



UPSTATE
MEDICAL UNIVERSITY

Neuroscience Clerkship 2024-2025

STUDENT OCCUPATIONAL HEALTH EXPOSURE

Blood and body fluids, immediately treat exposure site

- Wash the exposed skin with soap and water
- Flush exposed mucus membranes with water
- Flush eyes with at least 500 ml of water or normal saline for at least 3–5 minutes
- Do not apply disinfectants, antibiotics, or caustic agents to the wound
- Proceed to the Emergency Department if wound suturing or other first aid is needed

Initiate follow-up without delay

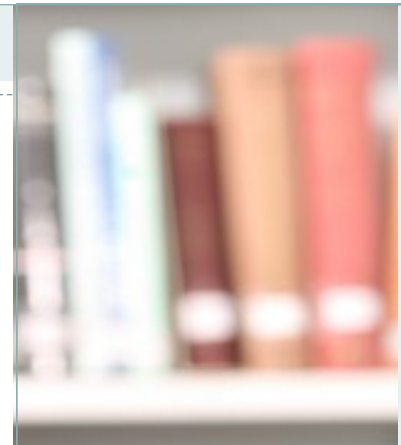
- Weekdays between 7:30 AM – 4:00 PM, call Employee/Student Health (ESH) at (315) 464-4260. Students will be instructed where to follow up
- After hours, weekends, and holidays: 1) Proceed to the Emergency Department at clinical site 2) Proceed to the closest Emergency Department if none at the facility. 3) Notify ESH of the exposure by leaving a voicemail or calling the next day of business.

Chemical or radioactive exposure

- Refer to the Student Occupational Health Exposure for treatment instructions: <https://upstate.ellucid.com/documents/view/3042>

PASSPORT

History/Exam	Observed	Observed
History		
Mental Status		
Cranial Nerves		
Motor		
Sensory		
Reflexes		
Cerebellar		
Gait		
Neurology Write-Ups		
1.	Case:	



Contact Directory

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CLINICAL LOG REQUIRED ROLES

Perform: Student actively participated in obtaining essential part of History and/or Physical Exam for diagnosis listed or participated in essential components of Procedure performed.

Observe: Student is present as History/ Physical Exam when diagnosis is obtained or procedure by others on the team.

Simulate: Alternative experience available on Bb or other simulated setting (only to be used when actual patient experience is not available).

REPORTING

REPORT MEDICAL STUDENT MISTREATMENT

An environment that optimizes learning and is built on respect and dignity is our expectation. The way we treat others (faculty, students, residents, staff) either realizes this expectation or it interferes with the learning process. Discrimination, humiliation and harassment simply can't be tolerated.

To find procedures and report confidentially any incidents or concerns regarding mistreatment or harassment please go to the Upstate website:

<http://www.upstate.edu/currentstudents/support/rights/mistreatment.php>

REPORT A GOLD STAR

The College of Medicine would like to recognize those individuals who exemplify professional behaviors and contribute to a positive learning environment. In order to do so, the Gold Star Report provides a mechanism to identify positive influences on professional standards and the learning environment.

To highlight examples of faculty, students, or staff who have demonstrated exemplary professional behaviors, please go to:

<http://www.upstate.edu/currentstudents/support/rights/goldstar.php>

CLINICAL LOG REQUIREMENTS

DIAGNOSIS	MIN ROLE/MIN # REQUIRED
Transient or paroxysmal alteration of neurologic function	Perform/2
Weakness or alteration in motor system	Perform/2
Headache or focal pain	Perform/2
Numbness or paresthesia	Perform/2
Neurologic emergencies	Perform/2
Change in mental status	Perform/2

PASSPORT

Neurology Call			
Date:		Resident	
Date:		Resident	
Date:		Resident	
Neurosurgery Call			
Date:		Resident	
*Completed passports must be turned into the clerkship coordinator at the time of the final exam			

Neurosurgery Objectives

PATIENT CARE

Elicit an accurate, patient centered history and perform a neurological examination.	PC1
Interpret history, exam, labs & radiography to formulate anatomical localizations, mechanisms of disease, and focused neurologic differential diagnoses.	PC2, PC5
Conduct a focused and comprehensive patient encounter for common acute and chronic neurologic conditions.	PC3
Recognize and prioritize interventions for neurological and neurosurgical emergencies using current scientific knowledge.	PC4

MEDICAL KNOWLEDGE

Apply knowledge of scientific principles underlying normal neurologic function and mechanisms of disease to real and simulated clinical scenarios.	MK1, MK2
Apply knowledge of typical clinical presentations and disease processes to history and examination.	MK2
Identify appropriate treatments for common neurological diseases and presentations.	MK3

INTERPERSONAL AND INTERPROFESSIONAL COMMUNICATION SKILLS

Establish rapport, speak respectfully, and express empathy with patients in simulated and real clinical settings.	IICS-1
Provide timely, clear and accurate written and oral information about patients on clinical rounds and computerized medical record.	IICS2

ETHICS AND PROFESSIONALISM

Demonstrate to clinical faculty ethical and professional behaviors in all settings as a medical student.	PR1
Demonstrate understanding of cultural or societal barriers to access to care or health disparities.	PR4

PRACTICE-BASED LEARNING & IMPROVEMENT

Identify gaps in knowledge and utilize resources and technologies to improve knowledge as demonstrated in patient write-ups and case presentations.	LI2
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EXPECTED CLINICAL EXPOSURES

Diagnostic Categories

Transient or paroxysmal alteration of neurologic function: Examples include seizure, epilepsy, syncope, TIA, sleep disorders, vertigo, dizziness.	Headache or focal pain: Acute vs. chronic pain syndromes: migraine, tension headache, rebound headache, secondary headache, facial pain, neck pain, back pain, neuropathic pain.
Change in mental status: Acute or chronic change in mental status, including: encephalopathy, coma, dementia, stroke, brain death, sleep disorders, developmental disorders, aphasia	Numbness or paresthesia: Sensory disorders associated with: peripheral nerve, nerve root, spinal cord or brain disorder. Possible etiologies include: stroke, multiple sclerosis, myelitis, carpal tunnel syndrome, diabetic polyneuropathy
Weakness of alteration in motor system: Diffuse or focal weakness, clumsiness, involuntary movements, gait disturbance, diplopia, dysphagia, dysarthria, urinary or bowel incontinence; possible etiologies include: multiple sclerosis, stroke, Bell's palsy, developmental disorders, essential tremor, Parkinson's disease, Brain Tumor.	Neurologic emergencies: Acute stroke, Status epilepticus, Spinal cord or cauda equina compression, Acute Encephalopathy, Meningitis/ Encephalitis, Subarachnoid hemorrhage, Increased ICP, Guillain-Barre Syndrome (AIDP), Sudden vision loss, Hypertensive encephalopathy, Stupor and coma, Sedative withdrawal