Updates from the Review Committee for Physical Medicine and Rehabilitation

Gerard Francisco, MD
Review Committee Chair

Caroline Fischer, MBA
Executive Director
Disclosure

I have no relevant financial disclosures.
Congratulations!

- ACGME Courage to Teach Award (honoring program directors)
  - Curtis Whitehair, MD, FAAPMR – MedStar National Rehabilitation Hospital
Number of Residencies and Fellowships

*Academic Year 2015-2016*

- 80 PM&R Residency Programs
- 72 Fellowship Programs
  - 19 Spinal Cord Injury Medicine
  - 19 Pediatric Rehabilitation Medicine
  - 7 Brain Injury Medicine
  - 9 Pain Medicine
  - 17 Sports Medicine
  - 1 Neuromuscular Medicine
### Status Decisions – January 2016

<table>
<thead>
<tr>
<th>Status</th>
<th>Core</th>
<th>Subs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Accreditation</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Continued Accreditation</td>
<td>69</td>
<td>54</td>
</tr>
<tr>
<td>Continued Accreditation w/Warning</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Probation</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Withholding of Accreditation</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Withdrawal of Accreditation</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Citations vs. Areas for Improvement (AFIs)
AFIs/Citations

Core Programs

• Incomplete/Inaccurate Data
  • Faculty Roster – certification information
  • Scholarly Activity
  • Block Diagram – Abbreviations, non-standard format, individual schedules
  • CVs – licensure, scholarly activities
AFIs/Citations

Core Programs

• Procedural Volume
  • Incomplete data reported
  • Significant variation in the number of procedures reported by residents within the same program

• Resources
  • Residents can raise concerns without fear
  • Process for residents’ to deal with problems and concerns
AFIs/Citations

Core Programs

- Evaluations
  - Confidentiality
  - Only one assessment method
  - Timely feedback
  - Used for program improvement
  - Faculty provided performance feedback
- Faculty Scholarly Activity
- Resident Scholarly Activity
AFIs/Citations

Subspecialty Programs

• Evaluations
  • Timely feedback
  • Multiple evaluation methods
  • Program Evaluation Committee

• Faculty Scholarly Activity
Previous Citations

• Response to Citations
  • Explain how corrected, what progress has been made toward correction, and what is the action plan
  • Provide data if appropriate

• Old Citations
  • Programs that had no new or extended citations for the previous two review cycles will have their old (pre-NAS) citations removed after July 1, 2016
### Case Logs National Data

#### Number of Programs in the Nation: 77
Number of Residents in the Nation: 392

<table>
<thead>
<tr>
<th>RRC Area</th>
<th>RRC Procedure</th>
<th>Total</th>
<th>Performed</th>
<th>Observed</th>
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</thead>
<tbody>
<tr>
<td><strong>Procedures</strong></td>
<td></td>
<td>237.4</td>
<td>82</td>
<td>223</td>
</tr>
<tr>
<td>Axial epidural injection</td>
<td></td>
<td>33.6</td>
<td>54</td>
<td>15</td>
</tr>
<tr>
<td>Axial: facet, SI joint, nerve block</td>
<td></td>
<td>14.6</td>
<td>27</td>
<td>6</td>
</tr>
<tr>
<td>Peripheral joint/intra-articular injection</td>
<td></td>
<td>66.9</td>
<td>90</td>
<td>40</td>
</tr>
<tr>
<td>Tendon sheath/bursa injection</td>
<td></td>
<td>7.5</td>
<td>14</td>
<td>2</td>
</tr>
<tr>
<td>Trigger point injection</td>
<td></td>
<td>14.2</td>
<td>20</td>
<td>7</td>
</tr>
<tr>
<td>Peripheral nerve injection</td>
<td></td>
<td>2.1</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Botulinum toxin injection</td>
<td></td>
<td>37.2</td>
<td>52</td>
<td>23</td>
</tr>
<tr>
<td>Phenol injection</td>
<td></td>
<td>1.8</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Programming baclofen pump</td>
<td></td>
<td>8.0</td>
<td>16</td>
<td>2</td>
</tr>
<tr>
<td>Refilling intrathecal baclofen pump</td>
<td></td>
<td>9.1</td>
<td>15</td>
<td>3</td>
</tr>
<tr>
<td>Ultrasound extremity</td>
<td></td>
<td>10.9</td>
<td>28</td>
<td>1</td>
</tr>
<tr>
<td>Ultrasound guidance</td>
<td></td>
<td>21.3</td>
<td>45</td>
<td>8</td>
</tr>
<tr>
<td>Other Procedures</td>
<td></td>
<td>3.4</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Procedures</strong></td>
<td></td>
<td>467.9</td>
<td>267</td>
<td>407</td>
</tr>
</tbody>
</table>
## Minimum Number of Procedures

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Minimum</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMG/NCS (Total performed and observed)</td>
<td>200</td>
</tr>
<tr>
<td>EMG/NCS (Performed)</td>
<td>150</td>
</tr>
<tr>
<td>Axial Epidural Injection (Total)</td>
<td>5</td>
</tr>
<tr>
<td>Axial: facet, SI joint, nerve block (Total)</td>
<td>5</td>
</tr>
<tr>
<td>Periph joint/intra-artic inj/tendon sheath/bursa inj (Total)</td>
<td>20</td>
</tr>
<tr>
<td>Periph joint/intra-artic inj/tendon sheath/bursa inj (Performed)</td>
<td>15</td>
</tr>
<tr>
<td>Botulinum toxin injection (Total)</td>
<td>20</td>
</tr>
<tr>
<td>Botulinum toxin injection (Performed)</td>
<td>15</td>
</tr>
<tr>
<td>Ultrasound (Total)</td>
<td>10</td>
</tr>
</tbody>
</table>
Eligibility Requirements
Effective: July 1, 2016

• All prerequisite post-graduate clinical education required for initial entry or transfer into ACGME-accredited residency programs must be completed in ACGME-accredited residency programs, or in Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency programs located in Canada.

• However…
Q: Are individuals who completed a traditional rotating osteopathic internship in an AOA-approved program eligible to apply to ACGME-accredited physical medicine and rehabilitation programs? [Program Requirement: III.A.1]

A: The Review Committee understands that during the transition period to a single accreditation system, programs may wish to consider applicants from AOA-approved programs that are not yet pre-accredited or accredited by the ACGME. Core programs will not jeopardize their accreditation status if they accept such applicants. Applicants should check with the appropriate board regarding certification eligibility.
Eligibility Requirements
Effective: July 1, 2016 cont.

• Reason for the extension:
  • Never the intent to systematically exclude individuals who completed a traditional rotating osteopathic internship during the transition period.
  • AOA transitional rotating internship programs cannot apply for ACGME accreditation until one sponsoring program is pre-accredited.
Eligibility Requirements
Effective: July 1, 2016 cont.

• Fellowships
  • Required clinical education must be completed in an ACGME- or RCPSC-accredited program
  • Fellow Eligibility Exception
    • Review Committee for Physical Medicine and Rehabilitation will not allow exceptions
Pediatric Rehabilitation

• Expectation that residents have two months of clinical experiences that *may include* inpatient pediatric rehabilitation and pediatric rehabilitation consults, but *must include* outpatient management of the common disabling disorders of childhood, including cerebral palsy and muscular dystrophy

• Outpatient experiences may be under the supervision of attending physicians in pediatric rehabilitation and related specialties, such as pediatric neurology, pediatric neurological surgery, neuro-developmental pediatrics, or pediatric orthopaedics
Provided Data about Practice Habits

- Resident Survey question intended to ascertain whether residents receive “data” about their clinical performance that allows them to analyze their performance and implement changes to improve it.
- Clinical performance data can include information such as patient satisfaction surveys, the number of patients seen, the number of tests ordered or read.
Common Program Requirements

- Task Force convened to review the Resident Learning and Working Environment requirements
  - Review of literature
  - Request for organizational positions
  - National Congress in March
  - Review and comment period
- Second Task Force will be convened to review remaining sections (I-V) of the Common Program Requirements
The Self-Study
The Self-Study

- A comprehensive review of the program
  - Using the Annual Program Evaluation
- Information on how the program creates an effective learning and working environment
  - How this leads to desired educational outcomes
- Analysis of strengths, weaknesses, opportunities and threats, and ongoing plans for improvement
The Self-Study
Focus on Aims and Environmental Assessment

• Program aims and activities to further these aims (goals, desired educational outcomes)
  • Intent is to facilitate improvement in areas where programs comply with the standards
• Program strengths, areas for improvement, opportunities and threats
  • Intent is to view the program in context of the program’s environment
  • Examples: funding cuts, shift in specialty choices, changes in patient populations
The Self-Study Process

- Program Evaluation Committee (PEC)
- Data gathering
  - Surveys
  - Citations and AFIs
  - Annual Program Evaluation
The Self-Study Process

- Essential Elements
  - Resident performance
  - Faculty development
  - Graduate performance
  - Program quality
The Self-Study Summary

- Brief (4 to 5 pages, ~ 2300 word) summary of key dimensions of the self-study
  - Program aims
  - Elements of the environmental assessment (omitting areas for improvement)
  - The self-study process and participants
  - Learning that resulted
- Document uploaded to ADS and held until 10-year visit
10-year Accreditation Site Visit

- Approximately 12-18 months later
  - Time lag is by design to give programs time to make improvements and to reduce barriers to a frank assessment

- Summary of Achievements document prepared to update any dimensions of the self-study that have changed and to describe improvements achieved in areas identified during the self-study
  - No request for information on areas still in need of improvement/that have not been resolved
10-year Accreditation Site Visit cont.

- Full site visit – focus on compliance with all applicable requirements
  - “PIF-less”
- Site visit team provides verbal feedback
  - Key strengths and suggestions for improvement
- Site visit team prepares a written report for the Review Committee
Review Committee Actions

- Review Committee provides a Letter of Notification from the full accreditation site visit:
  - Citations
  - Areas for Improvement
- Review Committee provides feedback on the self-study taking into consideration:
  - Program aims and context
  - Improvements reported and verified during the 10-year visit
  - Effectiveness of the self-study, based on the improvements the program reported it made as a result of its self-study
- Evaluation of the self-study will be formative only, with no accreditation impact for the next few years
  - Learning phase for effective self-study approaches and results
A Pilot: An Added Voluntary Visit After Completion of the Self-Study

• Aims
  • Learn if a “non-accreditation” site visit with feedback accelerates program self-improvement
  • Learn about effective approaches for conducting the self-study

• The self-study pilot visit
  • Field staff with special added training review and offer feedback on the self-study to further progress toward improvement and meeting aspirational goals
  • Not an accreditation visit
A Pilot: An Added Voluntary Visit After Completion of the Self-Study \textit{cont.}

- Participation process
  - Completely voluntary; the ACGME contacts eligible programs and asks if interested in participating

- Programs eligible for the pilot
  - NAS Phase I programs with an initial 10-year site visit between April 2015 and July 2016
    - 130 programs have participated to date
  - Phase II programs with an initial 10-year site visit between April 2016 and July 2017
The Self-Study Pilot Visit

*Only Programs that Volunteer*

- Visit is based on the self-study and the self-study summary prepared by the program
- Information on areas for improvement will be shared verbally only by program leaders during the site visit
- A specially trained team of two site visitors
  - Different from the 10-year site visit team
The Self-Study Pilot Visit cont.

Only Programs that Volunteer

- Site visit team offers verbal feedback
  - Dialogue on strengths and areas/suggestions for improvement the program identified in its self-study
- Site visit team prepares written report and shares with program
  - Report is NOT shared with the Review Committee
- Program may update its self-study summary in response to the feedback
The Self-Study Pilot Visit cont.

- Comprehensive evaluation of the self-study
  - Needs assessment
  - Assessment of effective processes
  - Outcomes assessment
    - Does pilot site visit accelerate or enhance program improvement?

- Preliminary data available in Spring 2016
Education Plan

• Self-study web page
  • Eight Steps for Conducting the Self-Study
  • A Practical Guide to the Self-Study (JGME)
  • Sample Timeline
  • Self-study Summary Template
  • Webinars
  • Self-study mailbox for questions and feedback (monitored by the ACGME)
    self-study@acgme.org
Additional Resources

- Association of Pediatric Program Directors (APPD) Self-Study Collaborative (Frohna/Guralnick)
  - Self-identified programs
  - Community-based, university
  - All participated in pilot self-study
  - Share their experiences
Additional Resources

- JGME, September 2015

The ACGME Self-Study—An Opportunity, Not a Burden

Susan Guralnick, MD
Tamika Hernandez, BS
Mark Corapi, MD
Jamie Yedowitz-Freeman, DO
Stanislaw Klek, MD

Jonathan Rodríguez, MD
Nicholas Berbari, MD
Kathryn Bruno, BBA
Kara Scalise, MBA, BS
Linda Wade

Editor’s Note: The ACGME News and Views section of JGME includes data reports, updates, and perspectives from the ACGME and its review committees. The decision to publish the article is made by the ACGME.

Introduction

In 2013, the Accreditation Council for Graduate Medical Education (ACGME) implemented the Next Accreditation System. A major goal of the new system is for program accreditation to become a continuous process of quality improvement. Accredited residency and fellowship programs report specified data annually to the ACGME. These data are then reviewed by the specialty review committees for compliance with each specialty’s requirements. The process, the less time they may have to actually perform the self-study.

The purpose of this article is to provide an example of a successful self-study process, along with a sample timeline and self-study materials. This will hopefully guide other programs through the process, and decrease the time spent on developing a new self-study process. Ultimately, this should allow more time to be spent on the performance of a rich and informative self-study.

The Self-Study Process

Programs are notified approximately 6 to 7 months prior to their self-study submission date.

Engagement of key stakeholders is essential, as is an
<table>
<thead>
<tr>
<th>2014-15</th>
<th>2014-15 Areas for Improvement (add more rows as needed)</th>
<th>Indicate APE Category</th>
<th>Intervention/Initiative</th>
<th>Date instituted/Individual(s) responsible</th>
<th>Expected Resolution (outcome measures and date)</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Increase faculty number of faculty members</td>
<td>PQ</td>
<td>The PD will work with the department</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Chairperson Senior Administrator</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Program Director</td>
<td>Addition of faculty and a 4th year chief resident</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(faculty member)</td>
<td>NR</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>This is a complex issue and the program has not determined optimal number of core faculty</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>and optimal engagement of adjunct faculty. However faculty still report risk of burnout. This will</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>remain an active issue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Increase faculty scholarly activity and participation in resident educational sessions</td>
<td>PD</td>
<td>The department needs to allot resource to accomplish increase scholarly productivity of faculty members</td>
<td>Chairperson Senior Administrator</td>
<td>Increase faculty publications</td>
<td>PR</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Program Director</td>
<td></td>
<td></td>
<td>This is an ongoing issue that extends beyond the scope of the program. We will continue to work with the department leadership to improve</td>
</tr>
<tr>
<td>3</td>
<td>Increase Board Rates</td>
<td>RP</td>
<td>We already have in place a very robust board improvement plan, which we monitor closely (mini ITEs on a quarterly basis) by faculty and residents. Discussed with residents 2-4 times per year. We also monitor very closely our recruitment strategy</td>
<td>All PDs, faculty and residents</td>
<td>Most resident hitting monthly ITE targets. We have seen significant improvements in mini ITEs since going to monthly mini ITEs</td>
<td>NR</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Although trending in the right direction, Board pass rates are over the past 5 years, it will take time to resolve.</td>
</tr>
<tr>
<td>Year</td>
<td>Goal</td>
<td>Plan</td>
<td>What was accomplished?</td>
<td>Aligns with Which Aim?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------</td>
<td>-------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------</td>
<td>------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AY15</td>
<td>Improve procedure skills</td>
<td>We will encourage the fellows to document all procedures, and monitor every 6 months to be sure they are meeting goals.</td>
<td>Procedure logs reviewed at semi-annual meetings; need to establish goals.</td>
<td>Aim 1: Procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AY15</td>
<td>Get more evaluation data</td>
<td>Will send evaluations after each service month. Will also develop plan for collection of 360 evals.</td>
<td>Sending evals after each month; no 360s yet</td>
<td>Aim 1: Evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AY15</td>
<td>Develop CCC</td>
<td>We will establish the Clinical Competence Committee for the Fellowship. We will have faculty complete the evaluations this fall in anticipation of the report to the ACGME that is due in January.</td>
<td>CCC established</td>
<td>Aim 5: Program Administration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AY15</td>
<td>Support fellow research</td>
<td>We will continue to support research of the fellows through regular meetings of the Scholarly Oversight Committees.</td>
<td>Doing this</td>
<td>Aim 2: Mentoring, Scholarly Activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AY15</td>
<td>Improve board pass rate</td>
<td>Continue to support fellow attendance at the NeoPREP course.</td>
<td>Division has agreed to fund for current residents</td>
<td>Aim 1: Board Pass Rate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AY15</td>
<td>Improve board pass rate</td>
<td>Ensure review of all core topics throughout fellowship, using the content specifications as a guide.</td>
<td>Not implemented formally</td>
<td>Aim 1: Board Pass Rate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AY15</td>
<td>Cover ABPs Scholarly Activities content</td>
<td>Ensure adequate review of Scholarly Activities topics by means of the monthly departmental Fellow Conference.</td>
<td>John and Caroline are ensuring that the core topics are covered</td>
<td>Aim 2: Scholarly Activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AY15</td>
<td>Provide clinical support for fellows</td>
<td>Appoint clinical mentors for each fellow.</td>
<td>Discussed but not implemented</td>
<td>Aim 1: Mentoring</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AY15</td>
<td>Appoint AFD from neonatology</td>
<td>Over this next year, identify someone to serve as associate fellowship director.</td>
<td>Lydia appointed as AFD</td>
<td>Aim 5: Program Administration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AY15</td>
<td>Clarify roles for fellows</td>
<td>Develop policies and procedures for the roles of the fellows, particularly at deliveries with procedures and generally caring for</td>
<td>Discussed</td>
<td>Aim 3: Curriculum</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Frohna and Guralnick, 2015
Program Resources

www.acgme.org

- Website redesign
- ACGME Policies and Procedures
- Milestones and Clinical Competency Committee Guidebook
- List of accredited programs
- ADS
- FAQs (specialty, Milestones, duty hours, etc.)
- General information on the site visit process and your site visitor
Program Resources cont.

- Physical Medicine and Rehabilitation web page
  - Resident complement increase policy
  - Program Requirements and program application forms
  - PM&R FAQ documents
  - Case Log procedure entry instructions
  - Milestones
  - Presentations

- Weekly e-Communication
  - Contains general GME information, accreditation-related updates; announcements regarding requirements, Review Committee updates on ACGME issues/initiatives, etc.
Program Resources
Your Contacts at the ACGME

• **ADS**: ads@acgme.org
  - Kevin Bannon (kbannon@acgme.org) 312.755.7111

• **Site Visit**:
  - Ingrid Philibert (iphilibert@acgme.org) 312.755.5003
  - Jim Cichon (jcichon@acgme.org) 312.755.5015
  - Penny Iverson-Lawrence (pil@acgme.org) 312.755.5014

• **Requirements, Forms, or Notification Letter**:
  - Caroline Fischer (cfischer@acgme.org) 312.755.5046
  - Denise Braun-Hart (dbraun@acgme.org) 312.755.7478
  - Kim Rucker (krucker@acgme.org) 312.755.7054
  - Luz Barrera (lbarrera@acgme.org) 312.755.5077
The ACGME is Moving

- 401 N. Michigan Avenue
Questions?