Things you need to do to finish residency:

**Each rotation**
- Review goals and objectives and sign attestation
- If inpatient: do the hands-on activities in the goals and objectives
- Ask attending for feedback at midpoint
- Do ROCA
- Complete faculty and rotation evaluations
- Complete M&M evaluation form if you attended an M&M conference

**Each quarter**
- Write learning plan for next quarter and assess what you accomplished in the prior quarter
- Complete didactics requirements (e.g. exam, presentation)

**Each year**
- Be observed by attendings doing required physical exam skills and log on MedHub
- Log any other procedures on ACGME website; do not stop logging EMG's if you reach 200.
- Performance evaluation with your faculty advisor in November or December
- Performance evaluation with program director in April-June
- Complete journal club learning plan and self assessment

**By the end of residency**
- Complete a scholarly activity
- Serve on a committee and complete self assessment
- Participate in a performance improvement project or quality improvement project
Instructions for Evaluator

The RO&CA evaluation is a brief (10-20 minute) spot check of resident clinical skills followed by immediate feedback. Directly observe a focused exam, a complete exam, a procedure or other resident-patient encounter, or a formal teaching experience by the resident with students or other health care professionals. Complete the assessment and give feedback to the resident immediately after the observation. Base your evaluation on only 1 observation, not on a composite of encounters. It is not necessary to observe and rate all these competencies during the evaluation.

Use the ratings: NA=not assessed at this observation. 1=unsatisfactory. 2=marginal but satisfactory performance. 3=satisfactory. 4=superior.

<table>
<thead>
<tr>
<th>Patient diagnosis (for this observation):</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Inpatient</th>
<th>Inpatient Consult</th>
<th>Outpatient Clinic</th>
<th>EMG</th>
<th>Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA=not assessed</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

**PATIENT CARE**

**Interviewing Skills:** gathers essential and accurate information that identifies impairments/diagnoses and functional impact on patient; efficient.

<table>
<thead>
<tr>
<th>Complete exam</th>
<th>Focused exam: check all that apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neuro exam</td>
<td>MMT</td>
</tr>
<tr>
<td>Mental Status exam</td>
<td>ROM</td>
</tr>
<tr>
<td>ASIA exam (SCI)</td>
<td>Mobility/gait</td>
</tr>
<tr>
<td>NA=not assessed</td>
<td></td>
</tr>
</tbody>
</table>

**Physical Exam Skills:** proficient, thorough, elicits subtle findings; sensitive to patient comfort and modesty

<table>
<thead>
<tr>
<th>Procedure Skills:</th>
<th>proficient; safe; uses equipment correctly; minimizes patient risk or discomfort</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedure observed (e.g. electrodiagnosis, injection):</td>
<td></td>
</tr>
<tr>
<td>NA=not assessed</td>
<td></td>
</tr>
</tbody>
</table>

**PROFESSIONALISM**

**Informed consent:** obtains informed consent including explanation of risks, benefits, and alternate methods of treatment prior to procedures

<table>
<thead>
<tr>
<th>Sensitivity:</th>
<th>demonstrates sensitivity and responsiveness to patient’s culture, age, gender, disability, and tolerance to exam/procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA=not assessed</td>
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</table>

**INTERPERSONAL AND COMMUNICATION SKILLS**

**Listening skills:** uses effective listening skills, elicits information using effective questioning and nonverbal skills

<table>
<thead>
<tr>
<th>Counseling Skills:</th>
<th>counsels and educates patient/family/caregiver; presents rationale for tests or treatment clearly and logically and appropriate to patient’s level of understanding; elicits patient confidence and cooperation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA=not assessed</td>
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</table>

**SYSTEMS-BASED PRACTICE**

**Efficient use of resources:** develops cost effective diagnostic or treatment or discharge plan of care, using services in the continuum of care; does not compromise quality of care

<table>
<thead>
<tr>
<th>Teaching skills:</th>
<th>facilitates the learning of students and other health care professionals</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA=not assessed</td>
<td></td>
</tr>
</tbody>
</table>

**PRACTICE BASED LEARNING AND IMPROVEMENT**

**Strengths or Areas Needing Improvement:** For scores of 1 or 2, comments must include areas for remediation.

Attending Signature: ____________________________

Resident Signature: ____________________________

It's important to remember the RO&CA is a formative tool, not summative.
Observation of Physical Exam Skills for UW PM&R Residents

Each academic year, each resident must have her/his physical examination skills observed by an attending. At a minimum, the following skills must be assessed and completed to the satisfaction of the attending:

- Cranial nerves
- Neck
- Shoulder
- Low Back
- Hip
- Knee
- Gait and Balance
- ISNCSCI (ASIA)
- Mental Status

The resident will record the examinations in the procedures section of MedHub. The attending physician will verify that the examination was done in a satisfactory way.
UWMC Inpatients (PGY2 or PGY 3): The goal of this rotation is to learn inpatient PM&R management of patients with disabilities and functional impairments due to disorders such as acquired BI, CNS disorders, SCI, and complex medical conditions.

Objectives:

1. Patient Care
   - Perform a comprehensive physiatric evaluation for inpatients
   - Perform physiatric therapeutic procedures for spasticity management, including botulinum toxin/phenol injections and intrathecal baclofen pump management, under supervision of attending

   Traumatic/acquired Brain Injury
   - Name predictors of prognosis
   - Treat complications including spasticity, aspiration, agitation, cognitive deficits, and common psychological conditions
   - Determine need for prophylaxis or treatment of seizures

   CNS disorders, including stroke, multiple sclerosis
   - Differentiate syndromes based on location of disease or clinical presentation
   - Recommend medical interventions and lifestyle modifications to minimize the risk of primary and secondary stroke
   - Treat complications including bowel, bladder, spasticity, aspiration, DVT, depression, shoulder problems, and skin breakdown
   - Recognize possible effects of physical impairment on sexual function

   SCI
   - Differentiate clinical syndromes and classify neurologic status using ISNCSCI (ASIA) standards
   - Predict level of independence with mobility and ADLs based on level of injury
   - Identify appropriate conservative care (e.g., dressings, debridement) for pressure ulcers
   - Identify appropriate beds, mattresses or mattress overlays, and cushions to prevent or manage skin breakdown
   - Classify types of pain for patients with SCI
   - Prescribe preventative and/or treatment measures for bowel, bladder, respiratory, syrinx, spasticity, skin breakdown, autonomic dysreflexia, thromboembolic disease, heterotopic ossification, erectile dysfunction, and pain
   - Differentiate between UTI and microbial colonization
   - Manage ventilator weaning, tracheostomy care and prescribe glossopharyngeal breathing
   - Prescribe appropriate assistive devices and upper limb orthoses for ADLs and for communication and computer interfaces
   - Cite possible effects of SCI on sexual response and fertility

   Pulmonary/ cardiac impairments, Cancer rehab, Transplant and Geriatric population
   - Assess cardiovascular and pulmonary systems for effects on impairment and disability
   - Describe the physiologic responses to immobility
   - Identify contraindications or precautions for exercise in patients with cardiac or pulmonary conditions
   - Prescribe appropriate immunizations to prevent pulmonary infections for patients with restrictive or obstructive lung disease or in geriatric patients
   - Assess causes of acute change in mental status
   - Prescribe medications for prevention and treatment of DVT and PE
   - Identify risk factors for aspiration
   - Describe treatment principles for patients with chronic pain due to cancer
   - Cite effects of chemotherapy, steroids, and radiation therapy on the nervous system

   Hands-on Experiences: the resident should spend time in therapy areas participating in:
   - Manual stretch
   - Manual muscle testing
   - Balance
   - Wheelchair set-up/use
   - Assistive devices for ADLs
   - Goniometer use
   - Mechanical measures of strength
   - Gait training
   - Transfers
   - Tests of hand function
   - Dressing training
   - Hand splint fabrication
Observe/review videofluoroscopic swallowing study

2. Medical Knowledge
   Review laboratory data and imaging data and identify normal and abnormal findings
   Name expected effects and side effects for commonly used oral or injected medications
   Generate a differential diagnosis for medical or PM&R problems
   Integrate and apply knowledge to manage complex medical problems
   Integrate and apply knowledge to manage complex PM&R problems

3. Practice Based Learning and Improvement
   See: Rotation Objectives: All rotations

4. Interpersonal and Communication Skills
   Lead the team under supervision of attending
   Formulate goals and a rehabilitation plan in conjunction with the team to provide patient focused care
   Participate (hands-on) in rehabilitation therapies and interventions

5. Professionalism
   Demonstrate ethical behaviors in provision of care, patient relationships, withholding of care, and
   interactions with insurance or disability agencies
   Consider effects of personal, social, and cultural factors in the disease process and patient management

6. Systems Based Practice
   Participate in M&M conference and identify methods to improve system of care if scheduled on this rotation
   Use effective strategies when working with medical directors/case reviewers
complexities; poor knowledge of practice and delivery systems; does not work effectively with other providers, case managers, or agencies; fails to evaluate alternatives, risks, benefits; does not consider cost-effectiveness of care

Please refer to your specific rotation goals for the following questions:

20. Did the resident participate in hands-on experiences specified for this rotation?
   - No
   - Yes

21. Did the resident participate in service related quality improvement activities or M&M conference on this rotation?
   - No
   - Yes

22. COMMENTS:
   Please note particular strengths and areas needing improvement in knowledge, skills, attitudes, or performance.

Observations of Professional Conduct

23. I was treated with respect by this individual.
   - 1
   - 2
   - 3
   - 4
   - 5
   - N/A

   Comments:

24. I observed others (students, residents, staff, patients) being treated with respect by this individual.