



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



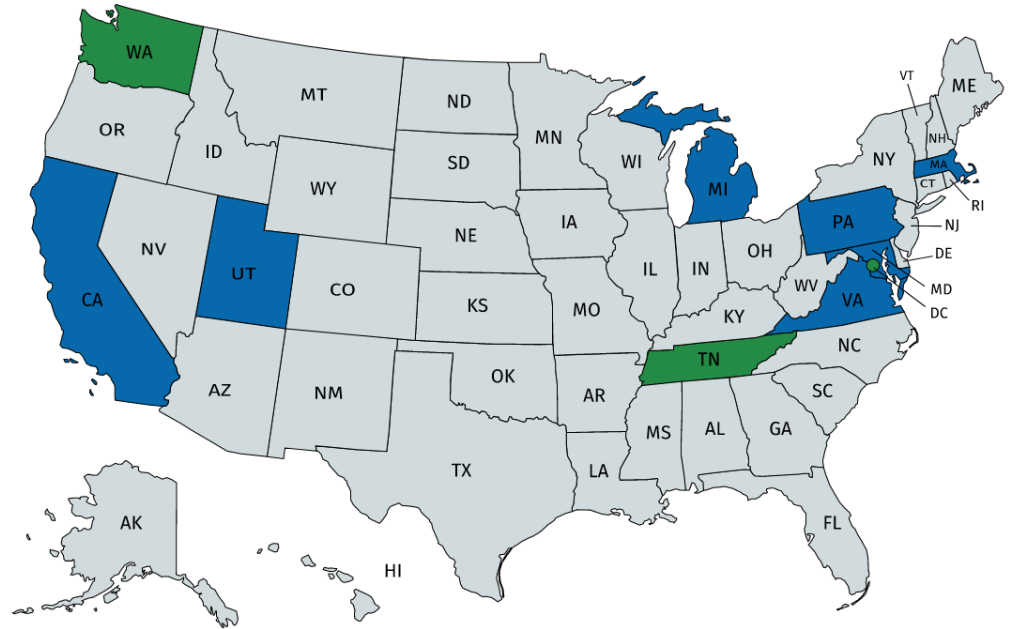
Geographic Distribution of the Review Committee

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

Status	Core	Subs
Initial Accreditation	3	4
Initial Accreditation w/Warning	0	0
Continued Accreditation	83	76
Continued Accreditation w/Warning	0	0
Probation	0	0
Accreditation Withheld	0	0
Withdrawal of Accreditation	0	0



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

Brain Injury Medicine

- Emory University School of Medicine

Sports Medicine

- Johns Hopkins University



Program Director Changes in 2020-2021

Specialty Code	Specialty	# of Programs	# of New PDs	# of Programs with New PDs	Percent
340	Physical medicine and rehabilitation	96	9	9	9.38%
347	Brain injury medicine (Physical medicine and rehabilitation)	24	0	0	0.00%
343	Neuromuscular medicine (Physical medicine and rehabilitation)	1	0	0	0.00%
345	Spinal cord injury medicine	24	1	1	4.17%
346	Pediatric rehabilitation medicine	22	0	0	0.00%
342	Sports medicine (Physical medicine and rehabilitation)	20	1	1	5.00%



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

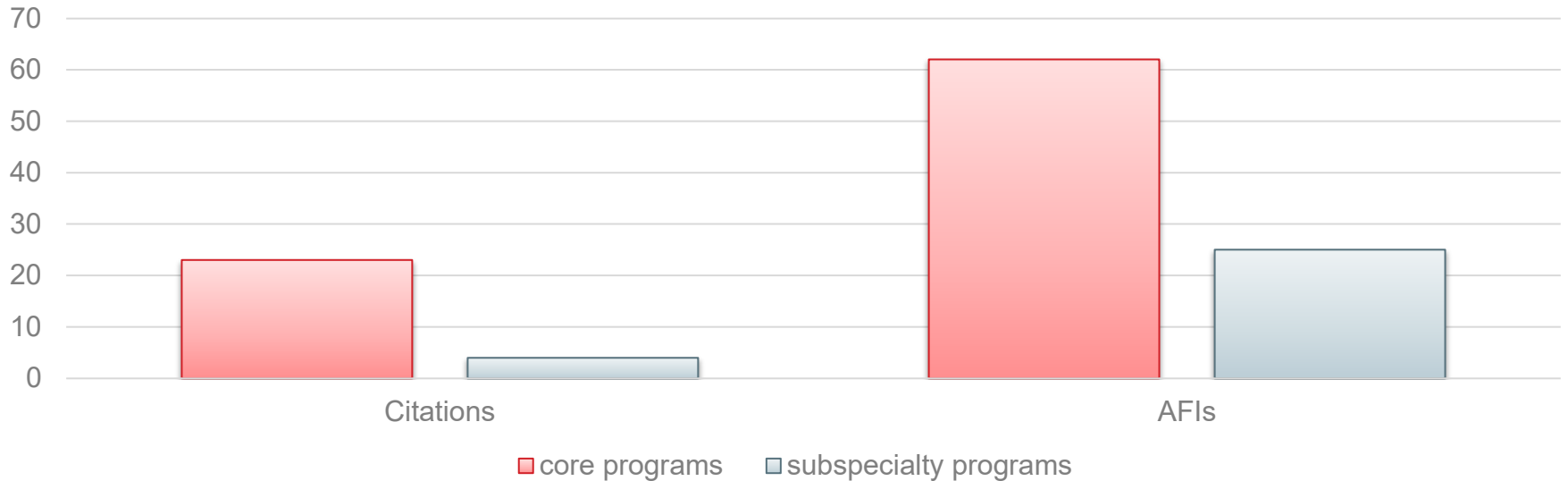
AFIs

- 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 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 post-graduate year. It offers information on the type, location, length, and variety of rotations for that year. The block diagram shows the rotations a resident would have in a given year; it does not represent the order in which they occur. There should be only one block diagram for each year of education in the program. The block diagram should not include resident names.

- Create and upload a PDF of the program's block diagram using the information below as a guide.
- Two common models of the block diagram exist: the first is organized by month, the second divides the year into 13 four-week blocks. Rotations may span several of these time segments, particularly for subspecialty programs. Regardless of the model used, the block diagram must indicate how vacation time is taken. This can be done by allocating a time block to vacation, or by indicating this in a "Notes" section accompanying the block diagram.
- In constructing the block diagram, include the participating site at which a rotation takes place, as well as the name of the rotation. If the name of the rotation does not clearly indicate the nature of the rotation, then clarifying information should be provided as a footnote to the block diagram or elsewhere in the document. The following abbreviations should be used when completing the block diagram:

BI	Brain Injury	OBGYN*	Obstetrics and Gynecology
CON**	Consults	PAIN	Pain Medicine
EMG	Electromyography	PEDI*	Pediatrics
ELEC	Electives (experiences chosen by the residents over and above their required experiences)	PDR	Pediatric Rehabilitation
EM*	Emergency Medicine	RSCH	Research
FM*	Family Medicine	SCI	Spinal Cord Injury
GR*	General Rehabilitation	SM	Sports Medicine
GER	Genetic Rehabilitation	SLURG*	Surgery
IM*	Internal Medicine	VAC	Vacation
MSK	Musculoskeletal		

*For programs offering four years of education and training.
** Consults should not count as inpatient or outpatient time.

- Group the rotations by site. For example, list all of the rotations in Site 1 first, followed by all of the rotations in Site 2, etc. The site numbers listed in the Accreditation Data System (ADS) should be used to create the block diagram.
- For each rotation, the percentage of time a resident spends in inpatient and outpatient activities should be noted. EMGs should be noted separately and should not be counted in inpatient or outpatient time.
- The percentage of time devoted to structured research on a clinical program should be noted. If a block is purely research, it should be labeled as such, and should not be associated with a participating site. If needed, additional information to aid in understanding the program's block diagram may be entered in a "Notes" section at the end of the block diagram.
- In any block diagram, there must be a formal allocation for vacation time. If not shown in the diagram, a "Notes" section must indicate how vacation time is taken.
- While there is not a standard format for the block diagram, the Review Committee for Physical Medicine and Rehabilitation recommends the use of one of the ACGME sample block diagrams from the following page.

Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	Site 1	Site 1	Site 1	Site 1		Site 2	Site 2	Site 2	Site 2	Site 3	Site 3	
Rotation Name	GR	GR	SCI	SCI	RSCH	PDR	PDR	BI	CON	GR Clinic/EMG	MSK Clinic/EMG	Elec/Vac
% Inpatient	100	100	100	100	0	0	0	100	0	0	0	
% EMG										25	25	
% Outpatient	0	0	0	0	0	100	100	0	0	75	75	
% Research	0	0	0	0	100	0	0	0	0	0	0	

Block	1	2	3	4	5	6	7	8	9	10	11	12	13
Site	Site 1	Site 1	Site 1	Site 1		Site 2	Site 2	Site 2	Site 2	Site 3	Site 3	Site 3	
Rotation Name	GR	GR	SCI	SCI	RSCH	PDR	PDR	BI	CON	GR Clinic/EMG	MSK Clinic/EMG	PAIN	Elec/Vac
% Inpatient	100	100	100	100	0	0	0	100	0	0	0	0	
% EMG										25	25	25	
% Outpatient	0	0	0	0	0	100	100	0	0	75	75	75	
% Research	0	0	0	0	100	0	0	0	0	0	0	0	



National Case Log Data

[PART 1]		Programs in the Nation: 83		Residents in the Nation: 421	
	Natl Res AVE	Natl Prog AVE	RRC Minimum	Natl Res Below Min	
Defined Category					
EMG/NCS (Total)	230.4	235.0	200	82	
EMG/NCS (Performed)	192.1	195.7	150	53	
Axial epidural injection (total)	37.8	41.4	5	15	
Axial: facet, SI joint, nerve block (total)	30.7	32.2	5	16	
Periph joint/intra-artic inj/tendon sheath/bursa inj (total)	85.3	84.0	20	13	
Periph joint/intra-artic inj/tendon sheath/bursa inj (performed)	70.1	67.6	15	16	
Botulinum toxin injection (total)	58.6	62.0	20	9	
Botulinum toxin injection (performed)	47.8	50.9	15	11	
Ultrasound (total)	54.3	53.3	10	14	



Programs Impacted by COVID-19

- 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.

	Response Type	2019-2020 Question Count	2020-2021 Question Count
Continued Accreditation	Narrative	19	8
	"Yes/No" Radio Button	6	4
	Enter #	3	2
	Checklist	0	4

- 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!*



Faculty Roster *cont.*

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



Distance Learning | www.acgme.org/distancelearning

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...



Achieving Health Equity: Tools for a National Campaign Against Racism

Video

Dr. Camara Jones, MD, PhD, provides a compelling look at how racism is perp...

[View Details](#)



Addressing the Opioid Epidemic: The Responsibility of Physicians

Video

Dr. Leana Wen Presentation given at the 2019 Annual Education Conference

[View Details](#)



An Introduction to the ACGME Accreditation Data System



Back to the Bedside: A Grassroots Concept for Finding Meaning in Resident Work



Distance Learning | 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



ADS Team

Lauren Criste [Pediatrics] 312.755.7449 |
lcriste@acgme.org
ADS General | ADS@acgme.org

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 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



Review Committee Team

Caroline Fischer cfischer@acgme.org
Denise Braun-Hart dbraun@acgme.org
Elizabeth Prendergast
eprendergast@acgme.org

Questions related to:

- **Requirements**
- **LONs**

General (non-specialty-specific) questions:

- **accreditation@acgme.org**



Upcoming Review Committee Meeting Dates

Meeting Dates:	Agenda Closes:
April 12-13, 2021	February 12, 2021
September 2, 2021	July 8, 2021
January 20-21, 2022	November 24, 2021
April 7-8, 2022	February 7, 2022



Questions?

