**FELLOWS: INPATIENT ROTATION**

MSH: 4 adult EMU beds (Guggenheim 8th floor, 8West)

MSW: 4 adult EMU beds (8th floor, 8B)

**EEG reporting**

MSH rotation: inpatient long term and rEEG at MSH and MSQ

MSW rotation: inpatient long term and rEEG at MSW, MSM and MSSN

**Daily Routines in the epilepsy rotation:**

Fellows are expected to remain on site until at least 5 PM every weekday.

AM:

* Start reading long term EEGs between 7-8 am (Fellows are expected to prepare preliminary reports on all long term EEGs before rounding starts with the attending ~9-10AM)
  + Start with ICU studies
  + NSICU fellow will provide names of the patients who need priority reading between 7-8AM via EPIC chat msg
* Rounding with the attending starts between 9-10 am (discuss rounding time with the attending on service).
* After the EEG reports are finalized with the epilepsy attending, communicate with the primary team (use EPIC chat or call to discuss) and decide whether to continue or discontinue the recording.
* Round on EMU and epilepsy consult patients.

PM:

* Read inpatient routine & baseline inpatient long-term EEGs done up to 5 pm and leave preliminary report in EPIC as an incomplete procedure note. Co-signer should be the epilepsy attending on service.
* Follow up on all long-term EEGs (including EMU patients) up to 5 PM
* All long-term EEGs (except EMU patients) should be read up to 5 PM and interim daily EEG progress report (1-2 lines – if any changes from the AM report, any seizures, etc) should be put in EPIC as a progress note at the end of the work day.
  + Example:

\*\* Epilepsy Fellow long term EEG Progress Note:

“EEG read up to 5 pm. No changes in EEG seen since 8AM. Full report to follow tomorrow. Please call if any urgent matters”

“EEG read up to 5 pm. One electroclinical seizure captured at 11AM, with left centroparietal onset, clinically manifested by right facial twitching, lasting about 2 minutes. Discussed with primary team and lorazepam 1mg given, and levetiracetam increased from 750 mg bid to 1000 mg bid. Full report will follow tomorrow. Please call if any urgent matters”

* Follow up on prior day or the day’s discontinued EEGs (on Monday, follow up weekend’s) EEGs, read until the end of the recording, finalize the report and leave it as an incomplete procedure note, and have them signed off by the attending during morning rounds.
* Any patients that need a follow up at night should be signed out to the fellow/attending on call.

**EMU Elective admissions and stay**

* Fellows are responsible for writing the H&P, placing admissions orders and signing out to on-call residents for elective admissions.
  + If there is a dedicated resident assigned to the EMU, the fellow will help the resident write the H&P and give feedback on their admission exam.
  + Fellow is responsible for checking the elective admission’s calendar and communicate with Vincent Palmieri to confirm patient’s arrival.
  + If admission occurs after 5PM, a preliminary H&P note and detailed sign out should be pended for the covering resident on call and communicated clearly.
  + For blocks with rotating resident, EMU patients are to be followed, written progress notes, and signed out to on call team by rotating PGY2/4. For blocks with no rotating resident, EMU patient are taken care by general neurology floor team. Fellows are to clearly communicate round time and recommendations to general neurology floor team on EMU patients.

**Epilepsy Consults**

* NSICU and General Neurology Consult Team can request consults from epilepsy team (see criteria below). Fellows are to see, write consult notes, and staff with attending during day shift. For blocks with a rotating resident, consults should be divided between resident and fellow at the discretion of the fellow’s schedule (eg. clinics).
  + Consults assigned to the resident should be discussed with the fellow prior to staffing with the attending.

**Outpatient clinics**

During your MSH rotation

* Friday PM: Fellows’ continuity clinic (17E 102nd street, with Dr. Maria Muxfeldt)

During your MSW rotation

* Thursday PM: Dr. Fields (MSW 10th floor)
* Friday PM: Dr. Marcuse (MSW 10th floor)
* After clinics, EEGs need to be followed up and sign out should be emailed to the on call attending and fellow on call
  + During the week, only people who need close monitoring at night need to be signed out. For the weekend, all EMU and ICU EEGs need to be signed out.

**Call Schedule**

Weekdays (5 PM to 8 AM): Epilepsy for all Mount Sinai Health System hospitals

Weekends (Friday 5 pm to Monday 8 am): Epilepsy for MSH and MSW inpatients

On call attending and fellow are physically present at MSW for weekend rounding. After hour calls are home-calls. One of the attendings will always be on call with you to discuss EEG findings or any management decisions. At night, fellows will answer phone calls from the answering service (patients of epilepsy attendings, ED physicians, etc.) and residents. During the weekends, on call fellows are responsible for reading all inpatient MSH & MSW EEGs, communicating with the on call residents, and answering phone calls. Sign out should be emailed on Sunday for the incoming team on Monday. Brief history and plan for the EMU patients and epilepsy consult patients should be included.

**FELLOWS: OUTPATIENT ROTATION**

**EEG Reporting:**

Ambulatory block:

AM: Attend faculty clinics: see below schedule

PM: Read outpatient routine and ambulatory EEGs at MSH, MSW, MSM and MSQ. Rounding with Ambulatory block attending (discuss the time of rounding with the attending on ambulatory block, typically in the afternoon)

Elective block:

Two AM faculty clinic per week: Tue AM: Dr. Blank, Fri AM: Dr. Yoo

**AEEG Block Schedule**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| AM | Fields (MSW) | Blank  (MSH) |  | Marcuse  (MSW) | Yoo  (MSH) |
| PM | Outpatient REEG and AEEG reading and rounding | Outpatient REEG and AEEG reading and rounding | Outpatient REEG and AEEG reading and rounding | Outpatient REEG and AEEG reading and rounding | Outpatient REEG and AEEG reading and rounding |

**FELLOWS: PEDIATRIC EPILEPSY ROTATION**

During pediatric rotations, focus on learning neonatal EEGs and early childhood EEGs, pediatric epilepsy syndromes, genetics related to epilepsy, metabolic disorders related to epilepsy, ketogenic diet, and pediatric epilepsy pre-surgical evaluation.

Please discuss the rotation schedule with the pediatric attending on service.

AM: Monday to Friday 8:00 am to 11:00 am

Pediatric EMU at Kravis 5th floor

* Read inpatient EEGs at Kravis and Neonatal ICU at MSW, elective EMUs at Kravis, and intracranial EEGs at Kravis
* Tuesdays and Thursdays: Pediatric Neurology team has clinic at 9 AM Reading/rounding for non-EMU patients should be finished before 9AM. Afterwards, read/round for EMU and intracranial EEGs. Please discuss rounding schedule with the pediatric epilepsy attending.

PM: 1-5 pm

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Mon | Tue | Wed | Thu | Fri |
| Peds Amb EEG reading | Dr. La Vega  (MSBI) |  | Peds Amb EEG reading | Dr. La Vega  (5E 98th street) |

Mount Sinai Beth Israel clinic: 10 Union Square East, 5th floor, suite 5-G

Mount Sinai East: 5E 98th street 1st floor in the movement disorder

Fellows should follow up on long term EEGs (focusing on ICU studies). Brief progress notes in EPIC should be done for ICU EEGs (same as above).

**FELLOWS: OTHER RESPONSIBILITIES**

**MDC Preparation**

Fellows are responsible for preparing and presenting epilepsy surgery cases (~1 NEW case per fellow, 1 FOLLOW UP per fellow), which are held every Wed 4-5:30 PM. Epilepsy attendings are expected to give the names of the patients by the previous Friday. Generally, the fellow who read the video EEG or intracranial EEG will be the presenting fellow for the case. Use “.fpmdc” smartphrase in EPIC to create the MDC note. After you prepare your MDC presentation, please go over it with the patient’s epileptologist prior to the presentation. During the case conference, fellows should update discussion and plan, and finalize the note.

**EEG conferences**

1st week – joint NSICU conference, 3rd week – interesting EEG cases (Wed 1-2 pm)

This conference is to share interesting or challenging cases together and to learn from each other. When you encounter these EEGs, please make a note to present them during these conferences. Each fellow is expected to present 2-3 cases per conference. One third of the time should be devoted to pediatric cases.