

## Medical Student Clerkship Evaluation

### Physical Medicine & Rehabilitation

UT Southwestern Medical Center at Dallas

**Medical Student:** \_\_\_\_\_ **Faculty:** \_\_\_\_\_

Evaluation Period \_\_\_\_\_

Rating system: 1 - Strongly Disagree	2 – Disagree
3 – Undecided	4 – Agree
	5 – Strongly Agree

#### CORE COMPETENCIES

##### Medical Knowledge

Demonstrates evidence of collateral reading in textbooks or other primary sources	
Willing to learn	

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

##### Professionalism

Appears professional and mature; reliable; respectful	
Accepts responsibility	
Displays compassion and respect towards patient	
Cooperates with nurses, house staff and ancillary staff	
Honest and reliable	

Comments: \_\_\_\_\_

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<b>SECONDARY COMPETENCIES</b>
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**Clinical Skills/Judgment**

Presentations are complete and organized as well as clear, concise, organized and relevant	
Progress notes are thorough, concise with important problems addressed	
Assess the student's ability to integrate medical facts and data, to weigh the alternatives, and to arrive at a plan that is beneficial, appropriate, and cost-effective	
Written history and physicals are thorough, organized, clear and logical	

Comments: \_\_\_\_\_

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**Competence**

Medical knowledge appropriate for level of training	
Professional judgment appropriate with level of training	
Collects clinical data accurately and completely	
Has understanding of therapeutic plan for patient	
Integrates clinical information to patient care	

Comments: \_\_\_\_\_

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**Enthusiasm & Responsiveness**

Demonstrates initiative and dependability	
Attends rounds and conferences on time	
Industrious and efficient in completing tasks	

Comments: \_\_\_\_\_

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**Medical Student Clerkship Curriculum**  
**University of Texas Southwestern Medical Center**  
**Physical Medicine & Rehabilitation**

Physiatrists are physicians of function, whose goals are to return the patient to his or her highest level of function. This is done by tailoring a program of medical and therapy treatment to fit an individual's needs best.

Physiatrist's approach to patient care differs from other disciplines, as physiatrists do not follow an organ-system approach, but work with patients to focus on their overall well being, including the bio-psychosocial model of illness. To better understand how physiatrists approach patient care, it is necessary to understand the concepts of disease, impairment, disability, and handicap.

For you the student, one of the purposes of this rotation is to provide you with the opportunity to enhance your knowledge and skills to a level consistent with an entry level resident. You will receive a broad overview of our specialty- one which treats both adults and children. You will encounter a variety of experiences in those areas traditionally identified with the field of physical medicine and rehabilitation medicine. (Outside North America, our specialty often is called Physical and Rehabilitative Medicine, or PRM.)

You will work closely with the PM&R resident to achieve competence in the objectives listed below. You will be encouraged to apply the concepts of diagnosis and management to the patient and to help develop a rehabilitation plan of care in conjunction with the resident and the attending physiatrist.

During the rotation, you will have numerous opportunities to practice problem solving skills, to assist or perform procedures, and to participate in numerous outpatient clinics to address the prevention of conditions or complications which lead to impairment, disability, or handicap.

**OBJECTIVES**

**KNOWLEDGE:** the student should be able to:

1. Explain the differences among the concepts of disease, impairment, disability, and handicap;
2. Understand basic concepts, terminology, and model of rehabilitation medicine;
3. Learn to develop a Rehabilitation Problem List;
4. Demonstrate **core competencies in medical knowledge**, including:
  - a. evidence of collateral reading in textbooks or other primary sources;
  - b. willingness to learn;
5. Demonstrate appropriate documentation and interpretation of patient history, including quality of life functions, social, occupational and familial data;
6. Learn how to write a functional-oriented history and physical examination, emphasizing chronic disability and neuro-musculoskeletal impairment;

7. Understand the roles of the physiatrist and the interdisciplinary management of the disabled patient, including the role of the physical therapist, occupational therapist, speech therapist, rehabilitation nurse, dietitian, clinical psychologist, social worker, and therapeutic recreation specialist;
8. Recognize clinical problems such as stroke, brain injury, spinal cord injury which are commonly treated or managed by rehabilitation on an inpatient setting;
9. Recognize clinical problems in rehabilitation commonly addressed in the outpatient setting, such as arthritis, low back pain, MS, neck pain, shoulder pain, carpal tunnel syndrome, etc;
10. Understand how to read medical literature utilizing evidenced based medicine for rehabilitation.
11. Understand the importance of patient and family education for acute and long term goals;
12. Understand the need for re-adjusting individualized patient treatment plans based on acute and long term goals, and possible treatment reactions and interactions;
13. Understand concepts of pathophysiology and treatment for Acquired Brain Injury, Spinal Cord Injury, Burn Injuries, total joint replacements; this should include fundamental understanding of the disease processes and their rehabilitative requirements;
14. Demonstrate understanding the fundamentals of the presentation and management of complications that could be encountered on an inpatient rehabilitation unit: mood disorder, DVT's/PE, seizure, neurogenic bowel, neurogenic bladder, heterotopic ossification, autonomic dysreflexia, spasticity, amputation, tracheotomy management;

**SKILLS:** the student should demonstrate:

1. Familiarity with the indications and contra-indications for procedures commonly done in physiatry: peripheral joint injections, soft tissue injections, electromyography/ nerve conduction studies, nerve blocks, botulinum toxin injections, intrathecal baclofen;
2. Competency in physical examination skills, with emphasis on a complete neurological and musculoskeletal exam, including appropriate documentation of range of motion and manual muscle testing of upper and lower limbs; and examination of the spine and major joints;
3. Ability to assess and document appropriately the findings from physical examination, including : gait, tone, reflexes, sensation, coordination and fall risks;
4. Demonstrates appropriate written and oral output of findings, including:
  - a) presentations are complete, organized, clear, concise, relevant;
  - b) progress notes are thorough, concise with important problems addressed;
  - c) ability to integrate medical facts and data, and to weigh the alternatives;
  - d) ability to arrive at a plan that is beneficial, appropriate, and cost-effective;
  - e) Written history and physicals are thorough, organized, clear, and logical.

**ATTITUDES:** the student are expected to maintain the highest standards of academic and personal behavior expected of the University of Texas Southwestern Medical Center trainees as approved by the Student Promotions Committee. Each medical student should:

1. Demonstrate ***appropriate professionalism:***
  - a) Maturity in behavior; appropriateness of dress and speech in the hospital and clinic settings;
  - b) Accepting responsibility for his or her actions;
  - c) Approaches patients and their families with compassion and respect;
  - d) cooperates with nurses, house staff, and ancillary staff;
  - e) honesty and reliability;
  - f) takes initiative and shows dependability in performance with the team;
  - g) attends rounds and conferences on time;
  - h) Industriousness and efficiency in completing tasks.

**EVALUATION:** Each faculty preceptor will evaluate the student in writing at the end of the elective with feedback from the PM&R residents and the rehabilitation team members. The Residency Program Director will assign the final grade after review of the preceptors' evaluations of the student.

All medical students will be expected to give a brief presentation at the end of the rotation on a topic to be determined by the faculty preceptor. To obtain credit for the elective, the student must complete and return the elective evaluation form to the Department of Physical Medicine and Rehabilitation.

#### **Primary Textbook:**

Braddom, R. (Ed): **Physical Medicine and Rehabilitation, Third Edition**, 2007, Saunders Elsevier, NY

#### **Web sites of Interest:**

##### ***Medical Student's Guide to PM&R:***

<http://www.aapmr.org/medstu/medstuda.htm>

##### ***What is a Physiatrist?***

<http://www.aapmr.org/condtreat/what.htm>

##### ***Available Subspecialties in PM&R:***

Hospice and Palliative Medicine  
 Neuromuscular Medicine  
 Pain Medicine  
 Pediatric Rehabilitation Medicine  
 Spinal Cord Injury Medicine  
 Sports Medicine

