

# University of Nebraska Medical Center

## Physical Medicine and Rehabilitation

### Goals and Objectives for Residency Training

1. The goal of this residency training program is to provide an educational experience of such quality and excellence as to offer its graduates the opportunity for attainment of the six core competencies necessary for entry-level independent practice of this specialty. The program provides educational experiences for specific knowledge, skills and attitudes for the resident to demonstrate:
  - a. Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
  - b. Medical Knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
  - c. Practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal, and assimilation of scientific evidence, and improvements in patient care.
  - d. Interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health care professionals.
  - e. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
  - f. System-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.
2. The educational experience provides knowledge regarding the diagnosis, pathogenesis, treatment, prevention and rehabilitation of neuro/musculoskeletal, cardiovascular, pulmonary and other systemic disorders common to the specialty patients of both sexes and all ages. The training program fosters the development of attitudes and psychomotor skills required to:
  - a. Modify history-taking technique to include data critical to the recognition of functional abilities and physical and psychosocial impairments that may cause functional disabilities.

- b. Perform the general and specific psychiatric examinations, including electromyography, nerve conduction studies, and other procedures common to the practice of physical medicine and rehabilitation.
  - c. Make sound clinical judgements.
  - d. Design and monitor rehabilitation treatment programs to minimize and prevent impairment and maximize functional abilities.
3. The training program provides the opportunity for the resident to coordinate effective and efficiently an interdisciplinary team of allied rehabilitation professionals for the maximum benefit of the patient by:
- a. An understanding of each allied health professional's role.
  - b. The ability to write adequately detailed prescriptions based on functional goals for psychiatric management.
  - c. The development of management and leadership skills.
  - d. The importance of self-evaluation, continuing medical education and continued professional development after graduation is stressed. The residents develop effective written and verbal communication skills essential to the efficient practice of psychiatry.
  - e. It is vital to produce clinically competent psychiatrists. To that end the curiosity and creativity of all residents is stimulated. The residents are all involved in the critical appraisal of current literature.
4. The resident is given the opportunity for progressive responsibility in diagnosing, assessing, and managing the conditions commonly encountered by the psychiatrist in the rehabilitative management of patients of all ages of at least the following:
- a. Acute musculoskeletal pain syndromes, including sports and occupational injuries.
  - b. Chronic pain management.
  - c. Congenital or acquired myopathies, peripheral neuropathies, motor neuron and motor system diseases.
  - d. Rehabilitative care of traumatic brain injury
  - e. Hereditary, developmental and acquired central nervous system disorders, including cerebral palsy, stroke, myelomeningocele, and multiple sclerosis.
  - f. Rehabilitative care of spinal cord trauma and diseases, including management of bladder and bowel dysfunction and pressure ulcer prevention and treatment.
  - g. Rehabilitative care of amputations for both congenital and acquired conditions.
  - h. Sexual dysfunction common to the physically impaired
  - i. Post fracture care and rehabilitation of postoperative joint arthroplasty.

- j. Pulmonary, cardiac, oncologic, infectious, immunosuppressive, and common medical conditions seen in patients with physical disabilities.
  - k. Diseases, impairments and functional limitations seen in the geriatric population.
  - l. Rheumatologic disorders treated by the physiatrist.
  - m. Acute and chronic medical conditions, co-morbidities and complications commonly seen and managed in the psychiatric patient.
  - n. Medical conditioning, reconditioning, and fitness.
  - o. Soft tissue disorders such as burns, ulcers, and wound care
5. The training program provides the opportunity for the resident to develop the attitude and psychomotor skills required to:
- a. Perform history and physical examination pertinent to physical medicine and rehabilitation, with ability to modify history-taking technique to include data critical to the recognition of functional abilities, and physical and psychosocial impairments, which may create functional disabilities
  - b. Assessment of neurological, musculoskeletal, and cardiovascular-pulmonary systems.
  - c. Determining disability evaluations and impairment ratings.
  - d. Data gathering and interpreting of psychosocial and vocational factors.
  - e. Performance of electromyography, nerve conduction and somatosensory evoked potential studies, and other electrodiagnostic studies (in general, involvement in approximately 200 electrodiagnostic consultations per resident, under appropriate supervision, represents an adequate number).
  - f. Psychiatric therapeutic and diagnostic injection techniques.
  - g. Prescriptions for orthotics, prosthetics, wheelchairs, and ambulatory devices, special beds and other assistive devices.
  - h. Written prescriptions with specific details appropriate to the patient for therapeutic modalities, therapeutic exercises, and testing performed by physical therapists, occupational therapists, and speech/language pathologists, as well as provide an understanding and coordination of psychologic and vocational interventions and tests.
  - i. Familiarity with the safety, maintenance, as well as the actual use, of medical equipment common to the various therapy areas and laboratories.
  - j. A formal experience in evaluation and application of cardiac and pulmonary rehabilitation as related to psychiatric responsibilities.
  - k. The rehabilitation of children.
  - l. Collaboration with other medical professionals and members of the allied health team, including management techniques consistent with the

resident's team leadership role, and the treatment program management role of the physiatrist.

- m. Geriatric rehabilitation.
- n. Injury, illness, and disability prevention.
- o. Counseling of patients and family members including end of life care.
- p. The importance of personal, social, and cultural factors in the disease process and clinical management.
- q. The principles of pharmacology as they relate to the indications for and complications of drugs utilized in physical medicine and rehabilitation.
- r. Experience in the continuing care of patients with long-term disabilities through appropriate follow-up care.