

Clinical Neurology Medical Undergraduate Curriculum
UK Medical School Survey 2002

Commentary on responses received by July 2003

The document below was sent to all Deans of UK Medical Schools from the ABN: at least 2 reminders were sent to non responders and subsequently individuals within Neurology were contacted in non responding institutions. The covering letter advised non-attribution of information from individual schools without permission and hence the data is anonymised.

Responses from Aug 2002-July 2003:

- 19 Universities with full courses
- Partial response from 3 (new or partial courses)
- No response from 4 with full courses
- = 26 Schools total

General Comments

- The original questionnaire is shown below with responses from the 19 responding Universities and other comments where appropriate. Several institutions were unable or unwilling to provide the quantitative information requested in relation to time spent on learning activities or on specific curricular items. It has therefore been necessary to resort to a more qualitative statement of what is undertaken (eg x/19 do specifically cover Headache). In most tables where opportunities were provided for information to be given according to year of study the data has been collapsed to state ANY/19 Schools responding.
- In some instances extensive use of Problem Based Learning makes it hard to be clear about whether learning opportunities about specific topics are provided for ALL students.
- It should be emphasised that the questionnaire originally sought information about learning opportunities, curriculum and assessments that were applicable to ALL students not just a selected few eg doing special study modules.
- Comments are laid out so that each bullet point represents a single institution.

Main conclusions

1. The place of clinical neurology and its central topics varies considerably between Medical Schools. There is no clear consensus about what is included in the rubric of clinical neurology although most universities have some didactic teaching in the core clinical topics as defined in the previous Warlow ABN document on undergraduate teaching.
2. In only half of institutions does a clinical neurology academic play a central role in the structuring and planning of the neurology curriculum. The information provided suggests an overall lack of clarity about the place of

clinical neurology knowledge and skills within the core curriculum for medicine as a whole.

3. Systematic integration of the curriculum with relevant basic neuroscience disciplines is very partial.
4. Multidisciplinary teaching and interprofessional learning is exceptional.
5. Although many universities have, apparently, quite lengthy clinical attachments in clinical neuroscience close scrutiny suggests that these are often joint attachments with other topics or confined to only some days in the week.
6. Although most universities have some sort of knowledge based test in neurology (eg MCQ or EMG, or written up cases) not all include a summative assessment of neurological skills (eg an OSCE) for all students.
7. Clinical neurologists, academic and NHS, need to engage more closely with the education of medical students – in particular in helping to determine what should be core learning objectives both in terms of knowledge and skills. Whatever the variations in teaching methodology between universities there is a requirement for the PRHO/Foundation Year 1 doctor to have a basic set of clinical skills and knowledge pertaining to the Nervous System and for this to have been assessed.

CM Wiles
Aug '03

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UK Medical School Survey 2002

Please return this form to:

Professor CM Wiles
Association of British Neurologists,
Ormond House,
27, Boswell Street,
London WC1N 3JZ

Tel 020 7405 4060

Fax 020 7405 4070

Email: abn@abnoffice.demon.co.uk

The material in this document will remain unattributed either to the Medical School or the individual(s) completing the form unless their permission is obtained first. However it would be helpful to have a contact for the individual completing the form in case of queries

Medical School:

Individual completing form:

Role in neurology / neuroscience teaching

Contact: telephone

 fax

 email

The Association is most grateful for your help.

Neuroscience and Neurology Medical Undergraduate Curriculum
UK Medical School Survey 2002

Introduction

There is considerable variation around Universities in Europe and within the UK in the extent and weight given to medical undergraduate learning about clinical neurology topics. Many students (and sometimes their mentors) consider the subject “difficult”. The learning experience is sometimes made more problematic by a lack of opportunities for learning or because of a paucity of medical staff experienced in neurological disorders.

In this survey of UK Medical Schools we wish to document the extent of medical undergraduate teaching and learning particularly in relation to clinical neurological topics.

The survey primarily concerns the CORE curriculum for Clinical Neurological Topics i.e. that which ALL students are expected to undertake. The information will be collated and utilised to prepare a revised version of the Association of British Neurologists’ 1994 document “Teaching Neurology in the 21st century: suggestions for UK Medical Schools planning their core curriculum” .

NOT included are:

- Detailed information about basic neurosciences (eg neuroanatomy, neurophysiology, neurochemistry) other than one broad overview question.
- Intercalated degrees or “Part 2” in Neurosciences
- Special Study Modules not forming part of the Core Curriculum
- Core psychiatric disorders
- Anaesthesia

Clinical Neurological Topics include disease and injury affecting the central or peripheral nervous system and **can** include areas not necessarily taught by neurologists (eg stroke, coma), neurosurgical aspects of disease and injury, and topic areas such as dementia which may be taught by psychiatrists or care of the elderly physicians. Developmental and paediatric neurology is referred to in a component of one question.

Please make clear the Year of your Medical Curriculum that you are referring to by completing the appropriate boxes in the questionnaire. Only refer to years which **all** students do i.e. if some students do an intercalated year after 2 years they will normally restart the Medical Course in Year 3.

Background information

General organisation of curriculum

1. In your University what is the length of the standard curriculum for all medical students (excluding intercalated degrees unless integral to the curriculum for all students)? 16 X 5 YEARS, 3 X 6 YEARS

If you operate a shortened graduate entry scheme also please indicate here but answer the main questions in relation to the main course.

7 STARTED OR STARTING IMMINENTLY

2. Is the curriculum: “Integrated” 9
 (circle appropriately) “Sequential” (basic science followed by clinical) 6
 “Problem based learning” 2
 Something else or a combination of the above 1

3. At what stage are the following assessments? State Degree or other in box

Year of Medical Course→	1	2	3	4	5	6	PRHP
Degree assessments	4	3	7	4	11		
End of Phase (if appropriate)	2	1	4	2	5	1	
Basic Neuroscience assessments	6	13	2	1	1		
General Internal medicine assessments	1	2	11	7	12	2	
Clinical Neurology assessments if any	0	0	9	5	10	2	
TOTAL	13	19	33	19	39	5	

Comments: SEVERAL SCHOOLS FAILED TO ANSWER: ? UNCLEAR ABOUT THEIR OWN SYSTEM

Clinical Neurology

This Section refers to **CORE** curriculum on for **all** students (not SSMs, electives etc)

- | | | | |
|----|--|-----|----|
| 1. | Is there specific teaching for all students on clinical neurological topics? | Yes | No |
| | | 18 | 1 |
| 2. | Is clinical neurology a separate organisational module from other clinical topics? | Yes | No |
| | | 14 | 5 |
| 3 | Who plays the major <u>organisational</u> role for clinical neurology teaching | Yes | No |
| | a) Clinical academic | 11 | |
| | b) Non clinical academic | 2 | |
| | c) NHS consultant | 10 | |
| | d) Other (please state who) | - | |

COMMENTS: SOME JOINT

4a Is there formal integration with other medical specialities who may teach neurological topics?

	Comprehensive	Partial	None
	3	15	1
With which speciality ? (circle)	Psychiatry 8	Geriatric Med 8	Stroke 9
	Gen Int Med, 4	Gen Practice 4	3
	Other 3 Ophth/ENT		

Please state mechanism for this.

5 formal committee structure
8 informal meeting or discussion:
6 no comment.

COMMENTS:

- “Neurology, ophthalmology, psychiatry comm. With termly meetings plus other meetings to coordinate”
- Eyes, Diabetes, Elderly, Neurology (EDEN)

- Clinical Integration Panel provides beginnings of an overview of required clinical knowledge.

4b Is there formal integration with basic neuroscience disciplines involved in teaching Medical Undergraduates?

Comprehensive	Partial	None
6	12	1

Please state mechanism for this.

- 6 some sort of planning committee
- 7 vague: joint teaching, meeting etc
- 6 no mechanism listed

5. Is there a specified core curriculum and / or stated learning outcomes for clinical neurological topics?

Yes	No
16	3

Could a paper copy or e-version of this be provided? SOME

6a Is there a specified teaching / learning opportunity for ALL students in the following topic areas? State approximate hours for each topic.

Year of Medical Course→	ANY/ 19		range hrs				PRHP
Neurological History	19		1-8				
Neurological Examination	19		1-12				
Coma	15		0-1				
Brain Death	14		0-3				
Headache	17		0-4				
Subarachnoid haemorrhage	17		0-2				
Raised ICP	15		0-2				
CNS tumours	14		0-2				
Head Injury	15		0-4				
Epilepsy inc status epilepticus	18		0-4				
Meningitis / encephalitis	15		0-2.5				
Multiple sclerosis	18		0-3				
Stroke	18		0-4				
Parkinsonism / movement	18		0-3				
Dementia	16		0-3				
Spinal cord compression	14		0-3.5				
Nerve root disorders	13		0-1				
Peripheral nerve disorders	15		0-3				
Muscle disorders	10		0-1.5				
Pain	11		0-4				
Developmental neurology	7		0-2				
Paediatric neurology	10		0-2				
“Confusion”	1						
“Falls”, “Dizzy”	1, 1						
Gait, “Emergency”	2, 1						

COMMENTS: [If you think that **all** students would definitely get specific learning opportunities in the some or all the above areas despite lack of a specified element on that topic – please indicate which here]

- “No specific time”
- “covered via PBL”
- “Obviously also taught (History & Examination) at bedside....years 3/4”
Dementia/confusion taught under “Mental Health”
- “Few lectures on any topic because of PBL scenarios”
- Hours: “your (sic) joking”
- See Neurology p72 of..... integrated guide.

6b Are there specific lectures or lecture series or other teaching sessions for ALL students on the following? Please give approximate hours if any.

Year of Medical Course→	ANY/ 19						PRHP
Gross structure of brain	18						
Cranial nerves	18						
Motor systems	17						
Sensory systems	17						
Autonomic function	17						
Spinal cord anatomy	18						
Nerve roots /muscles innervated	11						
Dermatomes innervated	16						
Topography of skull and vertebral column	10						
Blood supply to the brain	16						
CSF pathways	15						
Neural transmission	17						
Reflex activity	17						
Visual system	17						
Auditory / vestibular systems	15						

COMMENTS: “Org by Dept of Anatomy with little input from Neurology”

6c Are there specific lectures or lecture series or other teaching sessions for ALL students on the following? Please give approximate hours if any.

Year	ANY/ 19						
Neuropathology	14						
Neurophysiology	16						
Neuropsychology	7						
Neuropharmacology	13						
Neuroradiology	15						
Other: Pain	1						
Psychol	1						
Microbiol	1						
Rehab	1						

Comments: “V limited NRad as consultants already oversubscribed” (Bristol)

7. Who undertakes explicit core teaching for students on clinical neurological topics?

Response	ANY/ 19	Most	Some	A bit	None
General Physicians (inc Geriatric Med)	16				
General Practitioners	12				
General Paediatricians	11				
Neurologists	19				
Neurosurgeons	18				
Neuropsychologists / Clin Psychologists	8				
Neurophysiologists	13				
Neuropathologists	15				
Nurses	4				
Occupational Therapists	5				
Physiotherapists	6				
Psychiatrists	10				
Speech & Language Therapists	4				
Other: specify Neuroradiol, Rehab	3,1				

COMMENTS:

- “Very difficult to get adequate nos of teachers. Much resistance from NHS staff, insuff encouragement from Trust. Interdiscp...learning encouraged but ?relevant
- “Nominated physicians who regularly teach clinical neurology (thought not neurologists themselves”
- 2 short training courses to GP lecturers on Clin Neuro for U/Gs

8. What types of learning opportunity are there for ALL students in respect of CORE clinical neurological topics? Please state in boxes number of half-day sessions for a student (including any formal teaching time which is part of session).

Year of Medical Curriculum→	ANY/19							PRHP
Specific Hospital Neurology Inpatient Clerking Sessions	16							
Specific Hospital Neurology Outpatient Clerking	11							
Specific Neurology Firm attachments	12							
Other Neuro attachments eg Neurosurgery, NeuroITU, Neurorehab	11							
General Practice attachments	5							
General Int Med firm attachments	7							
Problem Based Learning projects	12							
Surrogate patients	2							
Video taped learning	5							
Computer based learning (Clinical cases)	3							
Models (eg for LP)	5							

Comments

- 5-40 half day sessions of clinical contact in those who reported amount (n=9)
- 15 stud/gp x 4 days inc nrehab yr 3
- 5x8 stud x 1 month yr 5
- portfolio of cases 8 adult, 1 paed
- 64 gps x 6 students
- 30% Neuro SSM yr 5
- 6 weeks EDEN but only 6 d Neuro in this
- 3 weeks
- 3 weeks NS
- 5 week att ("in reality 4 days with us")
- 4 week att NO/NS
- "Some students will have a neurology attachment. Others will not. Those that do not have an attachment are expected to identify areas of weakness and specifically seek out appropriate learning opportunities. We have some free choice blocks for

- example. Or they should go along to a neurology OPD and ask to spend some time in the clinic and if necessary on the ward"
- Attachment for 40 students in yr5
 - 2 weeks in Yr4
 - 5 wks Neuro fulltime equiv
 - 4 weeks in year 4 = 8 days in practice

9. Types of teaching. For CORE teaching of clinical neurology to ALL students indicate the main formats in each year of the curriculum

Year of Medical Curriculum→	Any /19						PRHP
LARGE GROUPS(>10)							
Lectures	18						
Clinical Demonstrations	13						
Clinic Sessions	7						
Bedside teaching	7						
Tutorials	11						
Problem based learning	3						
SMALL GROUPS(≤10)							
Lectures	4						
Clinical Demonstrations	8						
Clinic Sessions	14						
Bedside teaching	17						
Tutorials	13						
Problem based learning	7						

COMMENTS:

- x6 half day PBL sessions in year 4.
- Large gp teaching v small component
- 36 patient studies to complete a portfolio March yr 3 - April yr 5: must include “collapse”, “fits”, “sudden unilateral weakness” (14 others)
- 2 x half day PBLs year 2

10. Are there specific Clinical Neurology or Neuroscience summative or formative Assessments in your curriculum or Assessments in which Clinical Neurology or Neuroscience is always a component?

Year of Medical Curriculum→	ANY/19						PRHP
Formal written exam (exam conditions) (state if MCQ/EMQ, Short answer, Essay)	18						
Written clinical case / topic (prepared in own time)	11						
Observed Structured Clinical Exam	16						
Traditional Short Cases	1						
Traditional Long Case	3						
Viva voce	2						
Clinical attachment mark	12						
Satisfactory completion of procedure eg LP	6						

COMMENTS:

- Satis completion: gait, crn, ul,ll
- 100 MCQ
- In course mark based on clerking 10 patients, att 5 outpatients, observe 5 procedures, NS op
- Yr 4/5 OSCE at least one neuro station
- Yr 3 OSCE Neuro exam stn
- Yr 3/4 OSCE Neurology Station (1 week Neuro in Clin Skills Course): further OSCE after 2 week Neuro component in “Essential Junior Rotations” – summative
- Neuro “not always a component but very likely” (also Q11)
- Predominantly an attendance based assessment in yr 4
- Satisfactory completion inc observation of doing some signs

11 Are ALL students assessed on their evaluation of:

Year of Medical Curriculum→	ANY/19						PRHP
Neurological Symptoms	12						
Neurological Signs	13						
Making a Neurological diagnosis	13						
Investigating a Neurological problem	12						

If YES place “S” for Summative, “F”: for Formative, “B” for both in box

COMMENTS:

- “Excessive load – one academic”
- “Difficult form to do conscientiously in the time available sorry!”

Signed:

Dated:

(please check contact details on front page)

Please return form to:

Professor CM Wiles
 Association of British Neurologists,
 Ormond House,
 27, Boswell Street,
 London WC1N 3JZ

The Association is most grateful for your help, time and effort in completing this.