Updates from the Review Committee for Physical Medicine and Rehabilitation

David W. Pruitt, MD, Review Committee Chair

Caroline Fischer, MBA, Executive Director

Disclosure

We have no relevant financial disclosures.

Review Committee Composition

- 4 appointing organizations - AAPM&R, ABPM&R, AOA, and AMA

- 9 voting members

- 6-year terms – except resident (2 years)

- Generalists, subspecialists, 1 public member

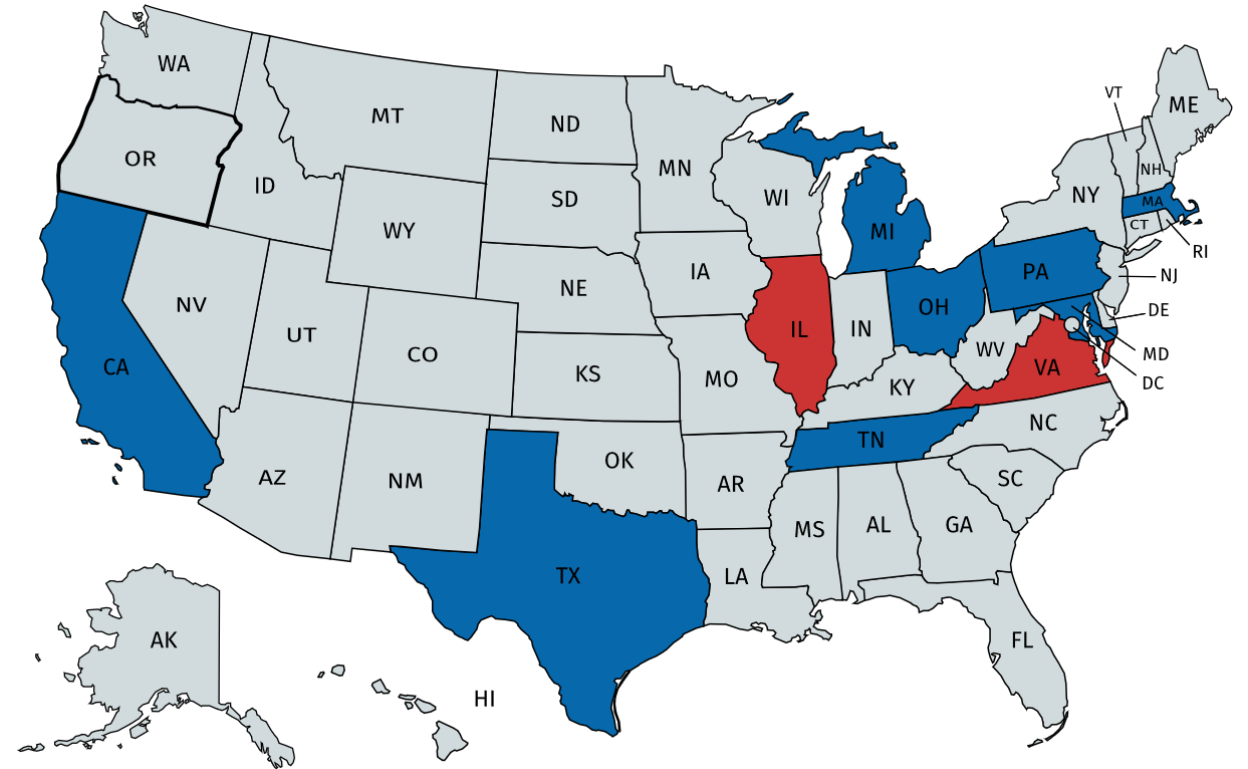- 1 ex-officio (non-voting) member each from AAPM&R and ABPM&R

Geographic Distribution of the Review Committee

Current Members:

- CA, MA, MD, MI, OH, PA, TN, TX

Incoming Members:

- IL, VA

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Review Committee Composition

- Nancy D. Harada, PhD, PT (Public Member)

- Wendy Helkowski, MD (Vice Chair)

- Robert Samuel Mayer, MD

- Lawrence L. Prokop, DO

- David W. Pruitt, MD (Chair)

- Sunil Sabharwal, MBBS, MRCP

- Stacy Stark, DO

- Carol Vandenakker-Albanese, MD

- Charles M. Taylor II, MD (Resident Member)

New Review Committee Members

- Emily J. Kivlehan, MD (Resident Member)

- Beverly Roberts-Atwater, DO

Number of Accredited Residency and Fellowship Programs

As of January 2019

91 Physical Medicine and Rehabilitation Residency Programs

94 Fellowship Programs

- 23 Spinal Cord Injury Medicine
- 20 Pediatric Rehabilitation Medicine
- 20 Brain Injury Medicine

- 11 Pain Medicine
- 19 Sports Medicine
- 1 Neuromuscular Medicine

Status Decisions (Fall 2018/Winter 2019)

Status	Core	Subs
Initial Accreditation	3	4
Initial Accreditation w/Warning	1	0
Continued Accreditation	78	74
Continued Accreditation w/Warning	1	0
Probation	0	0
Withholding of Accreditation	0	0
Withdrawal of Accreditation	0	0

New Programs Accredited in 2018-2019

Physical Medicine and Rehabilitation

- HonorHealth
- Sunrise Health GME Consortium
- University of New Mexico School of Medicine

Spinal Cord Injury

- SUNY Upstate Medical University

Brain Injury Medicine

- McGaw Medical Center of Northwestern University
- Mayo Clinic College of Medicine and Science (Rochester)

Pain Medicine

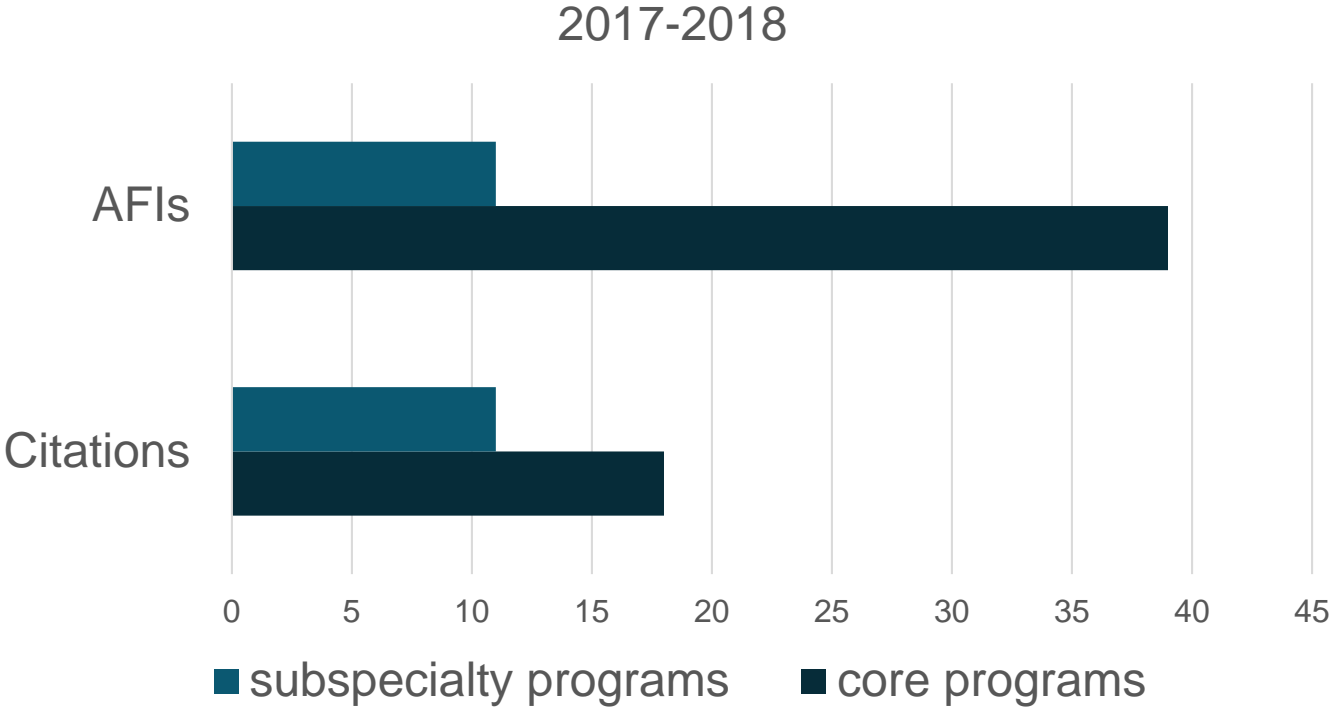- Case Western Reserve University (MetroHealth)

Program Director Changes in 2018-19

Specialty	# of Programs	# of New PDs	# of Programs with New PDs	Percent
Physical medicine and rehabilitation	91	6	6	6.59%
Brain injury medicine (Physical medicine and rehabilitation)	20	0	0	0.00%
Neuromuscular medicine (Physical medicine and rehabilitation)	1	0	0	0.00%
Spinal cord injury medicine	23	2	2	8.70%
Pediatric rehabilitation	20	2	1	5.00%
Sports medicine (Physical medicine and rehabilitation)	19	4	4	21.05%

Citations vs. Areas for Improvement (AFIs)

2017-2018

Chart comparing subspecialty programs and core programs across AFIs and Citations categories. Horizontal axis ranges from 0 to 45.

Legend: ■ subspecialty programs ■ core programs

AFIs/Citations - Core Programs

- Faculty supervision/interest in teaching

- Board pass rate

- Resources

  - Process to deal with residents' problems/concerns

- Educational content

  - Education compromised by service/appropriate balance for education

- Incomplete/inaccurate data

AFIs/Citations - Core Programs

- Incomplete/inaccurate data

  - Faculty Roster – current certification information

  - Block Diagram – key for abbreviations, non-standard format, no individual schedules

  - CVs – current licensure, scholarly activities from last five years

AFIs/Citations - Subspecialty Programs

- Curriculum

  - Brain Injury Medicine – minimum of three months hospitalized patients and minimum of three months non-hospitalized patients

- Incomplete/inaccurate data

  - Similar issues to core programs

- Resources

  - Process to deal with residents' problems/concerns

- Evaluation

AFIs

- Written response to AFIs not required, but encouraged

- Programs may address improvements and/or innovations implemented to address AFIs in the "Major Changes" section of ADS

National Case Log Data

[PART 1]   Programs in the Nation: 78   Residents in the Nation: 399

	Natl Res AVE	Natl Prog AVE	RRC Minimum	Natl Res Below Min
Defined Category				
EMG/NCS (Total)	246.8	250.4	200	2
EMG/NCS (Performed)	207.2	210.5	150	1
Axial epidural injection (total)	31.1	32.0	5	6
Axial: facet, SI joint, nerve block (total)	30.7	32.0	5	8
Periph joint/intra-artic inj/tendon sheath/bursa inj (total)	75.8	74.4	20	5
Periph joint/intra-artic inj/tendon sheath/bursa inj (performed)	63.5	61.9	15	7
Botulinum toxin injection (total)	55.9	59.9	20	5
Botulinum toxin injection (performed)	46.8	50.4	15	4
Ultrasound (total)	47.3	45.0	10	8

Common Program Requirements:
Sections I-V

- Effective date is July 1, 2019

- All specialty-specific requirement documents will be updated to include the new Common Program Requirements and will be posted by July 1

One-Year Common Program Requirements

- New one-year fellowship Common Program Requirements have been approved

- Review Committees will decide which version to use for their subspecialties

Common Program Requirements:
Specialty-Specific Changes

- Program director support (fellowship only)

- Minimum number of core faculty or core faculty/resident ratio

- Faculty scholarly activity dissemination – whether to require peer-reviewed publications

Common Program Requirements:
Specialty-Specific Changes

- Frequent rotational transitions, length of educational experiences and supervisory continuity

Common Program Requirements:
Specialty-Specific Changes

- Focused revisions to make the aforementioned changes will be made to:

  - PM&R

  - Brain Injury Medicine

- Will be posted for public review and comment in late spring/early summer

Peds and SCI Requirements

- The pediatric rehabilitation and spinal cord injury Program Requirements are currently under revision

- The proposed drafts will be posted for public review and comment later this year

- The effective date will either be July 2020 or July 2021

Pain Medicine Requirements

- To be reviewed by the ACGME Committee on Requirements for approval in June 2019

- The effective date will likely be July 2020

Upcoming Changes in ADS

- Align the data collected with the Common Program Requirements going into effect July 1, 2019

  - **Changes will go live after ADS rollover on June 24, 2019**

- Programs applying and re-applying will be required to respond to new/updated ADS elements

- Accredited programs will be required to respond to new/updated questions in the ADS Annual Update

Summary of ADS Changes Occurring after June 24, 2019

	Application (Non-Single GME)	Pre-Accreditation & Continued Pre-Accreditation	Initial Accreditation Statuses	Continued Accreditation Statuses & Probation
Site Director Identification	X	X	X	X
Designation of Core Faculty	X	X	X	X
Faculty Certification reported by Expiration Date	X	X	X	X
Faculty Scholarly Activity Reporting	X	X	X	X
Common Application & Annual Update Questions	X	X	X	X
Attachment/Uploaded Documents	X	X	X	

ADS Change:
Site Director Identification

Edit Participating Sites

Program Letter of Agreement (PLA) exists between program and site?

◉ Yes
◯ No
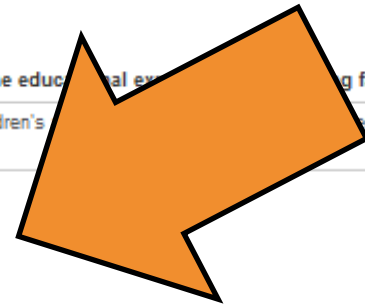◯ N/A (site under governance of sponsoring institution)

Rotation Months:

Y1	Y2	Y3	Y4	Y5
0.0	2.0	3.0	0.0	2.0

Distance to Primary Clinical Site:

Miles	Minutes
2.0	5.0

Briefly describe the content of the educational e... ...g faculty coverage, volume/variety of clinical experience, site support and educational impact):

University of South Alabama Children's ... ...grated site for the USA residency. Residents gain experience in pediatric surgical and women's health issues in an academic tertiary care setting.

Site Director:

ADS Change:
Designation of Core Faculty

Designate faculty as "Core" on the Faculty Roster

II.B.4. Core faculty members must have a significant role in the education and supervision of residents and must devote a significant portion of their entire effort to resident education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to residents. (Core)

ADS Change:
Faculty Certification

After the ADS Rollover, all programs will enter the expiration date of their faculty members' certification, if available.

Exceptions:

Faculty members with AOA certification with a status of "OCC" will not be required to enter an expiration date

ADS Change:
Faculty Scholarly Activity

- Residency programs will complete a table for <u>all</u> physician faculty members and a separate table for non-physician faculty members

- Residency programs <u>will no longer</u> report scholarly activity by individual faculty member

ADS Change: Faculty Scholarly Activity

IV.D.2.a) Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains (Core)

Domains	PMIDs	Other Publications	Conference Presentations	Other Presentations	Chap
	Pub Med Ids (assigned by PubMed) for articles publ... show more	Articles without PMIDs, non-peer reviewed publicat... show more	Abstracts, posters, and presentations at internati... show more	Other presentations (grand rounds, invited profes... show more	Chap pub 7/1/{
Research in basic science, education, translational science, patient care, or population health	☐	☐			
Peer-reviewed grants	☐	☐			
Quality improvement and/or patient safety initiatives	☐	☐	☐	☐	
Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports	☐	☐	☐	☐	
Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials	☐	☐		☐	
Contribution to professional committees, educational organizations, or editorial boards	☐	☐		☐	
Innovations in education	☐	☐	☐	☐	

Other presentations (grand rounds, invited professorships), materials developed (such as computer-based modules), or work presented in non-peer review publications between 7/1/{0} and 6/30/{1}{2}.

ADS Change:
Faculty Scholarly Activity (Fellowship Programs)

- Programs will continue to report scholarly activity by individual faculty member

- Scholarly activity categories will match the table of dissemination methods

- Programs will also report domains (e.g., research, QI, grants) of scholarly activity for all faculty members in the program

ADS Changes: Questions

	Application (Non-Single GME)	Pre-Accreditation & Continued Pre-Accreditation	Initial Accreditation Statuses	Continued Accreditation Statuses & Probation
Common Application & Annual Update Questions	X	X	X	X

There will be multiple changes to the questions in ADS

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ADS Changes

Programs to provide their mission statement

The mission statement is a written statement of a program's core purpose. This statement should clarify the focus of the educational program (e.g., academic/research focus, community care focus), what community the program will serve and how that will be accomplished, and how the program's mission aligns with the larger mission of the Sponsoring Institution.

ADS Changes

Provide the program aims that are guided by the mission statement.

The program's aims (i.e., goals, objectives) should describe what the program intends to achieve in accordance with the Common Program Requirements. The program aims should be consistent with the overall mission of its Sponsoring Institution, the needs of the community it serves and that its graduates serve, and the distinctive capabilities of its graduates (e.g., leadership, research, public health).

ADS Change:
Document Uploads

- Reorganized for clarity

- Some documents may be separated (e.g., evaluation documents)

- Descriptions of documents to be updated for clarity

- Additional documents may be required (e.g., policy for well-being)

- Documents will be retained after Initial Accreditation

ADS Changes

- Multiple revisions to specialty-specific documents likely to occur between July 2019 and July 2021

    Watch for the e-Communication e-mails

Milestones 2.0

- The Task Force to review the Physical Medicine and Rehabilitation Milestones met in October 2018

- The next meetings will occur in April and October

- Document will be posted for public review and comment

Milestones 2.0

- A Supplemental Guide (SG) will also be developed to aid your Clinical Competency Committee (CCC)

- It will be available as a Microsoft Word document so that your CCC can personalize it to your program

Supplemental Guide Sample

Transitional Year Milestones Supplemental Guide

Patient Care 2	Physical Examination
Overall Intent	To ensure resident obtains and reports an accurate physical exam supporting a rational diagnosis
Level 1 Examples	• Examines patient and obtains accurate information
Level 2 Examples	• Examines patient and reports an accurate exam organized and tailored to the chief complaint
Level 3 Examples	• Anticipates likely clinical problem, accurately performing appropriate exam and reporting relevant findings
Level 4 Examples	• Appropriately performs advanced maneuvers (e.g., hepatojugular reflux, Dix Halpike maneuver, and Pulsus Paradoxus); reports relevant findings to support suspected diagnoses
Level 5 Examples	• Teaches others to perform a comprehensive yet focused exam using relevant advanced maneuvers to support suspected diagnoses
Assessment Models or Tools	• Direct observation • Video evaluation • Simulation • Chart review • Follow-up patient exam • 360-degree feedback
Curriculum Mapping	•
Notes or Resources	• Young ER. Bates Guide to Physical Examination and History Taking, Seventh Edition. *Anesth Prog.* 2001;48(2):72-73. • Degowin EL, Degowin RL. *Bedside Diagnostic Examination*. 5th ed. Macmillan; 1987.

Milestones Resources

National Reports

2018 Milestones National Report

2017 Milestones National Report

2016 Milestones National Report

Guidebooks

Milestones Guidebook

Milestones Guidebook for Residents and Fellows

Clinical Competency Committee Guidebook

Other Resources

Milestones FAQs

ACGME Milestones Project: Lessons Learned and What's Next

Clarification on Common Program Requirements and Milestones

Use of Individual Milestones Data by External Entities for High Stakes Decisions

Online Education

The ACGME's new online mini-course, *Introduction to Assessment*, is available in th
management system (LMS). This course is the first in a series of online mini-courses

Milestones Resources

Tell us what you need and how we can help you!

milestones@acgme.org

Newly Approved Subspecialties

- Pediatric Dermatology (Review Committee for Dermatology)

- Neurocritical Care Medicine (Review Committees for Anesthesiology, Emergency Medicine, Neurological Surgery, Neurology)

New Subspecialty Applications

- Complex Family Planning (Review Committee for Obstetrics and Gynecology)

- Wound Care (Multidisciplinary)

Self-Study and 10-Year Site Visit Dates

- Programs scheduled with a Self-Study date prior to April 2019 will likely have their 10-year accreditation site visit more than 24 months after the Self-Study date listed in ADS

- Programs with Self-Study dates of May 2019 and beyond will have their Self-Study dates pushed forward into the future (exact timeframe under review)

- More information about the date changes are forthcoming

Self-Study Resources

Updated site visit FAQs on the ACGME website, with more information about the Self-Study and 10-year accreditation site visit

Webinar, August 2, 2019:

Maximizing the Value of the ACGME Self-Study Process for your Program:

No Need to Be Afraid!

ACGME Award Nominations

- Now accepting nominations for outstanding DIOs, program directors, coordinators, GME staff members, or residents/fellows for 2020 ACGME Awards

- Visit the **Awards** page on the ACGME website for additional information and to download applications.

- Nominations are due by **Friday, March 29, 2019, 5:00 p.m.**

#ACGME2019

Back to Bedside Initiative

- Designed to empower residents/fellows to develop transformative projects that foster meaning and joy in work and allow them to engage on a deeper level with what is at the heart of medicine: their patients

- Competitive funding opportunity for resident/fellow-led teams to innovate

- For more information and to download the Request for Proposal: www.acgme.org/backtobedside

- **Deadline**: MARCH 15, 2019

Program Resources

www.acgme.org

- ACGME Policies and Procedures
- *Milestones* and *Clinical Competency Committee Guidebooks*
- List of accredited programs
- Accreditation Data System (ADS)
- FAQ documents (e.g., Milestones, Common Program Requirements)
- General information on site visit process and your site visitor

Program Resources *cont.*

Physical Medicine and Rehabilitation web pages

- Complement increase policy
- Program Requirements, FAQ documents, and application forms
- 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

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