

# RRC NEWS

## PHYSICAL MEDICINE AND REHABILITATION



ACGME

Accreditation Council for Graduate Medical Education

NOVEMBER 2010

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RRC NEWS PROVIDES REVIEW COMMITTEE AND ACGME UPDATES. PLEASE CONTACT THE EDITOR WITH SUGGESTIONS OR COMMENTS ABOUT THIS NEWSLETTER: [MSCHWAB@ACGME.ORG](mailto:MSCHWAB@ACGME.ORG).

### Most Common Citations

The most common (*top 1-5 categories*) citations identified from the Review Committee's August 2010 meeting are as follows:

#### Physical Medicine and Rehabilitation (core)

1. Responsibilities of the Program Director
2. Responsibilities of the Faculty
3. Institutional Support - Sponsoring Institution

#### PM&R - Spinal Cord Injury Medicine

1. Scholarly Activities
2. Goals and Objectives
3. Responsibility of the Program Director

#### PM&R - Pediatric Rehabilitation

1. Responsibilities of the Program Director
2. Goals and Objectives

#### PM&R - Pain Medicine

1. Goals and Objectives
2. Responsibilities of the Program Director
3. Institutional Support - Sponsoring Institution

These citations resulted from the Committee's review of program information, as well as information obtained through interviews with the faculty and residents during site visits.

### Change in Accreditation Structure

At its January 2010 meeting, the ACGME Board of Directors approved a change in the Residency Review Committee that accredits fellowship programs in Neuromuscular Medicine. As of January 2011, the Review Committee for Neurology will perform all accreditation reviews of these programs. This model is similar to the process for accrediting Hospice and Palliative Medicine - one Review Committee accredits all of these subspecialty programs that may be associated with many different specialties. The advantages of this model are:

- It allows one Review Committee to develop expertise in reviewing and accrediting these programs and have the expertise within that committee.
- It avoids the possibility of one or two specialties accrediting a

#### MEETING AND AGENDA CLOSING DATES

|                 |                      |
|-----------------|----------------------|
| MEETING:        | FEBRUARY 24-25, 2011 |
| AGENDA CLOSING: | DECEMBER 16, 2010    |
| MEETING:        | AUGUST 25-26, 2011   |
| AGENDA CLOSING: | JUNE 16, 2011        |

#### NOTIFICATION DEADLINES

##### **5 DAYS AFTER MEETING:**

E-MAIL NOTIFICATION OF REVIEW STATUS/  
CYCLE LENGTH AUTOMATICALLY SENT TO  
PROGRAM DIRECTOR AND DIO.

##### **60 DAYS AFTER MEETING:**

E-MAIL ALERT SENT STATING THAT LETTER  
OF NOTIFICATION IS POSTED IN ADS.

\*UNTIL THE OFFICIAL LETTER IS POSTED IN ADS, REVIEW COMMITTEE STAFF MEMBERS ARE UNABLE/NOT PERMITTED TO DISCUSS THE COMMITTEE'S ACTION OR SPECIFIC DETAILS OF THE AREAS OF NON-COMPLIANCE.\*

very small number of programs.

- It facilitates that all programs within a subspecialty are reviewed in a consistent and standard way.

All existing programs (as well as new applications) will use the current neuromuscular program information form (currently available on the ACGME website at [http://www.acgme.org/acWebsite/RRC\\_180/180\\_pifln-dex.asp](http://www.acgme.org/acWebsite/RRC_180/180_pifln-dex.asp)), and ACGME field staff (accreditation site visitors) will use the current neuromuscular site visitor report form. These are common documents regardless of the Review Committee that currently accredits the subspecialty program.

Any program applications submitted after July 2, 2010 (the closing date for the August 27-28, 2010 meeting of the Review Committee for Physical Medicine and Rehabilitation) should be sent to the Review Committee for Neurology for review.

The Review Committee for Neurology will review programs at its regular meetings twice a year, generally in May and November. Please contact your respective Review Committee staff (PM&R staff contact information can be found on p.1 of this newsletter; Neurology staff contact information can be found on [that committee's web page](#) on the ACGME website.) directly for additional information.

### **Notable Practices**

A notable practice is a process or practice that a Review Committee or other ACGME committee deems worthy of notice. Notable practices are shared through the ACGME website or other ACGME publications to provide programs and institutions with additional resources for resident education. A notable practice is not a requirement, which is an accreditation standard, and its use on the ACGME website does not imply or refer to a practice necessary to comply with a requirement.

Many committees have identified notable practices within their specialties, and these are available to programs in the specialty through the Review Committee web page, as well as to other interested parties through the "All Review Committees Notable Practices" link. Potential notable practices may be identified in several ways: a comment in a site visitor report, identified during review of submitted program materials, solicitation by the executive director or a Review Committee member based on knowledge of the program, or an unsolicited submission sent to the executive director or to a Review Committee member. The potential notable practice is viewed and discussed by all committee members, and if approved, will be made available through both the

Review Committee web page and the [All Review Committees Notable Practices web page](#).

Programs in other specialties may find some of these practices useful, and could adapt them for their specialty-specific program needs as relevant. The "All Review Committees Notable Practices" web page can be also be accessed directly from the Review Committee [web page](#) and is a collection of all the notable practices from all Review Committees, organized by topic.

The Review Committee for PM&R currently has three notable practices identified as Competency Assessment Tools in the area of Multi-Source Assessment. The Committee is now seeking Competency Assessment Tools in the realm of evaluation tools. If you think that your program has put into place evaluation tools that meet the requirements (i.e., competency-based, etc.) and would be easily transferable for other programs to use, submit your process to the Review Committee staff (contact information can be found on p.1 of this newsletter).

### **Update on Impact of Approved Revisions to the Common Program Requirements on Specialty-Specific Program Requirements**

Revisions to the ACGME Common Program Requirements related to duty hours in the learning and working environment were approved by the ACGME Board of Directors on Monday, September 27, 2010 with an effective date of July 1, 2011. The revised Common Program Requirements include several sections that necessitate further specialty-specific definitions. Several of these areas, as denoted by an asterisk below, require immediate action by the Review Committees; others may be developed over the next year for implementation in July 2012. No other additions will be made to the duty hour section or other sections of these requirements.

Areas that Require Specialty-Specific Definitions to be Developed by Each Review Committee:

1. Define licensed independent practitioners who may have primary responsibility for patient care (VI.D.1).
2. Describe achieved competencies under which PGY-1 residents progress to be supervised indirectly with direct supervision available (VI.D.5.a.1).
3. Specify optimal clinical workload (VI.E).
4. Define elements of teamwork that must be present in each specialty (VI.F).
- \*5. Define Intermediate level residents and residents

in the final years of education (senior level residents) (VI.G.5.b and c).

- \*6. Define circumstances when “senior residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty (VI.G.5.c.1).
- \*7. RCs may specify the maximum number of consecutive weeks of night float and the maximum number of months of night float per year (VI.G.6).

*\* must be defined or specified by the Review Committees for review at the June 2011 ACGME Board meeting.*

Review Committees will develop these definitions by December 15, 2010 and submit them to the ACGME for review and approval at the February 2011 ACGME meeting. The approved definitions will be posted shortly after the ACGME meeting and, as already mentioned, will become effective July 1, 2011.

## **Resident Survey Results and the Accreditation Process**

A common topic facing Review Committees across specialties deals with the disposition of the Resident Survey and how the results in particular may impact a program’s accreditation status. This is an area of high importance to all specialties, and as such, is covered specifically in the ACGME’s Common Program Requirements, which can be reviewed online at [www.acgme.org/acWebsite/dutyHours/dh\\_ComProgrRequirementsDutyHours0707.pdf](http://www.acgme.org/acWebsite/dutyHours/dh_ComProgrRequirementsDutyHours0707.pdf). There are numerous reasons to utilize and value residents’ input, and the ACGME and its Review Committees take their engaged participation in this annual survey very seriously. The following is a very general overview addressing some of the more common questions handled by both Review Committees and their staff at the ACGME.

The most recent Resident Survey results are an important factor in program accreditation reviews. Once the ACGME site visitor assigned to review your program receives your completed Program Information Form (PIF), he/she can view the (most recent) resident survey results in order to prepare for the on-site survey. Any areas highlighted as noncompliant are specifically addressed by the site visitor. If the site visitor determines validation for a pre-identified area of concern, the Review Committee will cite that as an area of noncompliance with the ACGME standards in your Letter of Notification following the formal review. If the site visitor cannot verify a potential area of noncompliance per the

survey results, the Review Committee will look closely, and while a formal citation may not be given, the Committee may still provide a comment to the program that this is an area to be monitored.

Programs should also be aware that survey results contribute to national annual compliance data. Among other important benefits of collecting such data, thresholds for noncompliance are established based on this data.

Programs across specialties that are identified as having a series of noncompliant responses (either annually or in consecutive program reviews) may be required to submit a duty hour or progress report to their Review Committees. Should a program be asked to submit a follow-up report on the basis of the Resident Survey results (either in conjunction with a full survey, or upon annual review), the program director should contact the Review Committee staff (contact information can be found on p.1 of this newsletter) directly with questions or concerns about how to reply to these requests.

## **Responsibility of the Designated Institutional Official**

The Committee would like to remind programs of the role/responsibilities of the designated institutional official (DIO) as defined by the ACGME’s Institutional Requirements, as there are still instances whereby program information forms (PIFs) and other official correspondence to the Review Committee for PM&R are received without the requisite signature of the DIO.

### **I.R. I.B.3-4**

**An organized administrative system, led by a Designated Institutional Official (DIO) in collaboration with a Graduate Medical Education Committee (GMEC), must oversee all ACGME-accredited programs of the Sponsoring Institution.**

**The DIO and GMEC must have authority and responsibility for the oversight and administration of the Sponsoring Institution’s programs and responsibility for assuring compliance with ACGME Common, specialty/subspecialty-specific Program, and Institutional Requirements.**

## **Faculty Roster in Program Information Forms Includes Four Educational Activity Categories**

In order to be consistent with all other specialties, the

ACGME has revised the Faculty Roster in the Common PIF for the following specialties: anesthesiology, colon and rectal surgery, dermatology, family medicine, medical genetics, nuclear medicine, obstetrics and gynecology, orthopaedic surgery, pathology-anatomic and clinical, pediatrics, physical medicine and rehabilitation, and radiation oncology, as well as for the transitional year. The revision expanded the 'Average hours/week devoted to Resident Education' to include four categories - clinical supervision, administration, didactic/teaching, and research. NOTE: the total number of hours worked previously entered for each faculty member has been stored; however, the data for these four categories will initially appear as zeros. For each faculty physician listed in the PIF roster, the program must insert the hours for each category of resident education according to the following legend (in the future this information will appear in the PIF as a 'mouse over').

| Category of Resident Education  | Examples of Resident Educational Activities  |
|---------------------------------|--|
| Clinical supervision            | Bedside rounds; outpatient precepting; operative supervision   |
| Administration                  | Program oversight; curriculum development; faculty, resident and program evaluation; career counseling   |
| Non-clinical didactics/teaching | Lectures; simulation; case discussions; preparation time for and participation in: journal clubs, conferences, lectures, simulation, case discussions, manuscript editing with resident  |
| Resident research               | Mentoring and/or working with residents/fellows; peer-reviewed funding; publication of original research or review articles in peer-reviewed journals or chapters in textbooks; publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; participation in national committees or educational organizations |

Useful information on this topic is also included in the Program Director's Guide to the ACGME Common Program Requirements, which is posted on the ACGME website for reference: [www.acgme.org/acWebsite/navPages/nav\\_commonpr.asp](http://www.acgme.org/acWebsite/navPages/nav_commonpr.asp).

**Save the Date:**  
**2011 ACGME Annual  
 Educational Conference**

***Beyond Boundaries***

Gaylord Opryland Resort Hotel  
 and Convention Center  
 Nashville Tennessee  
 March 3-6, 2011

[click here](#) for more information