

Clerkship Goals and Objectives

Goals

The goal of the UW Rehabilitation Medicine clerkship is to learn Physical Medicine and Rehabilitation (PM&R) management of patients with disabilities and functional impairments due to disorders such as acquired brain injury, CNS disorders, spinal cord injury, and complex medical conditions. Students will have a structured clinical experience on a rehabilitation medicine inpatient unit and outpatient clinics. Students will learn about the interdisciplinary team management of rehabilitation and recovery, identification of impairments, and prevention of secondary medical complications. Students will appreciate the patient-centered function-oriented PM&R approach to patient care.

Objectives

Patient Care

- Provide compassionate and appropriate patient-centered care for patients with disabilities and impairments
- Perform a comprehensive physical examination that identifies impairments impacting function, including (as appropriate): mental status evaluation, comprehensive neurologic evaluation, gait evaluation, manual muscle testing, ISNCSCI exam, and comprehensive musculoskeletal evaluation
- Diagnose physical, cognitive, and psychosocial impairments, disabilities, and barriers to functional recovery
- Formulate a problem list, prioritizing medical and rehabilitation issues
- Integrate evidence-based medicine with patient preferences and values to construct daily management plans

Medical Knowledge

- Identify the role of each member of the interdisciplinary team and be able to generate appropriate referrals to each rehabilitation specialist (e.g. physical therapy, occupational therapy, speech therapy, recreation therapy, rehab psychology, vocational counseling)
- Review laboratory and imaging data and identify normal and abnormal findings
- Name expected effects, side effects, and indications for commonly used medications
- Generate a differential diagnosis for medical or rehabilitation problems
 - Identify potential common medical complications after SCI, brain injury, and/or stroke
 - Define and manage specific problems such as spasticity, autonomic dysreflexia, pressure injury, neurogenic bladder, neurogenic bowel, neck and back pain, and musculoskeletal injury
- Integrate and apply knowledge to manage complex medical and rehabilitation problems
- Learn neurological and musculoskeletal exams, developing expertise in eliciting reflexes

Practice Based Learning and Improvement

- Identify strengths, deficiencies, and limits in own knowledge and expertise
- Use information technology and other resources to optimize learning

- Attend teaching conferences and rounds as appropriate
- Read the Rehabilitation Medicine medical student syllabus and other readings as assigned
- Request and arrange mid-clerkship feedback from your attending

Interpersonal and Communication Skills

- Provide patient education clearly and accurately to patients using effective verbal and nonverbal skills, utilizing interpreters if needed
- Utilize effective listening skills
- Communicate with physicians, therapists, nursing, and other staff members in respectful, responsive manner
- Complete chart notes in a timely manner
- Summarize a complex medical course for a patient being admitted to rehabilitation from acute care
- Give accurate and concise oral presentations on the inpatient rehabilitation unit

Professionalism

- Exemplify respect, compassion, reliability, punctuality, integrity, and honesty
- Demonstrate responsiveness to patient needs that supersedes self-interest
- Accept responsibility for own actions and decisions
- Maintain patient confidentiality and respect patient autonomy
- Apply ethical principles and sensitivity to diversity while providing care
- Demonstrate sensitivity and responsiveness to age, culture, disability, race, religion, sexual orientation, and gender of patients and colleagues
- Choose appropriate dress in accordance with PM&R resident dress code policy (if uncertain, ask your attending or residents)
- Follow UW School of Medicine Clinical Clerkship Absentee Policy. Discuss any absences with your attending and residents
- Share your schedule with the team, so they know when you will be in the wards or at clinic

Systems-Based Practice

- Collaborate with and maintain appropriate professional attitudes and behaviors toward other medical professionals and allied health personnel
- Integrate care of patients across settings and ensure appropriate hand-off
- Evaluate risks, benefits, limitations, and costs of patient care
- Interact with and seek expertise of members of the multidisciplinary team to coordinate patient care
- Advocate for patients in dealing with system complexities
- Advocate for quality patient care
- Work to improve the system of care

Additional, Course-Specific Information

REHAB 686 – Seattle Children’s Hospital, Seattle

- Focus on pediatric care topics:
 - Common acquired disabilities of childhood
 - Rehabilitative approach to developing children
 - Multidisciplinary planning for disabled children
 - Outpatient care of children with congenital abnormalities and disabling conditions
 - Treatment of children with progressive neurologic disorders
 - Specific modifications to therapeutic interventions, PT, OT, speech, therapeutic recreation, nursing, and neuropsychology required in the rehabilitation of young children and adolescents
 - School planning, family counseling, and community support services
- Present one teaching topic to the team. Discuss with your attending early in rotation what an appropriate topic would be

REHAB 687 – Harborview Medical Center, Seattle

- Use a manual wheelchair for one day during the rotation
- Present one teaching topic to the team. Discuss with your attending early in rotation what an appropriate topic would be
- Observe physical, occupational, and speech therapy sessions on your patients. If possible, observe swallow evaluation, orthotic/splint casting, and wheelchair fitting
- Participate in an optional recreational therapy outing with your patient
- Observe a rehab psychology session with your patient’s consent
- Talk with the social worker about disposition. Attend sessions between social worker and patient
- Student’s job duties:
 - Admit patients with core rehab diagnoses
 - Write orders for your patients with signature/review from the resident. Includes day-to-day orders, admit orders, discharge orders, outpatient therapy orders, follow-up visits, discharge medications
 - Discuss medical issues during team huddles
 - Call consultants on your patients
 - Call PCP before discharge

REHAB 688 – VA Puget Sound, Rehab Care Services, Seattle

- Optional presentation of one teaching topic to the team. Discuss with your attending early in rotation what an appropriate topic would be

REHAB 689 – VA Puget Sound, Spinal Cord Injury, Seattle

- Learn neurologic classification of Spinal Cord Injury (SCI) using ISNCSCI Exam
- Understand neurologic and functional prognosis based on ISNCSCI Exam
- Focus on spinal cord injury topics, including but not limited to: Acute Management of SCI, Neurogenic Bladder, Neurogenic Bowel, Neurogenic Skin, Autonomic Dysreflexia, Thromboembolic Risk in SCI, Chronic Complications of SCI
- Participate in SCI and PMR educational and didactic sessions
- Participate in and help lead the Interdisciplinary SCI Team
- Support PMR Resident and SCI team in clinical patient care
- Optional weekend rounding with PMR Resident. Discuss with your assigned PMR Resident on the rotation if this would occur
- Optional presentation of one teaching topic to the team. Discuss with your attending early in rotation what an appropriate topic would be

REHAB 690 – UW Medical Center, Seattle

- Use a manual wheelchair for one day during the rotation
- Present one teaching topic to the team. Discuss with your attending early in rotation what an appropriate topic would be

REHAB 692 – St. Luke’s Rehabilitation Institute, Spokane

- During rotations in July through January, students will cover most or all of an inpatient service with an attending and may be expected to participate in the on-call schedule

Core Rehabilitation Medicine Diagnoses

- Spinal Cord Injury
- Traumatic Brain Injury
- Stroke
- SAH/AVMs
- CNS Tumors
- Burns
- Amputations
- Post-flap
- Polytrauma
- Deconditioning (cancer, transplant, post-MI, etc.)
- Multiple Sclerosis

Topics to Understand

- Autonomic dysreflexia
- ASIA spinal cord examination/classification
- Neurogenic bowel and bladder
- Neurogenic skin
- Neuropathic pain
- Orthostatic hypotension
- Ventilator management
- Immobility hypercalcemia
- DVT prophylaxis
- Spinal fractures
- Stroke subtypes
- Dysphagia
- Aphasias
- Spasticity
- TBI agitation
- Diffuse axonal injury
- Post-traumatic seizures
- Glasgow coma scale
- Autonomic storming after TBI
- Cerebral salt wasting, SIADH, Diabetes insipidus
- Heterotopic ossification
- Neuropsychological testing
- Critical illness neuropathy/myopathy
- Orthotic prescriptions
- Prosthetic prescriptions
- Wheelchair prescriptions
- Home modifications (ramps, bathroom equipment, etc.)
- Physical modalities (TENS, E-Stim, U/S, paraffin, etc.)
- Therapy functional terminology (SBA, CGA, MinA, independent, etc.)
- Functional independence measure (FIM scores)
- Gait abnormalities
- Neuropathies (diffuse vs focal)