

Educational Goals and Objectives in Physical Medicine and Rehabilitation for the Medical School Graduate

Introduction

The purpose of this document is to provide standards that help medical schools and national licensing and accreditation bodies modify the training of physicians to meet the present and future needs of the disabled.

Of the three great branches of medicine - preventive, curative and rehabilitative - most medical school curricula now focus mainly on the curative branch. Even in the acute management of patients with neuromusculoskeletal disorders, there is seldom sufficient emphasis on the judicious prescription of physical modalities. Furthermore, with each new advance in acute medicine and surgery, more patients survive formerly lethal illnesses and injuries. For many, the price of this survival is a permanent physical disability.

With an already overfilled curriculum, one can only reasonably expect the general physician to demonstrate a limited proficiency in physical medicine and rehabilitation. Yet, mastery of the principles of assessment, prescription and follow-up is essential for all graduating medical students, regardless of their subsequent career plans, since patients with acute and chronic neuromusculoskeletal pain and disability are seen by almost all practicing physicians.

The following list of goals and objectives should be viewed as the minimum that should be achieved by graduating students. For brevity, the goals and objectives are stated broadly and are not in the form of specific instructional objectives. It is expected that medical schools will vary greatly in the strategy and personnel used to help students achieve these objectives.

Goals

The medical school graduate should, by the demonstration of the necessary knowledge, skills and attitudes, be comfortable and competent in assessing, and participating in the comprehensive continuing management of patients with pain or disability due to disorders of the nervous, musculoskeletal or closely related systems. The graduate should also recognize when the special skills of other members of the rehabilitation team are required and be prepared to work with them to achieve optimal patient comfort and functional ability.

Objectives

A. KNOWLEDGE - the graduate should be able to:

1. Demonstrate proficiency in the basic sciences underlying the normal and deranged structure and function of the neuromusculoskeletal and closely related systems.
2. Define and distinguish among the terms "impairment," "disability" and "handicap."
3. State the epidemiology, pathophysiology, clinical features, diagnostic criteria, natural history and particularly the functional implications of specific neuromusculoskeletal conditions and related complications or secondary disorders.
4. Discuss the impact of chronic illness, pain and disability on an individual, the family and community.
5. Describe the diagnostic approach to the presenting signs and symptoms of patients with neuromusculoskeletal disorders.



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6. Select appropriate investigations for diagnosing and monitoring patients with neuromusculoskeletal disorders, interpret their results, and briefly describe their limitations and methodology.
7. Describe the therapeutic options available for patients with disorders of the neuromusculoskeletal system, including the mode of action, indications, contraindications and special considerations.
8. List the member disciplines of the rehabilitation team, identifying the special abilities of each and the collective attributes of a well-coordinated team.

B. SKILLS - the graduate should be able to:

1. Obtain a history from patients with disorders of the neuromusculoskeletal system, with particular emphasis on functional limitations, residual abilities and socioeconomic status.
2. Perform a physical examination, particularly an examination of the neuromusculoskeletal system and an evaluation of functional abilities.
3. Formulate a problem list including medical, functional and socioeconomic problems.
4. Prescribe, or arrange with appropriate consultation for modalities and interventions for the remediation of acute or chronic neuromusculoskeletal pain and disability.
5. Communicate effectively with patients, family members and other health professionals.
6. Keep medical records with sufficient information to monitor a patient's functional progress.

C. ATTITUDES - the graduate should exhibit behaviors consistent with:

1. A patient-centered rather than a disease-oriented medical ethic.
2. A problem-solving inquisitiveness regarding a patient's chronic disabilities, including an eagerness to seek methods of optimizing residual abilities and prevent secondary complications.
3. Concern for the social, cultural and economic implications of a patient's disorder.
4. The patience to seek long-term solutions for chronic problems.
5. Empathy and compassion for patients with chronic illnesses and disabilities.
6. Respect for and willingness to work in harmony with other members of the rehabilitation team.

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