

## 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 for patients in their care.**
- 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 skills, including in difficult situations
- 4 COM 1.5 Manage disagreements and emotionally charged conversations**
- 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