

Curriculum on Physical Medicine and Rehabilitation Rotation Danbury Hospital Primary Care Residency Program

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PM&R Schedule:

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|----|--|---|---|--|--|
| AM | Dr. Riordan 33 Germantown Road Danbury | Dr. Aaronson 33 Germantown Road Danbury | Dr. Trowbridge 39 Park Lane Road #1 New Milford 860 350 8326 | Dr. Southern 10 South Street Ridgefield CT | Study |
| PM | Dr. Riordan 33 Germantown Road Danbury | Dr. Trowbridge 39 Park Lane Road #1 New Milford | Dr. Riordan 22 Old Waterbury Road Southbury CT | Dr. Southern 10 South Street Ridgefield CT | Dr. Riordan 33 Germantown Road Danbury |

A. Educational Purpose and Goals

Internists care for patients with a wide variety of impairments and musculoskeletal problems. They must understand the resources available to assist patients in optimizing function. This rotation aims to familiarize residents with assessment and formulation of care plans for patients with neuromuscular and skeletal problems. Residents gain familiarity with a spectrum of rehabilitation services. Residents gain skills in physiatric assessment and formulation and implementation of comprehensive patient care plans.

B. Teaching Methods.

- I. Supervised direct patient care activities- approximately 50 percent inpatient, 50 percent outpatient. (Dr. Prywes' rotation is 100% outpatient)
 - a. In the inpatient rehabilitation unit setting residents observe formulation of a comprehensive physiatric care plan, team conferences and therapy, which could include: PT, OT, ST, social work, rehabilitation psychology and rehabilitation nursing.
 - b. Residents serve as PM&R consults for patients on the inpatient medical and surgical services. With the supervision of the attending physiatrist, residents assess appropriateness of patients for admission to the inpatient rehabilitation unit and assist with recommendations to foster enhanced function for those patients not appropriate for the inpatient unit.

- c. In the outpatient setting, residents perform supervised physiatric assessment and formulate care plans for patients with a variety of musculoskeletal and rehabilitation complaints. They have the opportunity to observe EMG/NCS; joint, tendon and trigger point injections; medical acupuncture and chemodenervation procedures.
- II. Discussions and readings- The teaching physician reviews and confirms appropriate data gathering techniques with the resident. Educational discussions of physiatric principles and practice are held related to encounter patients.

C. Educational Content

- I. Overall
 - a. Understand the role of physiatrist in patient care and appropriate indications for physiatric consultation
- II. Rehabilitation
 - a. Inpatient
 - i. Understand basic functional assessment
 - ii. Be familiar with criteria, characteristics and appropriate utilization for various levels of rehabilitation services- acute rehab, subacute rehab, homecare
 - iii. Be familiar with role of rehab team members- PT, OT, ST, SW, RN, Recreation therapy, Psychologist
 - b. Outpatient
 - i. Understand some of the long term rehabilitation/functional issues for some common rehab diagnoses
 - 1. CVA, TBI, SCI, MS
 - ii. Be familiar with some rehabilitation diagnostic and therapeutic procedures
 - 1. EMG/NCV
 - 2. Botulinum toxin injection
 - 3. Joint/tendon/soft tissue injections
- III. Musculoskeletal medicine
 - a. Demonstrate adequate focused musculoskeletal examination for diagnosis of common complaints seen in primary care
 - i. Spine
 - ii. Knee
 - iii. Shoulder
 - b. Formulate appropriate differential diagnoses for common musculoskeletal complaints: neck pain, shoulder pain, low back pain, knee pain
 - c. Outline non-operative and rehabilitative approach to common conditions:
 - i. Lumbar disk disease
 - ii. Spinal stenosis
 - iii. Lumbar sprain-strain
 - iv. Shoulder joint osteoarthritis
 - v. Subacromial bursitis/tendinitis
 - vi. Knee osteoarthritis

- vii. Knee bursitis
- viii. Patellofemoral syndrome

D. Method of Evaluation of Resident and Faculty Competence

At the beginning of each rotation the residents and preceptors will review the goals and objectives of the rotation using New Innovations. At the end of the rotation a competency-based face to face review of the resident's performance will take place. It will be the resident's responsibility to schedule the final review with the MD preceptor. These evaluations are discussed in a summative fashion during our House staff evaluation committee meetings. A final written evaluation will be incorporated into the resident's semiannual performance review.

E. Rotation Specific Competency Objectives

The PM&R Elective is a two week block; as a result there are inherent evaluative deficiencies. Residents however are expected to achieve the following milestones: The rotation specific competency objectives are provided below.

1. Patient Care

- Learn how to perform a proper focused history and exam for patients with common psychiatric problems
- Acquire accurate and relevant history from the patient in an efficiently customized, prioritized fashion
- Synthesize available data, including interview, physical examination, and preliminary laboratory data to define patients' clinical problems
- Develop a prioritized differential diagnosis, evidenced based diagnostic and therapeutic plans for common psychiatric conditions
- Make appropriate clinical decisions based on the results of common diagnostic tests
- With supervision, manage patients with common and complex clinical disorders seen in practice of ambulatory general internal medicine

2. Medical Knowledge

- Understand the relevant pathophysiology and basic science for common psychiatric conditions
- Understand indication or and basic interpretation of common diagnostic tests

3. Practice Based Learning

- Apply clinical evidence to individual patients
- Formulate learning and improvement goals
- Deliver care that reflects learning from previous experience

4. Interpersonal and Communication Skills

- Effectively communicate plan of care to all members of the healthcare team
- Provide effective verbal and written communication skills to create rapport with patients/families
- Request consultative services appropriately
- Deliver succinct and hypothesis-driven oral presentations

5. Professionalism

- Document clinical information truthfully
- Demonstrate empathy and compassion to patients
- Maintain appropriate professional relationship with patients, families and staff
- Treat patients with dignity, civility and respect, regardless of race, culture, gender, ethnicity, age or socioeconomic status
- Preserve patient confidentiality

6. System Based Practice

- Work effectively as a member within the inter-professional team to ensure safe patient care
- Address common barriers that impact patient care
- Dialogue with care team to prevent errors and improve care