

RRC FOR PHYSICAL MEDICINE AND REHABILITATION

FALL 2006 NEWSLETTER

New RRC Members:

The new resident member of the RRC is Dr. Shana Margolis from the Baylor program in Houston, Texas. She began her two year term on July 1, 2006. The resident member is also a voting member of the RRC.

The other new member is Dr. Diana Cardenas, the Chair of Physical Medicine and Rehabilitation at the University of Miami. She began her initial two year term on July 1, 2006, replacing Dr. James Sliwa.

Continuing RRC Members:

William Bockenek, MD
Charlotte, NC

Murray Brandstater, MD (Chair)
Loma Linda, CA

Gary Clark, MD
Cleveland, OH

Jacob Neufeld, MD
Richmond., VA

Barry Smith, MD (Vice-Chair)
Montgomery, TX

Anthony Tarvestad, JD
Executive Director and Ex-Officio
ABPMR

Program Requirements and the Competencies:

The RRC has revised 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, and the RRC wants programs to evaluate residents based on these competencies. The requirements document is on the ACGME website (www.acgme.org/rrc's/pmr). The RRC also will be incorporating further changes as the ACGME continues to develop common language concerning the competencies.

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:

The Residency Review Committee is reviewing and revising the Program Information Forms (PIF). All programs should also 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. The RRC has noticed various inconsistencies and errors in PIF's submitted by programs. This can result in deferral of action and does impede the accreditation process. 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.**

Future RRC Meetings:

February 16-17, 2007	and	August 24-25, 2007
February 15-16, 2008	and	August 22-23, 2008

Programs in PM&R:

Core programs:	80
Spinal Cord Injury Med.:	20
Pain Medicine:	8
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 last academic year:

The Educational Program:	48
Patient care:	19
Procedures:	2
Scholarly activity:	6
Supervision:	4
Didactics:	14
Service over education:	3

Evaluation:	20
of the program:	9
of the faculty:	2
of residents:	5
ABPMR scores:	4

Program Director Qualifications and Responsibilities (including adequate data):	12
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Institutional Support (including facilities):	10
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Resident Appointment:	3
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ACGME Competencies:	1
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Murray Brandstater, MD
RRC Chair
Paul O'Connor, PhD
RRC Executive Director

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