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### Medical Student Understanding of the PM&R Specialty, Disability, and Post-Acute Care

Stephanie Tow

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## Research Abstract Title

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- Resident/Psychology Intern ( $\leq 1$  month of dedicated research time)  
 Resident/Ph.D/post graduate ( $> 1$  month of dedicated research time)  
 Fellow

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**IRB Number:** STU 022017-012 (UT Southwestern Medical Center); 17-0843 (University of Colorado); Pro20170001880 (Rutgers University)

### **Describe role of Submitting/Presenting Trainee in this project (limit 150 words):**

The submitting and presenting trainee led the main efforts of this project, including project design, IRB submission and revisions for IRB approval, implementing the project's methodology, determining what data analyses needed to be performed with the assistance of our statistician staff, creating data analysis results with the statistical analyses performed by statistician, and creating all presentation/final publication materials. Dr. Tow served as a principle investigator on this study.

### **Background, Objectives/Goal, Methods/Design, Results, Conclusions limited to 500 words**

#### **Background:**

The Physical Medicine & Rehabilitation (PM&R) specialty is historically a younger specialty compared to other specialties, and therefore often has challenges with other healthcare providers understanding the role of the physiatrist and value in patient care and the healthcare system. As the healthcare system has evolved, there has been more transitions of care and many post-acute care (PAC) settings to navigate. There is also an increasing need to understand disability-related diagnoses and management as the population of people with disabilities increases in the US. We hypothesize in this study that exposure to the PM&R specialty in medical school improve graduating medical students' knowledge of disability-related diagnosis and management, the PM&R specialty and when to consult a PM&R physician, and PAC settings.

#### **Objectives/Goal:**

To evaluate medical school preparation for graduating medical students' understanding of 1) disability-related diagnosis and management, 2) the PM&R specialty and physiatric practice, and 3) PAC.

**Methods/Design:**

A 3-month web-based survey was distributed to senior medical students at 2 medical schools with a mandatory PM&R rotation, 2 medical schools with no mandatory PM&R rotation but have a presence of a large/well-established PM&R department, and 2 medical schools with no PM&R department at all. The survey embedded PM&R, disability, and post-acute care-related questions within other control questions not related to these topics. The survey was advertised as a survey on senior medical student clinical experience so that participants were not aware that this study was focused on PM&R, disability, and post-acute care knowledge. Participation in the survey was anonymous and participants could opt to win one of five \$100 Amazon gift cards.

**Results:**

299 total completed survey responses were included and analyzed. Medical students with mandatory PM&R rotations scored higher on questions testing disability-related medical diagnosis/management knowledge and when to involve PM&R in patient care, compared to other two school types' students. Students exposed to a PM&R rotation scored higher on these questions than those who did not rotate with PM&R, with time spent on PM&R rotations correlating with these scores. Likert scale ratings for comfort in prescribing disability-related treatments were higher for those completing PM&R rotations; scores increased with increased PM&R exposure. Likert scale ratings in comfort of taking care of patients with disabilities increased with increased PM&R exposure. Overall, all students, regardless of PM&R exposure, scored higher on general medical management questions over PM&R/disability-related management questions. No differences were seen between groups on responses regarding most PAC topics, although in one topic focused on inpatient rehabilitation criteria, those who did 5+ weeks of PM&R rotations demonstrated improved knowledge on this topic compared to those who did less weeks on PM&R rotations.

**Conclusions:**

PM&R rotations in medical school increase future physicians' knowledge of PM&R/disability-related diagnosis and management and when to consult the psychiatrist in patient care. Comfort with managing PM&R or disability-related diagnosis significantly increases after doing 5+ weeks of a PM&R rotation in medical school.