Updates from the Review Committee for Physical Medicine and Rehabilitation

Wendy Helkowski, MD, Review Committee Chair
Caroline Fischer, MBA, Executive Director
Disclosure

We have no relevant financial disclosures.
Review Committee Composition

- Four appointing organizations – American Academy of Physical Medicine and Rehabilitation (AAPM&R), American Board of Physical Medicine and Rehabilitation (ABPM&R), American Osteopathic Association, and the American Medical Association
- Nine voting members
- Six-year terms – except resident (two years)
- Generalists, subspecialists, one public member
- One ex-officio (non-voting) member each from the AAPM&R and the ABPM&R
Geographic Distribution of the Review Committee

Current Members:
CA, MA, MD, MI, PA, UT, and VA

Incoming Members:
DC, TN, and WA
Review Committee Composition

- Nancy D. Harada, PhD, PT (Public Member)
- Pamela Hansen, MD
- Wendy Helkowski, MD (Chair)
- Emily J. Kivlehan, MD (Resident Member)
- Robert Samuel Mayer, MD (Vice Chair)
- Lawrence L. Prokop, DO
- Beverly Roberts-Atwater, DO
- Sunil Sabharwal, MBBS, MRCP
- Stacy Stark, DO
- Beginning 6/30/2021:
  - Brian M. Cervoni Rosario, MD (Resident Member)
  - Kathryn Rugen, PhD, FNP-BC, FAAN, FAANP (Public Member)
  - J. Michael Wieting, DO, MEd
Number of Accredited Residency and Fellowship Programs

As of January 2021

97 Physical Medicine and Rehabilitation Residency Programs
104 Fellowship Programs

- 24 Spinal Cord Injury Medicine
- 22 Pediatric Rehabilitation Medicine
- 24 Brain Injury Medicine
- 12 Pain Medicine
- 21 Sports Medicine
- One Neuromuscular Medicine
## Status Decisions | Fall 2020/Winter 2021

<table>
<thead>
<tr>
<th>Status</th>
<th>Core</th>
<th>Subs</th>
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</thead>
<tbody>
<tr>
<td>Initial Accreditation</td>
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<tr>
<td>Withdrawal of Accreditation</td>
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</tr>
</tbody>
</table>
New Programs Accredited in 2020-2021

Physical Medicine and Rehabilitation
- Albert Einstein Healthcare Network/Moss Rehab
- Providence Sacred Heart Medical Center
- Rochester Regional Health/Unity Hospital

Pain Medicine
- Larkin Community Hospital

Pediatric Rehabilitation Medicine
- Indiana University School of Medicine
- Emory University School of Medicine

Brain Injury Medicine
- Johns Hopkins University
### Program Director Changes in 2020-2021

<table>
<thead>
<tr>
<th>Specialty Code</th>
<th>Specialty</th>
<th># of Programs</th>
<th># of New PDs</th>
<th># of Programs with New PDs</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>340</td>
<td>Physical medicine and rehabilitation</td>
<td>96</td>
<td>9</td>
<td>9</td>
<td>9.38%</td>
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<tr>
<td>347</td>
<td>Brain injury medicine (Physical medicine and rehabilitation)</td>
<td>24</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
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<tr>
<td>343</td>
<td>Neuromuscular medicine (Physical medicine and rehabilitation)</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
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<tr>
<td>345</td>
<td>Spinal cord injury medicine</td>
<td>24</td>
<td>1</td>
<td>1</td>
<td>4.17%</td>
</tr>
<tr>
<td>346</td>
<td>Pediatric rehabilitation medicine</td>
<td>22</td>
<td>0</td>
<td>0</td>
<td>0.00%</td>
</tr>
<tr>
<td>342</td>
<td>Sports medicine (Physical medicine and rehabilitation)</td>
<td>20</td>
<td>1</td>
<td>1</td>
<td>5.00%</td>
</tr>
</tbody>
</table>
Citations and Areas for Improvement (AFIs)

Citations
- Require a response in ADS
- Identify areas of non-compliance linked to specific program requirements
- Responses reviewed annually by the Review Committee
- Remain active until corrected
- Trend

AFIs
- Do not require response in ADS
- Can represent “general concerns” (but are often tied to program requirements)
- Result from annual review of program data elements
- Not automatically carried over
- First time occurrence
Citations vs. Areas for Improvement (AFIs)

2019-2020

- Citations
  - Core programs
  - Subspecialty programs

- AFI

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Citations and AFIs | Core Programs

Citations
- Faculty responsibilities
  - Time and interest
  - Education environment
  - Professionalism
- Board pass rate
- Supervision
  - Appropriate level

AFIs
- Failure to provide accurate/required information
- Faculty supervision and teaching
- Resources
  - Process to deal with residents’ problems/concerns
  - Lactation facilities
- Evaluations
- Board pass rate
Citations and AFIs | Subspecialty Programs

- Failure to provide accurate/required information
- Evaluations
- Resources
  - Process to deal with residents’ problems/concerns
  - Lactation facilities
Incomplete/Inaccurate Data

- Faculty Roster | Current certification information
- Block Diagram | Key for abbreviations, non-standard format, no individual schedules, consistent with list of sites
- CVs | Current licensure, scholarly activities from last five years
## Block Diagram Instructions

**Guide to Construction of a Block Diagram for Physical Medicine and Rehabilitation Residency Programs**

**Review Committee for Physical Medicine and Rehabilitation**

A block diagram is a representation of the rotation schedule for a resident in a given year and year. It offers information on block type, location, and length, as well as any rotations for the year. The block diagram shows the rotations a resident would face in a given year, depending on the order in which they occur. There should be only one block diagram for each year of the program in the document. The block diagram should not include rotation names.

- Create and upload a PDF of your program’s block diagram as a reference in the guide below.
- Two common modes of the block diagram exist: the first is organized by month; the second divides the year into 12 four-month blocks. Rotations may occur among these three segments, particularly for specialty programs.
- Include the number of specific rotations in the block diagram, but do not indicate the order in which they occur.
- In constructing the block diagram, include the participating site at which a rotation occurs, as well as the number of rotations.
- The name of the rotation must not include the name of the residency. Information should be provided as follows in the block diagram instructions in the document: the following abbreviations should be used when completing the block diagram:

- **% Inpatient**: This is a commonly used example in which the year’s rotations are divided into 12 (presumably one-month) rotations. Rotations may include structured outpatient or research time, and electives.

<table>
<thead>
<tr>
<th>Block</th>
<th>Site 1</th>
<th>Site 2</th>
<th>Site 3</th>
<th>Site 4</th>
<th>Site 5</th>
<th>Site 6</th>
<th>Site 7</th>
<th>Site 8</th>
<th>Site 9</th>
<th>Site 10</th>
<th>Site 11</th>
<th>Site 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>GR</td>
<td>GR</td>
<td>SCI</td>
<td>SCI</td>
<td>SCI</td>
<td>SCI</td>
<td>SCI</td>
<td>SCI</td>
<td>SCI</td>
<td>SCI</td>
<td>SCI</td>
<td>SCI</td>
</tr>
<tr>
<td>2</td>
<td>RSCH</td>
<td>PDR</td>
<td>PDR</td>
<td>PDR</td>
<td>BI</td>
<td>GR</td>
<td>Clinic/EMG</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>4</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Inpatient</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>100</td>
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<td>0</td>
</tr>
<tr>
<td>% EMG</td>
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<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>% Outpatient</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>100</td>
<td>100</td>
<td>0</td>
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<td>0</td>
<td>75</td>
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<tr>
<td>% Research</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Example 2**

In this common example, the year’s rotations are divided into 13 equal (presumably four-week) rotations. Rotations may include structured outpatient or research time, and electives.

<table>
<thead>
<tr>
<th>Block</th>
<th>Site 1</th>
<th>Site 2</th>
<th>Site 3</th>
<th>Site 4</th>
<th>Site 5</th>
<th>Site 6</th>
<th>Site 7</th>
<th>Site 8</th>
<th>Site 9</th>
<th>Site 10</th>
<th>Site 11</th>
<th>Site 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>GR</td>
<td>GR</td>
<td>SCI</td>
<td>SCI</td>
<td>SCI</td>
<td>SCI</td>
<td>SCI</td>
<td>SCI</td>
<td>SCI</td>
<td>SCI</td>
<td>SCI</td>
<td>SCI</td>
</tr>
<tr>
<td>2</td>
<td>RSCH</td>
<td>PDR</td>
<td>PDR</td>
<td>PDR</td>
<td>BI</td>
<td>GR</td>
<td>Clinic/EMG</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Inpatient</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>100</td>
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</tr>
<tr>
<td>% EMG</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>% Outpatient</td>
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<td>0</td>
<td>0</td>
<td>100</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>75</td>
<td>75</td>
<td>0</td>
</tr>
<tr>
<td>% Research</td>
<td>0</td>
<td>0</td>
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<td>0</td>
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<td>0</td>
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## National Case Log Data

<table>
<thead>
<tr>
<th>Defined Category</th>
<th>Natl Res AVE</th>
<th>Natl Prog AVE</th>
<th>RRC Minimum</th>
<th>Natl Res Below Min</th>
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</thead>
<tbody>
<tr>
<td>EMG/NCS (Total)</td>
<td>230.4</td>
<td>235.0</td>
<td>200</td>
<td>82</td>
</tr>
<tr>
<td>EMG/NCS (Performed)</td>
<td>192.1</td>
<td>195.7</td>
<td>150</td>
<td>53</td>
</tr>
<tr>
<td>Axial epidural injection (total)</td>
<td>37.8</td>
<td>41.4</td>
<td>5</td>
<td>15</td>
</tr>
<tr>
<td>Axial: facet, SI joint, nerve block (total)</td>
<td>30.7</td>
<td>32.2</td>
<td>5</td>
<td>16</td>
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<tr>
<td>Periph joint/intra-artic inj/tendon sheath/bursa inj (total)</td>
<td>85.3</td>
<td>84.0</td>
<td>20</td>
<td>13</td>
</tr>
<tr>
<td>Periph joint/intra-artic inj/tendon sheath/bursa inj (performed)</td>
<td>70.1</td>
<td>67.6</td>
<td>15</td>
<td>16</td>
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<tr>
<td>Botulinum toxin injection (total)</td>
<td>58.6</td>
<td>62.0</td>
<td>20</td>
<td>9</td>
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<tr>
<td>Botulinum toxin injection (performed)</td>
<td>47.8</td>
<td>50.9</td>
<td>15</td>
<td>11</td>
</tr>
<tr>
<td>Ultrasound (total)</td>
<td>54.3</td>
<td>53.3</td>
<td>10</td>
<td>14</td>
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</table>
The Review Committee appreciates the efforts of the physical medicine and rehabilitation community during this pandemic.

The primary concern is for the safety and wellness of patients and residents/fellows.

The Review Committee understands that disruptions in inpatient, outpatient, and procedural experiences may occur.

The Review Committee will consider the context of these disruptions when reviewing programs.
Programs Impacted by COVID-19 cont.

- Program/institutional leadership should carefully monitor the extent of disruptions to the standard curriculum and exercise all options necessary to minimize the disruptions.

- If individual residents do not meet the minimum numbers of procedures, the program should assess each resident's procedural competence to ensure that each resident has sufficient experience to enter autonomous practice.

- There must be strict adherence to work hour limitations and supervision requirements.
Major Changes and Other Updates

- Programs may address improvements and/or innovations implemented to address AFIs in the “Major Changes and Other Updates” section of ADS
  - Written response to AFIs not required, but encouraged
- Describe the impact of the COVID-19 pandemic on your program
Proposed Revisions to Program Requirements

- Program director must be certified by the ABPM&R or American Osteopathic Board of Physical Medicine and Rehabilitation
- 1:3 core faculty member to resident ratio
- 200 electrodiagnostic evaluations; perform at least 150
  - More than one resident may count an “observed” study
- Minimize frequency of rotational transitions/educational and supervisory continuity
- Should have 12 months of inpatient and outpatient experiences – changed to core requirement
Proposed Revisions to Program Requirements

- Two months of pediatric rehabilitation – must include outpatient experience; may include inpatient experience/consults

- Resident scholarly activity – each graduate from the program should have demonstrated PMID, chapters/textbooks, or national or regional presentations (excludes local presentations within the program or Sponsoring Institution)

- Telesupervision of procedures allowed if:
  - Previously demonstrated ability to perform
  - Back-up supervising physician is present to immediately assume care
Specialty-Specific Resident Survey Questions

- Specialty-specific survey questions for physical medicine and rehabilitation programs have been developed for implementation in 2021.
- Only graduating residents will receive the specialty-specific survey.
- Content includes:
  - Extent that your program has prepared you to examine patients with physical impairments (e.g., paralysis, contractures).
  - Extent that the program has prepared you to assess patients with significant cognitive impairments.
  - Extent that the program has prepared you to assess limitations in function (e.g., balance, gait).
Specialty-Specific Resident Survey Questions cont.

- Content includes:
  - Had at least 12 months of inpatient rehabilitation experience (excluding consults) by the end of your residency
  - Had at least 12 months of outpatient rehabilitation experience (excluding electrodiagnostic studies) by the end of your residency
  - How often responsible for more than 14 physical medicine and rehabilitation inpatient beds during a work day, excluding on call, during the past 24 months
  - Program has taught you how to write detailed prescriptions for durable medical equipment, rehabilitation therapies, orthotics, and prosthetics
  - Your program has prepared you to apply bioethical principles in making patient care decisions
Resident/Fellow and Faculty Surveys | 2020-2021

- One reporting window for all programs
- Survey window opens February 1 and closes on April 1
- Participation is mandatory
- Required response rate is 70%
New Changes to ADS

- In 2019, as a result of new Common Program Requirements, new items were added to ADS.
  - We received much feedback that the update was burdensome.
- In 2020, we made some big changes to make data entry better.

<table>
<thead>
<tr>
<th>Continued Accreditation</th>
<th>Response Type</th>
<th>2019-2020 Question Count</th>
<th>2020-2021 Question Count</th>
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<tbody>
<tr>
<td>Narrative</td>
<td>19</td>
<td>8</td>
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<tr>
<td>“Yes/No” Radio Button</td>
<td>6</td>
<td>4</td>
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<tr>
<td>Enter #</td>
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<td>2</td>
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<tr>
<td>Checklist</td>
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<td></td>
</tr>
</tbody>
</table>

- This year, there were fewer items overall and fewer narratives, and the narratives that remain auto-populated with the response from the last academic year.
Faculty Roster

At a minimum, include the following…

- Program director
- Associate program director(s)
- Site directors
- Minimum required number of core faculty
  - based on complement
- Other faculty members
  - at your discretion!
The implications associated with faculty members on ADS roster:

- **All Programs | Scholarship data will need to be submitted for all faculty members listed**
- **Residency | Those identified as “core” faculty members will be sent the Faculty Survey**
- **Subspecialty | Everyone listed will be sent the Faculty Survey (same as last year)**
Accreditation Site Visits

- March 2020 | Suspension of in-person site visits
- June 2020 | Remote site visits started
- Site visits will be conducted remotely through June 2021
- Programs whose Sponsoring Institution enters Emergency status may request postponement of a site visit
Self-Study/10-Year Accreditation Site Visit

Self-Studies | on hold

- If your expected Self-Study date is now, you will not be notified to start it. Will likely be rescheduled to take place 24 months into the future.

10-Year Accreditation Site Visit | mostly on hold

- Except when the Review Committee asks to proceed (e.g., annual review of data has identified program as outlier)

Contact ACGME Field Activities staff members with any questions.
New Congress related to Opioid Epidemic

Virtual Congress on Preparing Residents and Fellows to Manage Pain and Addiction to be held March 30-31, 2021.

- Goals are to identify strategies to effectively prepare physicians to confront the challenges of the opioid epidemic, and to reach consensus on the curriculum and experience needed for residents/fellows to acquire the skills and competencies to effectively recognize and treat addiction relevant to their specialty.

- Review Committee for Physical Medicine and Rehabilitation and the physical medicine and rehabilitation community will be represented at this Congress.
ACGME Award Nominations

- Now accepting nominations for outstanding DIOs, program directors, program coordinators, GME staff members, or residents/fellows for 2022 ACGME Awards.
- Visit the Awards page on the ACGME website for additional information and to download applications.
- Nominations are due by:
  
  Wednesday, March 24, 2021, 5:00 Central
Learn at ACGME offers:

- Interactive Courses
- Video Presentations
- Discussion Forums
- On-Demand Webcasts
- Toolkits and Assessments

Topics include:

- Best Practices for the ADS Annual Update
- Diversity, Equity, and Inclusion
- Evaluation and Assessment
- Faculty Development
- Physician Well-Being
- Many more…

www.acgme.org/distancelearning
Visit the portal at https://acgme.org/distancelearning or scan the QR code using your mobile phone.

Contact desupport@acgme.org with questions.
Program Resources | www.acgme.org

- Accreditation Data System | ADS Public Site
- ACGME Policies and Procedures
- Clinical Competency Committee (CCC) Guidebook
- Milestones Guidebook | Milestones FAQs
- How to Complete an Application
- Institutional Requirements
- Sample Program Letter of Agreement (PLA)
- FAQs for New Programs
- Program Directors’ Guide to the Common Program Requirements
- ACGME Glossary of Terms
- Common Program Requirements FAQs
- Key to Standard Letter of Notification
- Site Visit Information (e.g., types of visits, Site Visit FAQ, remote site visit FAQs, listing of accreditation field representatives)
Program Resources | www.acgme.org

Physical Medicine and Rehabilitation web pages
- Complement increase policy
- Program Requirements, FAQ documents, and application forms
- Guide to Construction of a Block Diagram
- Case Log procedure entry instructions
- Milestones
- Presentations

Weekly e-Communication
- Contains general GME information, accreditation-related updates, announcements regarding Program Requirements, updates from the Review Committee on ACGME issues/initiatives, etc.
ACGME Contacts

Technical questions related to:
- ADS

Data Systems Technical Support

Accreditation Data System (ADS), Resident Case Log System
E-mail: ADS@acgme.org ▷ or contact your ADS representative in the table below.

Resident Survey
E-mail: ressurvey@acgme.org ▷

Faculty Survey
E-mail: facsurvey@acgme.org ▷

For best response time, please send all questions by e-mail. This allows support staff to properly address and prioritize all issues.

ACGME

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ACGME Contacts

Questions related to:
- Accreditation Site Visits
- Self-Studies

Accreditation Field Activities
Fieldrepresentatives@acgme.org
For a complete listing of the Accreditation Field Representatives, visit the Accreditation Field Representatives Listing page.

Field Activities
Linda Andrews, MD | landrews@acgme.org
Andrea Chow | achow@acgme.org
Penny Iverson-Lawrence | pil@acgme.org
ACGME Contacts

Questions related to:
- Requirements
- LONs

General (non-specialty-specific) questions:
- accreditation@acgme.org

Review Committee Team
Caroline Fischer cfischer@acgme.org
Denise Braun-Hart dbraun@acgme.org
Elizabeth Prendergast eprendergast@acgme.org
## Upcoming Review Committee Meeting Dates

<table>
<thead>
<tr>
<th>Meeting Dates:</th>
<th>Agenda Closes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 12-13, 2021</td>
<td>February 12, 2021</td>
</tr>
<tr>
<td>September 2, 2021</td>
<td>July 8, 2021</td>
</tr>
<tr>
<td>January 20-21, 2022</td>
<td>November 24, 2021</td>
</tr>
<tr>
<td>April 7-8, 2022</td>
<td>February 7, 2022</td>
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</tbody>
</table>
Questions?