

**PHYSICAL MEDICINE AND REHABILITATION CURRICULUM
TEMPLE UNIVERSITY INTERNAL MEDICINE RESIDENCY**

Medicine Faculty representatives: Larry Ward, MD and Brian Meyer, MD

PM&R representatives: Ian B. Maitin, Jean Tamasauskas

Revision date: April 2007 Curriculum Committee Approval: August 2007

I. Educational Purpose and Goals

Internists must provide comprehensive care for patients with diverse conditions impairing physical and cognitive functions. Most often they are required to evaluate chronic debilitating diseases such as osteoarthritis and low back pain. In addition, they must continue to care for their patients if they have had a stroke or an MI. The Physical Medicine and Rehabilitation (PM&R) rotation attempts to provide internal medicine residents with additional skills to help them with these patients.

II. Principal Teaching Methods

- a. Supervised direct patient care activities will comprise the majority of the training experience. One week will be spent on the inpatient consult service where residents will assess if a patient for admission to the inpatient rehab service. The other week will be spent in the outpatient setting, where residents will focus on learning about rehabilitation of soft tissue injury and management of chronic musculoskeletal conditions such as low back pain. During this week, residents will also work with the Physical Therapists and will observe EMGs.
- b. Assigned readings will be available on Blackboard. These provide an overview of topics in Stroke, Osteoarthritis, Cardiac, Pulmonary, and Cancer rehabilitation.
- c. Attendance at specific PM&R conferences may be required.

III. Educational Content

- a. Mix of diseases
 - i. Residents on the PM&R Rotation see a broad mix of patients and disease severity. Most commonly they will see orthopedic, stroke, and trauma patients on the inpatient service, and osteoarthritis and low back pain on the outpatient service.
- b. Patient characteristics
 - i. Patients are drawn from the diverse socio-economic metro Philadelphia area.
- c. Learning venues:
 - i. The rotation is considered 50% inpatient and 50% outpatient. All clinical work occurs at Temple University Hospital.
 - ii. PM&R consult service. This is the inpatient component. Residents assess patients for appropriateness of admission to the inpatient rehabilitation unit. They also recommend treatment modalities that will foster function in patients not requiring

inpatient admission. They will learn which patients are best suited for inpatient rehab, skilled nursing facilities, or nursing homes.

iii. The outpatient component has three subsections:

- a. Office assessments of soft tissue injuries, their rehabilitation, and evaluation of disabilities arising from these injuries.
- b. Observation of Physical and Occupational Therapy techniques demonstrated by therapists in the inpatient PT gym.
- c. Observing the performance and interpretation of EMG studies.

d. Structure of rotation.

i. First Day protocol: Residents should contact Jean Tamasauskas, the administrator for PM&R at 2-7021 or Jean.tamasauskas@tuhs.temple.edu one week prior to the start of the rotation to confirm the first day meeting plans. They will arrive at 9am on the first day, in the PM&R office in the basement, next to Occupational Health. She will inform you whether you will be doing outpatient or inpatient work first, and whom you should contact.

ii. Residents continue to attend their weekly primary care Continuity Clinic afternoon throughout the rotation.

iii. On Wednesday mornings, residents are expected to attend morning report (9-10:00), the Outpatient Block didactics (10-11:30), and Grand Rounds (11:30-12:30).

IV. Principal Ancillary Educational Materials.

a. Readings

- i. Required readings are on Blackboard as noted above.
- ii. Selected readings based on resident needs may be assigned by the attending PM&R physicians.
- iii. Residents are also referred to standard textbooks of Physical Medicine and Rehabilitation and are expected to independently research topics related to encountered patients.

V. Methods of Evaluation

a. Resident Performance

i. Faculty complete web-based electronic resident evaluation forms provided through New Innovations. PM&R faculty will complete evaluations and submit them to Drs. Ward and Meyer who will enter a composite evaluation for the rotation into the computer system. The evaluation is competency-based, fully assessing core competency performance. The evaluation is shared with the resident, is available for on-line review by the resident at their convenience, and is sent to the residency office for internal review. The evaluation is part of the resident file and is incorporated into the semiannual performance review for directed resident feedback.

b. Program and Faculty Performance

i. Upon completion of the rotation, the residents complete a service evaluation commenting on the faculty, facilities, and service experience. These evaluations are sent to the residency office for review and the attending faculty physician receives anonymous summative reports of completed evaluations when sufficient volume of evaluations are received to maintain resident anonymity. The Training and Evaluation Committee will review results annually.

VI. Institutional Resources: Strengths and Limitations

- a. Strengths – The PM&R Department is well-regarded locally and nationally. The multifaceted nature of the rotation (inpatient consults, outpatient visits, physical therapy, EMG studies) creates a comprehensive view of rehabilitation medicine. Residents will learn how to better diagnose, treat, and manage chronic debilitating diseases such as arthritis and stroke.
- b. Limitations – Uniformity of patient conditions or disease mix cannot be guaranteed because of variations in the consult service. Residents must demonstrate self-motivated and self-directed learning to maximize their training experience.

VI. Rotation Specific Competency Objectives

a. Patient Care:

- i. By completion of the PM&R rotation Internal Medicine residents will be able to obtain a relevant history and perform a psychiatric physical examination for functional problems including:
 - 1. chronic pain
 - 2. complications of prolonged bed rest and disability from acute illness
 - 3. lumbosacral and cervical radiculopathy
 - 4. carpal tunnel syndrome and ulnar neuropathy
 - 5. orthopedic procedures (joint replacements, fractures)
 - 6. stroke and traumatic brain injury
 - 7. amputation
- ii. Develop an appropriate diagnostic strategy for evaluating these conditions, including the use of imaging and EMG studies when indicated.
- iii. Construct a treatment plan specific for the patient that utilizes therapeutic modalities including medication and physical /occupational therapy.
- iv. Demonstrate appropriate assessment of the effects of impairment on a patient's daily functioning.

b. Medical Knowledge

- i. Demonstrate an increased knowledge of basic concepts in physical medicine and rehabilitation, including the appropriate use of history and physical diagnosis, and how those concepts can be utilized more effectively in an internal medicine practice.
- ii. Understand the role of studies (either imaging or electrodiagnostic) in evaluating a given patient's condition. That is, why is one modality chosen over another? What are the pros and cons of each?
- iii. Demonstrate understanding of how to order appropriate physical therapy and occupational therapy evaluations. That is, which patients require therapy? What can they expect from the therapy? What exercises can you give patients to do before sending them to therapy? When is it appropriate to use occupational instead of physical therapy? How will therapy change their functional capacity?
- iv. Understand the difference in physical functioning that is required for admission to a nursing home vs a SNF vs inpatient rehab.
- v. Understand the difference between impairment, disability and handicap.

c. Interpersonal and Communication Skills

- i. Establish rapport with patients and be sensitive to issues relating to their current disability (whether chronic or acute).
- ii. Demonstrate ability to discuss the impact of impairment on daily functioning with patients and their families.
- iii. Effectively and considerately communicate with the PM&R team including physicians, physical and occupational therapists, and EMG technicians.

d. Professionalism

- i. Demonstrate respect and compassion for all patients.
- ii. Understand and compassionately respond to issues of culture, age, sex, sexual orientation, and disability for all patients and their families.

e. Practice Based Learning and Improvement

- i. Exhibit self-directed learning, especially in regard to encountered patients.
- ii. Demonstrate improvement in the management of patients with chronic, debilitating illnesses by continually improving history taking and physical exam skills.

f. Systems Based Practice

- i. Demonstrate the ability to order appropriate studies (either imaging or electrodiagnostic) in a cost-effective manner, based on a given patient's history and physical exam findings.
- ii. Effectively utilize the services of other members of the PM&R team including physical and occupational therapists to obtain optimal care for the patient.