

Physical Medicine & Rehabilitation: Core EPA 2

Providing ongoing assessment and management for patients with complex presentations

Key Features:

- This EPA focuses on clinical reassessment and integration of the results of investigations and outcomes of the psychiatric plan to monitor and refine ongoing management plans and/or provide longitudinal follow-up plans for rehabilitation.
- 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 be observed on inpatient rehabilitation units, in outpatient psychiatry and electrodiagnostic clinics, or on an inpatient consultation service.

Assessment Plan:

Direct and/or indirect observation by psychiatrist or TTP trainee

Use form 1. Form collects information on:

- Observation focus (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 psychiatry clinic; outpatient electrodiagnostic clinic; consultation service

Collect 30 observations of achievement.

- At least 2 of each rehab population group
- Variety of inpatient and outpatient settings
- At least 1 assessment per population group must comprise history, physical, and diagnosis and management
- At least 1 psychiatrist per rehabilitation population group

Relevant Milestones:

1. ME 1.3 Apply clinical and biomedical sciences to manage complex patient presentations in Physical Medicine and Rehabilitation

2. ME 1.6 Adapt care as the complexity, uncertainty, and ambiguity of the patient's clinical situation evolves.
3. ME 1.6 Provide evidence informed, patient centred care of one condition in the presence of one or more other conditions
4. ME 2.1 Iteratively establish priorities, considering the perspective of the patient and family (including values and preferences) as the patient's situation evolves
- 5. ME 1.4 Perform clinical assessments that address all relevant issues**
- 6. ME 2.2 Focus the clinical encounter, performing it in a time-effective manner, without excluding key elements**
- 7. ME 2.2 Synthesize patient information to determine outcome of psychiatric plan**
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 3.3 Balance risk, effectiveness and priority of interventions in the presence of multiple co-morbidities
- 11. ME 2.2 Summarize clinical information in a manner that accurately reflects the patient's presentation**
12. L 2.1 Use clinical judgment to minimize wasteful practices
13. L 2.1 Consider costs when choosing care options
- 14. S 3.4 Integrate best evidence and clinical expertise into decision-making**
- 15. ME 2.4 Adjust management plans based on clinical status and/or response to therapy**
16. COL 1.3 Use referral and consultation as opportunities to improve quality of care and patient safety by sharing expertise
17. ME 4.1 Determine the necessity and timing of referral to another physician
- 18. ME 4.1 Determine the frequency and timing of future investigations and visits**
- 19. COL 3.1 Determine when care should be transferred back to the primary health care professional**
20. 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
21. COL 3.2 Provide safe, efficient and patient-centred transitions between health care providers as well as between different health care professionals
22. COM 1.5 Recognize when strong emotions (such as, anger, fear, anxiety, or sadness) are affecting an interaction and respond appropriately
- 23. COM 3.1 Convey information related to the patient's health status, care, and needs clearly and compassionately**
24. HA 1.2 Apply the principles of behaviour change during conversations with patients about

adopting healthy behaviours

25. P 1.3 Manage ethical issues related to persons with disability encountered in the clinical setting