

### *ADULT NEUROLOGY*

***Note 1: It may not be possible to meet all training needs in placement with a single adult neurology service or team. Attachments/placements with (for example) an adult stroke team might be valuable.***

*By the end of Higher Specialist Training, trainees will demonstrate the following competencies in Adult Neurology:*

- Demonstrate the ability to perform and interpret a full clinical examination of an adult neurological patient.
- Demonstrate knowledge and understanding of the life-long implications of chronic neurological conditions presenting in childhood.
- Demonstrate knowledge and understanding of neurological diseases that rarely but importantly can present in childhood (eg demyelinating disease).
- Demonstrate knowledge of the principles of successful transitional care for young people with conditions (eg epilepsy) requiring handover to adult neurological services. This should include direct observation of examples of good practice.
- Demonstrate knowledge of services for adults with physical and learning difficulties and chronic neurological diseases.
- Demonstrate familiarity with the processes of rehabilitative and other care for adults and long-term disabilities. Be able to compare and contrast the approaches used in adults and children.
- Have observed consultations and therapeutic interventions in the management of medically unexplained (“non-organic”) neurological presentations.

BPNA Competencies in Adult Neurology for Paediatric Neurology Trainees

<b>The patient presents with</b>	<b>Knowledge and understanding</b>	<b>Skills</b>
Acute stroke in adults	<p>Discuss the differential diagnosis of stroke, including venous infarction.</p> <p>–Discuss the role and limitations of imaging investigations in the diagnosis of acute stroke.</p> <p>Discuss aetiology and investigation of acute stroke in young and older adults.</p> <p>Discuss secondary prevention of stroke.</p> <p>Understand the principles of antiplatelet, anticoagulant therapy in TIA/acute stroke.</p> <p>Discuss indications for thrombolytic treatment of acute stroke in adults.</p>	<p>Diagnose the important anterior and posterior circulation TIA and stroke syndromes.</p> <p>Assess conscious level, adequacy of airway protection and gag, and need for HDU/ICU care.</p> <p>Recognise basic anatomical features of <i>normal</i> digital four-vessel and MR angiogram studies.</p>
Seizures	<p>Discuss differential diagnosis of paroxysmal episodes in adults including syncope and non-epileptic attack disorder.</p> <p>Discuss long-term natural history (into adulthood) of epilepsy syndromes presenting in childhood.</p> <p>Discuss aetiologies of seizure disorders presenting in adulthood.</p>	<p>Diagnose the common partial (simple and complex) and generalised epilepsy syndromes.</p> <p>Initiate appropriate investigations and treatment of epilepsy in adults, including status epilepticus.</p> <p>Be able to advise on seizure treatment and anticonvulsant selection in pregnancy and women of childbearing potential.</p> <p>Be able to advise on employment and driving implications of epilepsy.</p>
Headache	<p>Demonstrate knowledge of headache/facial pain syndromes, including migraine, tension headache, cluster headache, trigeminal neuralgia and temporomandibular joint dysfunction.</p>	<p>Diagnose migraine and tension headache.</p> <p>Initiate appropriate investigation and treatment of headache.</p>

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<p>Demyelinating disease</p>	<p>Discuss the differential diagnosis of MS, including ADEM.</p> <p>Discuss role of steroids, symptomatic therapies (eg of spasticity) and disease modifying therapies.</p> <p>Discuss aims of rehabilitative therapy.</p> <p>Be aware of implications for employment, independent living of long-term disability.</p> <p>Compare and contrast medical and social models of disability.</p>	<p>Diagnose relapsing and remitting multiple sclerosis.</p> <p>Recognise typical MR appearances of multiple sclerosis and differential diagnoses.</p> <p>Appropriately initiate steroid treatment in an acute relapse of MS.</p>
<p>Weakness</p>	<p>Discuss diagnosis and management of acute and chronic inflammatory demyelinating neuropathy (AIDP, CIDP).</p> <p>Discuss use of cholinesterase inhibitors, thymectomy and immunological treatment of myasthenia gravis.</p> <p>Discuss diagnosis and treatment of inherited and acquired muscle disease.</p>	<p>Confidently distinguish between upper motor neurone (UMN) and lower motor neurone (LMN) patterns of limb weakness.</p> <p>Recognise the presence and significance of mixed UMN and LMN signs.</p> <p>Recognise patterns of weakness suggestive of peripheral neuropathic, myopathic and neuromuscular junction causes.</p> <p>Recognise apparent weakness due to ataxia.</p> <p>Recognise and localise lesions to the cerebral hemispheres, brainstem or spinal cord (including cord compression and syrinx).</p> <p>Recognise and localise disorders of root/plexus and peripheral nerves (including entrapment neuropathies)</p> <p>Plan the appropriate investigation of a patient presenting with weakness.</p>

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<p>Movement disorder</p>	<p>Discuss the investigation of movement disorders.</p> <p>Discuss the pharmacological treatment of Parkinson's disease and other movement disorders.</p>	<p>Correctly identify dystonic, myoclonic and choreiform movement disorder phenotypes.</p> <p>Recognise the clinical features of idiopathic Parkinson, juvenile Huntingdon and Wilson diseases.</p>
<p>Cognitive deficits</p>	<p>Discuss the major aetiologies and presentations of dementia.</p> <p>Be aware of other assessment instruments (eg Addenbrooke's Cognitive Examination) and of the indications for referral for formal neuropsychometric assessment.</p> <p>Discuss localising value of focal cognitive deficits.</p>	<p>Assess a person reporting cognitive difficulties based on clinical assessment of the patient and informant interview.</p> <p>Perform a qualitative and quantitative mental state examination (eg MMSE).</p> <p>Recognise and assess the contribution of affective states (especially depression) to cognitive impairment.</p>
<p>Neurodegenerative disease</p>	<p>Discuss differential diagnosis of psychomotor regression presenting in adolescence.</p>	
<p>Paraneoplastic disease</p>	<p>Discuss adult paraneoplastic syndromes including ataxias, neuropathies, ganglionopathies and myopathies.</p>	
<p>Neurometabolic disease</p>	<p>Discuss adult presentations of mitochondrial and metabolic disease.</p>	