

A Revised Rehabilitation Medicine Curriculum at Jefferson Medical College

Disability in the form of limited activities and restricted participation in social life is not an unavoidable result of injury and chronic disease.¹

Regardless of specialty, physicians today are likely to see patients with disabilities. The prevalence of disability in the United States is increasing, in part due to the aging of the large generation of baby boomers and the impact of modern medical advancements that keep more individuals with disability alive.¹ To help their patients, physicians will need to recognize that a problem exists and become familiar with the spectrum of interventions available to improve quality of life for their patients with limited function. It is important for healthcare providers who are not directly trained in the care of the disabled to be aware of other professionals with whom they can collaborate to care for their patients. A longitudinal curriculum (across all four years of the medical student program), that combines components of chronic care and geriatric medicine with the neuromusculoskeletal and functional examination skills required in rehabilitation medicine, can be very helpful. This article describes the efforts of Jefferson Medical College (JMC) to increase the readiness of its graduates to manage care for their patients at risk for disability.

Historically, JMC has provided a rehabilitation medicine curriculum for medical students; in recent years, this consisted of a 6-day mandatory clerkship in the senior year. However, this framework has not proved adequate to provide the knowledge and skills required to care for individuals with disability. By senior year, medical students have decided on their career paths, and often fail to see the relevance of the field (inferred on the basis of the student comments about the rotation). Also, it is difficult to show the continuum of rehabilitative care during such a short rotation, as the timelines for rehabilitative care are often measured in years, rather than days.

Using the successful model of the longitudinal curriculum in professionalism as a guide,

the Department of Rehabilitation Medicine was asked to create a four-year curriculum to replace the current required course, and to begin implementation in July 2010. We reviewed each year of the medical school curriculum to identify target areas where the unique skill set of physiatrists could enhance existing clinical experiences.

In the first year, we provide a manual muscle testing workshop, with 2-4 students per attending or resident teacher, with significant individualized attention to teach concepts of finding subtle weakness. During the second year, we will be working within the existing physical diagnosis course to provide more preceptors during their hands-on sessions. The additional preceptors will serve to enhance the individualized feedback students get regarding their performance of the musculoskeletal physical examination.

In the third year, we designed a three-week-long rehabilitation elective. Our plan is to provide interested students with opportunities to meet patients with similar diagnoses at different points along their rehabilitation pathway. In doing so, we hope that students begin to see the scope of rehabilitative care at different points along the life trajectory. For those who do not take the elective, we are finding ways to act in concert with existing clerkships to provide rehabilitation medicine curriculum, including lectures and physical diagnosis workshops within the Internal Medicine and Family Medicine clerkships. We continue to be active in providing the third year students a day-long interclerkship session on pain management, which is integral in caring for people with disability. We will also continue to offer a four-week elective experience in rehabilitation medicine for those fourth year students who would like to gain a more intensive understanding of the field.

Department of Rehabilitation Medicine physicians are also active participants in the Health Mentors program (a chronic care curriculum where students are placed in interdisciplinary health care teams and work with a person living in the community with a chronic condition serving as the mentor.)² We are currently helping to shape the Health Mentors curriculum to more overtly illustrate for students the impact of context (social, environmental, personal) on health conditions. The same health condition can lead to vastly different health and functional outcomes via the International Classification of Functioning, Disease and Health from the World Health Organization.³

The goal of the four-year rehabilitation curriculum is to teach medical students how to identify a functional problem and increase their awareness of the options available for their patients with restricted function. It will be difficult to measure the effectiveness of this curriculum, as there is minimal baseline survey data. We do know that the senior students were interested in the didactic portion of the old curriculum. Since their written comments indicated that many disliked the rotation and did not understand the role of the rehabilitation medicine physician, we do not know how effective the didactic segment was in increasing awareness and knowledge. With this new four year curriculum, we hope to introduce rehabilitation concepts to students earlier in their schooling, and provide meaningful clinical experiences for interested students while still providing useful curricular elements for the rest of the class. If the new curricular elements are well received by the students, we hope that this signifies a shift in interest and understanding. ■

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