

Innovative interdisciplinary emergency neurology rotation: Building bridges for enhanced patient care

To the Editor: At Tygerberg Hospital, Stellenbosch University, we have implemented a novel rotation integrating neurology registrars into the Acute Medical Emergencies Department. This innovative approach aims to enhance emergency neurological care and promote interdisciplinary and interprofessional collaboration.^[1]

Neurological emergencies account for a significant portion of emergency department visits, often presenting diagnostic and management challenges, in particular, management of acute stroke and weakness, giving rise to the twin epidemics of non-communicable and infectious diseases, respectively.^[2,3] Our programme addresses this by embedding neurology registrars within the emergency setting, allowing for rapid specialist assessment and intervention. This model has the potential to improve patient throughput, reduce overcrowding and provide quicker access to speciality consults.

The rotation aims to enrich the educational experience of neurology trainees, enhancing their diagnostic skills and decision-making abilities under time pressure. Importantly, it fosters interprofessional education, as neurologists work alongside internal medicine registrars, medical officers, emergency physicians, nurses and paramedics, promoting a comprehensive team-based approach to patient care.^[4]

By building bridges between specialties, this approach potentially improves patient outcomes. Additionally, it enhances communication and knowledge transfer between different medical disciplines, leading to more holistic patient management.

Moving forward, our next steps include developing a structured curriculum for this rotation to ensure its sustainability and scalability. We aim to continuously evaluate the programme's impact on patient care and registrar education, refining the model based on feedback and outcomes. Through this innovative rotation, we strive

to set a precedent for interdisciplinary collaboration, ultimately contributing to the advancement of emergency neurological care.

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1. Kaiser L, Conrad S, Neugebauer EAM, Pietsch B, Pieper D. Interprofessional collaboration and patient-reported outcomes in inpatient care: A systematic review. *Syst Rev* 2022;11(1):169. <https://doi.org/10.1186/s13643-022-02027-x>
2. Mayosi BM, Flisher AJ, Lalloo UG, Sitas F, Tollman SM, Bradshaw D. The burden of non-communicable diseases in South Africa. *Lancet* 2009;374(9693):934-947. [https://doi.org/10.1016/S0140-6736\(09\)61087-4](https://doi.org/10.1016/S0140-6736(09)61087-4)
3. Liberman AL, Cheng NT, Friedman BW, et al. Emergency medicine physicians' perspectives on diagnostic accuracy in neurology: A qualitative study. *Diagnosis* 2021;9(2):225-235. <https://doi.org/10.1515/dx-2021-0125>
4. Kiessling A, Amiri C, Arhammar J, et al. Interprofessional simulation-based team-training and self-efficacy in emergency medicine situations. *J Interprof Care* 2022;36(6):873-881. <https://doi.org/10.1080/13561820.2022.2038103>

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