**Specialty Clinics Rotation: VA Sleep Clinic**

**Description:** This experience occurs during the geriatrics specialty clinic six-week rotation. It consists of one ½ day per week in the VA GRECC Sleep Clinic and includes the evaluation and management of common sleep disorders in veterans with complicating co-existing medical and psychiatric conditions. The fellow will interact with daytime sleep technicians and respiratory therapists in order to facilitate appropriate sleep testing and set-up for durable medical equipment such as CPAP, BiPAP, home oxygen and various CPAP masks and interfaces. This education occurs under the tutelage of sleep medicine specialists with training in psychiatry, neurology, geriatrics and pulmonary medicine. The fellow will work with Dr. Barczi as the Director of this rotation.

Supervisors: Dr. Barczi, Dr. Juergens, Dr. Mihai Teodorescu

Supervisor contact information:
   Phone: (VA Clinic) 280-7000, (VA Laboratory) 256-1901 #17548
   Pager: Barczi-4852; Juergens-2352 or 559-0174; Teodorescu-6472

**Goals**

To equip fellows with the clinical knowledge and skills to proficiently evaluate and manage primary and co-morbid sleep disorders in older adults with special attention to the application of diagnostic strategies and testing appropriate for a large managed care system (the Veterans Health Administration).

**Objectives and Steps to Evaluate Competency in this Objective**

*The fellow will be able to*

**Medical Knowledge**
- incorporate basic concepts of sleep physiology and mechanisms into clinical encounters
  
  As measured by 1) performance on in-service examination at seven months (target is score >80% on items specific to this objective), 2) global rating scales completed by faculty mentors at the end of the rotation

**Patient Care**
- develop organizational skills necessary to collect appropriate data from the history, physical and sleep diagnostic testing in a prompt and efficient manner
- diagnose sleep disorders associated with common medical, neurological and psychiatric conditions (e.g. insomnia from medications, nocturnal epilepsy, nocturia, depression and anxiety)
- provide treatment that meets the standard of care for persons with sleep apnea, insomnia, narcolepsy, restless legs syndrome and periodic limb movements of sleep
  
  As measured by 1) global rating scales completed by faculty mentors, 2) multisource evaluations by staff (RT, sleep techs)

**Interpersonal and Communications Skills**
- Demonstrate communication skills that enable them to establish and maintain professional relationships with colleagues in respiratory therapy, nursing and psychology
  
  As measured by 1) global rating scales completed by faculty mentors at the end of the rotation

**Systems-Based Practice**
- use sleep clinic templates within a sophisticated computerized medical record
- recognize financing and regulation of sleep medicine as it pertains to a managed care system
partner with sleep respiratory therapist to initiate CPAP or equivalent effectively and in a timely fashion

As measured by 1) global rating scales completed by faculty mentors at the end of the rotation and 2) multisource appraisals completed by respiratory therapy staff that coordinate PAP therapy

Type of Clinical Encounter
Clinic evaluation of patient with supervision by faculty preceptor (the fellow will review the medical record, interview and examine the patient, synthesize information and then present the case to a geriatric faculty member)

Teaching Methods
Mini-didactic sessions with faculty and other learners
Case-based learning (case discussions with faculty preceptor)
Individual study using listed references and web-based materials

Patient Characteristics/ Mix of Diseases
This patient population is >85% men who are primarily > 55 years. They typically have multimorbidity. Common diseases seen include late-life insomnia, sleep apnea, restless legs syndrome, periodic limb movements of sleep, REM sleep behavior disorder and hypersomnia disorders.

Procedures
Office-based tools to screen for sleepiness (Epworth Sleepiness Scale), risk for sleep apnea (the Berlin Sleep Questionnaire) and sleep habits (Sleep Diary); understand results of basic sleep evaluation tests such as the polysomnogram, actigraph and MSLT.

Bibliography:
1. Web-based training manual for common sleep disorders: https://www2.medicine.wisc.edu/home/sleepmedicine/sleepdisorderstoc

I have read and reviewed the goals and objectives for this rotation.

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Fellow Signature     Faculty Signature

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