

## Physical Medicine & Rehabilitation: Core EPA 3

### Identifying, assessing and managing patients with emergent and urgent medical issues

#### Key Features:

- This EPA includes complex emergent and urgent medical issues.
- This may include communicating with patients, families and/or other health care professionals, advocating for appropriate patient care (e.g. transfer to acute care or ICU), and handover to a receiving clinical team
- This EPA may be observed in the simulation setting.

#### Assessment Plan:

Direct and/or indirect observation by physiatrist, TTP trainee, or non-physiatrist physician with appropriate skill set; this may include feedback from nurses or other health professionals

Use form 1. Form collects information on:

- Observation type: direct; indirect
- Rehabilitation population group (check all that apply): amputee; brain injury; musculoskeletal; neurological; neuromuscular, spinal cord injury; stroke other diagnoses (burns/cancer/cardiorespiratory); other (write in)
- Medical issue: acute joint swelling; acute limb swelling; acute undifferentiated functional deterioration; acute wound deterioration; altered level of consciousness; altered neurological status; angioedema/anaphylaxis; autonomic dysreflexia; code blue; critical abnormal investigation result; critical abnormal vitals; falls/acute trauma; major hemorrhage; overdose; palpitations; post-traumatic agitation; pulseless limb; respiratory distress; severe acute pain; urgent mental health and behavioral issues; other (write in)()
- Setting: inpatient rehabilitation; outpatient physiatry clinic; outpatient electrodiagnostic clinic; consultation service; simulation

Collect 10 observations of achievement.

- At least 2 direct observations
- At least 4 different medical issues
- At least 1 autonomic dysreflexia (may be observed in simulation)
- No more than 4 in simulation setting
- At least 4 different observers
- At least 4 observations from faculty

#### Relevant Milestones

- 1** ME 1.6 Adapt care as the complexity, uncertainty and ambiguity of the patient's clinical situation evolves
- 2** **ME 2.2 Focus the clinical encounter, performing it in a time-effective manner, without excluding key elements**
- 3** **ME 2.2 Select and interpret the results of investigations and imaging based on differential diagnosis**

- 4 ME 2.4 Develop and implement initial and/or ongoing management plans**
- 5 COM 3.1 Convey information related to the patient's health status, care, and needs clearly and compassionately**
- 6 COM 3.2 Communicate the reasons for unanticipated clinical outcomes to patients and disclose patient safety incidents**
- 7 COM 5.1 Document relevant information**
- 8 COL 2.1 Communicate with the receiving physicians or health care professionals during transitions in care, clarifying issues after transfer, as needed**
- 9 L 2.1 Consider health care resources and costs when determining the investigation and management plan**
- 10 P 2.2 Demonstrate a commitment to patient safety and quality improvement through adherence to institutional policies and procedures**
- 11 P 4.1 Integrate skills that support adaptation and recovery in challenging situations**