

Physical Medicine and Rehabilitation: Goals and Learning Objectives

Goals:

The goal of the clerkship is to prepare the student to interact with and medically manage patients with all levels of ability and disability. Specifically, the overarching goals are:

- Learn to focus on function and the functional consequence of illness
- Improve comfort level and experience working with patients with disabilities
- Participate in a comprehensive and interdisciplinary approach to clinical care
- Improve medical knowledge in the following domains:
 - Attention to biomechanics and kinesiology
 - Secondary prevention of medical complications in the rehabilitation setting
 - Unique medical issues in the disabled population

Objectives:

The following are the objectives for the rotation, mapped to the Feinberg School of Medicine Competencies:

PATIENT-CENTERED MEDICAL CARE

- Create comprehensive written history & physicals, specifically targeted to identify impairments that impact a patient's level of function (PCMC-1, PCMC-2)
- Perform neurologic physical examination on a patient with a neurologic condition. (PCMC-2)
- Summarize a complex medical course for a patient being admitted to the rehabilitation unit from acute care. (PCMC-3)
- Develop a comfort level in interacting with and providing care for those with disabilities (ECIS-4)
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COMMUNICATION & INTERPERSONAL SKILLS

- Write updated and appropriately thorough daily progress notes for patients on the inpatient rehabilitation unit. (PCMC-3; ECIS-2)
- Give accurate and concise oral presentations on the inpatient rehabilitation unit. (PCMC-3; ECIS-3)
- Communicate effectively with primary care physicians and other members of the rehab team. (ECIS-3; SATBC-2b)
- Communicate with consultants, therapists, nurses, discharge planners and social workers. (SATBC-2b)
- Communicate clearly with patients with communication impairments (ECIS 2, ECIS-4)

MEDICAL KNOWLEDGE & SCHOLARSHIP

- List and describe various methods to assess and measure neuromuscular function. (PCMC-2; MKS-1b)
- Construct daily management plans, incorporating patient preferences and values (PCMC-3)
- Write a therapy prescription. (PCMC-3)
- List and describe the members of a rehabilitation team. (SATBC-2b)
- Define and describe the terms impairments, participation restrictions, and community limitations. (MKS-1c)
- Discuss the relationships between common clinical disease entities, physical disability, psychosocial issues, quality of life, and maximizing functional outcomes. (MKS-1c)
- Compare and contrast the various levels and locations of rehabilitation care and describe the role of a physiatrist (SATBC-2b)
- Perform a functional assessment for a new patient admitted to inpatient rehabilitation. (MKS-1c)

CONTINUOUS LEARNING & IMPROVEMENT

- Self-identify limitations & knowledge deficits and show a commitment to making improvements (CLQI-2)

SYSTEM AWARENESS & TEAM-BASED CARE

- Assist with creating individualized discharge plans that promote safe transitions of care. (SATBC-26)

- Identify additional opportunities and ways to advocate for patients and patient access within the current complex health care system. (SATBC-1)
- Communicate effectively with patients and their families at the bedside, including counseling & education skills. (PCMC-6; ECIS-1, ECIS-4)

PERSONAL AWARENESS & SELF-CARE

- Demonstrate the ability to manage stress and balance personal & professional demands for time. Maintain professional dress. (PASC-2)

PROFESSIONAL BEHAVIOR AND MORAL REASONING

- Participate as a member of the rehabilitation team and effectively communicate with allied health staff, nurses, social workers, consulting physicians, dietitians, respiratory therapists, and psychologists. (ECIS-3, SATBC-26)
- Participate in one ethics conference and be able to participate in a discussion of ethical principles as they apply to rehabilitation. (PBMR-1)
- Demonstrate professional behavior by attending required conferences and completing electronic log. (PBMR-5)
- Seek out clinical learning opportunities that are relevant to his/her future practice. (CLQI-2)
- Demonstrate professional interactions with health-care team, staff, patients and families at all times (PBMR-3)

Core Medical Knowledge:

- List common adaptive equipment used in rehabilitation. (MKS-1c)
- Define, classify, diagnose and manage spasticity. (MKS-1b)
- Describe neuroplasticity. (MKS-1b)
- Define the appropriate stage for a pressure ulcer. (MKS-1b)
- Define and manage autonomic dysreflexia. (MKS-1b)
- List five medical complications seen after acute stroke. (MKS-1b)
- Define and manage neurogenic bowel and neurogenic bladder. (MKS-1b)
- Describe risk factors of indwelling foley catheter use. (MKS-1b)
- Discuss functional consequences of immobility. (MKS-1b)
- Define the anatomic subtypes of traumatic brain injuries. (MKS-1b)
- Describe the Rancho Los Amigos Scale for traumatic brain injury. (MKS-1b)
- Define the different types of disorders of consciousness. (MKS-1b)
- Assign an ASIA classification level for a patient with a spinal cord injury. (MKS-1b)
- List and describe the three phases of swallowing. (MKS-1a)