ACGME International

Advanced Specialty Program Requirements for Graduate Medical Education in Physical Medicine and Rehabilitation

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Int. Introduction

Background and Intent: Programs must achieve and maintain Foundational Accreditation according to the ACGME-I Foundational Requirements prior to receiving Advanced Specialty Accreditation. The Advanced Specialty Requirements noted below complement the ACGME-I Foundational Requirements. For each section, the Advanced Specialty Requirements should be considered together with the Foundational Requirements.

Int. I. Definition and Scope of the Specialty

Physical medicine and rehabilitation, also referred to as physiatry, is a medical specialty concerned with diagnosis, evaluation, and management of persons of all ages with physical and/or cognitive impairments and disability. This specialty involves diagnosis and treatment of patients with painful or functionally limiting conditions, the management of comorbidities and associated impairments, diagnostic and therapeutic injection procedures, electro-diagnostic medicine, and emphasis on the prevention of secondary complications of disability.

Int. II. Duration of Education

Int. II.A. The educational program in physical medicine and rehabilitation must be 36 or 48 months in length.

Int. II.A.1. The program may include an additional 12 months of education in the fundamental skills of medicine.

I. Institution

I.A. Sponsoring Institution

I.A.1. Physical medicine and rehabilitation must be organized as an identifiable specialty within the Sponsoring Institution.

I.B. Participating Sites

See International Foundational Requirements, Section I.B.

II. Program Personnel and Resources

II.A. Program Director

See International Foundational Requirements, Section II.A.

II.B. Faculty

See International Foundational Requirements, Section II.B.

II.C. Other Program Personnel

II.C.1. Professional staff members, appropriately credentialed in the disciplines of occupational therapy, orthotics and prosthetics, physical therapy, psychology, rehabilitation nursing, social service, speech-language pathology, therapeutic recreation, and vocational counseling, should be appropriately integrated into both the didactic and clinical experiences of the residents.

II.D. Resources

II.D.1. There must be an accessible anatomy laboratory for dissection, or an equivalently structured program in anatomy.

II.D.2. Beds assigned to the physical medicine and rehabilitation service must be grouped in one or more geographic area(s) within each site.

II.D.3. There must be adequate equipment and space available to carry out a comprehensive residency program in physical medicine and rehabilitation.

II.D.3.a) Equipment must be available for all age groups and must include modified equipment for the pediatric and geriatric patient, including exercise equipment, ambulatory aids, wheelchairs, special devices for the disabled driver, electrodiagnostic equipment, urodynamic laboratory instruments, and simple splinting apparatuses.

II.D.3.b) The occupational therapy area must be adequately equipped to give residents experience in activities of daily living and for the evaluation of and training in devices to improve skills in activities of daily living.

II.D.3.c) Psychometric, vocational, and social evaluation and test instruments must be adequate to expose residents to the broad spectrum of their prescription, use, and interpretation in the common practice of rehabilitation medicine.

II.D.4. Basic teaching aids, such as computers, projection equipment, and video/digital recording devices, must be available, including reasonable access to these items on nights and weekends for residents and staff members.

II.D.5. Adequate space must be available for seminars, lectures, and other teaching experiences.

III. Resident Appointment

III.A. Eligibility Criteria

III.A.1. Residents must have successfully completed 12 months of a broad-based clinical program (PGY-1) that is:

III.A.1.a) accredited by the ACGME International (ACGME-I), the ACGME, or the Royal College of Physicians and Surgeons of Canada in preliminary general surgery, preliminary internal medicine, or the transitional year; or,

III.A.1.b) at the discretion of the Review Committee-International, a program where a governmental or regulatory body is responsible for the maintenance of a curriculum providing clinical and didactic experiences to develop competence in the fundamental clinical skills of medicine; or,

III.A.1.b).(1) A categorical residency that accepts candidates from these programs must complete an evaluation of each resident's fundamental clinical skills within six weeks of matriculation, and must provide remediation to residents as needed.

III.A.1.c) integrated into the residency where the program director must oversee and ensure the quality of didactic and clinical education.

III.A.2. The PGY-1 must be completed in a structured program in which residents are educated in high-quality medical care based on scientific knowledge, evidence-based medicine, and sound teaching by qualified educators.

III.A.3. With appropriate supervision, PGY-1 residents must have first-contact responsibility for evaluation and management for all types and acuity levels of patients.

III.A.4. PGY-1 residents must have responsibility for decision-making and direct patient care in all settings, to include writing orders, progress notes, and relevant records.

III.A.5. Residents must develop competence in the following fundamental clinical skills during the PGY-1:

III.A.5.a) obtaining a comprehensive medical history;

III.A.5.b) performing a comprehensive physical examination;

III.A.5.c) assessing a patient's medical condition;

III.A.5.d) making appropriate use of diagnostic studies and tests;

III.A.5.e) integrating information to develop a differential diagnosis; and,

III.A.5.f) developing, implementing, and evaluating a treatment plan.

III.B. Number of Residents

III.B.1. The program should have residents enrolled at all times.

III.B.2. The program should have at least two residents per year in each year of the program, with an approximately equal distribution of these residents.

III.C. Resident Transfers

See International Foundational Requirements, Section III.C.

III.D. Appointment of Fellows and Other Learners

See International Foundational Requirements, Section III.D.

IV. Specialty-Specific Educational Program

IV.A. ACGME-I Competencies

IV.A.1. The program must integrate the following ACGME-I Competencies into the curriculum.

IV.A.1.a) Professionalism

IV.A.1.a).(1) Residents must demonstrate a commitment to professionalism and an adherence to ethical principles. Residents must demonstrate:

IV.A.1.a).(1).(a) compassion, integrity, and respect for others;

IV.A.1.a).(1).(b) responsiveness to patient needs that supersedes self-interest;

IV.A.1.a).(1).(c) respect for patient privacy and autonomy;

IV.A.1.a).(1).(d) accountability to patients, society, and the profession;

IV.A.1.a).(1).(e) sensitivity and responsiveness to a diverse patient population, including to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation;

IV.A.1.a).(1).(f) participation in community service, professional organizations, or institutional committee activities;

IV.A.1.a).(1).(g) humanistic qualities that foster the formation of appropriate patient-physician relationships, including integrity, respect, compassion, professional responsibility, courtesy, sensitivity to patient needs for comfort and encouragement, and an appropriate professional attitude and behavior toward colleagues;

IV.A.1.a).(1).(h) a spirit of collegiality and a high standard of moral behavior within the clinical setting in the care of patients, in the education of other residents, and in conducting research; and,

IV.A.1.a).(1).(i) recognition of the importance of personal, social, and cultural factors in the disease process and clinical management.

IV.A.1.b) Patient Care and Procedural Skills

IV.A.1.b).(1) Residents must provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents must demonstrate competence in:

IV.A.1.b).(1).(a) the attitudes and psychomotor skills required to:

IV.A.1.b).(1).(a).(i) modify history-taking technique to include data critical to the recognition of functional abilities and physical and psychosocial impairments that may cause functional disabilities;

IV.A.1.b).(1).(a).(ii) perform general and specific physiatric examinations, including electromyography (EMG), nerve conduction studies, and other procedures common to the practice of physical medicine and rehabilitation;

IV.A.1.b).(1).(a).(iii) make sound clinical judgments;

IV.A.1.b).(1).(a).(iv) design and monitor rehabilitation treatment programs to minimize and prevent impairment and maximize functional abilities; and,

IV.A.1.b).(1).(a).(v) prevent injury, illness, and disability.

IV.A.1.b).(1).(b) the following areas of physiatry practice:

IV.A.1.b).(1).(b).(i) history and physical examination pertinent to physical medicine and rehabilitation;

IV.A.1.b).(1).(b).(ii) assessment of the neurological, musculoskeletal, and cardiovascular-pulmonary systems;

IV.A.1.b).(1).(b).(iii) assessment and familiarity with the ratings of disability and impairment;

IV.A.1.b).(1).(b).(iv) data gathering and interpreting of psychosocial and vocational factors;

IV.A.1.b).(1).(b).(v) performance, documentation, and interpretation of 200 complete electrodiagnostic evaluations from separate patient encounters;

IV.A.1.b).(1).(b).(vi) therapeutic and diagnostic injections;

IV.A.1.b).(1).(b).(vii) prescriptions for orthotics, prosthetics, wheelchairs and ambulatory devices, special beds, and other durable medical equipment or assistive devices;

IV.A.1.b).(1).(b).(viii) written prescriptions with specific details appropriate to the patient for therapeutic modalities, therapeutic exercises, and testing performed by physical therapists, occupational therapists, and speech/language pathologists;

IV.A.1.b).(1).(b).(ix) familiarity with the safety and maintenance, as well as the actual use, of medical equipment common to the various therapy areas and laboratories;

IV.A.1.b).(1).(b).(x) pediatric rehabilitation; and,

IV.A.1.b).(1).(b).(xi) geriatric rehabilitation.

IV.A.1.b).(1).(c) the rehabilitative management of patients of all ages in the following areas:

IV.A.1.b).(1).(c).(i) acute and chronic musculoskeletal syndromes, including sports and occupational injuries;

IV.A.1.b).(1).(c).(ii) acute and chronic pain management;

IV.A.1.b).(1).(c).(iii) congenital or acquired myopathies, peripheral neuropathies, motor neuron and motor system diseases, and other neuromuscular diseases;

IV.A.1.b).(1).(c).(iv) hereditary, developmental, and acquired central nervous system disorders, including cerebral palsy, stroke, myelomeningocele, and multiple sclerosis;

IV.A.1.b).(1).(c).(v) rehabilitative care of traumatic brain injury;

IV.A.1.b).(1).(c).(vi) rehabilitative care of spinal cord trauma and diseases, including management of bladder and bowel dysfunction and pressure ulcer prevention and treatment;

IV.A.1.b).(1).(c).(vii) rehabilitative care of amputations for both congenital and acquired conditions;

IV.A.1.b).(1).(c).(viii) sexual dysfunction common to the physically impaired;

IV.A.1.b).(1).(c).(ix) post-fracture care and rehabilitation of post-operative joint arthroplasty;

IV.A.1.b).(1).(c).(x) evaluation and application of cardiac and pulmonary rehabilitation as related to physiatric responsibilities;

IV.A.1.b).(1).(c).(xi) pulmonary, cardiac, oncologic, infectious, immunosuppressive, and other common medical conditions seen in patients with physical disabilities;

IV.A.1.b).(1).(c).(xii) diseases, impairments and functional limitations seen in the geriatric population;

IV.A.1.b).(1).(c).(xiii) rheumatologic disorders treated by the physiatrist;

IV.A.1.b).(1).(c).(xiv) medical conditioning, reconditioning, and fitness; and,

IV.A.1.b).(1).(c).(xv) tissue disorders, such as ulcers and wound care.

IV.A.1.c) Medical Knowledge

IV.A.1.c).(1) Residents must demonstrate knowledge of established and evolving biomedical clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. Residents must demonstrate knowledge of:

IV.A.1.c).(1).(a) the diagnosis, pathogenesis, treatment, prevention, and rehabilitation of those neuromusculoskeletal, neurobehavioral, cardiovascular, pulmonary, and other system disorders common to physical medicine and rehabilitation in patients of both sexes and all ages;

IV.A.1.c).(1).(b) the principles of bioethics as applied to medical care, and specifically to decision-making involving ethical issues that arise in the diagnosis and management of their patients;

IV.A.1.c).(1).(c) basic sciences relevant to physical medicine and rehabilitation, specifically anatomy, physiology, pathology and pathophysiology of the neuromusculoskeletal, cardiovascular, and pulmonary systems; kinesiology and biomechanics; functional anatomy; electrodiagnostic medicine; fundamental research design and methodologies; and instrumentation related to the field;

IV.A.1.c).(1).(d) orthotics and prosthetics, including fitting and manufacturing, through instruction and arrangements made with appropriate orthotic-prosthetic facilities; and,

IV.A.1.c).(1).(e) the principles of pharmacology as they relate to the indications for and complications of drugs utilized in physical medicine and rehabilitation.

IV.A.1.d) Practice-based Learning and Improvement

IV.A.1.d).(1) Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. Residents are expected to develop skills and habits to be able to meet the following goals:

IV.A.1.d).(1).(a) identify and perform appropriate learning activities;

IV.A.1.d).(1).(b) identify strengths, deficiencies, and limits in one’s knowledge and expertise;

IV.A.1.d).(1).(c) incorporate formative evaluation feedback into daily practice;

IV.A.1.d).(1).(d) locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems;

IV.A.1.d).(1).(e) participate in the education of patients, patients’ families, students, other residents, and other health professionals;

IV.A.1.d).(1).(f) set learning and improvement goals;

IV.A.1.d).(1).(g) systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement; and,

IV.A.1.d).(1).(h) use information technology to optimize learning.

IV.A.1.e) Interpersonal and Communication Skills

IV.A.1.e).(1) Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents must:

IV.A.1.e).(1).(a) communicate effectively with patients, patients' families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;

IV.A.1.e).(1).(b) communicate effectively with physicians, other health professionals, and health-related agencies;

IV.A.1.e).(1).(c) work effectively as a member or leader of a health care team or other professional group;

IV.A.1.e).(1).(d) act in a consultative role to other physicians and health professionals;

IV.A.1.e).(1).(e) maintain comprehensive, timely, and legible medical records, if applicable; and,

IV.A.1.e).(1).(f) develop the necessary written and verbal communication skills essential to the efficient practice of physiatry.

IV.A.1.f) Systems-based Practice

IV.A.1.f).(1) Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents must:

IV.A.1.f).(1).(a) work effectively in various health care delivery settings and systems relevant to their clinical specialty;

IV.A.1.f).(1).(b) coordinate patient care within the health care system relevant to their clinical specialty;

IV.A.1.f).(1).(c) incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;

IV.A.1.f).(1).(d) advocate for quality patient care and optimal patient care systems;

IV.A.1.f).(1).(e) work in interprofessional teams to enhance patient safety and improve patient care quality;

IV.A.1.f).(1).(f) participate in identifying system errors and implementing potential systems solutions;

IV.A.1.f).(1).(g) effectively and efficiently coordinate an interdisciplinary team of allied rehabilitation professionals for the maximum benefit of the patient through:

IV.A.1.f).(1).(g).(i) an understanding of each allied health professional's role;

IV.A.1.f).(1).(g).(ii) the ability to write adequately detailed prescriptions based on functional goals for physiatric management; and,

IV.A.1.f).(1).(g).(iii) the development of management and leadership skills.

IV.A.1.f).(1).(h) demonstrate full understanding of the types of patients served, referral patterns, and services available in the continuum of rehabilitation care in community rehabilitation facilities.

IV.B. Regularly Scheduled Educational Activities

IV.B.1. If it includes an integrated PGY-1, the educational program must contain regularly scheduled didactic sessions that enhance and correspond to the residents' fundamental clinical skills education.

IV.B.2. Residents must have access to an anatomy laboratory for dissection, or an equivalently-structured program in anatomy during the program.

IV.B.3. Didactics must include:

IV.B.3.a) instruction in basic sciences relevant to physical medicine and rehabilitation, such as anatomy, pathology, pathophysiology, and physiology of the neuromusculoskeletal systems; biomechanics; electrodiagnostic medicine; functional anatomy; and kinesiology;

IV.B.3.b) effective teaching methods;

IV.B.3.c) medical administration, including risk management and cost-effectiveness; and,

IV.B.3.d) use and interpretation of psychometric and vocational evaluations and test instruments in the common practice of rehabilitation medicine.

IV.B.4. The program should provide educational experiences that bring together all the program's residents at frequent and regular intervals.

IV.C. Clinical Experiences

IV.C.1. If the program includes an integrated PGY-1, it must include a minimum of 11 months of direct patient care.

IV.C.1.a) During the integrated PGY-1, each resident's experiences must include responsibility for patient care commensurate with that resident's ability.

IV.C.1.a).(1) Residents must have responsibility for decision-making and direct patient care in all settings, subject to review and approval by senior-level residents and/or attending physicians, to include planning care and writing orders, progress notes, and relevant records.

IV.C.1.b) At a minimum, 28 weeks must be in rotations provided by a discipline or disciplines that offer fundamental clinical skills in the primary specialties, such as emergency medicine, family medicine, general surgery, internal medicine, obstetrics and gynecology, or pediatrics.

IV.C.1.b).(1) Subspecialty experiences, with the exception of critical care unit experiences, must not be used to meet fundamental clinical skills curriculum requirements.

IV.C.1.b).(2) Each experience must be at minimum a four-week continuous block.

IV.C.1.c) At a minimum, residents must have 140 hours of experience in ambulatory care provided in family medicine or primary care internal medicine, general surgery, obstetrics and gynecology, or pediatrics.

IV.C.1.d) Residents must have a maximum of 20 weeks of elective experiences.

IV.C.1.d).(1) Elective rotations should be determined by the educational needs of the individual resident.

IV.C.2. Residents must have a sufficient variety, depth, and number of clinical experiences, including at least:

IV.C.2.a) 12 months of direct and complete responsibility for inpatient management on the physical medicine and rehabilitation service; and,

IV.C.2.b) 12 months in caring for outpatients.

IV.C.2.b).(1) Outpatient experience must include significant experience in the care of patients with musculoskeletal disorders, excluding time spent in EMG training.

IV.C.3. Residents must have the opportunity to review pertinent laboratory and imaging materials.

IV.C.4. Residents must have regular opportunities to observe and participate in the various previously specified therapies, including the proper use and function of equipment and tests.

IV.C.5. Residents must provide for the continuing care of patients with long-term disabilities through appropriate follow-up care.

IV.D. Scholarly Activity

IV.D.1. Resident Scholarly Activity

IV.D.1.a) Residents must be involved in the critical appraisal of current literature.

IV.D.1.b) Residents should have the opportunity to participate in structured, supervised, research training.

IV.D.1.c) Residents should be encouraged to produce a peer-reviewed publication or to engage in an in-depth scholarly activity during the program.

IV.D.2. Faculty Scholarly Activity

See International Foundational Requirements, Section IV.D.2

V. Evaluation

See International Foundational Requirements, Section V.

VI. The Learning and Working Environment

VI.A. Principles

See International Foundational Requirements, Section VI.A.

VI.B. Patient Safety

See International Foundational Requirements, Section VI.B.

VI.C. Quality Improvement

See International Foundational Requirements, Section VI.C.

VI.D. Supervision and Accountability

VI.D.1. Clinical experiences must allow for progressive responsibility in diagnosing, assessing, and managing the conditions commonly encountered by the physiatrist in the rehabilitative management of patients of all ages.

VI.D.1.a) The program director must establish written guidelines for supervision of more junior residents by more senior residents, and of all residents by attending physicians, with attention to the acuity, complexity, and severity of patient illness.

VI.D.1.b) Supervision must include faculty member review of a clearly written patient history and physical examination, and a meaningful continuous record of each patient's illness, background, and management strategies, as well as clear and complete presentations of the case summary.

VI.E. Professionalism

See International Foundational Requirements, Section VI.E.

VI.F. Well-Being

See International Foundational Requirements, Section VI.F.

VI.G. Fatigue

See International Foundational Requirements, Section VI.G.

VI.H. Transitions of Care

See International Foundational Requirements, Section VI.H.

VI.I. Clinical Experience and Education

See International Foundational Requirements, Section VI.I.

VI.J. On-Call Activities

See International Foundational Requirements, Section VI.J.