

Effective for residents who enter training on or after July 1, 2020.

DEFINITION

Physical Medicine and Rehabilitation, also known as Physiatry, is the branch of medicine concerned with diagnosis, medical management, and rehabilitation of persons of all ages with neuromusculoskeletal disorders and associated disabilities.

PHYSICAL MEDICINE AND REHABILITATION PRACTICE

Physical medicine and rehabilitation physicians, also known as physiatrists, assess and manage individuals with physical and cognitive-behavioural impairments and disabilities. Physiatrists provide care for a broad range of patients, across all age groups, with inherited, congenital and acquired neurological, musculoskeletal, and medical conditions, such as spinal cord injury, stroke, acquired brain injury, trauma, amputation, and pain.

Physiatrists focus on maximizing functional independence and quality of life, using the International Classification of Functioning, Disability, and Health (ICF) as their framework. Physiatric treatments include pharmacological, non-pharmacological, and interventional approaches. Non-pharmacological treatments include patient education and counselling, non-invasive pulmonary rehabilitation strategies, prescription of exercise, orthotic and prosthetic devices, adaptive equipment, and mobility aids. Physiatrists perform and interpret diagnostic and therapeutic procedures, such as electrodiagnostic studies and injections for pain and spasticity. Physiatrists use state-of-the-art technologies such as robotics, microprocessor prosthetic and orthotic componentry, and virtual reality-based therapies to help patients attain higher functional levels than were previously achieved.

Physiatrists provide care and support to patients and their families¹ throughout the trajectory of their medical care, from initial assessment, diagnosis, and rehabilitation management through to long-term follow-up.

Physiatrists provide care through a collaborative, team-based approach. The interprofessional team may include other physicians, primary care and other specialists, and other health care professionals such as physiotherapists, occupational therapists, nurses,

¹ Throughout this document, references to the patient's family are intended to include all those who are personally significant to the patient and are concerned with his or her care, including, according to the patient's circumstances, family members, partners, caregivers, legal guardians, and substitute decision-makers.

speech-language pathologists, psychologists, social workers, orthotists, prosthetists, and community health care workers. Physiatrists often provide concurrent care in conjunction with the patient's primary care provider and other involved specialists.

Physiatrists practice in a variety of settings that may include inpatient units and hospital-based outpatient clinics, rehabilitation facilities, and private community offices. The availability of, and physiatrists' participation in, telehealth and video-consultations improves access to rehabilitation services for persons with disabilities.

Physiatrists advocate for persons with disabilities at the individual, community, and population levels, especially for disability rights issues that pertain to inclusivity, accessibility, vocation, and avocational pursuits.

PHYSICAL MEDICINE AND REHABILITATION COMPETENCIES

Medical Expert

Definition:

As *Medical Experts*, physiatrists integrate all of the CanMEDS Roles, applying medical knowledge, clinical skills, and professional values in their provision of high-quality and safe patient-centred care. Medical Expert is the central physician Role in the CanMEDS Framework and defines the physician's clinical scope of practice.

Key and Enabling Competencies: Physiatrists are able to...

1. Practise medicine within their defined scope of practice and expertise

- 1.1. Demonstrate a commitment to high-quality care of their patients
- 1.2. Integrate the CanMEDS Intrinsic Roles into their practice of Physiatry
- 1.3. Apply knowledge of the clinical and biomedical sciences relevant to Physiatry
 - 1.3.1. Anatomy and physiology of the musculoskeletal system:
 - 1.3.1.1. Bones
 - 1.3.1.2. Bursae
 - 1.3.1.3. Epiphyses
 - 1.3.1.4. Joints and capsules
 - 1.3.1.5. Myofascial trigger points
 - 1.3.1.6. Spine and skull
 - 1.3.1.7. Tendons
 - 1.3.2. Anatomy and physiology of the nervous system:
 - 1.3.2.1. Brain, including brain stem and cranial nerves
 - 1.3.2.2. Meninges
 - 1.3.2.3. Spinal cord

- 1.3.2.4. Cerebral and spinal vasculature
- 1.3.2.5. Nerve roots, peripheral nerves, neuromuscular junction and associated muscles
- 1.3.2.6. Autonomic nervous system, including bladder and bowel innervation
- 1.3.2.7. Other systems
 - 1.3.2.7.1. Motor
 - 1.3.2.7.2. Sensory
 - 1.3.2.7.3. Vestibular
 - 1.3.2.7.4. Motor points
 - 1.3.2.7.5. Neurotransmission
 - 1.3.2.7.6. Speech and swallowing
 - 1.3.2.7.7. Memory, learning, and behaviour
 - 1.3.2.7.8. Pain
- 1.3.3. Anatomy and physiology of the cardiovascular, endocrine, gastrointestinal, genitourinary, hematologic, hepatobiliary, immunologic, and respiratory systems
- 1.3.4. Normal growth and development, including developmental milestones
- 1.3.5. Effect of physiologic responses and adaptations to exercise on the cardiovascular, hematologic, musculoskeletal, neurologic and respiratory systems
- 1.3.6. Principles of ergonomics and their application to clinical care
- 1.3.7. Principles of kinesiology and kinematic studies as they relate to gait analysis
- 1.3.8. Biomechanics in sport and exercise
- 1.3.9. Clinical and molecular genetics of commonly encountered hereditary neuromuscular conditions
- 1.3.10. Aging and its effects on physiology and biomechanics, and the impact of aging on persons living with a physical or cognitive impairment
- 1.3.11. Effects of immobility on body systems
- 1.3.12. Microbiology of infections, especially of the musculoskeletal and nervous systems
- 1.3.13. Principles of nerve injury and recovery
- 1.3.14. Principles of pharmacology:
 - 1.3.14.1. Pharmacokinetic and pharmacodynamic changes that occur with physical impairments
 - 1.3.14.2. Impact of pharmacologic agents on patients with physical, cognitive, and behavioural impairments

- 1.3.14.3. Symptom management, including acute and chronic pain, agitation, and neurologic recovery post acquired brain injury
- 1.3.14.4. Substance misuse and withdrawal
- 1.3.14.5. Antimicrobial treatment and antibiotic stewardship
- 1.3.14.6. Medication reconciliation

- 1.3.15. Imaging modalities used in musculoskeletal and neurological conditions, including indications, contraindications, and choice of modality

- 1.3.16. Clinical features, diagnostic criteria, epidemiology, natural history, pathophysiology, complications, and functional consequences of:
 - 1.3.16.1. Amputations
 - 1.3.16.2. Arthritis
 - 1.3.16.3. Brain injury
 - 1.3.16.4. Cerebrovascular disease
 - 1.3.16.5. Disability due to cardiorespiratory diseases
 - 1.3.16.6. Disability due to complex medical conditions, including obesity, thermal injuries, cancer, organ transplantation, and multiple medical comorbidities
 - 1.3.16.7. Disorders of nerve and muscle
 - 1.3.16.8. Disorders of the spinal cord
 - 1.3.16.9. Immobility
 - 1.3.16.10. Musculoskeletal injuries
 - 1.3.16.11. Musculoskeletal and neurologic disabilities of childhood
 - 1.3.16.12. Pain syndromes

- 1.3.17. Components of a comprehensive psychiatric assessment and plan, including the principles of functional inquiry relevant to the clinical presentation

- 1.3.18. Principles of rehabilitation potential in the full breadth of clinical presentations and patient populations

- 1.3.19. Principles of emergent and urgent medical management in persons with disabilities
 - 1.3.19.1. Altered levels of consciousness
 - 1.3.19.2. Altered neurological status
 - 1.3.19.3. Anaphylaxis
 - 1.3.19.4. Autonomic dysreflexia
 - 1.3.19.5. Post-traumatic agitation
 - 1.3.19.6. Post-traumatic seizures
 - 1.3.19.7. Pressure wounds

- 1.3.19.8. Pulseless limb
 - 1.3.20. Principles of psychiatric management for the following rehabilitation-specific issues:
 - 1.3.20.1. Contractures
 - 1.3.20.2. Dysarthria
 - 1.3.20.3. Dysphagia
 - 1.3.20.4. Heterotopic ossification
 - 1.3.20.5. Medical comorbidity management and/or surveillance
 - 1.3.20.6. Neurogenic bladder
 - 1.3.20.7. Neurogenic bowel
 - 1.3.20.8. Osteoporosis
 - 1.3.20.9. Pain
 - 1.3.20.10. Seizure
 - 1.3.20.11. Sexual and reproductive health and dysfunction
 - 1.3.20.12. Spasticity
 - 1.3.20.13. Wounds
 - 1.3.20.14. Driving
 - 1.3.20.15. Falls
 - 1.3.20.16. Fitness/wellbeing
 - 1.3.20.17. Hobbies/avocation
 - 1.3.20.18. School needs
 - 1.3.20.19. Vocation
 - 1.3.21. Principles of secondary prevention, including behaviour modification, for persons with acquired brain injuries, amputations, and complex medical conditions
 - 1.3.22. Principles of perioperative and post-operative functional optimization
 - 1.3.23. Principles of post-operative care in musculoskeletal and neurological-based surgeries
 - 1.3.24. Principles of impairment, activity limitation and participation restriction, and the health components of functioning and disability
 - 1.3.25. Principles of exercise prescription in patients with musculoskeletal, neurological, or other medical presentations
 - 1.3.26. Principles of prescription and management of limb prostheses and spinal and limb orthoses
 - 1.3.27. Indications and contraindications for interventional procedures, and appropriate use of image guidance
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- 1.3.28. Principles of mental health and psychosocial issues as they contribute to activity limitation and/or participation restriction
- 1.3.29. Principles of neuropsychology
- 1.3.30. Principles of dietetics
- 1.3.31. Principles of coping with acute, chronic, or progressive impairment and disability

- 1.4. Perform appropriately timed clinical assessments with recommendations that are presented in an organized manner
 - 1.4.1. Perform a comprehensive psychiatry assessment, including an assessment of the medical, functional, cognitive-behavioural, and socio-environmental domains
 - 1.4.2. Provide an expert opinion about a patient's medical fitness, readiness, and ability to participate actively in an inpatient or outpatient rehabilitation program
 - 1.4.3. Provide effective consultation services with respect to third party requests and/or medical-legal opinions

- 1.5. Carry out professional duties in the face of multiple competing demands
- 1.6. Recognize and respond to the complexity, uncertainty, and ambiguity inherent in practice

2. Perform a patient-centred clinical assessment and establish a management plan

- 2.1. Prioritize issues to be addressed in a patient encounter
- 2.2. Elicit a history, perform a physical exam, select appropriate investigations, and interpret their results for the purpose of diagnosis and management, disease prevention, and health promotion
 - 2.2.1. Synthesize elements of history from multiple sources that may include patient, family, medical team members, community partners, and available written documentation
 - 2.2.2. Elicit a comprehensive functional history, including an assessment of activities of daily living (ADL), instrumental activities of daily living, socioeconomic determinants of health, and barriers of access to medical care and resources
 - 2.2.3. Perform a physical exam with emphasis on the neurologic and musculoskeletal systems
 - 2.2.3.1. Perform screening assessments for mood and cognition, including mental status examination
 - 2.2.3.2. Assess gait patterns, transfer techniques, use of mobility aids, and wheelchair seating
 - 2.2.3.3. Assess the need for ADL aids

- 2.2.4. Adapt the clinical assessment to a child's age and developmental stage
- 2.2.5. Develop a differential diagnosis for patients presenting with undifferentiated neuromusculoskeletal issues
- 2.2.6. Select and interpret the results of diagnostic tests including:
 - 2.2.6.1. Blood tests
 - 2.2.6.2. Fluid analysis, including cerebrospinal and synovial fluid
 - 2.2.6.3. Cardiorespiratory testing, including sleep studies
 - 2.2.6.4. Gait analysis, including kinetic and kinematic data
 - 2.2.6.5. Interventional diagnostic procedures for pain
 - 2.2.6.6. Intrathecal drug trials
 - 2.2.6.7. Intraventricular shunt assessment
 - 2.2.6.8. Medical imaging
 - 2.2.6.9. Nerve conduction studies and electromyography
 - 2.2.6.10. Psychometric testing
 - 2.2.6.11. Swallowing assessment
 - 2.2.6.12. Urodynamic testing
- 2.2.7. Formulate a comprehensive medical, functional, and psychosocial problem list based on the ICF framework
- 2.3. Establish goals of care in collaboration with patients and their families, which may include slowing disease progression, treating symptoms, achieving cure, improving function, and palliation
 - 2.3.1. Integrate evidence-informed prognostic factors related to diagnosis, pre and post injury/incident functional levels, and comorbidities into discussions about the appropriate level of rehabilitation and therapeutic interventions
 - 2.3.2. Establish medical and rehabilitation goals of care with input from the patient and their family
 - 2.3.3. Assist patients and families in developing care directions that align with their values, beliefs, and goals of care
 - 2.3.4. Respond to end of life issues, including requests for medical assistance in dying, using an interprofessional approach

2.4. Establish a patient-centred management plan

- 2.4.1. Develop, implement, and monitor patient-centred medical and rehabilitation management plans, including prognostication of function, expected outcomes, and an estimation of treatment duration for patients with:
 - 2.4.1.1. Amputations
 - 2.4.1.2. Arthritis
 - 2.4.1.3. Brain injury
 - 2.4.1.4. Cerebrovascular disease
 - 2.4.1.5. Disability due to complex medical conditions
 - 2.4.1.6. Disorders of nerve and muscle
 - 2.4.1.7. Disorders of the spinal cord
 - 2.4.1.8. Complications of immobility
 - 2.4.1.9. Musculoskeletal injuries
 - 2.4.1.10. Musculoskeletal and neurologic disabilities of childhood
 - 2.4.1.11. Pain syndromes
- 2.4.2. Triage access to therapy based on urgency and established protocols or criteria
- 2.4.3. Manage emergencies that arise during the course of rehabilitation treatment and determine when urgent surgical and medical consultation is warranted
- 2.4.4. Apply accepted recommendations for primary and secondary prevention measures relevant to physiatry
- 2.4.5. Tailor health promotion and disease prevention strategies to persons with disabilities
- 2.4.6. Address driving risk and propose a management plan in conjunction with the patient and family, as appropriate
- 2.4.7. Provide recommendations about community reintegration, including return to vocational and avocational activities
- 2.4.8. Address caregiver stress and burnout using an interprofessional approach
- 2.4.9. Manage requests for medical assistance in dying using an interprofessional approach

3. Plan and perform procedures and therapies for the purpose of assessment and/or management

- 3.1. Determine the most appropriate procedures or therapies
 - 3.1.1. Preventive and therapeutic interventions:
 - 3.1.1.1. Assistive devices

- 3.1.1.2. Mobility aids
 - 3.1.1.3. Orthoses
 - 3.1.1.4. Prostheses
 - 3.1.1.5. Exercise prescriptions
 - 3.1.1.6. Physical modality prescriptions
 - 3.1.1.7. Rehabilitation therapies
 - 3.1.1.8. Pharmacotherapies
- 3.1.2. Interventional therapeutic procedures for pain:
- 3.1.2.1. Epidural injections
 - 3.1.2.2. Intrathecal drug delivery
 - 3.1.2.3. Medial branch nerve blocks of facet joints
 - 3.1.2.4. Percutaneous high frequency neurotomy
 - 3.1.2.5. Deep brain and spinal stimulators
 - 3.1.2.6. Neuroablative procedures
 - 3.1.2.7. Other image-guided interventions
- 3.2. Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, a proposed procedure or therapy
- 3.3. Prioritize procedures or therapies, taking into account clinical urgency and available resources
- 3.4. Perform procedures in a skilful and safe manner, adapting to unanticipated findings or changing clinical circumstances
- 3.4.1. Arthrocentesis
 - 3.4.2. Intra-articular injections
 - 3.4.3. Soft tissue injections
 - 3.4.4. Superficial surgical debridement of wounds
 - 3.4.5. Chemodenervation
- 4. Establish plans for ongoing care and, when appropriate, timely consultation**
- 4.1. Implement a patient-centred care plan that supports ongoing care, follow-up on investigations, response to treatment, and further consultation
- 4.1.1. Provide ongoing, supportive rehabilitation care in conjunction with, medical and surgical specialists, primary care practitioners, and other health care professionals
 - 4.1.2. Provide ongoing surveillance for medical issues or manifestations that may present in rehabilitation population groups

- 4.1.3. Determine the need for and timing of referral to other medical or surgical specialties, other health professionals, and community-based partners
- 4.1.4. Engage medical and surgical specialists during the course of rehabilitation treatment, as required
- 4.1.5. Engage, community partners, social services, primary care practitioners, and other health professionals to facilitate discharge planning
- 4.1.6. Assess the need for and timing of transfer to another level of care
- 4.1.7. Detect and manage patient difficulty in coping with disability
- 4.1.8. Detect and manage caregiver stress and burnout

5. Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of health care quality and patient safety

- 5.1. Recognize and respond to harm from health care delivery, including patient safety incidents
 - 5.1.1. Identify patterns of falls and provide fall prevention recommendations
 - 5.1.2. Identify missed diagnoses, incidental findings, and gaps in care during transitions of care in order to determine the most appropriate management approach
- 5.2. Adopt strategies that promote patient safety and address human and system factors
 - 5.2.1. Adhere to electrical and other safety protocols related to the electrodiagnostic laboratory
 - 5.2.2. Apply best practices for pressure ulcer prevention
 - 5.2.3. Provide anticipatory guidance for persons with disabilities undergoing invasive interventions or procedures to reduce or mitigate the risk of adverse events and outcomes, and to optimize post-procedure function

Communicator

Definition:

As *Communicators*, physiatrists form relationships with patients and their families that facilitate the gathering and sharing of essential information for effective health care.

Key and Enabling Competencies: Physiatrists are able to...

1. Establish professional therapeutic relationships with patients and their families

- 1.1. Communicate using a patient-centred approach that encourages patient trust and autonomy and is characterized by empathy, respect, and compassion
 - 1.1.1. Demonstrate empathy for the psychosocial, cultural, and economic implications of a patient's disability and its context
 - 1.1.2. Address the impact that impairment, activity limitation, and participation restriction may have on a patient and their family
 - 1.1.3. Set expectations with the patient and their family regarding the boundaries associated with third party assessments
- 1.2. Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety
 - 1.2.1. Apply strategies to ensure persons sitting in a wheelchair are put at ease
- 1.3. Recognize when the perspectives, values, or biases of patients, patients' families, physicians, or other health care professionals may have an impact on the quality of care, and modify the approach to the patient accordingly
 - 1.3.1. Demonstrate sensitivity to issues of gender, ethnicity, sexuality, and social bias in dealing with patients, families, and persons with disabilities
- 1.4. Respond to a patient's non-verbal behaviours to enhance communication
- 1.5. Manage disagreements and emotionally charged conversations
- 1.6. Adapt to the unique needs and preferences of each patient and to his or her clinical condition and circumstances
 - 1.6.1. Use strategies specific to the clinical presentation and circumstances to optimize communication with patients who present with receptive and/or expressive communication issues, cognitive impairment, or behaviour disturbance

2. Elicit and synthesize accurate and relevant information, incorporating the perspectives of patients and their families

- 2.1. Use patient-centred interviewing skills to effectively gather relevant biomedical and psychosocial information
 - 2.1.1. Apply strategies to elicit an accurate history in situations where patients may be under- or over-representing symptoms, such as third party, driving risk, and return to play assessments
- 2.2. Provide a clear structure for and manage the flow of an entire patient encounter
 - 2.2.1. Use appropriate strategies to manage the flow of an encounter for persons with communication, cognitive, and/or behaviour issues

- 2.3. Seek and synthesize relevant information from other sources, including the patient's family, with the patient's consent

3. Share health care information and plans with patients and their families

- 3.1. Share information and explanations that are clear, accurate, and timely, while assessing for patient and family understanding
 - 3.1.1. Use appropriate strategies for explanation and planning with persons with communication, cognitive, and/or behaviour issues
 - 3.1.2. Convey prognostic information on functional recovery in a compassionate and respectful manner
 - 3.1.3. Discuss concerns and legislated actions related to driving, in a compassionate and respectful manner
 - 3.1.4. Discuss return to play parameters in a clear and structured manner
- 3.2. Disclose harmful patient safety incidents to patients and their families

4. Engage patients and their families in developing plans that reflect the patient's health care needs and goals

- 4.1. Facilitate discussions with patients and their families in a way that is respectful, non-judgmental, and culturally safe
- 4.2. Assist patients and their families to identify, access, and make use of information and communication technologies to support their care and manage their health
- 4.3. Use communication skills and strategies that help patients and their families make informed decisions regarding their health

5. Document and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy

- 5.1. Document clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements
 - 5.1.1. Provide clear, concise, and timely reports of electrodiagnostic studies
 - 5.1.2. Document outcomes of discussions related to driving risk and recommendations
 - 5.1.3. Provide effective third party and medicolegal reports
- 5.2. Communicate effectively using a written health record, electronic medical record, or other digital technology
- 5.3. Share information with patients and others in a manner that enhances understanding and that respects patient privacy and confidentiality

Collaborator

Definition:

As *Collaborators*, physiatrists work effectively with other health care professionals to provide safe, high-quality patient-centred care.

Key and Enabling Competencies: Physiatrists are able to...

1. Work effectively with physicians and other colleagues in the health care professions

- 1.1. Establish and maintain positive relationships with physicians and other colleagues in the health care professions to support relationship-centred collaborative care
 - 1.1.1. Display behaviour in keeping with attitudes that value the professional contributions of the other health care professionals in the team
- 1.2. Negotiate overlapping and shared responsibilities with physicians and other colleagues in the health care professions in episodic and ongoing care
 - 1.2.1. Apply knowledge of the scope of practice, and associated therapeutic interventions, of other health care professionals, including physiotherapists, occupational therapists, nurses, speech-language pathologists, psychologists, social workers, orthotists, prosthetists, and community health care workers
 - 1.2.2. Ensure team members' individual roles and responsibilities are clear when overlap may exist in their scopes of practice
 - 1.2.3. Clarify the roles and responsibilities of the physiatrist in the context of shared ongoing and continuing care with the primary health care provider
- 1.3. Engage in respectful shared decision-making with physicians and other colleagues in the health care professions
 - 1.3.1. Contribute expertise to interprofessional rehabilitation teams
 - 1.3.2. Consult with other physicians with regard to the patient's medical and surgical issues
 - 1.3.3. Work effectively with government agencies and third parties on issues related to impairment, activity limitation, and participation restriction

2. Work with physicians and other colleagues in the health care professions to promote understanding, manage differences, and resolve conflicts

- 2.1. Show respect toward collaborators

- 2.2. Implement strategies to promote understanding, manage differences, and resolve conflict in a manner that supports a collaborative culture
 - 2.2.1. Apply knowledge of the principles of team dynamics, functioning, and conflict management
 - 2.2.2. Manage differences of opinion with rehabilitation team members as they relate to:
 - 2.2.2.1. Determining fitness and ability to participate in a formal rehabilitation program
 - 2.2.2.2. Discharge planning, or transition to a different level of care

3. Hand over the care of a patient to another health care professional to facilitate continuity of safe patient care

- 3.1. Determine when care should be transferred to another physician or health care professional
- 3.2. Demonstrate safe handover of care, using both oral and written communication, during a patient transition to a different health care professional, setting, or stage of care
 - 3.2.1. Facilitate transfer of care of patients from the inpatient setting to the outpatient rehabilitation setting
 - 3.2.2. Identify and manage gaps in care for patients transferred from acute care or the community into the rehabilitation setting
 - 3.2.3. Facilitate transfer of care of patients with emergent or urgent issues from the rehabilitation setting to the acute care setting
 - 3.2.4. Provide accurate and timely information to other health care professionals that describes the patient's medical status and levels of ability, function, and independence in order to plan and modify goals of care and to assist with discharge planning
 - 3.2.5. Provide support to primary care providers for the ongoing management of persons with disabilities
 - 3.2.6. Facilitate the transition of persons with disabilities from the pediatric to the adult rehabilitation system, with the appropriate supports and services

Leader

Definition:

As *Leaders*, physiatrists engage with others to contribute to a vision of a high-quality health care system and take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars, or teachers.

Key and Enabling Competencies: Physiatrists are able to...

1. Contribute to the improvement of health care delivery in teams, organizations, and systems

- 1.1. Apply the science of quality improvement to systems of patient care
 - 1.1.1. Participate in practice audits to address inpatient or outpatient patient quality and safety domains, including efficacy, effectiveness, patient satisfaction, patient safety, access to care, and equitable care
- 1.2. Contribute to a culture that promotes patient safety
- 1.3. Analyze patient safety incidents to enhance systems of care
- 1.4. Use health informatics to improve the quality of patient care and optimize patient safety

2. Engage in the stewardship of health care resources

- 2.1. Allocate health care resources for optimal patient care
 - 2.1.1. Balance effectiveness, efficiency, and access to resources for persons with disabilities
- 2.2. Apply evidence and management processes to achieve cost-appropriate care

3. Demonstrate leadership in health care systems

- 3.1. Demonstrate leadership skills to enhance health care
 - 3.1.1. Describe the structure and function of the health care system as it relates to:
 - 3.1.1.1. The management and administration of hospitals, clinical programs, academic institutions, and licensing bodies
 - 3.1.1.2. Patients with functional impairments, activity limitation, and participation restriction, and their community support and advocacy groups
 - 3.1.2. Evaluate the impact of health care economics on patients and their families and access to care
 - 3.1.3. Evaluate the impact of health care economics on residency education, medical staff, and other health professionals
- 3.2. Facilitate change in health care to enhance services and outcomes
 - 3.2.1. Advise hospital and university administration on issues such as impairment, activity limitations, participation restriction, accessibility, and the role of the interprofessional rehabilitation team

4. Manage career planning, finances, and health human resources in a personal practice(s)

- 4.1. Set priorities and manage time to integrate practice and personal life
- 4.2. Manage personal professional practice(s) and career
 - 4.2.1. Perform managerial and administrative functions in an efficient and organized manner
- 4.3. Implement processes to ensure personal practice improvement

Health Advocate

Definition:

As *Health Advocates*, physiatrists contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.

Key and Enabling Competencies: Physiatrists are able to...

1. Respond to an individual patient's health needs by advocating with the patient within and beyond the clinical environment

- 1.1. Work with patients to address determinants of health that affect them and their access to needed health services or resources
 - 1.1.1. Facilitate timely patient access to health and social services and resources in the community, including patient support groups
 - 1.1.2. Identify socioeconomic barriers to adopting healthy lifestyle changes in persons with disabilities
 - 1.1.3. Advocate for personal support services, community services, and equipment to enhance function and independence by optimally utilizing local, provincial, federal, and third party resources and agencies
- 1.2. Work with patients and their families to increase opportunities to adopt healthy behaviours
 - 1.2.1. Discuss return to regular fitness activities once formal rehabilitation goals have been met
- 1.3. Incorporate disease prevention, health promotion, and health surveillance into interactions with individual patients
 - 1.3.1. Counsel patients on the following, as appropriate:
 - 1.3.1.1. Adopting healthy lifestyle changes, including optimizing nutrition, regular fitness activities, and smoking cessation

- 1.3.1.2. Secondary prevention strategies for cerebrovascular disease, including smoking cessation and cholesterol and blood pressure control
- 1.3.1.3. Other secondary prevention strategies, including injury prevention
- 1.3.1.4. Risk and harm reduction as they relate to alcohol overuse and recreational drug use

2. Respond to the needs of the communities or populations they serve by advocating with them for system-level change in a socially accountable manner

- 2.1. Work with a community or population to identify the determinants of health that affect them
 - 2.1.1. Identify and respond to issues of gender, ethnicity, sexuality, and socio-economic bias in dealing with persons with disabilities
 - 2.1.2. Manage barriers and gaps in hospital and community services in rehabilitation population groups to ensure equitable access to such services
 - 2.1.3. Promote a heightened awareness of the challenges and abilities of persons with disabilities, including environmental and attitudinal barriers
- 2.2. Improve clinical practice by applying a process of continuous quality improvement to disease prevention, health promotion, and health surveillance activities
 - 2.2.1. Perform regular practice audits to ensure patient access to inpatient and outpatient rehabilitation services is optimized
- 2.3. Contribute to a process to improve health in the community or population they serve
 - 2.3.1. Discuss the role of local and national organizations in shaping public policy on care for persons with disabilities, and the prevention of disability
 - 2.3.2. Facilitate a link between primary health care providers and other physicians to optimize the ongoing care of persons with disabilities
 - 2.3.3. Identify and respond to unmet health care needs in rehabilitation patient groups

Scholar

Definition:

As *Scholars*, physiatrists demonstrate a lifelong commitment to excellence in practice through continuous learning, and by teaching others, evaluating evidence, and contributing to scholarship.

Key and Enabling Competencies: Physiatrists are able to...

1. Engage in the continuous enhancement of their professional activities through ongoing learning

- 1.1. Develop, implement, monitor, and revise a personal learning plan to enhance professional practice
 - 1.1.1. Participate in the Royal College of Physicians and Surgeons of Canada's Maintenance of Certification program to track ongoing learning
- 1.2. Identify opportunities for learning and improvement by regularly reflecting on and assessing their performance using various internal and external data sources
- 1.3. Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice

2. Teach students, residents, the public, and other health care professionals

- 2.1. Recognize the influence of role-modelling and the impact of the formal, informal, and hidden curriculum on learners
- 2.2. Promote a safe and respectful learning environment
- 2.3. Ensure patient safety is maintained when learners are involved
- 2.4. Plan and deliver learning activities
- 2.5. Provide feedback to enhance learning and performance
 - 2.5.1. Contribute to a positive learning environment in order to facilitate giving and receiving feedback
- 2.6. Assess and evaluate learners, teachers, and programs in an educationally appropriate manner
 - 2.6.1. Use a systematic education planning approach to create and evaluate new and existing learning activities

3. Integrate best available evidence into practice

- 3.1. Recognize practice uncertainty and knowledge gaps in clinical and other professional encounters and generate focused questions that can address them
- 3.2. Identify, select, and navigate pre-appraised resources
- 3.3. Critically evaluate the integrity, reliability, and applicability of health-related research and literature
- 3.4. Integrate evidence into decision-making in their practice

4. Contribute to the creation and dissemination of knowledge and practices applicable to health

- 4.1. Demonstrate an understanding of the scientific principles of research and scholarly inquiry and the role of research evidence in health care
- 4.2. Identify ethical principles for research and incorporate them into obtaining informed consent, considering potential harms and benefits, and considering vulnerable populations
 - 4.2.1. Identify and respond to relevant ethical issues in persons with disabilities arising in research methodology and data presentation, storage, and analysis
- 4.3. Contribute to the work of a research program
- 4.4. Pose questions amenable to scholarly investigation and select appropriate methods to address them
 - 4.4.1. Conduct scholarly work
- 4.5. Summarize and communicate to professional and lay audiences, including patients and their families, the findings of relevant research and scholarly inquiry

Professional

Definition:

As *Professionals*, physiatrists are committed to the health and well-being of individual patients and society through ethical practice, high personal standards of behaviour, accountability to the profession and society, physician-led regulation, and maintenance of personal health.

Key and Enabling Competencies: Physiatrists are able to...

1. Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards

- 1.1. Exhibit appropriate professional behaviours and relationships in all aspects of practice, demonstrating honesty, integrity, humility, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality
- 1.2. Demonstrate a commitment to excellence in all aspects of practice
 - 1.2.1. Recognize the limits of professional competence
- 1.3. Recognize and respond to ethical issues encountered in practice
 - 1.3.1. Apply an ethical framework in decision-making when working with persons with disabilities
 - 1.3.2. Consider patient and family autonomy when there are decisions that may put the patient at risk

- 1.3.3. Manage ethical issues encountered in the clinical setting including appropriateness and timing of genetic testing, enteral feeding in persons with progressive dysphagia, care directions, and end-of-life issues
 - 1.4. Recognize and manage conflicts of interest
 - 1.5. Exhibit professional behaviours in the use of technology-enabled communication
- 2. Demonstrate a commitment to society by recognizing and responding to societal expectations in health care**
- 2.1. Demonstrate accountability to patients, society, and the profession by responding to societal expectations of physicians
 - 2.1.1. Provide a rationale for physiatric care and involvement in hospital and community settings where such involvement doesn't exist or may not be perceived to exist
 - 2.1.2. Highlight the scope of a physiatrist's expertise as it pertains to persons with disabilities in clinical and non-clinical contexts, such as court
 - 2.2. Demonstrate a commitment to patient safety and quality improvement
- 3. Demonstrate a commitment to the profession by adhering to standards and participating in physician-led regulation**
- 3.1. Fulfil and adhere to professional and ethical codes, standards of practice, and laws governing practice
 - 3.1.1. Provide mandatory reporting of fitness to drive in accordance with provincial guidelines and legislation
 - 3.1.2. Complete requests for confirmation of impairment and disability in a timely and professional manner
 - 3.2. Recognize and respond to unprofessional and unethical behaviours in physicians and other colleagues in the health care professions
 - 3.3. Participate in peer assessment and standard setting
- 4. Demonstrate a commitment to physician health and well-being to foster optimal patient care**
- 4.1. Exhibit self-awareness and manage influences on personal well-being and professional performance
 - 4.1.1. Demonstrate a commitment to safe practices to minimize occupational risk
 - 4.1.2. Identify risk factors and signs of compassion fatigue and burnout when dealing with persons with disabilities

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- 4.2. Manage personal and professional demands for a sustainable practice throughout the physician life cycle
- 4.3. Promote a culture that recognizes, supports, and responds effectively to colleagues in need

This document is to be reviewed by the Specialty Committee in Physical Medicine and Rehabilitation by December 2021.

APPROVED – Specialty Standards Review Committee – May 2019