Clinical Encounter Requirements for the HMS Neurology Clerkship

In June, 2007, the LCME amended its standards for all clinical clerkships and now requires that:

*a system be established to specify the types of patients or clinical conditions that students must encounter and to monitor and verify the students' experiences with patients so as to remedy any identified gaps. The system, whether managed at the individual clerkship level or centrally, must ensure that all students have the required experiences. For example, if a student does not encounter patients with a particular clinical condition (e.g. because it is seasonal), the student should be able to remedy the gap by a simulated experience (such as standardized patient experiences, online or paper cases, etc.), or in another clerkship.*

The HMS Neurology Clerkship Committee has responded to this new requirement by drawing upon the standardized expectations of the clerkship case encounters articulated in the HMS Neurology Clerkship Goals and Objectives and the Neurology Core Curriculum Guidelines endorsed by the American Academy of Neurology, the Association of University Professors of Neurology, and the American Neurological Association. However, the emphasis of the neurology clerkship is placed on the systematic evaluation and differential diagnosis of neurologic complaints, localization, and performing a competent neurologic examination.

**Guidelines for Case Encounters:** As a requirement of the HMS Neurology Clerkship, each student must fully evaluate*, as a minimum, one patient with each of the chief complaints listed below. The student must elicit the history, perform a physical examination, formulate a differential diagnosis, assessment, and treatment plan and communicate this information in an oral and/or written presentation. The student will choose the primary chief complaint and only one patient may fulfill each requirement, although it is recognized that a patient may have more than one chief complaint.

1. One patient with a **change in mental status.** Examples include: toxic-metabolic encephalopathy, dementia, coma, change in mental status to head injury, stroke or brain tumor.

2. One patient with a **change in vision.** Examples include: blurred vision, double vision, or loss of vision due or potentially due to a neurologic condition.

3. One patient with a **chief complaint of headache or neurogenic pain.** Examples include migraine, tension headache, rebound headache, secondary headaches or back pain and neuropathic pain.

4. One patient with a **change in sensation.** Examples include: dizziness, peripheral neuropathy, radiculopathy, spinal cord or brain disorder.

5. One patient with a **change in strength or movement.** Examples include: tremor, parkinsonism, dyskinesias, weakness, and ataxia.
*Criteria for Case Encounters:* Consistent with guidance from the LCME, the HMS Neurology Committee recognizes that some of these cases may not involve patients a student has admitted or worked with first-hand but may include also cases that have been discussed in detail in Rounds and Case Conferences in which the student has participated, standardized patients or patient simulations with which the student has interacted, or virtual cases that have been presented to the student on paper or on-line in interactive or other web-based formats. The consistent expectation is that in each instance, a student will be considered to have fulfilled the requirement for having encountered a case when the context involved opportunity for substantive educational experience supervised by teaching faculty.

**Observed neurologic examination:** Each student will demonstrate competence on all major components of the neurologic examination. The components may be demonstrated on one patient or on several and will be observed by a neurologist (neurology resident or attending).

**Tracking:** The HMS Neurology Clerkship Committee recommends that students use the attached form as a tracking mechanism. Students should ask their preceptor or other clerkship leader to confirm completion of a case requirement with their signature and should submit a completed form to their Clerkship Directors by the end of the rotation. This form will allow Neurology Clerkship Directors to assess how well the Clerkship is providing the resources needed for each student to fulfill the required clinical encounters.