

General Information about Thursday Morning Neuropsych Case Conference

(Basar Cenik, MD, PhD, 2019)

- Some of the goals of this conference are:
 - Finding a shared terminology between two medical specialties that treat brain disorders, in order to improve communication in clinical settings
 - Cross-pollination of clinical expertise between neurology and psychiatry
 - Practicing formal case presentation skills
 - Board preparation (Psychiatry boards have neurology questions and Neurology boards have psychiatry questions)
- Best cases for this conference will have some of the following features:
 - Psychiatric presentations of neurological disorders
 - Neurological symptoms in psychiatric disorders
 - Co-morbid neurological and psychiatric disorders
 - A disorder that is of interest to both specialties such as dementia, conversion disorder, or TBI
 - A rare diagnosis, an unusual or complicated presentation, or a diagnostic dilemma
 - A patient consulted from neurology to psychiatry or vice versa, or a patient consulted to both specialties
 - Any case that was challenging or instructive in some way, including social determinants of health, psychological factors affecting medical care, treatment resistance, or safety issues.
- The following types of cases are probably not ideal:
 - Cases where very limited information is available such as new acute cases from overnight call
 - Cases where the diagnosis is very obvious or difficult to withhold during presentation
- I recommend that you use the case records of the Mass General Hospital published in NEJM as a template for your presentations. One relevant case is attached as an example. Some features to note are:
 - Strict adherence to a logical, chronological, formal order of presentation; starting with the chief complaint, demographic information, and the manner of presentation; continuing logically through the classic elements of an H&P, i.e. the HPI (starting from the point of last known wellness), past histories, family and social history, physical and mental status examinations, labs, imaging findings, and hospital course.
 - In psychiatry-oriented cases, an equally good approach is to present the patient's story in chronological order starting from early childhood or the earliest symptoms. In this approach, the HPI, past histories, and social history will be combined into one coherent narrative.
 - There should be a pausing point for discussion of differential diagnosis. Do not reveal the final diagnosis prematurely. We typically prefer to hear the medical students' differential diagnosis before opening the discussion to the more senior members of the audience.
 - Management should generally be discussed last. However, if the main teaching point is about management, you can inform the audience beforehand that the diagnosis is straightforward and the emphasis of discussion will be on management.