# Neurology Clerkship Table of Contents

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Welcome to the Neurology Clerkship. We are pleased to greet you and introduce you to the third year clinical experience!

**Note about the novel coronavirus (SARS Cov2):** Due to the pandemic, the clerkship year is shorter for the 2020-2021 academic year. This affects the neurology clerkship such that our rotation is 2 weeks instead of the typical 4 weeks. This presents both challenges and opportunities. We have tried to maintain exposures to parts of neurology such as outpatient clinics and procedures. However, we have focused your time on the clerkship to be more focused on inpatient evaluation and care of patients with neurological disease. We feel this provides the most enriched environments for seeing acute neurological presentations, to follow more patients, write notes, write orders, and to take ownership of the care of the patients you follow. We want you to get enough experience and exposure to be competent physicians who can assess the neurological system. With any unforeseen change, there will be unforeseen issues and areas for improvement in the clerkship. We welcome your feedback both directly and via your representatives from the SMEC.

The purpose of this clerkship is to give you a firm grounding in **fundamental neurologic concepts**, and in the recognition and initial management of **emergent and common neurological problems**. The clerkship relies on the idea that you will carry out self-directed learning that builds from the on-line teaching and clinical experiences you encounter.

There are several aspects of the Clerkship that warrant special emphasis:

1. We encourage you to be an active member of your clinical team, seek patient care experiences, and use time away from patients productively to read about their conditions. This is a necessary step in mastering the knowledge base of Neurology.

2. Getting your attending neurologists to know you and your name is very important. All of us are busy with documentation requirements and a myriad of professional responsibilities away from the wards and clinics. Being assertive and demonstrating your interest, knowledge, and clinical judgement will help to avoid being a passive member of the team and clinic.
   a. Be active in discussions. Ask questions. Demonstrate an interest in learning and incorporate your reading of primary and secondary literature into your patient presentations.
   b. Most attendings focus primarily on the quality of your oral presentations as an index of your performance. Be concise and accurate, yet comprehensive. Different attending physicians have different preferences for presentations so ask them what information they want to hear and review key elements with your residents ahead of time. It will be evident that you know your patients and their relevant issues without needing to consult written notes extensively while speaking.

We’re looking forward to having you and good luck!

Binit B. Shah, MD  
*Clerkship Director*

David Lapides, MD  
*Associate Clerkship Director*
Please note: This year the Neurology and Psychiatry EPA requirements have been merged as noted in the table below.

EPAs are part of the overall evaluation of your performance through the third and fourth years of medical school. Having more EPAs to assess your performance and improvement over time is critical. Therefore, we encourage you to be active and aggressive in completing these. As a reminder, EPAs are a parallel evaluation pathway to the clerkship grades. Therefore, they are important to complete but your performance on the EPAs does not directly impact your Neurology clerkship grade.

On the Neurology rotation, the curriculum committee has assigned EPA requirements outlined in the table below.

EPA 1: Having these observed by a resident and attending can be challenging. We have heard feedback from students that the inpatient rotations provide the most frequent opportunities to get these EPAs done. That said, in the outpatient setting there is opportunity, and we encourage you to discuss with your assigned attendings and residents prior to your clinic sessions if completing the H&P EPAs is feasible.

EPA 2, 3, 5, 6: These EPAs are frequently achieved in all phases of the neurology rotation. A single patient encounter can allow for all three to be done, so again work with your attendings and residents to complete these.

Master Assessor: Coordinating a master assessor schedule, outpatient attending schedule, and patient consent is challenging in the outpatient clinics. Most students have noted that having a master assessor come to the ward and see an H&P with you on a patient you are picking up often is the best way to complete this EPA requirement.

<table>
<thead>
<tr>
<th>Neurology Clerkship + Psychiatry Clerkship</th>
<th>All Requirements below can be completed on either the Neurology and/or Psychiatry clerkship (*see additional specification for EPA 7)</th>
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<tbody>
<tr>
<td><strong>EPA</strong></td>
<td><strong>Assessor</strong></td>
</tr>
<tr>
<td>1 Hx/PEx</td>
<td><strong>Attending</strong> 1 Complete H/PEx by either an Attending OR Resident 1 Focused H/PEx by Attending if Resident did a Complete H/PEx OR 1 Focused H/PEx by Resident if Attending did a Complete H/PEx</td>
</tr>
<tr>
<td>1.1 + 1.3 (Complete)</td>
<td><strong>Resident/Fellow</strong> 1 Complete H/PEx by either an Attending OR Resident 1 Focused H/PEx by Attending if Resident did a Complete H/PEx OR 1 Focused H/PEx by Resident if Attending did a Complete H/PEx</td>
</tr>
<tr>
<td>1.2 + 1.4 (Focused)</td>
<td><strong>Master Assessor</strong> 1 Complete H/PEx OR 1 Focused H/PEx</td>
</tr>
<tr>
<td>2 Diff dx</td>
<td>1 1 1</td>
</tr>
<tr>
<td>3 Diagnostic/Screening tests</td>
<td>1 1 1</td>
</tr>
<tr>
<td>4 Orders/Prescriptions</td>
<td>1 Order AND 1 Prescription done by either an Attending OR Resident 0</td>
</tr>
<tr>
<td>5 Written note</td>
<td>1 1 1</td>
</tr>
<tr>
<td>6 Oral presentation</td>
<td>1 1 1</td>
</tr>
<tr>
<td>7 Clinical question (can be completed on Neuro, Psych or Emed)</td>
<td>1* 0 0</td>
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Neurology Clerkship Syllabus

This syllabus establishes the rules and responsibilities of both the student and the clerkship.

**CLERKSHIP GOALS and LEARNING OBJECTIVES**

Please note that the learning objectives for the clerkship are a continuation of the learning objectives from Mind, Brain and Behavior. *You are expected to have some familiarity with these objectives in preparation for starting the Neurology clerkship. At the request of the Curriculum Committee questions used in Mind, Brain and Behavior will be used during clerkship summative assessments.*

Global Goals:

1. Perform an accurate and appropriate neurological examination.
2. Identify and describe the significance of key neurologic findings on an examination.
3. Describe the pathophysiology, clinical course, and management of patients with common neurologic conditions and key neurologic emergencies.
4. Communicate effectively about neurologic patients in order to summarize a case, consult a neurologist or sign out to a colleague.

Cognitive learning objectives:

Describe the pathophysiology, clinical course, and management of patients with common neurologic conditions noted as general (specific disease process):

1. Dizziness.
2. Intermittent headaches
3. Neck and arm pain
4. Low back pain and leg pain
5. Dementia
6. Epilepsy
7. Sleep disorders
8. Movement disorders
9. Demyelinating disease
10. Neuropathic pain

Describe the pathophysiology, clinical course, and management of patients with emergent neurologic conditions:

1. Acute ischemic stroke.
2. Subarachnoid hemorrhage.
3. Status epilepticus
4. Spinal cord compression
5. Guillain Barre Syndrome
7. Bacterial meningitis
8. Toxic metabolic encephalopathy and coma.
9. Subdural hematoma and head trauma
10. Intracranial hypertension and herniation
REQUIRED MED EXAMINATION TOOLS FOR THE ROTATION

There are physical examination tools that are key elements for performing a screening and comprehensive neurological examination. Unless otherwise noted below, it is expected that you will have these tools for your clinical experiences, teaching sessions, and competency examination.

- Reflex hammer
- Tuning fork (128hz)
- Safety pins or other sharp, disposable means of testing pain sensation
- Snellen visual acuity testing card
- Ophthalmoscope (not required to have yourself, as most clinical settings will have one available)
ACTIVITIES AND SCHEDULES

Planned Activities

General

The two-week rotation is organized with each student assigned to an inpatient service. These services are the adult general neurology service, the vascular neurology service, the inpatient neurology consultation service, and the pediatric neurology service. During these two weeks you will have assigned half days to go to clinic as outlined below and to observe electromyography in the EMG lab.

Orientation and First day of the Clerkship

On Monday of week #1, there will be an orientation session. The clerkship administrator will send out details of this session prior to your start date. The orientation will consist of a review of this document and general introduction to the neurology clerkship. You will then join your assigned clinical service immediately following orientation.

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<thead>
<tr>
<th>ASSIGNMENT</th>
<th>TEAM LOCATION AND CONTACT</th>
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<tr>
<td>General (inpatient)</td>
<td>*6th floor Meet up with team on 6 Central (Page 1682 if team is not there)</td>
</tr>
<tr>
<td>Stroke (inpatient)</td>
<td>*6th floor Meet up with team on 6 Central (Page 1682 if team is not there)</td>
</tr>
<tr>
<td>Adult Consults</td>
<td>Page adult consult neurology resident (pic # 1317)</td>
</tr>
<tr>
<td>Pediatric Neurology</td>
<td>Page pediatric neurology resident (pic # 1555)</td>
</tr>
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Online Syllabus

The weekly schedule of reading and other online resources is here. Please note: though there are materials for four weeks, all of the materials are required for review in this two week rotation. While the amount of reading is not burdensome, it is prudent to try to address the materials in an efficient manner.

Each week’s learning activities are broken up into the following categories:

1. Online cases
2. Additional reading materials
3. Videos to review
4. Supplementary Materials

If you note any links that are no longer active or have difficulty accessing any of the resources, please contact the clerkship team.
Inpatient Clinical Activity

- Please review your schedule. For each day you are listed to work with your primary team you are expected to round with your service. This includes pre-rounding on your patients, writing notes, entering orders (in consultation with the intern or senior resident), communicating with nursing and other staff, and following the patients through the day.
- As each service dictates, we want you to ask questions, participate in discussions, write notes, and assist in patient evaluation and care.
- When assigned patients to follow, you are expected to be knowledgeable about your patients, the progress of their care, and literature/general reading in relevant areas. You are expected to write appropriate daily notes on the patients you follow in the inpatient setting.
- On inpatient UVA services, you should be available on grounds by pager (i.e., in the hospital, library, student lounge, etc.) until 5:00 pm. Students not on call should still try to pick up at least one new patient each day, either by working up an “early” admission or by picking up a patient after morning rounds.

Outpatient Clinic Opportunities

- You are assigned to work for two half days in the adult neurology clinic. Prior to these sessions, please review the schedules of the attendings with whom you are working. The more knowledgeable you are about the patients on the schedule, the more you will get out of the clinic session. Our goal is for you to see patients independently and presented them to your precepting attending. However, given the nature of outpatient clinic scheduling, some attendings may ask that you take on a more active shadowing role. This is not preferred but there is still value to be had. If you find that you are asked to shadow please let Drs. Shah and Lapides know so that we can try to adjust schedules in the future to minimize shadowing experiences.
- Students are expected to see at least 2 patients per clinic session and write a note on each one. In the event the student is assigned a shadowing role you are expected to be an active listener and observer and consider potential treatment plans in those situations. (see the Neurology Clerkship Clinical Survival Guide)
- Pediatric Neurology: Students assigned to the pediatric neurology rotation will go with their faculty and residents to the outpatient pediatric neurology clinics (located in the basement of the primary care center).
- EMG session: Each student has a half day assigned in the electromyography and nerve conduction study laboratory. This is located on the Ground floor of the Primary Care Center. On the day of your session please arrive prior to 8am for morning sessions and before 1pm for afternoon sessions and ask for the EMG physician workroom. These studies can be quite sophisticated and our goal is not for you to become an expert in designing neurophysiological students. Rather, we intend for these sessions to spur pre-review of the peripheral nervous system and introduce neurophysiological concepts.

Note: Many of the resources are accessible only on grounds. If a link does not work or other material is not accessible, please try to access them when on grounds.
**Nightfloat**

- There is a mandatory nightfloat session for each student on the clerkship. Please check the rotation schedule for your assigned date.
- Nightfloat begins at 7:00pm and ends after hand off rounds at approximately 8:30-9am. Students are excused from clinical responsibility on the day of nightfloat until 7:00pm and on the postceding day after hand off rounds.
- Upon arriving to 6 Central, please find the nightfloat resident. If not readily available, please page them at pic #1317. Make sure they have your mobile number so they can assign you to see consultations through the night. It is also a good idea to touch base frequently with the resident/intern on nightfloat so that if there is an acute stroke alert called you can be there for the assessment.
- **Tip:** If the service is quiet, the on-call session may be a good time to have the on-call junior neurology resident discuss neurological emergencies with you.

**List of Required Patient Complaints and Problems**

- The LCME (Liason Committee on Medical Education) requires all clerkships in all U.S. medical schools to specify—ahead of time—a minimal list of the exact types of patients and clinical conditions that every student must encounter to pass the clerkship, and must document and oversee that all students comply with this. For the Neurology clerkship, the list of conditions is as follows:

**Mandatory Case Exposures**

1. **Transient or paroxysmal alteration of neurologic function** (e.g. seizure, epilepsy, syncope, TIA, vertigo, dizziness, sleep problems)
2. **Change in Mental status** (e.g., encephalopathy, coma, dementia, stroke, aphasia)
3. **Weakness or alteration in motor system** (e.g., gait disturbance, diffuse or focal weakness, dysphagia, dysarthria, movement disorder)
4. **Headache or focal pain** (e.g., various headache types, neck pain, back pain, neuropathic pain)
5. **Numbness or paresthesia**
6. **Neurologic Emergencies** (e.g., acute stroke, ICH, myasthenia gravis exacerbation, hypertensive encephalopathy, toxic-metabolic encephalopathy, status epilepticus)

- The on-line common and emergent neurological cases that you are assigned to work through on a weekly basis and will be quizzed over fulfill the LCME requirement. **However, only 10% of each of your individual exposures can come from these computerized cases.** You will also see many of these problems in your clinical exposure during the neurology clerkship experience. If you are having a hard time seeing these cases **please notify the clerkship team as soon as possible.**
The Required Checklist

- Please provide the names of attendings and residents you work with to KarenMarie Smith as soon as possible. This allows for mid-rotation feedback and final clinical grades to reflect your performance.
- All students receive an electronic Required Checklist for the neurology clerkship

The checklist contains:

  - Formative feedback during the two week block by an attending physician. Please be assertive in seeking feedback and no attending should be reluctant to provide this.
  - Direct observation of your ability to perform the 7 components of the neurological examination. Each component can be observed individually or in any combination. A PGY2 level neurology resident or above must be present to observe this prior to you logging it as completed.
  - Weekly self-directed learning (as in every other clerkship)
    - NOTE that you cannot use mandatory readings on your self-directed learning.
  - Patient log fulfilling the mandatory case exposures noted above.

The Required Checklist components are valuable feedback and teaching components of the clerkship. The purpose of this format is to give you autonomy in getting feedback and teaching. **It is your responsibility to seek out feedback.**

- Observing or attempting a lumbar puncture is optional, but a good idea if you get the chance.
- Failure to complete the checklist by 12pm of the last Friday of the rotation will lead to a FAIL on the rotation

Multi-Disciplinary Clinic Sessions

- Neurology has several multidisciplinary clinics that are disease focused. Physicians, social workers, physical, occupational, speech therapist and nutritionist work with patients and their families to optimize their quality of life as they are progressing through the disease process.
- You will be an observer of the process of the multiple disciplinary clinics. You will attend a half-day of clinic (a morning or afternoon session). You will attend the planning session that occurs prior to the start of the clinic, or the wrap up session after the clinic. You will go into one patient’s clinic room and observe as the various specialists interact with the patient and their families. You are to stay in the room with the patient and their family and watch how the different members of the team work with the patient and their family.
- The clinics are held at 4th floor Primary Care Outpatient Neurology Clinic and start at 8 AM unless noted on your assignment sheet.
- You will be assigned to attend one of the multi-disciplinary clinics. There is only room for the assigned students in each of the multi-disciplinary clinics.
- In preparation for attending the clinic, you may want to think about what you expect to occur during the sessions. At the end of the clinic you may want to reflect on the experience of the clinic, particularly from the patient and family standpoint. Please let the clerkship director know if you have any questions about your experience in the clinic.
Teaching Sessions

1. Monday noon didactice sessions (remote): You will receive an invitation for these sessions

   **Neuroanatomy: Localization lecture:**

   One hour required lecture on case-based localization and neuroanatomy. This lecture is typically given the first week of the neurology clerkship

   Learning objectives:

   After an hour lecture, students will be able to:

   1. Identify the relevant neuroanatomical structures associated with neurological deficits including: aphasia, hemiparesis, oculomotor dysfunction
   2. Define and describe the long tract pathways: corticospinal tract, spinothalamic tract, dorsal column pathways
   3. Recognize emergency neurological exam findings

   **Neuropharmacology: Antiepileptic drug management**

   This one hour case-based session involves a neuropharmacologist reviewing antiepileptic therapies

   Learning objectives:

   After an hour lecture, students will be able to:

   1. Identify commonly used antiepileptic medications and their prominent roles and adverse effects
   2. Define the decision-making pathway for choosing appropriate antiepileptic medications
   3. Describe different seizure types and their appropriate management

2. Noon Conference and Grand Rounds

   - Resident noon conferences - remote
     - There are daily noon conferences Monday through Thursday – though they may be less frequent during the pandemic
     - The schedule and rotates, KarenMarie will work with the resident education team to ensure you receive invitations for these remote sessions
     - You are welcome, encouraged, and expected to attend these sessions.
     - Some topics may be more focused and less applicable to you (e.g. advanced muscle microscopy) – if that is the case then you can elect to defer attending such sessions
- Any clerkship related activities/lectures take priority over these sessions (e.g. ethics session)

- Grand Rounds - remote
  - Neurology Grand Rounds are on Fridays at noon.
  - KarenMarie will ensure you receive and invitation to these remote sessions
ABSENCES AND REMEDIATION

- **All absences must be approved by your college Dean well in advance of the rotation** (except for family/personal emergencies). It is inappropriate and unprofessional to commit to an event or make travel commitments before receiving permission for that time off.
- Any absence may need to be made up on an equal time (day for day) basis at the determination of the clerkship director. The Neurology clerkship director will work with you and your dean to develop a plan for making up missed time due to unexcused absences.
- **E-mail is the required method of communication** for all clerkship related issues, including requesting absences. Please email the clerkship administrator, KarenMarie Smith (karenmarie@virginia.edu).
  
  Ms. Smith will forward the emails to the clerkship directors.

- If you have an unexpected illness or family/personal emergency, you must inform the Neurology Clerkship Director and the Administrator, your dean, and the resident or attending on your assigned clinical team, as soon as possible.
Requirements

1. **Adhere to all applicable University of Virginia and School of Medicine codes of student conduct.**
   - You are on your honor to comply with all clerkship requirements as detailed herein.

2. **Submit a properly completed On-line Required Checklist**
   - Although the checklists are not graded, they MUST be completed for you to receive credit for the clerkship. They do not directly influence your grade; however, observing your performing these skills may give the residents or faculty members better perspective on which to base their evaluations. Students are expected to complete 100% of the Clinical Skills Requirement Checklist online in OASIS. We will be tracking your progress throughout the clerkship.
   - **This checklist must be completed by 12PM on the final FRIDAY of the rotation.**
   - **IF THE CHECKLIST IS NOT DONE BY THE DEADLINE, YOU WILL NOT PASS THE ROTATION**

3. **Receive a passing score on your OASIS Clerkship Student Performance Evaluation.**
   - These are completed by your service attendings and residents (PGY1 and higher).
   - Any student who receives an overall grade of “marginal” or “unsatisfactory” will be asked to meet with the Clerkship Director and a remediation plan may be developed with their Dean and the ASAC.

4. **Submit a completed “Student Evaluation of the Neurology Clerkship” form in OASIS.**

5. **Complete the Clerkship/Faculty Evaluation in OASIS**
   - These are our primary quality control measures; they ensure we are meeting your learning needs and teaching appropriately.

6. **Demonstrate competency on the neurology physical exam.**
   - This is assessed both by your clinical performance evaluations as well as the clinical competency examination at the end of the rotation.

Grades

The Clerkship Director will submit, via the OASIS system, a report to the Dean’s office including written description of the student’s clerkship performance. The narrative will comment on their professionalism (may include comments on attendance and compliance with clerkship’s requirements as appropriate). It may also include direct quotes from individual evaluators, summative assessments, qualitative statements, and formative feedback. Both strong points and weak points in performance may be included in the
narrative. Except under extenuating circumstances this will be delivered within 5 weeks after the conclusion of the clerkship.

If any of these requirements for a passing grade are not met, you must see the Neurology Clerkship Director immediately to discuss remediating the clerkship, in part or in total. The final remediation decisions are made by the Medical School’s Student Academic Standards & Achievement Committee (ASAC), acting on the Clerkship Director’s recommendation.

The rotation is graded on a pass/fail basis. The numerical cutoff is determined by the curriculum committee of the school of medicine. This is determined by summing the weighted grade components. A passing grade is 70 or above.

Components of Clerkship grading:

1. Clinical evaluations (50% of overall grade)
   a. OASIS reports results from all evaluators (attendings and PGY1 or higher)
   b. It is important to let KarenMarie know the names of attendings and residents who you work with as more evaluations more accurately reflect your performance
   c. Evaluators can also add you to their evaluation list if they feel they have worked with you sufficiently to gauge clinical performance
   d. Intern evaluations are not used for the performance evaluation component, but comments on professionalism from them may be considered

2. End-of-rotation Quiz (30% of overall grade):
   a. There will be one closed book on-line quiz at the end of the 2nd week of the rotation
   b. The quiz will be available to take beginning the last Wednesday of the rotation at 11:59pm and will close the last Friday of the rotation at 11:59pm. Once you open the quiz you will have 1 hour to complete it and may not stop and restart at a later time.
   c. All of the material tested on the quiz is contained in the online syllabus reading materials

3. Written note assessment (20% of overall grade):
   a. A complete written history and physical is due the last Friday of the rotation (deadline is 12 noon on Friday).
   b. You should use a patient you have seen and write a complete note with particular attention to your assessment and plan.
   c. A grading rubric is provided for you to follow
   d. This document is not meant to be “artificial.” Rather, it is to help us assess your ability to obtain and synthesize information.
   e. Any information that you do not get yourself you can add in with a note that the information was obtained by chart review, etc., but this should only be the case in extenuating circumstances (e.g. patient not able to converse).
   f. Anonymize your notes in terms of name. Age should remain as this is a relevant part of the evaluation
g. Please type out each individual section. Do not use EPIC smartphrases or links. Please note that it is expected that the history of present illness, examination, assessment and plans should be original work and not be copied from resident or attending notes.

h. The submitted H&P must have your name on the document and it must be page numbered.

i. The aim of the assessment and plan is for you to show your thought process. We want you to use your clinical knowledge and judgment to develop a differential diagnosis, prioritize what you think is the most likely diagnosis/diagnoses, and generate a specific plan of care.

j. While not required, we encourage you to seek out our written feedback on your written note after your rotation has concluded. KarenMarie will provide this to you at your request once we have graded it.
SUGGESTED READING RESOURCES

The list of readings can be found under the resources section of the clerkship website. Required activities listed for each week of the clerkship.

For additional information you can refer to the following:

Question-based exam preparation:
- PreTest Neurology
- UWorld Neurology

Text for exam preparation, and general study.

Neuroanatomy
- A nice overview emphasizing the “forest” with mnemonics and clinical focus, is *Clinical Neuroanatomy Made Ridiculously Simple*, by Stephen Goldberg (2003, Medmaster; ISBN 0940780577)

Neurologic differential diagnosis and localization (Library resources)

More detailed reading about your patients’ conditions

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We look forward to working with you over the next month.

Binit Shah, MD
Neurology Clerkship Director

David Lapides, MD
Associate Clerkship Director

KarenMarie Smith
Medical Education Program Administrator
Phone: 924-5548