

Department of Neurology and Neurosurgery Clinical and Clinical Research
Fellowship Application Form

Type of Fellowship: Advanced General Neurology

Name of the Fellowship (Co-) Supervisors: Liam Durcan and Stuart Lubarsky

Fellowship Information:

- Number of fellowship positions requested: 1 per year
- Name of hospitals involved in training
 - % time spent by the fellow in each institution: 70% MNH/RVH 30% MGH
- Description of Fellowship

This one-year program is designed for advanced training in general neurology to meet the needs of applicants who will be expected to care for patients with complex neurological problems seen in academic tertiary care medical centers.

- Research activity and publications related to fellowship (may append supervisor's cv): please see attached
- Mission statement for fellowship: The program is designed allow refinement of examination and history taking technique, to develop diagnostic and management expertise in the in-patient and out-patient setting, with particular emphasis on patients with neurological complications of medical illnesses. The program will emphasize development of clinical teaching skills, graduated responsibility, and allow for participation in administrative activities (Institutional Review Board). The fellowship is intended to actively foster the roles of Medical Expert, Educator, Researcher, Communicator and Administrator, and to prepare the physician to assume clinical activities in general neurology at an academic tertiary care center.
- Duration of fellowship: 1 year

Names of the Teaching Faculty

MGH: Stuart Lubarsky, Mike Rasminsky, Colin Chalk

MNH/RVH: Liam Durcan, Michel Aube, Martin Veilleux, Cristina Mindru, Diane Diorio

- Roles

The teaching faculty has extensive experience in general neurology in an academic enter where specialized referrals are seen. One of the faculty (Dr. Mindru) is a specialist in Internal medicine.

- Summary of clinical practice

Hospital based ambulatory care: Over 6000 general neurology patient visits per year with referrals generated both from outside sources and from within

the MUHC (including referrals from medical oncology, transplant, high risk obstetrics, etc).

External ambulatory care: Over 4000 patient visits at affiliated ambulatory clinic (QEHC) with similar referral profile and with additional pedagogic activities (Resident Clinic)

In-patient care: A dedicated general neurology CTU at the MNH with a diverse clinical profile of patients requiring multi-disciplinary care. 2 general consultation services (MNH/RVH and MGH)

- Major Strengths
Diverse, comprehensive clinical experience.
A commitment to redefining general neurology in the tertiary care setting to focus on and derive specific expertise related to complex, multi-specialty cases.

Academic Facilities

- Outline facilities for clinical and academic pursuit
Ambulatory Care: The out-patient facilities at the Montreal General Hospital, Montreal Neurological and Queen Elizabeth Health Complex.
In-patient: CTUs at the Montreal Neurological Hospital and General Hospital.
Consultation services at the Royal Victoria Hospital and Montreal General Hospital.
- Library access, materials relevant to fellowship training
The fellow has unlimited access to the Library materials at the Montreal Neurological Hospital.
- Multimedia learning materials available-as above
- Availability of a skills lab if applicable. N/A

Fellow Duties and Responsibilities

- Call responsibilities to cover service:
Maximum two per period.
- Will the Fellow be supervising residents
In the above-described situation and in the settings described above and in.
- Are there fixed rotations at various institutions:
2 months of NICU at the Montreal Neurological Hospital
1 month of 'co-attending' responsibilities (may be done as 1 month block on MNH CTU or split as 2 2-week blocks on consult at MGH/MNH).
- What are the outpatient clinic responsibilities
Ambulatory Care Curriculum

1) University Hospital-based Clinic (3 half days/week)
i) Creation of a General Neurology Clinic seeing only intra-MUHC referrals

- ii) Emergency Clinic MGH and MNH (two 1/2 day clinics per week)
- iii) Internal medicine clinic at the MNH (one 1/2 day clinic per week)
- iv) neuro-ophthalmology (1/2 day per week)
- v) 1 other half-day clinic chosen from the subspecialty clinics at MNH/MGH

2) Co-supervision of residents' longitudinal clinic Queen Elizabeth Health Center (4 half-days/month)

- What are the teaching responsibilities towards residents

Co-supervision of residents clinic (4 half-days/month)

Co-attending on wards (1 month/year)

- Outline participation in academic activities involving the residents: seminars, outcome assessment (morbidity and mortality rounds etc)

Presentations

1 didactic round per month, given at MNH or MGH, Using a patient seen and reviewing seminal paper. The Fellow will attend case presentation rounds at the MGH and MNH on weekly basis. This includes a monthly outcome assessment round at the MNH.

On days when the fellow is present at the MNH, they will be expected to attend daily intake rounds.

- Describe any support staff available to the fellow: program coordinator, nurse clinician, secretarial
The fellow will have the support of secretarial services provided to the associated attending physicians.
- Proposed meetings to be attended by the fellow: AAN
- What is the research productivity/publications expected by the Fellow
The fellow is expected to produce two original papers during the fellowship.

Curriculum

- What is the Intended case load for the Fellow

Out-patient: 2-3 cases per half day.

In-patient: consultation 2-3 cases with concentration on either supervisory /teaching aspects of service or on in-patients at RVH/ MGH with multi-specialty problems.

- What are the intended percentages of the varieties of cases
More than 80% of the fellow's case load will be made up of cases referred from other MUHC departments (hematology-oncology, transplant, high risk obstetrics, rheumatology, geriatrics, general internal medicine, ICU, cardiac surgery and trauma)
- What regular reading materials are to be provided (if any)
N/A

- Outline the weekly conference schedule
Patient presentation rounds MGH Monday 8:30-9:30 am.
Daily morning intake rounds 8am-8:30 am. MNH
Stroke rounds: Wednesday 8:30-9:30 (monthly)MNH
Medical Grand rounds; Wednesday noon
Patient presentation rounds Thursday MNH 8-9 am
- What role will the Fellow play in attending, organizing, and presenting rounds/conferences
As outlined in “Fellow Duties-- Outline participation in academic activities involving the residents: seminars, outcome assessment.”

Evaluation

- How will the Fellow be evaluated
The supervisors will meet with faculty to discuss the fellow’s evaluation. The evaluation will follow the template used by the Royal College of Physicians and Surgeons of Canada.
- What is the frequency of evaluations: Based on the Faculty Promotions Guidelines.



McGill

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Department of Neurology and Neurosurgery Advanced General Neurology Fellowship (General and Specific Objectives)

1. Medical Expert/Clinical Decision-Maker

General Requirements

- Demonstrate diagnostic and therapeutic skills for ethical and effective patient care.
- Access and apply relevant information to clinical practice.
- Demonstrate effective consultation services with respect to patient care, education and legal opinions.

Specific Requirements

Provide scientifically based, comprehensive and effective diagnosis and management for patients with complex medical problems presenting with neurological manifestations.

Clinical:

For a patient with a complex medical/surgical or allied disorder, the resident will be able to:

- Obtain a complete neurological history from adults and children obtaining a collateral history where necessary
- Perform an appropriate physical examination.
- Determine whether a patient's symptoms and signs are the result of a disorder related to the nervous system and related to their underlying medical condition.
- Formulate an appropriate localization, differential and provisional diagnosis of a neurological disorder that complicates an underlying medical disorder if appropriate.
- Outline an appropriate plan of laboratory investigation.
- Outline an appropriate therapeutic plan.
- Exhibit appropriate clinical judgment in outlining a differential diagnosis and an investigative and therapeutic plan, taking into account matters

such as the patient's age, general health, risk and cost of investigative procedures, risk and cost of therapeutic interventions, and epidemiology of the disease.

Knowledge

- Acquire and understand the neuroanatomic principles and pathological substrates of systemic medical illnesses.
- Learn the major categories or classifications related to neurological complications of pregnancy, organ transplantation, systemic medical illness (haematological disorders, rheumatological disorders, gastrointestinal disorders), and surgical interventions.
- Develop expertise in understanding the potential neurological complications of agents used in clinical oncology, immunosuppression used in transplantation, and in surgical interventions.
- Acquire expertise in the decision making related to potential neurological complications of systemic disorders or complications arising from treatment of those systemic disorders.

2. Communicator

General Requirements

- Establish therapeutic relationships with patients/families.
- Obtain and synthesize relevant history from patients/families/communities.
- Listen effectively.
- Discuss appropriate information with patients/families and the health care team.

Specific Requirements

Communicate effectively with patients, their families and medical colleagues (particularly referring physicians), and other health care professionals in both the inpatient and outpatient settings. The resident will:

- Communicate effectively and regularly with patients and their families.
- Be considerate and compassionate in communicating with patients and families, willingly provide accurate information appropriate to the clinical situation, with a reasonable attempt at prognosis.
- Learn to write concise reports of the clinical findings with conclusions and recommendations comprehensible to the non-specialist.
- Communicate effectively and appropriately with the nurses and paramedical personnel.

- When ordering investigative procedures, ensure there has been adequate communication about the patient with the person who will actually be doing and/or reporting the diagnostic study.

3. Collaborator

General Requirements

- Consult effectively with other physicians and health care professionals.
- Contribute effectively to other interdisciplinary team activities.

Specific Requirements

Be an effective teacher of other physicians (including medical students and house officers), other health care personnel, and patients. The resident will:

- Provide instruction to medical students and more junior physicians at a level appropriate to their clinical education and professional competence.
- Willingly share knowledge with others with whom they are associated, thus ensuring the most effective delivery of health care to patients.

4. Manager

General Requirements

- Utilize resources effectively to balance patient care, learning needs, and outside activities.
- Allocate finite health care resources wisely.
- Work effectively and efficiently in a health care organization.
- Utilize information technology to optimize patient care, life-long learning and other activities.

Specific Requirements

Be proficient in professional skills related to the diagnosis and treatment of patients with medical/surgical patient who present with a concomitant neurological disorder.

Demonstrate the following professional skills in time management:

- Recognize that effective use of time depends upon punctuality.
- Recognize that effective use of time requires planning.
- Develop speed as well as accuracy in clinical skills.

- Reserve time for reading and keeping current with the neurological literature.
- Establish routines for carrying out regular activities and adhere to them.

Maintain complete and accurate medical records:

- Record and maintain a complete and accurate medical record for every patient seen; this record will include the patient's history and the findings on physical examination (including the neurological examination), a differential diagnosis, a provisional diagnosis, Effectively coordinate the work of the health care team: .
- Indicate, by the treatment plan, that for the optimal treatment of many patients with neurological disorder, a team approach is necessary -- members of the team may include nurses, rehabilitation personnel (physiotherapists, occupational therapists, speech therapists, etc.), psychologists, social workers, etc.
- Identify where an important role(s) can be played by disease focused lay groups with regard to helping the patient and/or family and to facilitate its happening.

5. Health Advocate

General Requirements

Identify the important determinants of health affecting patients.

Contribute effectively to improved health of patients and communities.

Recognize and respond to those issues where advocacy is appropriate.

Specific Requirements

Learn about community resources and related patient support groups; provide assistance to access programs (e.g. home care, occupational and physiotherapy, drug plans, application for nursing homes etc) and participate in their activities.

Educate, be able to generate and access information (e.g. printed material, video tapes web sites) and be available as a resource person to counsel patients effectively on neurological disorders.

Counsel patients on the importance of taking responsibility for their own well-being and recognize the important determinants predisposing to worsening of neurological status

Understand the role of national and international bodies (e.g. CCNS, AAN) in the promotion of neurological health, and the prevention, detection, and treatment of peripheral nervous system disorders.

6. Scholar

General Requirements

Develop, implement and monitor a personal continuing education strategy.

Critically appraise sources of medical information.

Facilitate learning of patients, house staff/students and other health professionals.

Contribute to development of new knowledge.

Specific Requirements

Be able to critically assess the neurological literature as it relates to patient diagnosis, investigation and treatment:

- Develop criteria for evaluating neurological literature.
- Critically assess the neurological literature using these criteria.
- Be familiar with the design of experimental and observational studies, especially randomized controlled trials.
- Be able to calculate absolute risk reductions, relative risk reductions and numbers needed to treat or harm.

Be able to participate in clinical or basic science studies as a member of a research team:

- Be able to describe principles of good research.
- Use the above principles, and be able to judge whether a research project is properly designed.
- Be prepared to present research findings to peers at local, national or international conferences.

7. Professional

General Requirements

Deliver highest quality care with integrity, honesty and compassion.

Exhibit appropriate personal and interpersonal professional behaviours with patients/families, peer residents and other health care professionals.

Practice medicine ethically consistent with obligations of a physician.

Specific Requirements

Demonstrate personal and professional attitudes consistent with a consulting physician role:

- Periodically review his/her own personal and professional performance against national standards set for the specialty.
- Be willing to include the patient in discussions concerning appropriate diagnostic and management procedures.

- Show appropriate respect for the opinions of fellow consultants and referring physicians in the management of patient problems and be willing to provide means whereby differences of opinion can be discussed and resolved.

Be willing and able to appraise accurately his/her own professional performances and show that he/she recognizes his/her own limitations with regard to skill and knowledge by appropriately consulting other physicians and paramedical personnel when caring for the patient.

Be willing and able to keep his/her practice current through reading and other modes of continuing medical education and develop a habit of maintaining current his/her clinical skill and knowledge base through continuing medical education.