Physical Medicine & Rehabilitation: Core EPA 1

Providing consultation and developing comprehensive management plans for patients with complex presentations

Key Features:
- This EPA focuses on comprehensive functional physiatry-specific histories, physical examinations and management plans for the following complex rehabilitation patient groups: SCI, ABI, stroke, P&O, MSK, neuromuscular, cardio-respiratory, and complex pain conditions.
- This includes focused assessments such as those for spasticity, botulinum toxin injections, general sports medicine clinics, and technical aid (e.g. seating) prescriptions.
- Complexity is defined as any of the following: functional impairment from multiple conditions; fluctuating functional impairments; diagnostic uncertainty, rare or atypical condition/presentation; management challenges due to social determinants of health and/or cultural complexities; and, management challenges due to environmental context.
- This EPA may include determining the patient’s candidacy for rehabilitation and transferring care and/or discharging the patient when rehabilitation is not an option.
- It includes communicating the physiatry plan, physiatric recommendations, and goals of care to the patient, family and other health care providers (referring source/team, other health care professionals), including when a patient is not a candidate for rehabilitation.
- This EPA may be observed on inpatient rehabilitation units, in outpatient physiatry and electrodiagnostic clinics, or on an inpatient consultation service.

Assessment Plan:

Direct and/or indirect observation by physiatrist or TTP trainee

Use form 1. Form collects information on:
- Focus of observation (check all that apply): history; physical; diagnosis and management
- Rehabilitation population group (check all that apply): amputee; brain injury; musculoskeletal; neurological; neuromuscular, spinal cord injury; stroke; complex medical conditions (burns/cancer/cardiorespiratory); other (write in)
- Rehabilitation Issue(s) (check all that apply): not applicable; advocacy; agitation; aphasia; assistive devices (walkers, mobility aids); ataxia; autonomic dysreflexia; cognition; mood disorder; contracture; dysarthria; dysphagia; exercise prescription; heterotopic ossification; immobilization complications; falls; fitness/wellbeing; hobbies/avocation; medical comorbidity management/surveillance; neurogenic bladder; neurogenic bowel; orthotic management; osteoporosis; pain; prosthetic management; school needs; seating/wheelchair issues; seizure; sexual dysfunction; spasticity; vocation needs; wound management; other (write in)
- Complexity: low; high
- Setting: inpatient rehabilitation; outpatient physiatry clinic; outpatient electrodiagnostic clinic; consultation service

Collect 30 observations of achievement.
- At least 2 of each rehab population group
- At least 1 assessment per population group must comprise history, physical, and diagnosis and management
- Variety of inpatient and outpatient settings
- At least 1 Physiatrist per rehabilitation population group

Relevant milestones

1. **ME 1.4** Perform clinical assessments that address the breadth of issues in each case in an organized manner
2. **ME 2.2** Focus the clinical encounter, performing it in a time-effective manner, without excluding key elements

History

3. **ME 2.2** Elicit an accurate, relevant history
4. **COM 1.5** Recognize when strong emotions (such as, anger, fear, anxiety, or sadness) are affecting an interaction and respond appropriately

Physical

5. **ME 2.2** Perform a physical exam and identifies the clinical significance of findings

Diagnosis and Management

6. **ME 1.6** Provide evidence informed, patient centred care of one condition in the presence of one or more other conditions
7. **ME 2.1** Iteratively establish priorities, considering the perspective of the patient and family (including values and preferences) as the patient’s situation evolves
8. **ME 2.2** Integrate new findings and changing clinical circumstances into the assessment of the patient’s clinical status
9. **ME 2.2** Evaluate the applicability of conflicting data and/or recommendations
10. **ME 2.2** Summarize clinical information in a manner that accurately reflects the patient’s presentation
11. **ME 2.4** Develop and implement management plans that consider all of the patient’s health problems and needs
12. **ME 3.3** Balance risk, effectiveness and priority of interventions in the presence of multiple comorbidities
13. **ME 4.1** Determine the need, timing and priority of referral to another physician and/or health care professional
14. ME 4.1 Determine the need and timing of transfer to another level of care
15. **ME 4.1** Establish plans for transition and ongoing care, taking into consideration all of the patient’s health problems and needs as well as clinical state and preferences
16. **COM 3.1** Convey information related to the patient’s health status, care, and needs clearly and compassionately
17. **ME 2.3** Discuss concerns, in a constructive and respectful manner, with the patient and family about goals of care that are not felt to be achievable
18. **COM 5.1** Adapt written and electronic communication to the specificity of the discipline and to the expectations of patients
19. **COL 1.2** Negotiate overlapping and shared care responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care
20. **COL 1.3** Use referral and consultation as opportunities to improve quality of care and patient safety by sharing expertise
21. **COL 3.2** Provide safe, efficient and patient-centred transitions between health care providers as well as between different health care professionals
22. **L 2.1** Use clinical judgment to minimize wasteful practices.
23. **L 2.1** Consider costs when choosing care options.
24. **HA 1.2** Apply the principles of behaviour change during conversations with patients about adopting healthy behaviours
25. **S 3.4** Integrate best evidence and clinical expertise into decision-making
26. **P 1.3** Manage ethical issues related to persons with disability encountered in the clinical setting