

RRC NEWS

PHYSICAL MEDICINE AND REHABILITATION



ACGME

Accreditation Council for Graduate Medical Education

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RRC STAFF

EILEEN ANTHONY, MJ

EXECUTIVE DIRECTOR

312.755.5047

EANTHONY@ACGME.ORG

STEPHEN MOORE

ACCREDITATION ASSISTANT

312.755.5045

SMOORE@ACGME.ORG

ACGME

515 N STATE ST

STE 2000

CHICAGO, IL 60654

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ACGME Case (Procedure) Log System for PMR

The Residency Review Committee (RRC) would like to thank programs for compliance with the July 1, 2009 implementation date for the ACGME Resident Case Log System. As of September 1, 2009, only a few programs had no entries. An FAQ (also available on the ACGME/RRC webpage) was developed and will grow as questions arise. Listed below is the first set of FAQs:

When using the PMR Case Log System, the drop down menu includes not just procedures, but each new patient encounter (including new inpatient admission, new inpatient consult, and new outpatients). Are programs expected to report data regarding new admissions, consults and outpatients?

The expectation of the RRC is that programs log/enter patient procedures only at this time. The system was designed with the ability for residents (programs) to capture additional diagnostic information and patient encounters if they wanted to collect this data for their own information.

Who is required (PGY levels specifically) to begin using the System (entering data) as of July 1, 2009?

PGY-1 (only if in a 4-year categorical program) are required to enter cases/procedures in the system; PGY-2 residents are required to enter cases/procedures in the system; PGY 3-4 residents may enter their cases, but are not required (2009 and 2010 exception only).

Are residents required to log EMGs into the system?

Yes. Please note that as the Committee expects residents to enter EMGs into the system, the way that these are coded is not an issue, nor will it be tracked. The language of the current Program Requirements does not stipulate that level of detail and states:

Educational Program/Resident Outcomes/Patient Care/ Perform 200 Electrodiagnostic Studies.

Residents must attain competence in performance of electrodiagnostic studies. In general, involvement in approximately 200 electrodiagnostic consultations per resident, under appropriate supervision, represents an adequate number. [Program Requirement: IV.A.5.a).(6).(e)]

Please contact the RRC staff with any questions regarding the new expectations, or the Case Log System in general.

MEETING AND AGENDA CLOSING DATES

MEETING: FEBRUARY 18-19, 2010

AGENDA CLOSING: JANUARY 1, 2010

Expectations for Documentation of Resident Transfers

The Committee noted some confusion in the field regarding interpretation of the Common Program Requirement (CPR) relating to “transferring” residents. Most notably, confusion exists surrounding what constitutes a transfer resident. The language of CPR III.C.I reads:

Resident Appointment/Resident Transfers/Verify Previous Education for Incoming Residents. Before accepting a resident who is transferring from another program, the program director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring resident.

The Committee would like to remind programs that the ACGME defines “transfer” as:

Transfer resident: *Residents are considered as transfer residents under several conditions including: moving from one program to another within the same or different sponsoring institution; when entering a PGY-2 program requiring a preliminary year even if the resident was simultaneously accepted into the preliminary PGY-1 program and the PGY-2 program as part of the match (e.g., accepted to both programs right out of medical school). Before accepting a transfer resident, the program director of the ‘receiving program’ must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation from the current program director. The term ‘transfer resident’ and the responsibilities of the two program directors noted above do not apply to a resident who has successfully completed a residency and then is accepted into a subsequent residency or fellowship program. (ACGME Glossary of Terms, September 2009, located at www.acgme.org)*

Please be cognizant of this requirement should you accept a transferred resident, as this has been a fairly frequent citation, mostly due to varying (mis)interpretations of the term, as well as the fact that the majority of the residency programs are advanced programs that receive transferring residents on a yearly basis.

In order to assist Program Directors to fulfill this requirement, the RRC will post to PMR-RRC webpage, a “Summative Evaluation for Preliminary Year Residents – Global Resident Competency Rating Form” that may be utilized for transferring as well as preliminary year residents. Once the

document is online, programs will be notified via the ACGME e-Communication.

Program Director Guide to the Common Program Requirements

The Committee continues to encourage program directors to become familiar with this useful reference guide currently available on the ACGME website

(www.acgme.org). Specific language that may be adapted to individual programs is provided to assist with responses to Program Information Form (PIF) questions on CPR compliance. The Guide is comprehensive and is available in a PDF/Word format. We welcome feedback on the usefulness of this tool by e-mail to: Guide@acgme.org.

Program Internal Reviews

The sponsoring institution is required to conduct an internal review of each residency/fellowship program under its purview at approximately the midpoint of the accreditation cycle. The accreditation cycle is the time between the date of the most recent accreditation action and the time of the next site visit. The internal review committee, which must include at least one faculty member and at least one resident from within the sponsoring institution (but not from within the program being reviewed), must conduct interviews with the program director, key faculty members, at least one peer-selected resident from each level of training in the program, and other individuals deemed appropriate by the committee.

The goal of the internal review is to identify issues in the program that may adversely affect the upcoming accreditation site visit, while still allowing time to resolve those issues before the visit occurs. In addition, the internal review shows how the program has addressed the citations from the last survey. While the ultimate responsibility for proper timing and conduct of the internal reviews lies with the institution, program directors and coordinators should be familiar with when and how these should occur. Also, they should work with the Designated Institutional Official (DIO) and Graduate Medical Education Committee (GMEC) to ensure compliance is assured.

The RRC has the prerogative to change the change the cycle or initiate a site visit based on information in the resident survey. Please contact the RRC staff if there is a question about the target date.

Description of a DIO

DIO refers to the Designated Institutional Official. This individual has the authority and responsibility for all ACGME-accredited GME programs in an institution. The DIO signs PIFs and also receives copies of accreditation results. The DIO is required to co-sign most correspondence between the institution and the ACGME.

Program Accreditation Statistics (2008-2009 Academic Reporting Year)

Core PMR (79 Accredited Total – 40 Programs Reviewed)	
Continued Accreditation	35
Probation	1
Voluntary Withdrawal	1
Initial Accreditation	1
Proposed Probation	1
Proposed Withhold (new application)	1
SCIM (19 Accredited Total – 9 Programs Reviewed)	
Accredited (new program)	1
Continued Accreditation	7
Voluntary Withdrawal	1
Pediatric Rehabilitation (15 Accredited Total – 12 Programs Reviewed)	
Accreditation (new programs)	4
Continued Accreditation	6
Voluntary Withdrawal	1
Proposed Withhold (new application)	1

Most Common Citations

The most common citations identified in the past academic year are as follows:

Core PMR:

- 1) Responsibilities of the Program Director
- 2) Educational Program – Didactic
- 3) Educational Program – Patient Care
- 4) Evaluation – Performance on Board Scores

SCIM:

- 1) Responsibilities of the Program Director
- 2) Institutional Support
- 3) Evaluation and ACGME Competencies

Pediatric Rehabilitation:

- 1) Responsibilities of the Program Director
- 2) Educational Program – Patient Care
- 3) Institutional Support and Evaluation

These citations were generated by issues with the program, the faculty, and the residents. These citations resulted from the RRC's review of program information, as well as information obtained through interviews with the faculty and residents.

Major Revisions to the Program Requirements for Physical Medicine and Rehabilitation (core)

The process for major revisions to the Physical Medicine and Rehabilitation (core) Program Requirements has begun. Although it may seem that these requirements were only recently approved, they have been in effect since July of 2006. This fact, coupled with ACGME's mandate that Review Committee's update requirements every five years, and the reality that the revision process takes approximately 18-24 months, requires that the Committee start the process at this point. The initial stage involves several representative groups (identified by the Committee) to present initial comment with the goal for the document to be posted for public review and comment on the ACGME website in the spring of 2010.

A Tribute to David Kilmer, M.D.

The RRC was deeply saddened by the loss of David Kilmer, M.D., who passed away in September after a hard-fought battle with lymphoma. Dr. Kilmer was selected to serve on the RRC and was excited about the role he would play to assist the ACGME in evaluating and accrediting PMR programs throughout the country. The Committee would like to acknowledge Dr. Kilmer's renowned reputation as an effective educator, brilliant clinician, respected leader, and good friend to the PMR community.

Save the Date:
**2010 ACGME Annual
Educational Conference**
Transitions in GME
Gaylord Opryland Resort Hotel
and Convention Center
Nashville, Tennessee
March 4-7, 2010
For more Information:
[www.acgme.org/acWebsite/meetings/
2010Conf/me_EducConf_10.asp](http://www.acgme.org/acWebsite/meetings/2010Conf/me_EducConf_10.asp)