

SLEEP MEDICINE ROTATION CURRICULUM

TARGET: PGY 1-3

March 22, 2013

A. EDUCATIONAL GOALS AND OVERVIEW

Residents on the sleep medicine rotation are expected to gain competency in the diagnosis and management of obstructive and central sleep apnea syndromes, insomnia, hypersomnia syndromes, parasomnias and sleep related movement disorders in primarily the outpatient, but also the inpatient setting. With the guidance of the sleep medicine faculty and fellows, residents should also gain a more in-depth understanding of the evaluation and management of a wide range of sleep medicine cases during this rotation.

B. ROTATION DESCRIPTION AND STRUCTURE

- Training will take place at the Olive View-UCLA Medical Center for clinics and inpatient consultations, and at the West Los Angeles VA and Sepulveda VA Clinics. Rotations on the Sleep Medicine service will be between one and two weeks in duration (2 weeks is recommended).
- Housestaff will be required to attend the Olive View Case Conferences on Mondays at 4:30 PM in the Sleep Center and the Core Curriculum lectures at 12 – 1 PM on Wednesdays at West LA VA, and at 12-1 PM on Fridays at the Sepulveda VA outpatient facility.
- Housestaff will be required to complete a computer-based lecture series on basic topics including sleep neurophysiology, circadian rhythm physiology, sleep-disordered breathing, parasomnias and insomnia.
- Housestaff are expected to observe CPAP set-ups and the procedures for autoCPAP pressure titration and CPAP management.
- Housestaff are invited to observe preparation and monitoring of overnight polysomnograms in the Olive View-UCLA Sleep Laboratory which begin at 8 PM Monday – Friday.
- Clinical experience in inpatient Sleep Medicine will include consultation activities at OVMC. Consults must be seen and reviewed with the attending on the same day. Daily rounds and notes are required on every patient on the service.
- Housestaff will review portable home tracings and polysomnograms with the attendings and fellows, but will not be required to learn scoring and interpretation.

- Clinical Experience in outpatient Sleep Medicine will include the follow clinics:

Monday AM	Clinic C or 6B	8 AM - noon- OVMC
Monday PM	6B	1- 4:30 PM - OVMC
Wednesday PM	Clinic Area	1-4:30 PM – West LA VA
Thursday AM	6B	8AM-noon – OVMC
Thursday PM	6B	1-4:40 PM
Friday PM	Clinic Area	1-4:30 PM

- Supervision will be provided by the Sleep Medicine faculty, assisted by the fellows.

C. OBJECTIVES (By RRC competency and PGY level)

At the completion of this rotation (and with additional experience and study throughout the training program) the resident will be able to:

1. Medical Knowledge

- Demonstrate a working knowledge (including indications, limitations, and appropriate utilization or interpretation) of the following tests and studies (PGY 1 – basic knowledge; PGY 2/3 – advancing knowledge)
 - Daytime sleep symptom and functional instruments including Epworth Sleepiness Scale, Functional Outcomes of Sleep and the Berlin Score.
 - Portable home sleep testing
 - Polysomnography
 - Multiple Sleep Latency and Maintenance of Wakefulness Tests
 - CPAP titration – in-lab and home
 - CPAP download interpretation
 - Actigraphy
 - Sleep Diary
- Demonstrate an appropriate knowledge of the basic and clinical sciences, understand complex relationships and mechanisms of disease, and recommend appropriate diagnostic and treatment options for the following medical conditions (PGY 1 – basic knowledge; PGY 2/3 – advancing knowledge; by the end of the 3rd year, a resident should be able to independently implement an effective diagnostic and treatment plan or know how and when to appropriately refer):
 - a. Insomnia
 - Adjustment Insomnia
 - Psychophysiologic Insomnia
 - Paradoxical Insomnia
 - Insomnia due to Mental Disorder

- Inadequate Sleep Hygiene
 - Insomnia due to Medical Condition
 - Insomnia due to Drug or Substance
- b. Sleep Related Breathing Disorders
- Cheyne Stokes Breathing Pattern
 - High Altitude Periodic Breathing
 - Central Sleep Apnea due to Drug or Substance
 - Obstructive Sleep Apnea, Adult
 - Obesity Hypoventilation Syndrome
 - Sleep Related Hypoventilation/Hypoxemia due to Lower Airway, Pulmonary Parenchymal or Vascular Pathology
 - Sleep Related Hypoventilation due to Neuromuscular and Chest Wall Disorders
- c. Hypersomnias
- Narcolepsy with or without Cataplexy
 - Idiopathic Hypersomnia
 - Behaviorally Induced Insufficient Sleep Syndrome
 - Hypersomnia due to Medical Condition
 - Hypersomnia due to Drug or Substance
- d. Circadian Rhythm Sleep Disorders
- Delayed Sleep Phase Syndrome
 - Advanced Sleep Phase Syndrome
 - Jet lag Disorder
 - Shift Work Syndrome
- e. Parasomnias
- Confusional Arousals
 - Sleep Walking
 - Sleep Terrors
 - REM-Behavioral Disorder
- f. Sleep Related Movement Disorders
- Restless Legs Syndrome,
 - Sleep Related Bruxism

2. Patient Care

- Complete an interview, physical exam, and patient data review which are accurate, effective and appropriate for the patient (PGY 1-3)
- Create assessments & plans and make therapeutic decisions based on appropriate data (PGY 1 – basic skills, with assistance; PGY 2/3 – advancing skills, towards independence as appropriate)

- Demonstrate sound judgment, insight and prioritization skills to make reasonable, "good sense" clinical choices (PGY 1-3)
- Safely and proficiently perform medical procedures to minimize patients' discomfort and maintain sterile techniques (PGY 1-3)

3. Interpersonal and Communication Skills

- Communicate effectively with the principle provider(s) caring for the patient, verbally and in writing (in the medical record or consult note) (PGY 1-3)
- Communicate effectively with the patients and their families regarding education and counseling (PGY 1-3)

4. Professionalism

- Demonstrate respect, compassion, integrity and honesty (PGY 1-3)
- Role model responsible and ethical behavior, including acknowledgement of errors (PGY 1-3)
- Consider the needs of the primary care providers, patients, families, colleagues and hospital/clinic staff, including being sensitive to different cultural/socioeconomic backgrounds and avoiding judgmental behaviors (PGY 1-3)

5. Practice-Based Learning and Improvement

- Demonstrate a commitment to self-assessment and improvement by listening to and incorporating feedback (PGY 1-3)
- Effectively use information technology (e.g., computer or PDA resources) and an EBM approach to providing consult care (PGY 1-3)
- Research and discuss relevant literature with the team or consulting service (PGY 1-3)

6. Systems-Based Practice

- Effectively access hospital/clinic resources; appropriately coordinate inpatient care with subsequent outpatient follow-up care (PGY 1-3)
- Delineate clear relationships between the consult service and the primary team (PGY 1-3)
- Complete charting requirements (date/time/sign all notes, write legibly, no unapproved abbreviations) (PGY 1-3)

D. TEACHING METHODS

- Attendings and fellows will be responsible for teaching housestaff during the rotation, which will include teaching at the bedside and face-to-face in the clinics. Didactics will be provided during individual patient staffing in clinics, attending rounds, case conferences, and a core lecture series designed for the residents and fellows.
- Learning is patient-based, and the housestaff are expected to supplement their learning with additional reading on the conditions encountered.
- Housestaff will participate in regularly scheduled clinics and conferences, as described in (B) above.
- When not busy with other conferences or urgent patient care activity, housestaff are required to attend the daily noon conference series, which covers the core lecture series for Internal Medicine and the monthly Morbidity & Mortality conferences.
- Daily Morning Report conferences are optional but highly recommended.

E. EDUCATIONAL RESOURCES

- Up-To-Date
- Sleep Multimedia
- American Academy of Sleep Medicine Website
- American Academy of Sleep Medicine, International Classification of Sleep Disorders.
- Suggested textbooks:
- Kryer, Roth and Dement. *Principles and Practice of Sleep Medicine*
- Avidan, Barkoukis. *Review of Sleep Medicine*.
- Lee-Chiong. *Sleep Medicine Essentials*.

F. MONITORING AND EVALUATION

- Attending physicians will give continuous verbal feedback on the resident's performance during the rotation.
- The attending(s) and fellow(s) will submit a written evaluation based on the above objectives and competencies at the end of the rotation.
- A supervising physician will complete a computerized evaluation form after each procedure performed, to document satisfactory competency.