residents with foundational skills in the assessment and management of hospitalized patients with common and complex neurologic conditions. Working as part of the inpatient neurology team, residents gain hands-on experience with presentations such as seizures, headache, delirium, neurodegenerative disease, and central nervous system infections. The rotation emphasizes the development of systematic neurologic history-taking and examination skills, formulation of differential diagnoses, initiation of investigations, and early management planning under close supervision. Residents also learn to recognize neurologic emergencies, participate in interdisciplinary rounds, and contribute to discharge planning and transitions of care. Through these experiences, residents strengthen their ability to communicate effectively with patients, families, and interprofessional team members while deepening their understanding of neurologic disease mechanisms and management principles. By the end of the rotation, residents are expected to demonstrate competence in the supervised care of general neurology inpatients.

Entrustable Professional Activities

TRANSITION TO DISCIPLINE

D1 Performing histories and physical exams, documenting and presenting findings, across clinical settings for initial and subsequent care

D2 Identifying and assessing unstable patients, providing initial management, and obtaining help

D3 Performing the basic procedures of internal medicine

FOUNDATIONS OF DISCIPLINE

F1 Assessing, diagnosing, and initiating management for patients with common acute medical presentations in acute care settings

F2 Managing patients admitted to acute care settings with common medical problems and advancing their care plans

F3 Consulting specialists and other health professionals, synthesizing recommendations, and integrating these into the care plan

F4 Formulating, communicating, and implementing discharge plans for patients with common medical conditions from acute care settings

F5 Assessing and providing targeted treatment for unstable patients and consulting as needed

F6 Discussing and establishing patients' goals of care

F7 Identifying personal learning needs while caring for patients and addressing those needs

F8 Providing and receiving handover in transitions of care

Clinical Presentations and Diagnoses

In alignment with the *Royal College Internal Medicine Competencies*, residents are expected to encounter and manage the following Medical Expert topics on this rotation:

Residents will be expected to cover the following patient presentations during this rotation with the goal of competently assessing and managing the following:

- Seizures
- Neurologic deficits – sensory, motor, visual, language (acute and chronic)
- Gait instability, dizziness & vertigo
- Tremor
- Headache
- Infection of the central nervous system

Residents will be expected to cover the following diagnoses during this rotation with the goal of competently assessing and managing the following:

- Neurodegenerative disease (Parkinson's, Parkinson-plus, ALS, dementia syndromes)
- Seizure disorder
- Migraine / headache disorder
- Peripheral neuropathy
- Neuromuscular junction disorders
- Demyelinating disease
- Functional neurologic disorders
- Brain or spinal cord mass lesions

Objectives (by Stage of Training)

The specific objectives for this rotation align with the CanMEDS Competencies and Milestones as outlined in the *Royal College 2023 Entrustable Professional Activities for Internal Medicine document (Version 3.0, 2023)* and the *Royal College Internal Medicine Competencies (Version 1.0, 2018)*. Objectives are structured to ensure progressive acquisition of competence across stages.

Transition to Discipline

Medical Expert

1. Perform appropriately timed clinical assessments with recommendations that are presented in an organized manner (ME1.4)
2. Prioritize issues to be addressed in a patient encounter (ME2.1)

3. Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results for the purpose of diagnosis and management, disease prevention, and health promotion (ME2.2)
4. Plan and perform procedures and therapies for the purpose of assessment and/or management (ME3)
5. Implement a patient-centred care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation (ME4.1)

Communicator

1. Establish professional therapeutic relationships with patients and their families (CM1)
2. Share health care information and plans with patients and their families (CM3)
3. Share information and explanations that are clear, accurate, and timely, while checking for patient and family understanding (CM3.1)
4. Document clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements (CM5.1)

Collaborator

1. Demonstrate safe handover of care, using both verbal and written communication, during a patient transition to a different health care professional, setting, or stage of care (CL 3.2)

Foundations of Discipline

Medical Expert

1. Perform appropriately timed clinical assessments with recommendations that are presented in an organized manner (ME1.4)
2. Recognize and respond to the complexity, uncertainty, and ambiguity inherent in medical practice (ME1.6)
3. Establish goals of care in collaboration with patients and their families, which may include slowing disease progression, treating symptoms, achieving cure, improving function, and palliation (ME2.3)
4. Implement a patient-centered care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation (ME4.1)
5. Adopt strategies that promote patient safety and address human and system factors (ME5.2)

Communicator

1. Establish professional therapeutic relationships with patients and their families (CM1)
2. Elicit and synthesize accurate and relevant information, incorporating the perspectives of patients and their families (CM2)
3. Share health care information and plans with patients and their families (CM3)
4. Engage patients and their families in developing plans that reflect the patient's health care needs and goals (CM4)
5. Document and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy (CM5)

Collaborator

1. Work effectively with physicians and other colleagues in the health care professions (CL 1)
2. Engage in respectful shared decision-making with physicians and other colleagues in the health care professions (CL 1.3)
3. Demonstrate safe handover of care, using both verbal and written communication, during a patient transition to a different health care professional, setting, or stage of care (CL 3.2)

Health Advocate

1. Respond to an individual patient's health needs by advocating with the patient within and beyond the clinical environment (HA 1)
2. Incorporate disease prevention, health promotion, and health surveillance into interactions with individual patients (HA 1.3)

Scholar

1. Develop, implement, monitor, and revise a personal learning plan to enhance professional practice (SC 1.1)
2. Integrate best available evidence into practice (SC 3)

Professional

1. Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards (PR 1)
2. Demonstrate a commitment to society by recognizing and responding to societal expectations in health care (PR 2)
3. Fulfill and adhere to the professional and ethical codes, standards of practice, and laws governing practice (PR 3.1)

Core of Discipline

N/A – residents in COD do not participate in this rotation.

Transition to Practice

N/A – residents in TTD do not participate in this rotation.