

RRC FOR PHYSICAL MEDICINE AND REHABILITATION

WINTER 2005 NEWSLETTER

New RRC Members:

The new resident member of the RRC is Dr. Gregory Strock of Indianapolis, Indiana. He began his official two year term on July 1, 2004. The resident member is also a voting member of the RRC.

One of the newest members of the RRC, Dr. William Bockenek of Charlotte, North Carolina, was recently given the Parker Palmer Courage to Teach Award at a dinner hosted by the ACGME.

Program Requirements and the Competencies:

The RRC is in the process of revising its core program requirements. One significant first step was to group as many of the requirements as possible under the ACGME competencies. The RRC intends for this integration of the competencies to aid programs in structuring their curricula to better address the competencies. The document is being placed on the ACGME website (www.acgme.org/rrc's/pmr) for comment. The RRC is also incorporating further changes, and any other comments about revisions to the requirements would be appreciated.

With respect to the assessment of the competencies, there are some helpful sections on the ACGME website. See www.acgme.org/outcome project.

Program Information and the PIF:

Retrieving data and filling out the Program Information Forms (PIF) continues to be a problem for some programs. The RRC is considering revisions to the PIF to make them more user-friendly, and possibly shorter. Programs should still remember some of the basics of information gathering and reporting: All programs should be interacting with the ACGME's Accreditation Data System (ADS) to record any changes in basic information about the program. This information can then easily be retrieved at the time of survey. Programs should also be aware of the Resident Survey, which is also used at the time of survey. In preparing the PIF, the program director should carefully review the information submitted for accuracy and consistency. Remember, both the program director and the Designated Institutional Official (DIO) should sign the PIF by way of attesting to its accuracy.

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Future RRC Meetings:

February 17-18, 2005	and	August 19-20, 2005
February 17-18, 2006	and	August 18-19, 2006

In the last newsletter it was stated that a site visit needs to take place at least 2 ½ months prior to the RRC meeting. It would be safer to assume that the time interval should be 3 months.

Programs in PM&R:

Core programs:	80
Spinal Cord Injury Med.:	20
Pain Medicine:	7
Pediatric Rehabilitation:	2

The review cycles of core programs are as follows: 2 at 5 yrs., 4 at 4 yrs, 8 at 3 yrs., 5 at 2yrs., and 2 at 1 yr. The subspecialty programs in PM&R are dependent on the core; therefore, their review cycles are tied to that of the core. The RRC can make the cycle shorter when necessary (e.g., in the case of a warning).

Most Common Citations:

The following are the most common citations over the past year:

The Educational Program:	22
Patient care:	14
Procedures:	3
Scholarly activity:	2
Supervision:	2
Didactics:	1
Evaluation:	15
of the program:	7
of the faculty:	4
of residents:	2
ABPMR scores:	2

Most common citations (continued):

Program Director Qualifications and Responsibilities (including adequate data):	12
Institutional Support (including facilities):	5
Resident Appointment:	5
ACGME Competencies:	1

Comments:

Any comments or suggestions for future newsletters would be appreciated.

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