

# Entrustable Professional Activities for Physical Medicine and Rehabilitation

**2020**  
**VERSION 1.0**

## **Physical Medicine and Rehabilitation: TTD EPA 1**

### **Performing physiatry-focused histories**

#### Key Features:

- This EPA focuses on an organized and comprehensive patient-centred approach to information gathering.
- This includes information on baseline function (including ADL and IADL), socioeconomic determinants of health, and barriers of access to medical care and resources.
- This EPA may be observed in an inpatient or outpatient setting, and in patients with any physiatric presentation.

#### Assessment Plan:

Direct observation by physiatrist, or Core or TTP trainee

Use form 1. Form collects information on:

- Setting: inpatient; outpatient
- Presentation (write in):

Collect 2 observations of achievement.

- At least 1 physiatrist

#### Relevant Milestones:

- 1 COM 1.2 Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety**
- 2 COM 1.1 Communicate using a patient-centred approach that facilitates patient trust and autonomy and is characterized by empathy, respect, and compassion**
- 3 COM 2.1 Conduct a patient-centred interview, gathering all relevant biomedical and psychosocial information**
- 4 ME 2.2 Gather a functional history including ADLs and IADLs**
- 5 COM 1.4 Identify, verify, and validate non-verbal cues**
- 6 COM 1.4 Use appropriate non-verbal communication to demonstrate**

*ENTRUSTABLE PROFESSIONAL ACTIVITIES FOR  
PHYSICAL MEDICINE AND REHABILITATION (2020)*

**attentiveness, interest, and responsiveness to the patient and family**

- 7 COM 3.1 Use clear and concise language; avoid or adequately explain medical jargon**
- 8 COM 2.2 Provide a clear structure for and manage the flow of an entire patient encounter**
- 9 COM 2.3 Seek and synthesize relevant information from other sources, including the patient's family, with the patient's consent**
- 10 P 1.1 Complete assigned responsibilities**

*ENTRUSTABLE PROFESSIONAL ACTIVITIES FOR  
PHYSICAL MEDICINE AND REHABILITATION (2020)*

**Physical Medicine and Rehabilitation: TTD EPA 2**

**Performing physiatry-focused physical examinations**

Key Features:

- This EPA focuses on the general physical examination, including screening of musculoskeletal and neurological components.
- It includes an organized, reliable and respectful approach to system-based examinations, with clear instructions to the patient and appropriate consent, while attending to patient comfort (e.g., appropriate patient draping).
- It may be observed in an inpatient or outpatient setting and in patients with any physiatric presentation.
- This EPA does not include detailed discipline-specific content (i.e. ASIA, spasticity, higher level cognitive function, detailed gait assessment, aphasia, dysphagia, contracture, comprehensive MSK special tests, etc.) or discernment of pertinent positives or negatives.

Assessment Plan:

Direct observation by physiatrist or Core or TTP trainee

Use form 1. Form collects information on:

- Setting: inpatient; outpatient

Collect 2 observations of achievement.

- At least 1 physiatrist observer

Relevant Milestones:

- 1 COM 1.2 Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety**
- 2 ME 2.2 Focus the clinical encounter, performing it in a time-effective manner, without excluding key elements**
- 3 ME 2.2 Perform a general physical exam**
- 4 ME 2.2 Perform a screening musculoskeletal and/or neurological exam**
- 5 COM 1.4 Identify, verify, and validate non-verbal cues**
- 6 ME 2.2 Demonstrate an organized approach to the physical examination**
- 7 P1.1 Complete assigned responsibilities**

*ENTRUSTABLE PROFESSIONAL ACTIVITIES FOR  
PHYSICAL MEDICINE AND REHABILITATION (2020)*

**Physical Medicine & Rehabilitation: TTD EPA 3**

**Generating a problem list based on the ICF Framework**

Key Features:

- This EPA focuses on integration of the information obtained from a history and physical exam component to generate a problem list.
- This includes applying knowledge of the World Health Organization ICF framework.
- The observation of this EPA is based on case presentation to a supervisor, and may be observed in an inpatient or outpatient setting, and in patients with any psychiatric presentation.

Assessment Plan:

Case review with physiatrist, or Core or TTP trainee

Use form 1. Form collects information on:

- Setting: inpatient; outpatient
- Presentation (write in):

Collect 2 observations of achievement.

- At least 1 physiatrist observer

Relevant Milestones:

- 1 **ME 1.3** Apply knowledge of biomedical and clinical sciences to identify common clinical problems
- 2 **COM 2.1** Integrate and synthesize information about the patient's beliefs, values, preferences, context and expectations with biomedical and psychosocial information
- 3 **HA 1.1** Identify a patient's determinants of health and explain their implications
- 4 **HA 1.1** Identify obstacles patients and families face in obtaining health care resources
- 5 **ME 2.2** Synthesize patient information clearly and succinctly for the purpose of case presentation to other physicians or health care providers
- 6 **ME 2.2** Develop an ICF-based problem list
- 7 **ME 2.3** Ascertain the patient's perspective on their goals of care

*ENTRUSTABLE PROFESSIONAL ACTIVITIES FOR  
PHYSICAL MEDICINE AND REHABILITATION (2020)*

**Physical Medicine and Rehabilitation: TTD EPA 4**

**Completing clinical documentation**

Key Features:

- The focus of this EPA is the documentation of a case, including orders, in compliance with local health record requirements.
- This may include admission, discharge and progress notes.
- This does not include independence in generating comprehensive consultation reports.

Assessment Plan:

Review of clinical documentation by physiatrist, or Core or TTP trainee

Use Form 1. Form collects information:

- Setting: inpatient; outpatient
- Presentation (write in):

Collect 2 observations of achievement

- At least 1 physiatrist observer

Relevant Milestones:

- 1 COM 5.1 Organize information in appropriate sections within an electronic or written medical record**
- 2 COM 5.1 Maintain accurate and up-to-date problem lists and medication lists**
- 3 COM 5.1 Document relevant patient care orders**
- 4 P 1.1 Complete assigned responsibilities**

*ENTRUSTABLE PROFESSIONAL ACTIVITIES FOR  
PHYSICAL MEDICINE AND REHABILITATION (2020)*

**Physical Medicine and Rehabilitation: TTD EPA 5**

**Providing patient handover**

Key Features:

- This EPA focuses on an organized approach to accepting and passing on responsibility for patient care (on-call, ward, etc.) to maintain continuity at times of transfer between providers.
- This EPA may be observed in the inpatient and outpatient setting, and with patients with any psychiatric presentation.
- This EPA may be observed with a simulated case.

Assessment Plan:

Direct observation by psychiatrist or Core or TTP trainee

Use Form 1. Form collect information on

- Setting: inpatient; outpatient; simulation
- Presentation (write in):

Collect 2 observations of achievement

- At least 1 psychiatrist observer

Relevant Milestones:

- 1 **COL 3.2** Describe specific information required for safe and effective handover during transitions in care
- 2 **ME 2.2 Synthesize patient information clearly and succinctly for the purpose of case presentation to other physicians or health care providers**
- 3 **COL 1.3 Communicate effectively with physicians and other health care professionals**
- 4 **COL 2.1 Actively listen to and engage in interactions with collaborators**
- 5 **COL 3.2** Communicate with the receiving physician(s) or health care professional(s) during transitions in care, clarifying issues after transfers as needed
- 6 **COL 3.2** Summarize the patient's issues in the transfer summary, including plans to deal with the ongoing issues
- 7 **P 1.1 Complete assigned responsibilities**

*ENTRUSTABLE PROFESSIONAL ACTIVITIES FOR  
PHYSICAL MEDICINE AND REHABILITATION (2020)*

**Physical Medicine & Rehabilitation: Foundations EPA 1**

**Assessing and managing patients with non-emergent commonly encountered medical and surgical issues**

Key Features:

- This EPA includes taking a focused history, recognizing red flags, doing a focused examination, developing a differential diagnosis, selecting and interpreting appropriate investigations, and initiating and communicating a treatment plan.
- This EPA does not include providing advanced treatment of medical and/or surgical conditions.
- This EPA may be observed in the simulation setting.

Assessment Plan:

Direct and/or indirect observation by any physician, Core or TTP trainee, which may incorporate feedback from nurses, other health professionals, and the patient/family

Use form 1. Form collects information on:

- Observation type: direct; indirect
- Issue (check all that apply): abnormal investigation result; abnormal vitals; bowel/urinary dysfunction; dizziness; falls; glycemic control; line dysfunction; minor bleeding; nausea/vomiting; subacute or progressive neurological decline; pain; rash; sleep disturbance; wound care; non-urgent mental health and/or behavioral issues; other (write in)
- Setting: emergency room; medicine inpatient unit; surgery inpatient unit; outpatient medicine clinic; outpatient surgery clinic; simulation; other (write in)

Collect 10 observations of achievement.

- At least 4 direct observations
- At least 4 different issues
- A variety of settings
- No more than 1 in simulation setting
- At least 4 different observers
- At least 4 physician observers

Relevant Milestones:

- 1 COM 1.2** Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety
- 2 COM 2.1** Conduct a patient-centered interview, gathering all relevant biomedical and psychosocial information
- 3 COM 2.2** Conduct a focused and efficient patient-centred interview, managing the flow of the encounter while being attentive to the patient's cues and responses

*ENTRUSTABLE PROFESSIONAL ACTIVITIES FOR  
PHYSICAL MEDICINE AND REHABILITATION (2020)*

- 4 **ME 2.2 Elicit a history and perform a physical exam that informs the diagnosis**
- 5 **ME 2.2 Develop a differential diagnosis relevant to the patient's presentation**
- 6 **ME 2.4 Develop and implement an initial management plan**
- 7 **L 2.1 Apply knowledge of the resources available in the care setting when developing and implementing management plans**
- 8 **ME 2.4** Anticipate common complications of disorders and their treatment, and incorporate these considerations in the management plan
- 9 **ME 3.1** Describe common procedures or therapies for conditions commonly encountered in medicine and surgery to patients
- 10 **ME 4.1 Ensure follow-up on results of investigation and response to treatment**
- 11 **COM 5.1 Document a clinical encounter to adequately convey clinical reasoning and the rationale for decisions**
- 12 **COM 2.3** Seek and synthesize relevant information from other sources, including the patient's family, with the patient's consent
- 13 **COM 3.1** Use strategies to verify and validate the understanding of the patient and family with regard to the diagnosis, prognosis, and management plan
- 14 **HA 1.3 Work with the patient and family to identify opportunities for disease prevention, health promotion, and health protection**
- 15 **HA 2.2** Identify social determinants of health that may impact on the patient's care
- 16 **S 3.1** Recognize uncertainty and knowledge gaps in clinical and other professional encounters relevant to Physiatry



*ENTRUSTABLE PROFESSIONAL ACTIVITIES FOR  
PHYSICAL MEDICINE AND REHABILITATION (2020)*

**Physical Medicine & Rehabilitation: Foundations EPA 2**

**Identifying, assessing, and providing initial management of patients with emergent and urgent medical issues, and recognizing when to ask for assistance**

Key Features:

- This EPA includes recognizing unstable or acutely ill patients in various clinical settings, requesting help where appropriate, and initiating management until help arrives.
- This EPA also includes communicating with patients, families and/or other health care professionals.
- This EPA may include collaborating and advocating for appropriate patient care (e.g. transfer to acute care or ICU).
- This EPA may be observed in the simulation setting.

Assessment Plan:

Direct and/or indirect observation by any physician, Core or TTP trainee, with feedback from nurse or other health professional, patient and/or family

Use form 1. Form collects information on:

- Observation type: direct; indirect
- Medical issue (check all that apply): acute joint swelling; acute limb swelling; acute wound deterioration; altered level of consciousness; altered neurological status; angioedema/anaphylaxis; chest pain; code blue; critical abnormal investigation result; critical abnormal vitals; falls/acute trauma; major hemorrhage; overdose; palpitations; pulseless limb; respiratory distress; severe acute pain; urgent mental health and behavioral issues; other (write in)
- Setting: emergency room; medicine inpatient unit; surgery inpatient unit; outpatient medicine clinic; outpatient surgery clinic; simulation; other (write in)

Collect 10 observations of achievement.

- At least 4 direct observations
- At least 4 different medical issues
- At least 2 different settings
- No more than 2 in simulation setting
- At least 4 different observers
- At least 4 physician observers

Relevant milestones:

- 1 ME 2.1 Prioritize issues to address in the patient's assessment and management**
- 2 ME 1.4 Recognize urgent problems that may need the involvement of more experienced colleagues and seek their assistance**

*ENTRUSTABLE PROFESSIONAL ACTIVITIES FOR  
PHYSICAL MEDICINE AND REHABILITATION (2020)*

- 3 ME 2.2 Focus the clinical encounter, performing it in a time-effective manner, without excluding key elements**
- 4 ME 2.1** Establish priorities for the clinical encounter, incorporating the patient's perspectives, preferences and care needs
- 5 ME 2.2 Develop a differential diagnosis relevant to the patient's presentation**
- 6 ME 2.4 Develop and implement an initial management plan**
- 7 ME 4.1** Coordinate investigation, treatment, and follow-up when multiple physicians and health care professionals are involved
- 8 COM 1.1** Communicate using a patient-centred approach that facilitates patient trust and autonomy and is characterized by empathy, respect, and compassion
- 9 COM 2.3** Seek and synthesize relevant information from other sources, including the patient's family
- 10 COM 3.1 Use strategies to verify and validate the understanding of the patient and family with regard to the diagnosis, prognosis and management plan**
- 11 COM 5.1 Document a clinical encounter to adequately convey clinical reasoning and the rationale for decisions**
- 12 COL 1.2** Seek and respond to input from other health care professionals
- 13 COL 3.1 Identify patients requiring handover to other physicians or health care professionals**
- 14 COL 1.3** Communicate clearly and directly to promote understanding in the health care team
- 15 L 2.1** Apply knowledge of the resources available in the care setting when developing and implementing management plans
- 16 L 2.2** Apply evidence and guidelines with respect to resource utilization in common clinical scenarios

*ENTRUSTABLE PROFESSIONAL ACTIVITIES FOR  
PHYSICAL MEDICINE AND REHABILITATION (2020)*

**Physical Medicine & Rehabilitation: Foundations EPA 3**

**Performing procedures**

Key Features:

- This EPA includes establishing patient candidacy for the procedure (i.e. identifying the indications and contraindications), obtaining informed consent, preparing the patient and gathering required materials/medications, selecting the site for the procedure, following sterile or clean technique, providing post-procedure counseling to the patient, and documenting the procedure.
- This EPA may be observed in the clinical or simulation setting.

Assessment Plan:

Direct observation by physiatrist, TTP trainee, or non-physiatrist physician with appropriate skill set; may include input from other health professionals including technicians, nurses, or physician assistants

Use form 2. Form collects information on:

- Observation type: direct; indirect
- Setting: consultation service; inpatient unit; outpatient clinic; simulation
- Procedure: bladder catheterization; casting; cast removal; IV insertion; joint aspiration/injection; musculoskeletal injection; NG tube insertion; PEG tube removal; removal of sutures; superficial skin suturing; tracheostomy removal; other (write in)

Collect 10 observations of achievement.

- No more than 3 in simulation setting
- At least 3 different procedures
- At least 3 different observers

Relevant Milestones:

- 1 **ME 3.1** Describe the indications, contraindications, risks, and alternatives for a given procedure or therapy
- 2 **ME 3.1** Describe common procedures or therapies for conditions commonly encountered in Physiatry to patients
- 3 **ME 3.2 Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure**
- 4 **ME 3.4 Gather and/or manage the availability of appropriate instruments and materials**
- 5 **ME 3.4 Position the patient appropriately**
- 6 **ME 3.4** Demonstrate aseptic technique: skin preparation, establishing and respecting

*ENTRUSTABLE PROFESSIONAL ACTIVITIES FOR  
PHYSICAL MEDICINE AND REHABILITATION (2020)*

the sterile field

- 7 ME 3.4 Perform common procedures in a skilful, fluid, and safe manner with minimal assistance**
- 8 ME 3.4 Establish and implement a plan for post-procedure care**
- 9 ME 3.4 Recognize and manage immediate complications of a procedure**
- 10 COM 4.3 Answer questions from the patient and family about next steps**
- 11 COM 5.1 Document a clinical encounter to convey a procedure and its outcome**

*ENTRUSTABLE PROFESSIONAL ACTIVITIES FOR  
PHYSICAL MEDICINE AND REHABILITATION (2020)*

**Physical Medicine & Rehabilitation: Core EPA 1**

**Providing consultation and developing comprehensive management plans for patients with complex presentations**

Key Features:

- This EPA focuses on comprehensive functional physiatry-specific histories, physical examinations and management plans for the following complex rehabilitation patient groups: SCI, ABI, stroke, P&O, MSK, neuromuscular, cardio-respiratory, and complex pain conditions.
- This includes focused assessments such as those for spasticity, botulinum toxin injections, general sports medicine clinics, and technical aid (e.g. seating) prescriptions.
- 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 include determining the patient's candidacy for rehabilitation and transferring care and/or discharging the patient when rehabilitation is not an option.
- It includes communicating the physiatry plan, physiatric recommendations, and goals of care to the patient, family and other health care providers (referring source/team, other health care professionals), including when a patient is not a candidate for rehabilitation.
- This EPA may be observed on inpatient rehabilitation units, in outpatient physiatry and electrodiagnostic clinics, or on an inpatient consultation service.

Assessment Plan:

Direct and/or indirect observation by physiatrist or TTP trainee

Use form 1. Form collects information on:

- Focus of observation (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 condition (burns/cancer/cardiopulmonary); other (write in)
- Rehabilitation issue (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 physiatry clinic; outpatient electrodiagnostic clinic; consultation service

*ENTRUSTABLE PROFESSIONAL ACTIVITIES FOR  
PHYSICAL MEDICINE AND REHABILITATION (2020)*

Collect 30 observations of achievement.

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

**Relevant Milestones:**

**1 ME 1.4 Perform clinical assessments that address the breadth of issues in each case in an organized manner**

**Comment [KJ1]:** Milestones 1 and 2 appear on every form; remaining milestones are context dependent

**2 ME 2.2 Focus the clinical encounter, performing it in a time-effective manner, without excluding key elements**

**History**

**3 ME 2.2 Elicit an accurate, relevant history**

**Comment [KJ2]:** Context driven milestones under this heading – relate to context “focus of observation”

**4 COM 1.5** Recognize when strong emotions (such as, anger, fear, anxiety, or sadness) are affecting an interaction and respond appropriately

**Physical**

**5 ME 2.2 Perform a physical exam and identify the clinical significance of findings**

**Comment [KJ3]:** Context driven milestones under this heading – relate to context “focus of observation”

**Diagnosis and Management**

**6 ME 1.6** Provide evidence informed, patient centred care of one condition in the presence of one or more other conditions

**Comment [KJ4]:** Context driven milestones under this heading – relate to context “focus of observation”

**7 ME 2.1** Iteratively establish priorities, considering the perspective of the patient and family (including values and preferences) as the patient’s situation evolves

**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 2.2 Summarize clinical information in a manner that accurately reflects the patient’s presentation**

**11 ME 2.4 Develop and implement management plans that consider all of the patient’s health problems and needs**

**12 ME 3.3** Balance risk, effectiveness and priority of interventions in the presence of multiple co-morbidities

**13 ME 4.1 Determine the need, timing and priority of referral to another physician and/or health care professional**

*ENTRUSTABLE PROFESSIONAL ACTIVITIES FOR  
PHYSICAL MEDICINE AND REHABILITATION (2020)*

- 14 **ME 4.1** Determine the need and timing of transfer to another level of care
- 15 **ME 4.1** Establish plans for ongoing care, taking into consideration all of the patient's health problems and needs as well as clinical state and preferences
- 16 **COM 3.1** **Convey information related to the patient's health status, care, and needs clearly and compassionately**
- 17 **ME 2.3** **Discuss concerns, in a constructive and respectful manner, with the patient and family about goals of care that are not felt to be achievable**
- 18 **COM 5.1** Adapt written and electronic communication to the specificity of the discipline and to the expectations of patients
- 19 **COL 1.2** Negotiate overlapping and shared care responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care
- 20 **COL 1.3** Use referral and consultation as opportunities to improve quality of care and patient safety by sharing expertise
- 21 **COL 3.2** Provide safe, efficient and patient-centred transitions between health care providers as well as between different health care professionals
- 22 **L 2.1** Use clinical judgment to minimize wasteful practices
- 23 **L 2.1** Consider costs when choosing care options
- 24 **HA 1.2** Apply the principles of behaviour change during conversations with patients about adopting healthy behaviours
- 25 **S 3.4** **Integrate best evidence and clinical expertise into decision-making**
- 26 **P 1.3** Manage ethical issues related to persons with disability encountered in the clinical setting

*ENTRUSTABLE PROFESSIONAL ACTIVITIES FOR  
PHYSICAL MEDICINE AND REHABILITATION (2020)*

**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 physiatric 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 physiatry and electrodiagnostic clinics, or on an inpatient consultation service.

Assessment Plan:

Direct and/or indirect observation by physiatrist 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 condition (burns/cancer/cardiopulmonary); other (write in)
- Rehabilitation issue (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 physiatry 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 physiatrist per rehabilitation population group



*ENTRUSTABLE PROFESSIONAL ACTIVITIES FOR  
PHYSICAL MEDICINE AND REHABILITATION (2020)*

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 physiatric 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**

*ENTRUSTABLE PROFESSIONAL ACTIVITIES FOR  
PHYSICAL MEDICINE AND REHABILITATION (2020)*

- 19 COL 3.1 Determine when care should be transferred back to the primary health care professional**
- 20 ME 4.1** Establish plans for 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

*ENTRUSTABLE PROFESSIONAL ACTIVITIES FOR  
PHYSICAL MEDICINE AND REHABILITATION (2020)*

**Physical Medicine & Rehabilitation: Core EPA 3**

**Identifying, assessing and managing patients with emergent and urgent medical issues**

Key Features:

- This EPA includes complex emergent and urgent medical issues.
- This may include communicating with patients, families and/or other health care professionals, advocating for appropriate patient care (e.g. transfer to acute care or ICU), and handover to a receiving clinical team.
- This EPA may be observed in the simulation setting.

Assessment Plan:

Direct and/or indirect observation by physiatrist, TTP trainee, or non-physiatrist physician with appropriate skill set; this may include feedback from nurses or other health professionals

Use form 1. Form collects information on:

- Observation type: direct; indirect
- Rehabilitation population group (check all that apply): amputee; brain injury; musculoskeletal; neurological; neuromuscular; spinal cord injury; stroke; other diagnoses (burns/cancer/cardiopulmonary); other (write in)
- Medical issue: acute joint swelling; acute limb swelling; acute undifferentiated functional deterioration; acute wound deterioration; altered level of consciousness; altered neurological status; angioedema/anaphylaxis; autonomic dysreflexia; code blue; critical abnormal investigation result; critical abnormal vitals; falls/acute trauma; major hemorrhage; overdose; palpitations; post-traumatic agitation; pulseless limb; respiratory distress; severe acute pain; urgent mental health and behavioral issues; other (write in)
- Setting: inpatient rehabilitation; outpatient physiatry clinic; outpatient electrodiagnostic clinic; consultation service; simulation

Collect 10 observations of achievement.

- At least 2 direct observations
- At least 4 different medical issues
- At least 1 autonomic dysreflexia (may be observed in simulation)
- No more than 4 in simulation setting
- At least 4 different observers
- At least 4 observations from faculty

Relevant Milestones:

- 1 ME 1.6** Adapt care as the complexity, uncertainty and ambiguity of the patient's clinical situation evolves
- 2 ME 2.2** Focus the clinical encounter, performing it in a time-effective

*ENTRUSTABLE PROFESSIONAL ACTIVITIES FOR  
PHYSICAL MEDICINE AND REHABILITATION (2020)*

**manner, without excluding key elements**

- 3 ME 2.2 Select and interpret the results of investigations and imaging based on differential diagnosis**
- 4 ME 2.4 Develop and implement initial and/or ongoing management plans**
- 5 COM 3.1 Convey information related to the patient's health status, care, and needs clearly and compassionately**
- 6 COM 3.2 Communicate the reasons for unanticipated clinical outcomes to patients and disclose patient safety incidents**
- 7 COM 5.1 Document relevant information**
- 8 COL 2.1 Communicate with the receiving physicians or health care professionals during transitions in care, clarifying issues after transfer, as needed**
- 9 L 2.1 Consider health care resources and costs when determining the investigation and management plan**
- 10 P 2.2 Demonstrate a commitment to patient safety and quality improvement through adherence to institutional policies and procedures**
- 11 P 4.1 Integrate skills that support adaptation and recovery in challenging situations**

*ENTRUSTABLE PROFESSIONAL ACTIVITIES FOR  
PHYSICAL MEDICINE AND REHABILITATION (2020)*

**Physical Medicine and Rehabilitation: Core EPA #4**

**Providing consultation and developing management plans for children with  
common pediatric rehabilitation conditions**

Key Features:

- This EPA includes a basic developmental and functional history and physical examination as appropriate for age, developmental level and diagnosis/presentation.
- It involves developing a basic management plan for identified impairments, activity limitations and/or participation restrictions, taking into consideration diagnostic and prognostic factors.
- It includes communicating effectively with pediatric patients and their families and/or caregivers.
- Examples of common pediatric rehabilitation conditions include cerebral palsy, spina bifida, muscular dystrophy, amputation/limb deficiency, brain injury/tumor, scoliosis, Juvenile Idiopathic Arthritis (JIA), and MSK conditions (e.g. apophysitis, Slipped Capital Femoral Epiphysis (SCFE), osteochondritis dissecans).

Assessment Plan:

Direct and/or indirect observation by physiatrist, other physician with appropriate experience in pediatric rehabilitation, TTP trainee, pediatric rehabilitation subspecialty trainee; this may include feedback from other health professionals (physiotherapist, occupational therapist, social worker, nurse).

Use form 1. Form collects information on:

- Observation type: direct; indirect
- Observation focus (check all that apply): history; physical examination; management plan; communication
- Setting: inpatient pediatric rehabilitation; outpatient pediatric rehabilitation or transition clinic
- Pediatric rehabilitation population: amputee/limb deficiency; brain injury/tumour; cerebral palsy; spina bifida; muscular dystrophy; MSK (e.g., scoliosis, JIA, apophysitis, SCFE, osteochondritis dissecans); other (write in)

Collect 6 observations of achievement.

- At least 3 observations of history
- At least 3 observations of physical examination
- At least 3 observations of management plan
- At least 5 observations of communication
- At least 1 comprehensive observation that covers a complete assessment and management plan
- At least 1 of each pediatric rehabilitation population
- At least 2 different observers

*ENTRUSTABLE PROFESSIONAL ACTIVITIES FOR  
PHYSICAL MEDICINE AND REHABILITATION (2020)*

Relevant Milestones:

- 1 **ME 1.4 Perform a clinical assessment that addresses all relevant issues**
- 2 **ME 2.2 Elicit an accurate, relevant history**
- 3 **ME 2.2 Perform a focused physical exam using appropriate technique for examinations in children**
- 4 **ME 2.2 Adapt the clinical assessment to the child's age and developmental stage**
- 5 **ME 2.4 Develop and implement initial management plans for common pediatric rehabilitation presentations**
- 6 **ME 4.1 Establish plans for ongoing care, taking into consideration all of the patient's health problems and needs as well as clinical state and preferences**
- 7 **COM 1.1 Communicate using a patient-centred approach that is age-appropriate**
- 8 **COM 3.1 Share information and explanations clearly and accurately and verify patient and family understanding**
- 9 **L 2.1 Consider costs when choosing care options**
- 10 **HA 2.1 Work with the patient and family to identify opportunities for disease prevention, health promotion, and health protection**

*ENTRUSTABLE PROFESSIONAL ACTIVITIES FOR  
PHYSICAL MEDICINE AND REHABILITATION (2020)*

**Physical Medicine & Rehabilitation: Core EPA #5**

**Performing common physiatric procedures**

Key Features:

- This EPA focuses on common musculoskeletal (joint, tendon sheath, bursa, soft tissue, aspiration) and neurological (e.g. median, suprascapular injections) procedures, as well as wound debridement, and spasticity-related injections.
- This EPA includes establishing patient candidacy for the procedure (i.e. identifying the indications and contraindications), obtaining informed consent, preparing the patient and gathering required materials/medications, selecting the site for the procedure, following sterile or clean technique, providing post-procedure counseling to the patient, and documenting the procedure.
- This EPA may be observed in the clinical or simulation setting.

Assessment Plan:

Direct observation by physiatrist or physician with appropriate skill set

Use form 2. Form collects information on:

- Procedure (check all that apply): arthrocentesis and/or intra-articular injections – upper limb; arthrocentesis and/or intra-articular injections-lower limb; chemodenervation-upper proximal; chemodenervation-upper distal; chemodenervation-lower proximal; chemodenervation-lower distal; myofascial trigger point injection; nerve block; soft tissue injections-tendon sheath; soft tissue injections-bursa; superficial sharp debridement of wounds; other
- Setting: consultation service; inpatient rehabilitation; outpatient physiatry; electrodiagnostic clinic; simulation

Collect 33 successful observations of achievement

- At least 3 of each procedure
- No more than 1 of each procedure in simulation setting
- At least 3 different observers

Relevant Milestones:

- 1 **ME 3.1** Describe the indications, contraindications, risks, and alternatives for a given procedure or therapy
- 2 **ME 3.1** Describe common procedures or therapies for conditions commonly encountered in Physiatry to patients
- 3 **ME 3.2** Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure
- 4 **ME 3.4** Gather and/or manage the availability of appropriate instruments and materials

*ENTRUSTABLE PROFESSIONAL ACTIVITIES FOR  
PHYSICAL MEDICINE AND REHABILITATION (2020)*

- 5 **ME 3.4 Position the patient appropriately**
- 6 **ME 3.4** Demonstrate aseptic technique: skin preparation, establishing and respecting the sterile field
- 7 **ME 3.4 Perform procedures in a skilful, fluid, and safe manner with minimal assistance**
- 8 **ME 3.4 Establish and implement a plan for post-procedure care**
- 9 **ME 3.4 Recognize and manage immediate complications of a procedure**
- 10 **COM 3.1 Communicate effectively with patient during a procedure**
- 11 **COL 1.3 Utilize assisting staff professionally and effectively**
- 12 **COM 5.1 Document a clinical encounter to convey a procedure and its outcome**



*ENTRUSTABLE PROFESSIONAL ACTIVITIES FOR  
PHYSICAL MEDICINE AND REHABILITATION (2020)*

**Physical Medicine & Rehabilitation: Core EPA #6**

**Selecting and interpreting investigations relevant to Physiatry**

Key Features:

- This EPA includes identifying the indications for an investigation and discussing the risks and benefits with the patient; interpreting the quality of the study and its findings; and, counselling the patient on the results and effectiveness.
- This EPA is divided into two parts: interpreting electrodiagnostic testing; interpreting other investigations.
- Interpreting electrodiagnostic testing includes interpretation of nerve conduction studies and/or electromyography reports, both simple and complex; complex studies are defined as presentations that are beyond a simple focal entrapment neuropathy (e.g., median or ulnar neuropathy) or radiculopathy.
- Interpreting other investigations includes interpretation of the results of a variety of investigations for the purposes of developing or modifying a management plan. This includes cardiac stress tests, diagnostic blocks, gait lab analyses, intra-thecal trials or pump refills, PFTs, shunt assessments, sleep studies, swallowing studies, urodynamic studies, and image-guided procedures.
- This EPA may be assessed in the clinical setting or using simulated cases.

Assessment Plan:

Part A: Interpreting electrodiagnostic testing (NCS/EMG)

Direct and/or indirect observation by physiatrist or non-physiatrist physician with appropriate skill set; with feedback from TTP trainee or other health professionals such as technicians, nurses, or physician assistants

Use form 1. Form collects information on:

- Observation type: direct; indirect
- Setting: consultation service; inpatient unit; outpatient clinic; electrodiagnostic clinic; simulation
- Procedure (check all that apply): lower limb; upper limb; cranial/trunk
- Complexity: low; high

Collect 20 observations of achievement.

- At least 10 upper limb
- At least 10 lower limb
- At least 5 complex cases
- No more than 3 simulated
- At least 3 different observers

Part B: Interpreting other investigations

Direct and/or indirect observation by physiatrist or non-physiatrist physician with appropriate skill set; with feedback from TTP trainee or other health professionals such as technicians, nurses, or physician assistants

*ENTRUSTABLE PROFESSIONAL ACTIVITIES FOR  
PHYSICAL MEDICINE AND REHABILITATION (2020)*

Use form 1. Form collects information on:

- Observation type: direct; indirect
- Setting: consultation service; inpatient unit; outpatient clinic; electrodiagnostic clinic; simulation
- Procedure: cardiac stress test; diagnostic block; gait lab analysis; intra-theal trial or pump refill; PFT; shunt assessment; sleep study; swallowing study; urodynamic studies; image-guided procedure

Collect 6 observations of achievement.

- At least 3 different procedures
- No more than 3 simulated
- At least 3 observers

Relevant Milestones:

Part A: Interpreting electrodiagnostic tests

- 1 ME 2.2 Assess a patient's suitability to proceed with electrodiagnostic testing**
- 2 ME 3.2 Obtain and document informed consent, explaining the risks and benefits of, and the rationale for the proposed procedure**
- 3 ME 1.3 Apply knowledge of neuromuscular anatomy and electrophysiology**
- 4 ME 1.3 Apply knowledge of the principles, strengths and limitations of diagnostic investigations**
- 5 ME 2.2 Assess the quality and validity of the study, and any impact on the diagnostic interpretation**
- 6 ME 2.2 Interpret the results of electrodiagnostic testing in the context of the clinical presentation**
- 7 ME 2.4 Integrate the results of electrodiagnostic testing into the patient centered management plan**
- 8 COM 3.1 Convey results of investigations to the patient clearly and compassionately**

Part B: Interpreting other investigations

- 1 ME 1.3 Apply knowledge of the principles, strengths and limitations of diagnostic investigations**
  - 2 ME 2.2 Interpret the results of investigations in the context of the clinical presentation**
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*ENTRUSTABLE PROFESSIONAL ACTIVITIES FOR  
PHYSICAL MEDICINE AND REHABILITATION (2020)*

- 3 ME 2.4 Integrate the results of investigations into the patient centered management plan**
- 4 COM 3.1 Convey results of investigations to the patient clearly and compassionately**

*ENTRUSTABLE PROFESSIONAL ACTIVITIES FOR  
PHYSICAL MEDICINE AND REHABILITATION (2020)*

**Physical Medicine & Rehabilitation: Core EPA 7**

**Leading interprofessional meetings**

Key Features:

- This EPA focuses on leading interprofessional team and family meetings and clinical rounds for the purposes of discussing rehabilitation potential, clarifying patient/family expectations, setting rehabilitation goals, reviewing patient rehabilitation progress and discharge planning.
- This EPA includes identifying and managing conflict between patients, families, other physicians, and other healthcare providers.
- Supervisors may use any method to inform their observation of this EPA (e.g., team or family conference STACER or observation tool, daily encounter form, or multisource feedback).
- This EPA may be assessed in the clinical or simulation setting.

Assessment Plan:

Direct observation by physiatrist, TTP trainee or non-physiatrist physician with appropriate skill set; this may include feedback from other health professionals, nurses, patient, and family members.

Use form 1. Form collects information on:

- Meeting type: interprofessional family/care conference; team conference/encounter
- Setting: inpatient unit; outpatient clinic; simulation
- Patient population (check all that apply): ABI; amputee; MSK; neuromuscular, neurological; pediatric; stroke; SCI; other (write in)

Collect 10 observations of achievement.

- At least 3 of each meeting type
- No more than 2 in simulation setting
- At least 5 different patient populations
- At least 3 different observers

Relevant Milestones:

- 1 ME 1.1 Demonstrate a commitment to high quality care of their patients**
- 2 COM 1.3 Modify the approach to the patient, recognizing when the values, biases, or perspectives of patients, physicians, or other health care professionals may have an impact on the quality of care**
- 3 COM 1.4 Manage own non-verbal communication, including in difficult situations**
- 4 COM 1.5 Manage disagreements and emotionally charged conversations**

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PHYSICAL MEDICINE AND REHABILITATION (2020)*

- 5 **COM 3.1** Communicate clearly with patients and others in the setting of ethical dilemmas
- 6 **COM 3.2** Disclose patient safety incidents to the patient and family accurately and appropriately
- 7 **COM 4.1** Facilitate discussions with the patient and family in a way that is respectful, non-judgmental, and culturally safe
- 8 **COM 5.3** Share information with patients, families and other health care providers that respects patient privacy and confidentiality and enhances understanding
- 9 **COL 1.1** Establish and maintain healthy relationships with physicians and other colleagues in the health care professions to support relationship-centred collaborative care
- 10 **COL 1.2** Negotiate overlapping and shared care responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care
- 11 **L 4.2** Facilitate interprofessional meetings, ensuring engagement and participation of attendees and appropriate time management
- 12 **P 1.1** Intervene when behaviours among colleagues and/or learners undermine a respectful environment
- 13 **P 1.3** Manage ethical issues related to persons with disabilities encountered in the clinical setting

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PHYSICAL MEDICINE AND REHABILITATION (2020)*

**Physical Medicine & Rehabilitation: Core EPA 8**

**Facilitating the learning of others**

Key Features:

- This EPA includes formal and informal teaching sessions delivered to peers, other trainees, faculty, other health professionals, and/or the public.
- The observation of this EPA is divided into two parts: informal/bedside teaching; and formal scheduled teaching.
- Informal teaching includes choosing appropriate learning methods and giving constructive feedback to learners.
- Formal teaching includes the skills of critical appraisal, as well as presentation and teaching skills.
- This EPA does not include individual patient counselling.

Assessment Plan:

Part A: Informal/bedside teaching

Direct observation by supervisor, which may include feedback from learners

Use Form 1. Form collects information on:

- Setting (write in):

Collect 3 observations of achievement

Part B: Formal scheduled teaching

Direct observation by supervisor, with submission of collated feedback from audience

Use Form 1. Form collects information on:

- Activity: academic half-day session; grand rounds; journal club; formal undergraduate medical courses; small group formal session; large group formal session; other (write in)
- Learner/audience: peers; faculty; other trainees; other health professionals; public; community organization; other (write in)

Collect 2 observations of achievement

- At least 2 different settings/presentation types

Relevant Milestones:

Part A: Feedback to junior learners

- 1 S 2.1 Be a positive role model**
- 2 S 2.2 Create a positive learning environment**
- 3 S 2.3 Be available and accessible to junior learners**

*ENTRUSTABLE PROFESSIONAL ACTIVITIES FOR  
PHYSICAL MEDICINE AND REHABILITATION (2020)*

- 4    **S 2.4 Identify the learning needs and desired learning outcomes of others**
- 5    **S 2.4 Present information in an organized manner to facilitate understanding**
- 6    **S 2.5 Identify behaviours to continue as well as those for improvement**
- 7    **S 2.5 Provide specific suggestions for improvement of performance**
- 8    **S 2.5 Provide examples of learner performance to support the overall assessment**
- 9    **S 2.5 Provide narrative comments that support the overall assessment**
- 10   **P 1.1 Intervene when behaviours toward colleagues and/or learners undermine a respectful environment**
- 11   **P 1.1 Complete learner assessments in a timely fashion**

Part B: Formal scheduled teaching

- 1    **S 2.2 Create a positive learning environment**
- 2    **S 2.4 Identify the learning needs and desired learning outcomes of others**
- 3    **S 2.4 Develop learning objectives for a teaching activity adapting to the audience and setting**
- 4    **S 3.3 Critically evaluate the integrity, reliability and applicability of health related research and literature**
- 5    **S 2.4 Present information in an organized manner to facilitate understanding**
- 6    **S 2.4 Use audiovisual aids effectively, as appropriate**
- 7    **S 2.4 Provide adequate time for questions and discussion**
- 8    **P 1.1 Intervene when behaviours toward colleagues and/or learners undermine a respectful environment**

*ENTRUSTABLE PROFESSIONAL ACTIVITIES FOR  
PHYSICAL MEDICINE AND REHABILITATION (2020)*

**Physical Medicine & Rehabilitation: Transition to Practice EPA #1**

**Managing a physiatric practice**

Key Features:

- This EPA focuses on a typical physiatrist's practice – working simultaneously in more than one setting (e.g. covering more than one clinical service at a time, teaching, committees).
- This includes contribution to team functioning, coordination of care between different parties, time management including in-office patient flow, office management including effective task delegation, and remuneration practices.
- This EPA also includes appropriate follow-up of both patients and investigation results.
- It may include managing the administrative aspects of bed flow, length of stay, wait lists, triage, surge beds, off-service admissions, and communication with hospital administration and operational staff.
- This EPA may be observed in some combination of inpatient, outpatient and consultation service settings, and must be based on a block of time of at least a week.
- Feedback from patients, and hospital administrators, including medical office staff, on issues such as time management, communication, and collaboration, may be incorporated by the physiatrist to inform the observation of this EPA.

Assessment Plan:

Direct or indirect observation by a physiatrist, which may include feedback from others

Use Form 1. Form collects information on:

- Experience type (select all that apply): bed flow meeting; billing for clinical encounters and forms; booking and running senior's clinic; completion of forms; completion of health records; responding to requests from staff, other physicians & health professionals; running any physiatry outpatient clinic; running consultation service; running inpatient service; other (write in)
- Setting (select all that apply): inpatient rehabilitation unit; outpatient physiatry clinic; consultation service

Collect 3 observations of achievement.

- At least 3 different experience types
- Strongly recommended to include both an inpatient and outpatient setting
- At least 3 different observers

Relevant Milestones:

- 1 L 4.1 Set priorities and manage time to fulfil diverse responsibilities including clinical, administrative, supervisory and teaching responsibilities**
- 2 ME 1.5 Prioritize patients based on the urgency of clinical presentation**



*ENTRUSTABLE PROFESSIONAL ACTIVITIES FOR  
PHYSICAL MEDICINE AND REHABILITATION (2020)*

- 3    **S 3.4 Integrate best evidence and clinical expertise into decision-making**
- 4    **L 2.2 Apply evidence and management processes to achieve cost-appropriate care**
- 5    **COM 5.1 Document clinical encounters in an accurate, complete, timely and accessible manner, and in compliance with legal and privacy requirements**
- 6    **COL1.1** Establish and maintain healthy relationships with physicians and other colleagues in the health care professions to support relationship-centred collaborative care
- 7    **COL 1.2** Negotiate overlapping and shared care responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care
- 8    **COL. 1.3** Engage in respectful shared decision-making with physicians and other colleagues in the health care professions
- 9    **COL 2.2 Implement strategies to promote understanding, manage differences, and resolve conflicts in a manner that supports a collaborative culture**
- 10   **P 1.1 Respond appropriately to feedback from patients, families and health care professionals**
- 11   **P 2.1 Demonstrate accountability to patients, society and profession by adhering to ethical billing practices**
- 12   **P 4.1** Manage the mental and physical challenges that impact physician wellness and/or performance in demanding or stressful clinical settings

*ENTRUSTABLE PROFESSIONAL ACTIVITIES FOR  
PHYSICAL MEDICINE AND REHABILITATION (2020)*

**Physical Medicine and Rehabilitation: TTP EPA #2**

**Developing a strategy for continuing professional development**

Key Features:

- This EPA focuses on reviewing personal performance data (i.e. feedback and observations) to facilitate self-reflection, identify areas of personal strength as well as areas for improvement, and develop the skills that are required for continuing professional development.
- This includes developing plans to address areas for improvement and/or gaps in knowledge. Plans must be clear, concrete and feasible, and must include the appropriate choice of clinical experiences and/or appropriate academic resources (journals, textbooks, conferences).
- The plans should be SMART (specific, measureable, assessable, realistic, and timely).
- The plans may also include additional areas of interest, a preparation plan for the Royal College examination, or a possible career plan with specific steps toward achievement.
- This EPA applies the MOC Framework and its 3 sections: Group Learning, Self-learning, and Assessment (progression from reviewing simple questions, to review of practice).
- This EPA includes registering for Mainport and initiating MOC documentation.
- The observation of this EPA is divided into two parts: engaging in self-directed learning; and, participating in Mainport MOC.

Assessment Plan:

Part A: Engaging in self-directed learning

Direct and/or indirect observation of learning process by coach over time (CoT), faculty/academic advisor or other as stipulated by the program director

Use form 1. Form collects information on:

- Learning Activity: MOC section 3 - knowledge ( accredited self-assessment program); MOC section 3 – performance (accredited simulation, chart audit, MSF, practice assessment); personal learning project/critical appraisal; narrative on plans for improvement; narrative on areas of interest and plan to address; rotation specific teaching; grand rounds presentations; journal club presentations; other (write in)

Collect 8 observations of achievement.

- At least 1 MOC section 3 activity

Part B: Participating in Mainport MOC

Review of resident's Mainport portfolio by coach over time (CoT), faculty/academic advisor or other as stipulated by the program director, with attestation that resident has fulfilled the minimum annual requirement

Use form 4.

Collect 1 observation of achievement.

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PHYSICAL MEDICINE AND REHABILITATION (2020)*

Relevant Milestones:

Part A: Engaging in self-directed learning

- 1 **P 2.1 Demonstrate a commitment to maintaining and enhancing competence**
- 2 **ME 1.6** Recognize and respond to the complexity, uncertainty and ambiguity inherent in physiatry practice
- 3 **S 1.2 Identify opportunities for learning and improvement by using performance data as a basis for self-reflection**
- 4 **S 3.1 Generate focused questions that address practice uncertainty and knowledge gaps**
- 5 **L 4.2 Adjust educational experiences to gain competencies necessary for future practice**
- 6 **S 1.1 Develop, implement, and monitor a personal learning plan**
- 7 **S 2.5** Role-model regular self-assessment and feedback seeking behavior

Part B: Participating in Mainport MOC

- 1 **P 3.1** Fulfil professional standards of practice by participating in programs that record continuing professional development (e.g. Royal College Maintenance of Certification Program)
- 2 **S 1.1** Identify learning needs to enhance competence across all CanMEDS roles
- 3 **P 4.2** Develop a strategy to manage personal and professional demands for a sustainable independent practice

*ENTRUSTABLE PROFESSIONAL ACTIVITIES FOR  
PHYSICAL MEDICINE AND REHABILITATION (2020)*

**Physical Medicine & Rehabilitation: Transition to Practice SA 1**

**Planning and completing personalized training experiences aligned with career plans and/or specific learning needs**

Key Features:

- This Special Assessment (SA) allows trainees to individualize training to meet the needs of their intended community and/or personal career goals.
- This SA may be used for any structured training experience: clinical or academic.
- Examples include: electrodiagnostic medicine (additional training to allow acquisition of cases required to write CSCN Electrodiagnostic examination); advanced focal spasticity and dystonia management (including chemodenervation); intra-thecal baclofen pump management; advanced pain management (including ultrasound & fluoro guided procedures); and sub-specialized rehabilitation (burns, pediatric, cancer, cardiac, pulmonary).
- This may also include research, medical education and international health.
- The assessment of this SA is based on the achievement of outcomes co-created by the resident with a faculty advisor and/or the program director and approved by the program director/program committee. These outcomes must be SMART (specific, measurable, achievable, relevant, timely).

Assessment Plan:

Review of resident's plan and outcome by Competence Committee, program director or supervisor

Use form 4.

Collect 1 observation of achievement.

Relevant Milestones:

- 1 S 1.2** Identify a specific area for improvement related to the needs of their intended community and/or career goals
- 2 S 1.1** Create and implement a learning plan
- 3 S 1.1** Develop a structured approach to monitor progress of learning, including identifying timelines and accountabilities
- 4 S 1.1** Develop clear outcomes to assess progress of learning
- 5 L 4.2** Adjust educational experiences to gain competencies necessary for future practice
- 6 HA 2.3** Identify and respond to unmet health care needs within one's practice

*ENTRUSTABLE PROFESSIONAL ACTIVITIES FOR  
PHYSICAL MEDICINE AND REHABILITATION (2020)*

**Physical Medicine & Rehabilitation: Transition to Practice SA 2**

**Contributing to the improvement of health care delivery for persons with impairments/disabilities**

Key Features:

- This SA focuses on managerial and leadership activities commonly encountered in Physiatry.
- The observation of this special assessment is divided into two parts: engagement in management and leadership activities; and, self-reflection on activities.
- Examples of managerial activities include: creating and overseeing physiatry on-call schedules, organizing academic half days, participating in various committees, and RPC meetings.
- Examples of leadership activities include: advocating for patients and systems to improve health outcomes for persons with disabilities, applying evidence to achieve cost-appropriate care, participating in quality assurance/improvement to improve patient care and safety.
- The self-reflection must identify the patient or systems issue, describe the action taken by the resident, the outcomes achieved and any identified learning points.
- The self-reflection may be written or oral.

Assessment Plan:

Part A: Engagement in management and leadership

Review of evidence of resident's participation in management and leadership activities by Coach over Time (CoT), program director or other supervisor

Use form 4.

Collect evidence of participation in at least two management and/or leadership activities.

Part B: Self-reflection

Review of resident's self-reflection (written or oral) by Coach over Time (CoT), program director or other supervisor

Use form 4.

Collect evidence of one completed self-reflection activity.

Relevant Milestones:

- 1 P 2.1** Demonstrate a commitment to active participation in the activities of the profession

*ENTRUSTABLE PROFESSIONAL ACTIVITIES FOR  
PHYSICAL MEDICINE AND REHABILITATION (2020)*

- 2    **HA 2.3** Contribute to a process to improve health in the communities or populations served
- 3    **L 1.3** Analyze harmful patient safety incidents and near misses to enhance systems of care
- 4    **L 1.4** Use health informatics to improve the quality of patient care and optimize patient safety
- 5    **HA 2.2** Improve clinical practice by applying a process of continuous quality improvement to disease prevention, health promotion, and health surveillance activities
- 6    **L 3.1** Demonstrate an understanding of the administrative operations of physiatry programs
- 7    **L 3.1** Contribute to improvements in professional practice
- 8    **L 3.2** Facilitate change in health care to enhance services and outcomes
- 9    **S 3.4** Integrate best evidence and clinical expertise into decision-making
- 10   **COL 1.3** Work effectively with physicians and other colleagues

**Physical Medicine & Rehabilitation: Transition to Practice SA3**

**Conducting a scholarly project from inception to completion**

Key Features:

- This includes identifying an appropriate scholarly question, performing a comprehensive critical appraisal of the related literature, applying for research ethics or health privacy approval, as appropriate, conducting the project using appropriate methodology, analyzing the results, completing the project, and preparing it for dissemination (publication, or presentation).
- The project can be performed in any scholarly domain including basic sciences, clinical research, medical education, or quality improvement.
- Assessment is based on the submission of a completed scholarly project, and may also include observation of the presentation of the scholarly work.
- Publication or formal presentation at a national or international conference is not required.

Assessment Plan:

Review of completed scholarly project by program director and/or academic or scholarship advisor

Use form 4.

Collect 1 observation of achievement.

Relevant Milestones:

- 1 L 4.1** Organize work to manage clinical, scholarly and other responsibilities
- 2 S 4.4** Identify, consult and collaborate with content experts and others in the conduct of scholarly work
- 3 S 4.4** Generate focused questions for scholarly investigation
- 4 S 3.3** Critically evaluate the integrity, reliability, and applicability of health-related research and literature
- 5 S 4.5** Summarize the findings of a literature review
- 6 S 4.4** Select appropriate methods of addressing a given scholarly question
- 7 S 4.2** Identify ethical principles in research
- 8 S 4.4** Collect data for a scholarly work

*ENTRUSTABLE PROFESSIONAL ACTIVITIES FOR  
PHYSICAL MEDICINE AND REHABILITATION (2020)*

- 9    **S 4.4** Perform data analysis
- 10   **S 4.4** Integrate existing literature and findings of data collection
- 11   **S 4.4** Identify areas for further investigation
- 12   **S 4.5** Defend and disseminate the results of research