# 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 co-morbidities
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