**Expectations for PGY-1 Pediatric Residents on Neurology**

**1. As an intern, you are the primary physician responsible for each patient. Take ownership of your patients, regardless of if you are night-float, daytime, or covering patients. Their well being is completely dependent on you and you should take this responsibility and privilege seriously.**

2. Perform a complete neurologic exam on every patient you are responsible for every day before rounds, regardless of medical students that may be following your patient.

a. If possible, see patients in the ED and complete the initial H+P.

b. Complete daily progress notes, including daily neurologic exam to ensure consistency in exam, or confirm changes.

i. For billing purposes, all history and physicals notes must include the following:

a. Chief complaint

b. History of present illness with at least 4 factors

c. Birth, Developmental, Past Medical, Medications, Allergies, Family History, and Social History

d. 10 point review of systems

e. 18 point exam

f. Assessment and planning

ii. For billing purposes, notes must include the following on a daily basis:

a. Overnight issues with at least 4 components

b. 2+ point review of systems

c. 12 point exam

d. Assessment and planning

c. If a medical student is following your patient, you must confirm their exam findings every day, listen to their presentation on rounds and add any pertinent details once they are done on rounds speaking, ensure accuracy of all notes they write and correct them as necessary, give feedback to students.

i. Be sure to add your name and pager number to medical students notes.

d. If there is no medical student following your patient, you are expected to present patients on morning rounds each day in a concise format, including pertinent changes or events in the prior 24hrs, pertinent exam findings, test results, assessment, and plan for the day.

i. When presenting make the story interesting by explaining the reason for admission with all pertinent details in order to convince the team of what you think actually occurred.

a. Typically, your HPI should take up 75% of presentation

b. Be specific about the details of the event

i. what led up to the event (aura)

ii. what happened during the event (ictus), including eye position, arms, and legs

iii. what occurred after the event (postictal)

ii. Please state all home medications (mg/kg/day) and allergies

iii. You may decide to only tell pertinent birth, developmental, past medical, family, and social history

iv. Present weight and **head circumference** on all pts, and a very focused general exam, if necessary, and pertinent neurologic exam findings

v. Create a reasonable differential diagnosis (top 3) and have a plan.

vi. Before leaving every patient room, discuss an emergency plan for acute events, primarily seizure, along with the criteria for administering such (ie, ativan 1mg, which is 0.1mg/kg, for seizure longer than 5 mins)

i. Ativan maximum dose 2mg, regardless of weight

e. Complete a discharge summary for the patient, summarizing their hospital course in as few as one and as many as four sentences. Be sure to record pending lab results, pertinent test results (including MRI, EEG, and labs including LP, but not to include routine lab results).

i. Discharge summary should include patient’s weight, medication and form, concentration, and instructions for families in ml rather than mg. Any titration schedule should be explicitly written out.

ii. Prescriptions should be given to families prior to discharge date when possible to ensure their ability to fill it and answer any possible questions.

f. Schedule Neurology follow-up (typically at 4-6 weeks but can confirm on rounds) prior to discharge. Appointments should be made ahead of time for patients expected to be discharged over the weekend.

g. Note: You must forward all H+P’s and discharge notes to the fellow for review. Please review all prescriptions with the PGY-3 as well before giving to nursing or families.

h. Before rounds arrange for language interpretation services for any non English speaking families.

i. Perform accurate and complete sign out to each team member that will be taking over for your patient each day, and receive similar sign out when back in the hospital.

j. Complete entry of orders discussed on rounds in a timely manner, prioritizing urgent care issues and discharges.

k. Follow up on all consults, test results, and other patient issues and discuss results with senior resident, fellow, or attending concerning plan of action.

i. Follow up any testing that is pending upon discharge through use of a log book. Be sure all tests that are pending on hospital discharge are clearly listed on the discharge summary to allow for outpatient physicians to be aware of them and follow.

l. Inform primary care physician of patient’s status and diagnosis on admission and discharge, along with ensuring office follow up at an appropriate time interval.

m. You are responsible for performing lumbar punctures on your patient when necessary. You should coordinate anesthesia when necessary, and expect the PGY-3 resident to guide you through the procedure. Fellows are available for additional help when both PGY-1 and PGY-3 were unable to obtain CSF despite reasonable attempts.

3. Attend your regularly scheduled conferences along with required neurology didactics, including daily lectures in the neurology team room on Monday and Tuesday at 830am, and Sunrise Lectures on Thursdays at 7am in the neurology library on the 4th floor West Wing.

4. Familiarize yourself with resident goals and objectives for neurology, distributed prior to the rotation.

5. Plan to be the primary contact for your patients from nursing, social work, diagnostic services, etc. **If you can answer concerns yourself please do so, as a primary goal of residency is to become an independent physician.** If you have questions about a particular issue, please follow the appropriate chain of command, starting with PGY-3 residents or neurology fellows, based on the nature of the question. If you are dissatisfied with the response, please escalate to the attending.

6. Don't accept any admissions an attending or fellow has not told you about.

7. Pick 2 goals for month and achieve them – lumbar puncture, fundoscopic exam, DTR’s, interpretation of MRI/CT.

8. ASCOM phones are the enemy to education. During rounds, if your phone rings while rounding on your patient, hand the phone off. Similarly, do not make calls during rounds in the patient room. Disrupting rounds with constant calls disrupts your education and patient safety significantly.

9. You are responsible for performing lumbar punctures on your patient when necessary. You should coordinate anesthesia when necessary, print out lab slips and obtain tray and needles, expect the PGY-3 resident to guide you through the procedure, and then you should ensure the CSF is delivered to the lab (inform PGY-3 and fellow when it has been delivered).