

# Proposal for Addition of a PGY-1 to an Existing 3-Year Accredited Residency

## Review Committee for Physical Medicine and Rehabilitation

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Int.C. The educational programs in physical medicine and rehabilitation are configured in 36-month and 48-month formats, and must include a minimum of 36 months of clinical education. (Core)

IV.A.6.a).(4) The first 12 months of the 48 months must be devoted to the development of fundamental clinical skills and must be completed prior to beginning PGY-2 physical medicine and rehabilitation rotations. (Core)

### Materials to Be Submitted:

*References to Common Program Requirements (CPR) are in brackets.*

1. The completed proposal for adding a PGY-1 year to an existing three-year accredited residency.
2. If applicable, additional Program Letters of Agreement (PLAs). [CPR I.B.1]
3. Specific goals and objectives (competency-based terminology) for each additional rotation. [CPR IV.A.2]
4. A blank copy of the forms that will be used to evaluate residents at the completion of each assignment. [CPR V.A.2.a)]
5. A blank copy of the form that will be used to document the semiannual evaluation of and provision of feedback to residents. [CPR V.A.1.b).(1).(a)]
6. A proposed schedule of rotations and description of teaching experiences on each rotation.
7. A statement of support from the designated institutional official (DIO) that all programs involved have agreed and have adequate resources to accommodate additional interns.

**Please submit the full proposal electronically to the Executive Director of the Review Committee to be included on an upcoming Review Committee meeting agenda. Proposals must be received by the Review Committee staff prior to the agenda closing date for the meeting at which you'd like to be reviewed. Upcoming meeting and agenda closing dates are published on the Physical Medicine and Rehabilitation section of the ACGME website. You can also contact Review Committee staff regarding the date by which information should be submitted or with questions.**

**A. PROGRAM INFORMATION**

Date:
Program Name:
Program Number:
Requested Effective Date of Change:
Proposed Length of Program:
The signatures of the program director and the designated institutional official (DIO) below attest to the completeness and accuracy of the information provided in this form.
Name of Program Director:
Signature of Program Director (and Date):
Name of DIO:
Signature of DIO (and Date):

**B. RESIDENT APPOINTMENTS**

If requesting an increase in resident complement as a result of adding a fourth year, indicate the number of additional positions below. The Review Committee will review the program's increase request in conjunction with its review of this proposal.

<b>Total Number of Additional Positions</b>	
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**C. RESIDENT EVALUATIONS (ATTACHMENTS 4 & 5)**

1. Will residents be evaluated on their performance following each learning experience? ..... ( ) YES ( ) NO

If 'NO,' explain.

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2. Will these evaluations be documented (in written or electronic format)? ..... ( ) YES ( ) NO

If 'NO,' explain.

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3. Describe the process that will be used to complete and document written semiannual resident evaluations, including the mechanism for reviewing results of the evaluation (e.g., who meets with the residents and how the results are documented in resident files).

Limit your response to 400 words.

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**D. STATEMENT OF SUPPORT (ATTACHMENT 7)**

1. Is the additional year entirely medicine-based?..... ( ) YES ( ) NO
2. Will the additional year consist of six months of medicine and a combination of other patient care experiences? ..... ( ) YES ( ) NO