UNIVERSITY OF CALGARY
CUMMING SCHOOL OF MEDICINE

Transition To Practice Curriculum, Physical Medicine & Rehabilitation

OVERVIEW

The Transition To Practice (TTP) Curriculum has been designed to give Calgary Physiatry residents exposure to all the relevant areas of practice that they may pursue in the future while maintaining the flexibility to pursue specific subspecialties, locations and academic goals. This includes aspects of inpatient ward, inpatient consult, and outpatient clinic environments. The practicality of work in these areas including shadow billing, utilizing connect care and paper templates, and identifying areas of Continuous Quality Improvement (CQI) are part of the curriculum.

The TTP curriculum spans 13 blocks, from July 1st at the beginning of the academic year in PGY-5, until June 30th at the end of the same academic year in PGY-5, however the following timelines must occur in preparation:

Time Period	Objectives
Beginning of April of PGY-4	Initial orientation to TTP with Program Director; by end of April come up with proposed rotation schedule
April - June of PGY-4	Work on TTP Goal Setting Document for EPA TTP SA1 Determine Senior Resident Clinic setting, preceptor & structure
Beginning of June of PGY-4	Meet Program Director to finalize TTP schedule, review Goal Setting Document, preview TTP Boot Camp
Beginning of PGY-5 (July)	TTP Boot Camp, start Senior Resident Clinics
Mid-PGY-5 (Dec-Jan)	Review EPAs; Present your logged CME credits & prepared exam questions; **Aim to apply for CPSA license by 3 months prior to completing residency**

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The following is a scheme/guideline for residents to plan their TTP curriculum on the basis of required EPAs:

- 13 blocks must be fulfilled and fully accounted for (4 weeks of vacation is permitted as usual); account for electives via one Mainport narrative per block.

- The following blocks must be fulfilled by the end of TTP:
    - One block of inpatient physiatry, both ward and consult service (choice of stroke, brain injury or spinal cord injury or other available service relevant to a physiatric practice)
    - One block of hospital-based outpatient neurorehabilitation clinics (a mix of stroke, spasticity, brain injury, spinal cord injury, MSK, or neuromuscular/EMG with a minimum of seven half day clinics per week)
    - One block of community-based outpatient physiatry clinics (a mix of MSK, interventional, chronic pain, sports medicine, neuromuscular/EMG, general physiatry and medicolegal work with a minimum of seven half day clinics per week)

- The remaining nine blocks are elective blocks that may be completed in Calgary or at away centers. Note that approval of outside electives is contingent on call scheduling requirements. It is absolutely required that these blocks incorporate seeing the residents' own new and follow-up patients, similar to a senior resident clinic.

- All elective blocks require at least one narrative to document the residents' experience and evaluation. A maximum of three blocks can be allocated to research
    - During these blocks, the resident may increase their clinical work if able to do so and desired (examples including more EMG clinics or Sports Medicine coverage in preparation for licensing exams)

- A maximum of 3 months may be allocated towards research, or more if the resident is pursuing a Clinician-Scientist role.

REQUIRED RESIDENT ACTIVITIES DURING TRANSITION TO PRACTICE

- Ongoing clinical and academic requirements include but are not limited to the following to further encourage staff type responsibilities:
    - Regular on-call duties which may be decreased one month prior to the Royal College applied exam
    - Regular attendance to academic half day, DCNS rounds, AB Physiatry rounds, QI rounds, journal clubs
    - Presentations for the following during the TTP year:
        - Academic half day as scheduled and informally being a junior staff moderator
        - One case at DCNS rounds
        - One journal club article
        - One AB Physiatry Rounds presentation on your career aspirations and incorporating a reflection on your delivery of health care to patients with impairments/disabilities (see TTP EPA SA2)
        - Your completed research project at APA Research Day - your manuscript may not be completed by then which is acceptable, but a presentation should be feasible by this point.
    - Attend Division Meetings and RPC meetings
    - Complete Continuous Quality Improvement rotation reviews with RPC (one per resident)

- Remember to touch base with your academic advisor and/or your program director and other mentors during TTP - you may require more touch points than usual for support and that is ok!

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TTP Curriculum Requirements by EPA (Link to full document):

EPA	Number required	Description	Requirements
TTP 1 - Managing a physiatric practice	3	Evaluates one's ability to manage a multifaceted practice at a staff level including 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.	- Record at least 3 different "experience types" from 3 different observers. Experience types are listed in the description in the previous column - Complete this directly with any 3 preceptors who can comment on these experiences - Organize & manage Preston & Shapiro Rounds
TTP 2 - Developing a strategy for continuing professional development Part A: Engaging in self-directed learning	8	Completing CPD tasks and reflecting on self-improvement including documented feedback from presentations (journal club; DCNS rounds; AB physiatry rounds; formal teaching, etc.) via direct or indirect assessment with coach, mentor, advisor or program director.	- Log a minimum of 8 self-directed learning activities on Mainport with a brief description - Review all these with your Academic Advisor or Program Director - These should be completed by Jan. 31 of the TTP year.
TTP 2 - Developing a strategy for continuing professional development Part B: Participating in Mainport MOC	1	- Registering with the Royal College as a Resident Affiliate and attaining & entering Maintenance of Certification (MOC) credits into Mainport on a regular basis. - Academic contribution to the program to help educate and evaluate future resident trainees via materials and examination resources.	- Sign up as a resident affiliate on mainport (https://www.royalcollege.ca/content/rcpsc/ca/en/membership/membership-royal-college/join-royal-college/become-resident-affiliate.html); log all activities as relevant to Section 1, Section 2 and Section 3 to earn credits - Review with program director in May prior to end of residency - Requirement is to attain 40 units of CME credits - Academic contribution to the program: create two Royal College style questions for each physiatry subspecialty

			including the following 7 categories: Brain/Stroke, SCI, P&O, MSK, Neuromuscular/EMG, Peds Rehab, and one of Cardiac/Pulmonary/Cancer/Research (14 questions total) and one Applied/OSCE station to be used in future exams. All questions/stations should have an answer key with a reputable reference. These should be completed by Jan. 31 of the TTP year.
SA 1 - Planning and completing personalized training experiences aligned with career plans and/or specific learning needs	1	- Demonstrate individualized training to meet the needs of their intended community and/or personal career goals such as EMG training and completion of the CSCN exam; sports medicine training and completion of the CASEM exam; advanced focal spasticity and dystonia management (including chemodenervation); 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	- At the beginning of TTP the resident must discuss a concise individualized training plan/goal with their academic advisor and/or the program director, approved by the competence committee. This may be done at the 6 month review with your program director at the end of your PGY-4 year (arrange this meeting in April/May after your Royal College written exam). - By the end of TTP, the resident must demonstrate evidence to their advisor, program director and competence committee of having met this goal (ex. Completion of relevant rotations and passing a licensing exam; completing a project in an area of interest; a narrative outlining how your goals were achieved). A relevant supervisor may fill out this EPA.
SA 2 - Contributing to the improvement of health care delivery for persons with impairments /disabilities Part A: Engagement in	1	-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	- Complete an up-to-date Curriculum Vitae by May of graduating year, using the UofC Medicine template (Standardized Format for Curriculum VitaeUniversity of Calgary Https://cumming.ucalgary.ca › c_v_format2015), with demonstration of two management/leadership experiences; to be reviewed with coach/mentor or program director. A different template may be used if the resident is applying to another center for work after

management and leadership		health outcomes for persons with disabilities, applying evidence to achieve cost- appropriate care, participating in quality assurance/ improvement to improve patient care and safety.	residency. - Create a one-paragraph biography and acquire a professional headshot that can both be used for speaker introductions
SA 2 - Contributing to the improvement of health care delivery for persons with impairments /disabilities Part B: Self Reflection	1	A self-reflection that 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.	- Presentation at Alberta Physiatry Rounds or QI Rounds regarding career planning/goals and how the resident will improve health care deliver for persons with impairments/ disabilities with clear evidence of self-reflection in the presentation - If self reflection is not evident in the above presentation, a 250-word reflection will be required that will be reviewed directly by the program director.
SA 3 - Conducting a scholarly project from inception to completion	1	Complete a full basic science, clinical, medical education, quality improvement or health policy program from start to finish under the guidance of a research supervisor and research mentor.	Evidence of completion of resident project via the following: - Complete research ITER/overview document signed off by research mentor - A completed project presentation at both DCNS Resident Research Day and APA Research Day - A completed manuscript or form of dissemination for the resident project

CanMEDS-Based Objectives – Aligned with Royal College CBD Standards

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Medical Expert

- Independently assess, diagnose, and manage a full range of complex PM&R conditions in various care settings (inpatient rehabilitation, outpatient clinics, community-based settings, and acute care consults).
- Prioritize and manage multiple concurrent patients with a high degree of autonomy, balancing functional restoration, medical stability, and patient-centered goals.
- Demonstrate procedural independence with all core physiatric interventions, including spasticity management (e.g., botulinum toxin, intrathecal baclofen), ultrasound- and fluoroscopy-guided injections, EMG/NCS, and musculoskeletal interventions.
- Manage longitudinal care plans, including chronic conditions, secondary prevention, and transitions to community-based services or long-term care.

Communicator

- Demonstrate expert communication in complex or high-stakes scenarios (e.g., breaking bad news, discussing functional prognosis, managing unrealistic expectations).
- Coordinate communication between multiple stakeholders, including primary care, third-party payers, legal teams, and community supports.
- Produce consultant-level documentation, including comprehensive reports for insurers, legal reviews, and medico-legal documentation when required.
- Mentor junior learners and team members in effective and compassionate communication practices.

Collaborator

- Lead and coordinate multidisciplinary rehabilitation teams across complex care pathways (e.g., return to work, home modifications, adaptive technology procurement).
- Facilitate collaboration with community agencies, vocational rehab services, and legal/insurance systems for comprehensive patient advocacy and support.
- Resolve interprofessional conflicts, negotiate role clarity, and mentor others in collaborative practice principles.
- Contribute to the design and evaluation of interdisciplinary care programs or initiatives.

Leader (Leader/Manager)

- Demonstrate readiness for independent practice by managing outpatient clinics, inpatient services, and community consults with appropriate scheduling, triage, and follow-up.
- Apply business and administrative principles in preparation for independent practice, including billing (fee-for-service, alternate funding plans), electronic records, documentation, medicolegal risk, and clinic management.
- Contribute to institutional or program development initiatives (e.g., developing a new clinic, participating in hospital committees).
- Understand and apply principles of workforce planning, health economics, and systems-level thinking in physiatry practice.

Health Advocate

- Identify and address systemic issues that create barriers to rehabilitation for vulnerable or marginalized populations (e.g., Indigenous patients, persons with low socioeconomic status or complex disability).

- Lead advocacy efforts at the individual, institutional, or policy level to improve accessibility, continuity of care, and community integration for people with disabilities.
- Support transitions to community-based rehabilitation and promote sustained functional outcomes through partnerships with patients and caregivers.
- Mentor others in advocacy efforts, such as disability rights, accessible healthcare, and policy reform.

Scholar

- Demonstrate the ability to integrate new evidence into clinical decision-making and adapt practice accordingly.
- Contribute to the development of clinical practice guidelines, educational resources, or scholarly outputs in the field of PM&R.
- Provide high-quality clinical supervision and teaching to medical students, junior residents, and allied health professionals.
- Develop and implement a personal lifelong learning strategy that includes reflective practice, maintenance of certification, and continuing professional development (CPD).

Professional

- Exhibit the professionalism and ethical conduct expected of an independent consultant physiatrist, including boundary setting, accountability, and transparency.
- Navigate complex ethical, legal, and regulatory issues in rehabilitation practice (e.g., capacity assessments, end-of-life planning, consent for individuals with cognitive impairment).
- Demonstrate commitment to physician wellness, reflective practice, and sustaining resilience in complex and emotionally demanding clinical environments.
- Act as a role model for professionalism in the PM&R community and participate in professional organizations or leadership roles.