

RRC NEWS

PHYSICAL MEDICINE AND REHABILITATION



Accreditation Council for Graduate Medical Education

MAY 2009

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ACGME Case (Procedure) Log System for PMR

Physical Medicine and Rehabilitation (PMR) residencies will be required to begin using the ACGME's Case Log System on July 1, 2009. The ACGME website (www.acgme.org) currently provides extensive information about the system, and a manual and a tutorial for the PMR version is available at: http://www.acgme.org/acWebsite/RRC_340/340_caselog.asp. Program directors and coordinators should begin reviewing these aids now so that they will be well-prepared to instruct residents on using the system in July. While system instructions refer to "cases" or "encounters", PMR residents will use the system to report procedural experience using CPT codes.

During the 2010-2011 academic year, RRC review of programs will include an evaluation of reports generated by the Case Log System. Therefore, it is extremely important that program directors and coordinators ensure that residents are entering data properly and completely. In addition, programs will be able to use system reports to evaluate their residents' experiences relative to national norms. Finally, after several years of experience, it is anticipated that minimum expectations for resident performance of selected procedures will be established, published and used by the RRC to evaluate programs.

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

Call for Nominations: RRC Resident Member

The RRC would like to invite program directors to submit nominations for the RRC resident member position (July 1, 2010-June 30, 2012). Please refer to the official "call for nominations" document posted to the RRC webpage for candidate qualifications along with details on deadlines and submission instructions ([http://www.acgme.org/acWebsite/RRC_340/Call for Nominations DAC PMR AA 03192009.pdf](http://www.acgme.org/acWebsite/RRC_340/Call_for_Nominations_DAC_PMR_AA_03192009.pdf)).

RRC Notable Practices

A notable practice is a unique approach or practical tool, such as a sample schedule, evaluation form, set of goals and objectives, workshop agenda/tools, model curricula, process guidelines, policy, survey, etc. The notable practice is usually something that may be repli-

MEETING AND AGENDA CLOSING DATES

MEETING: AUGUST 28-29, 2009

AGENDA CLOSING: JULY 1, 2009

MEETING: FEBRUARY 18-19, 2010

AGENDA CLOSING: JANUARY 1, 2010

cated or adapted by other programs to fit their needs. During its February meeting, the RRC identified two “notable practices” that will be posted on the ACGME website in May. The first is a 360-degree evaluation developed by the University of Washington. The second is the Resident Observation and Competency Assessment (ROCA) tool, currently available through the American Board of Physical Medicine and Rehabilitation (ABPMR) website. The committee hopes that these tools will be helpful and encourages program directors to provide feedback on these tools directly to RRC staff, as well as ideas from their own programs that may be considered as a “notable practice”.

Resident Self-Assessment (SAE-R)

The American Academy of Physical Medicine and Rehabilitation (AAPMR) offers a Self-Assessment for Residents (SAE-R) annually in January to meet the needs of two specific audiences: program directors and residents.

Program Directors

The SAE-R is an invaluable tool for residency programs which use the results to assist program directors in identifying learning gaps within their program. Program directors receive normative information on the performance of their residents and how they compare with other residents throughout the country at a similar level of education. This information is intended as a means of evaluating and identifying overall program and individual education needs (and may be used as a part of a program evaluation system [PR V.C]).

Program directors find great value in the data analysis provided because the information contained within the reports provides an opportunity to improve their resident education program. It also meets the ACGME requirement of measuring residents on the Medical Knowledge core competency.

Program directors may also utilize the SAE-R as one tool for assessing the progress of individual residents. The SAE-R should serve as a supportive tool for collaborative dialogue between the program and the resident to identify needs and interventions to assist the resident.

Residents

Residents also glean great value from the exam because the data allows them to track personal progress throughout their years of education. Once knowledge gaps are identified, residents are able to self-direct a personal learning and development plan. Having

established a pattern of self-assessment and improvement at this stage, residents will be able to easily transition to the practice setting and comply with Maintenance of Certification™ (MOC), which also has a self-assessment requirement.

Appropriate use of the SAE-R

Because the SAE-R serves two unique and complementary purposes, the RRC does not condone the use of the SAE-R for any purpose other than as a self-assessment tool. Although the SAE-R is a valuable tool in assessing the progress of the resident, it should NOT be utilized by program directors to determine promotion or graduation of a resident.

For more information regarding the SAE-R, including registration, please contact the American Academy of Physical Medicine at 312.464.9700. If you have questions regarding the RRC’s requirements related to methods for resident evaluation, please contact the RRC committee staff.

Program Director Guide to the Common Program Requirements

The committee encourages program directors to become familiar with this useful reference guide currently available on the ACGME website (www.acgme.org). Specific language to assist with responses to PIF questions on CPR compliance is provided that may be adapted to individual programs. The guide is comprehensive and is available in a PDF/Word format. Feedback on the usefulness of this tool is welcome at Guide@acgme.org.

Program Director’s Manual

The RRC also recommends that program directors review the third edition of the Residency Program Director’s Manual that was posted on the Association of Academic Physiatrists’ webpage in January and is available on the RRC webpage. The manual is written specifically for directors of PMR residencies, but some sections may be useful to fellowship directors as well. The manual is an extremely well-prepared reference that provides information for program directors, as well as recommendations for further reading.

Frequently Asked Questions (FAQs)

In an effort to help program directors better understand how the RRC interprets various language in the program requirements, the committee is in the process of developing an FAQ site on the PMR webpage. The FAQ will be in a user-friendly Q&A format and some potential topics might include: PIF preparation, faculty scholarship, inpatient census, program chang-

es, resident complement, etc. Program directors are encouraged to submit potential FAQ items directly to RRC staff.

Progress Reports to the RRC

In an effort to reduce burden, the RRC would like to remind program directors that progress reports should only be submitted for review upon specific request (within the language of the notification letter). Unsolicited progress reports will not be scheduled for review by the committee, but will be administratively acknowledged with no further action. It is also important to note that the RRC does not rescind (remove) citations from a program's history upon review of a (requested) progress report. The expectation of a progress report is to provide an update to the committee on how the program is making progress in those identified areas. Citations may only be identified as corrected at the time of a full program review when they are each thoroughly evaluated through the site visit and review of accreditation materials.

Program Requirements Revision Process

The ACGME requires that each set of program requirements undergoes major revision at least once every five years. Approximately 18 months before the scheduled date of the next major revision for a particular set of requirements, the ACGME's Requirement Development Committee (RDC) reviews the existing requirements and program information form (PIF) and provides feedback to the Review Committee regarding potential areas for improvement. The Review Committee considers the RDC suggestions and also updates the requirements and PIF as needed based on input from the medical community. The revised requirements and PIF are then submitted to the RDC for consideration.

Upon approval from the RDC, the revised requirements are posted, along with an impact statement on the ACGME website; program directors and DIOs are notified through the ACGME weekly e-Communication that the proposed requirements are available for review and comment for a period of 45 days. At the conclusion of the review and comment period, the Review Committee reviews the comments submitted in response to the proposed requirements, considers whether additional changes to the requirements are needed in response to the comments, and prepares the final draft of the requirements for submission to the ACGME Board of Directors. A summary of the submitted comments and the Review Committee's response to these comments must accompany the requirements when they are submitted to the Board.

Upon approval by the ACGME Board, the new requirements are posted to the ACGME website, along with the effective date. Program directors and DIOs are notified through the ACGME e-Communication.

The PMR core program requirements will begin the process for major revisions this summer. More information on the status of this process will be available in the Fall 2009 RRC newsletter.

2010 Parker J. Palmer Courage to Teach Award, Courage to Lead Award, and David C. Leach, MD Award

The ACGME is accepting nominations for the 2010 Parker J. Palmer Courage to Teach and Courage to Lead Awards, and the David C. Leach, MD Award.

The *Courage to Teach Award* – named after Parker J. Palmer, PhD, a noted teacher and sociologist who wrote the *Courage to Teach* and other books on teaching and vocation – is given annually to 10 program directors who have developed innovative teaching practices and demonstrated a commitment to teaching.

The *Courage to Lead Award*, also named after Dr. Palmer, is presented yearly to three designated institutional officials who have created an optimal environment for resident education. One award is given to a designated institutional official in each of the three categories of sponsoring institutions: small hospital (25 or fewer residency programs), large hospital (25 to 50 residency programs), and tertiary academic medical center (more than 50 residency programs). Each nomination must include a completed application form, three letters of recommendation and the nominee's curriculum vitae. Each winner will receive \$1,000 and a plaque, and will also be invited to a retreat in May. In addition, awardees will be invited to attend an awards luncheon held during the 2010 ACGME Annual Educational Conference, which will take place March 4-7 in Nashville, Tenn.

More information about these awards is available in these FAQs: <http://www.acgme.org/acWebsite/courageLeadAward/CTLawardFAQs.pdf> and <http://www.acgme.org/acWebsite/palmerAward/CTTawardFAQs.pdf>.

The *David C. Leach, MD, Award* is named in honor of the ACGME's former chief executive officer, David C. Leach, MD, who retired in 2007. This new annual award will recognize residents and resident teams for improving graduate medical education. The award will

be given to residents or resident teams (residents, fellows, faculty, program coordinators, allied health professionals) who have developed a project or activity that improves graduate medical education in one or more of the following areas:

- fostering innovation and improvement in the learning environment
- increasing the program's emphasis on educational outcomes
- increasing efficiency and reducing non-educational burden
- improving communication and collaboration in education and patient care within the program or institution
- advancing humanism in patient care and among health care professionals

Five awards will be given to residents or resident teams. Residents and teams may be nominated by program directors, designated institutional officials, program coordinators, ACGME Review Committees, or chief executive officers of teaching hospitals. Nominations must include a completed application form and three recommendation letters.

Winners will receive \$2500 and a plaque. Awardees will be invited to attend an awards luncheon held during the 2010 ACGME Annual Educational Conference, which will take place March 4-7 in Nashville, Tenn. For more information, FAQs are available here: http://www.acgme.org/acWebsite/dcl_award/DCLaward-FAQs.pdf

The ACGME Awards Committee will choose the 2010 Courage to Teach, Courage to Lead, and David C. Leach, MD award recipients in September, 2009. Nominations for all three awards are due July 1, 2009. The application is located on the ACGME website (www.acgme.org). Completed applications and supporting materials should be sent to Emily Vasiliou at evasiliou@acgme.org.