**New Application: Pediatric Rehabilitation Medicine**

**Review Committee for Physical Medicine and Rehabilitation**

**ACGME**

*New program applications must use the online application process within the Accreditation Data System (ADS). For further information, review the “*[*Application Instructions*](http://www.acgme.org/Portals/0/Documents/Common%20Resources/ApplicationInstructions.pdf?ver=2017-06-06-130246-257)*.”*

*This document contains the “Specialty-specific Application Questions.” After competing this document, convert it to PDF and upload it as the “Attachment: Specialty-specific Application Questions” during Step 12 of the online application process within ADS.*

**Oversight**

**Resources**

1. Does the program have access to a service delivery system dedicated to the care of persons with pediatric rehabilitative disorders? [Program Requirement (PR) I.D.1.a)] [ ]  YES [ ]  NO

1. List the number of pediatric rehabilitation beds at each site. [PR I.D.1.b).(1)]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Site # 1** | **Site # 2** | **Site # 3** | **Site # 4** |
| Total pediatric rehabilitation beds | # | # | # | # |

1. Briefly describe the outpatient clinic or examination areas used to assess persons with pediatric rehabilitative disorders. [PR I.D.1.b).(2)]

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1. Briefly describe the transitional services available to the program for home care, community entry, and schooling. [PR I.D.1.b).(3)]

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1. Briefly describe the equipment, electrodiagnostic devices, radiology services, laboratory services, and clinical rehabilitation facilities available to the program. [PR I.D.1.b).(4)]

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1. Briefly describe the teaching facilities available to the program. [PR I.D.1.b).(5)]

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7. Is there a medical records system that allows for efficient case retrieval? [PR I.D.1.b).(6)]
 [ ]  YES [ ]  NO

1. Indicate with a check mark whether personnel in the following specialties and subspecialties will interact regularly with fellows at each participating site. [PR I.D.1.b).(7).(a)]

| **Team Members** | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- |
| Anesthesiology |[ ] [ ] [ ] [ ]
| Diagnostic radiology |[ ] [ ] [ ] [ ]
| Emergency medicine |[ ] [ ] [ ] [ ]
| General Surgery |[ ] [ ] [ ] [ ]
| Medical genetics |[ ] [ ] [ ] [ ]
| Neurological surgery |[ ] [ ] [ ] [ ]
| Neurology |[ ] [ ] [ ] [ ]
| Orthopaedic surgery |[ ] [ ] [ ] [ ]
| Pathology |[ ] [ ] [ ] [ ]
| Pediatrics |[ ] [ ] [ ] [ ]
| Pediatric surgery |[ ] [ ] [ ] [ ]
| Plastic surgery |[ ] [ ] [ ] [ ]
| Psychiatry |[ ] [ ] [ ] [ ]
| Urology |[ ] [ ] [ ] [ ]

1. For categories of personnel that are unavailable, describe how that function will be addressed in the program.

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10. Are fellows provided with prompt, reliable systems for communications and interactions with supervisory faculty members? [PR I.D.1.c)] [ ]  YES [ ]  NO

**Patient Population**

Provide data the most recent year. Data should be specific to pediatric rehabilitation patients and should only be counted once. [PR I.D.4.a)]

| **Patient Type:** |  | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- | --- |
| Musculoskeletal disorders and trauma, including sports injuries | Inpatient pediatric rehabilitation admissions | # | # | # | # |
| Inpatient consults | # | # | # | # |
| Outpatient consults | # | # | # | # |
| Cerebral palsy | Inpatient pediatric rehabilitation admissions | # | # | # | # |
| Inpatient consults | # | # | # | # |
| Outpatient consults | # | # | # | # |
| Spinal dysraphism and similar congenital anomalies | Inpatient pediatric rehabilitation admissions | # | # | # | # |
| Inpatient consults | # | # | # | # |
| Outpatient consults | # | # | # | # |
| Spinal cord injury | Inpatient pediatric rehabilitation admissions | # | # | # | # |
| Inpatient consults | # | # | # | # |
| Outpatient consults | # | # | # | # |
| Traumatic and other acquired brain injuries | Inpatient pediatric rehabilitation admissions | # | # | # | # |
| Inpatient consults | # | # | # | # |
| Outpatient consults | # | # | # | # |
| Limb deficiency/amputation | Inpatient pediatric rehabilitation admissions | # | # | # | # |
| Inpatient consults | # | # | # | # |
| Outpatient consults | # | # | # | # |
| Neuromuscular disorders | Inpatient pediatric rehabilitation admissions | # | # | # | # |
| Inpatient consults | # | # | # | # |
| Outpatient consults | # | # | # | # |
| Peripheral nerve injuries | Inpatient pediatric rehabilitation admissions | # | # | # | # |
| Inpatient consults | # | # | # | # |
| Outpatient consults | # | # | # | # |

**Personnel**

**Program Director**

1. Describe how the Sponsoring Institution provides adequate salary support to the program director. Include the percentage of the program director’s salary that is provided. [PR II.A.2.a)]

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**Educational Program**

**Patient Care and Procedural Skills**

Indicate the settings and activities in which fellows will develop competence in each of the following areas of patient care. Also indicate the method(s) used to assess competence.

| **Competency Area** | **Settings/Activities** | **Method(s) Used to Evaluate Resident Competency** |
| --- | --- | --- |
| **PRM-1 Year** |  |  |
| Initial patient evaluation to include pertinent information relevant to the patient’s impairments, medical conditions, functional limitations, cognition, psychosocial issues, and educational or vocational limitations[PR IV.B.1.b).(1).(a).(i)] | Click here to enter text. | Click here to enter text. |
| Implementing general pediatric rehabilitative therapeutic management, including early intervention, age-appropriate functional training, programs of therapy, play (avocation), therapeutic exercise, electrical stimulation and other modalities, communication strategies, oral motor interventions, discharge planning, educational and vocational planning, transitional planning, adjustment to disability support, and prevention strategies[PR IV.B.1.b).(1).(a).(ii)] | Click here to enter text. | Click here to enter text. |
| Incorporating psychological, social and behavioral aspects of rehabilitation management, including family-centered care for pediatric patients[PR IV.B.1.b).(1).(a).(iii)] | Click here to enter text. | Click here to enter text. |
| Identifying and managing common pediatric rehabilitation medical conditions and complications, including nutrition, bowel management, bladder management, gastroesophageal reflux, skin protection, pulmonary hygiene and protection, sensory impairments, sleep disorders, spasticity, thromboembolism prophylaxis, swallowing dysfunction, seizure management, and behavioral problems [PR IV.B.1.b).(1).(a).(iv)] | Click here to enter text. | Click here to enter text. |
| Selecting and interpreting diagnostic studies commonly ordered in pediatric rehabilitation medicine, including radiographic imaging, laboratory data, genetic testing, urodynamics and electrodiagnostic studies[PR IV.B.1.b).(2).(a)] | Click here to enter text. | Click here to enter text. |
| **PRM-2 Year** |  |  |
| Prescribing, age-appropriate assistive devices and technology to assist environmental accessibility, including orthotics, prosthetics, wheelchairs and positioning, ADL aids, interfaces and environmental controls, augmentative/alternative communication, and electrical stimulation[PR IV.B.1.b).(1).(b).(i)] | Click here to enter text. | Click here to enter text. |
| Rehabilitation management of common pediatric problems, including: [PR IV.B.1.b).(1).(b).(ii)] |
| Musculoskeletal disorders and trauma, to include sports injuries[PR IV.B.1.b).(1).(b).(ii).(a)] | Click here to enter text. | Click here to enter text. |
| Cerebral palsy[PR IV.B.1.b).(1).(b).(ii).(b)] | Click here to enter text. | Click here to enter text. |
| Spinal dysraphism, and other congenital anomalies[PR IV.B.1.b).(1).(b).(ii).(c)] | Click here to enter text. | Click here to enter text. |
| Spinal cord injury[PR IV.B.1.b).(1).(b).(ii).(d)] | Click here to enter text. | Click here to enter text. |
| Traumatic and other acquired brain injuries[PR IV.B.1.b).(1).(b).(ii).(e)] | Click here to enter text. | Click here to enter text. |
| Limb deficiency/amputation[PR IV.B.1.b).(1).(b).(ii).(f)] | Click here to enter text. | Click here to enter text. |
| Neuromuscular disorders[PR IV.B.1.b).(1).(b).(ii).(g)] | Click here to enter text. | Click here to enter text. |
| Peripheral nerve injuries[PR IV.B.1.b).(1).(b).(ii).(h)] | Click here to enter text. | Click here to enter text. |
| Performing pediatric rehabilitation management procedures, including spasticity management[PR IV.B.1.b).(2).(b)] | Click here to enter text. | Click here to enter text. |

**Medical Knowledge**

1. Indicate the settings and activities, (including lectures, conferences, journal clubs, etc) in which fellows in the PRM-1 year will develop basic knowledge of each of the following areas. Also indicate the method(s) used to assess knowledge.

| **Area of Knowledge** | **Settings/Activities** | **Method(s) Used to Evaluate Resident Competency** |
| --- | --- | --- |
| Normal growth and development, including physical growth, developmental skills-attainment (language and communication skills, physical skills, cognitive skills, emotional skills and maturity, academic achievement/learning skills), transitional issues, metabolic status, biomechanics, the effects of musculoskeletal development on function, sexuality, avocational interest development, wellness and health promotion, and aging issues for adults with congenital or childhood onset disabilities[PR IV.B.1.c).(1).(a)] | Click here to enter text. | Click here to enter text. |
| Growth and development for children with congenital and childhood onset disabilities, throughout the life course[PR IV.B.1.c).(1).(b)] | Click here to enter text. | Click here to enter text. |
| Medicolegal aspects of care, including child protective services and guardianship[PR IV.B.1.c).(1).(c)] | Click here to enter text. | Click here to enter text. |

2. Indicate the settings and activities (including lectures, conferences, journal clubs, etc.) in which fellows in the PRM-2 year will develop competence in their knowledge of each of the following areas. Also indicate the method(s) used to assess competence.

| **Competency Area** | **Settings/Activities** | **Method(s) Used to Evaluate Resident Competency** |
| --- | --- | --- |
| The clinical course of, and functional prognosis for, common pediatric rehabilitation problems, as well as burns and rheumatologic and connective tissue disorders that are common in the pediatric patient[PR IV.B.1.c).(2).(a)] | Click here to enter text. | Click here to enter text. |
| Applications, efficacy, and selection of pediatric rehabilitation medicine assessment tools, including general health measures, developmental attainment measures, general functional measures, and specific outcomes measures[PR IV.B.1.c).(2).(b)] | Click here to enter text. | Click here to enter text. |
| Administration and principles of organizational behaviors and leadership, quality assurance, cost efficiency and regulations pertaining to systems of care, including external reviews, inpatient services, outpatient services, home care, and school based programs[PR IV.B.1.c).(2).(c)] | Click here to enter text. | Click here to enter text. |

**Curriculum Organization and Fellow Experiences**

1. Are fellows provided with written objectives for each clinical rotation? [PR IV.C.3.] [ ]  YES [ ]  NO

2. Will each fellow be assigned a faculty advisor/mentor for the duration of the fellowship? [PR IV.C.4.a)] [ ]  YES [ ]  NO

1. Briefly describe the faculty advisor/mentor’s responsibilities and planned interactions with the fellow. Also describe how the faculty advisor/mentor and the program director together will provide monitoring and feedback, and adjustment of the fellow’s written plan as needed. [PR IV.C.4.a).(1)-(2)]

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1. Briefly describe the opportunities for fellows to meet and share experiences with residents in the core program and in other specialties. [PR IV.C.4.b)]

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1. Briefly describe fellow experience following individual patients longitudinally. Also describe how the program will ensure that this experience allows fellows to encounter a wide variety of patient problems? [PR IV.C.4.c)]

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1. Do program conferences include: [PR IV.C.7.a).(1)]

a) Case-oriented multidisciplinary conferences? [ ]  YES [ ]  NO

b) Journal clubs? [ ]  YES [ ]  NO

c) Quality management seminars relevant to clinical care in pediatric rehabilitation medicine?
 [ ]  YES [ ]  NO

1. Provide a list of conferences, including case-oriented multidisciplinary conferences, journal clubs, and quality management seminars, relevant to clinical care in pediatric rehabilitation medicine for the past two years. Include titles, presenting faculty member or fellow names (underline fellow names), and dates. Add rows as necessary. [PR IV.C.7.a)-IV.C.7.d).(1)]

| **Title** | **Presenting Faculty Member or Fellow Names** | **Date\*** |
| --- | --- | --- |
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\**NOTE: At a minimum, there must be twice-monthly conference time [PR IV.C.7.d).(1)]*

1. Briefly describe how the curriculum addresses the fundamentals of managing patients with pediatric rehabilitation disorders, including pathophysiology, clinical manifestations, and problem management. [PR IV.C.7.b)]

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1. Briefly describe how fellows will be provided with instruction in the economics of health care and current health care management issues, including cost-effective patient care, practice management, preventive care, quality improvement, prevention of medical error, resource allocation, and clinical outcomes. [PR IV.C.7.e); IV.C.7.e).(1)]

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1. Briefly describe how fellows will be provided with instruction in issues related to regional and national access to care, resources, workforce, and financing appropriate to the field [PR IV.C.7.f).(1)]

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1. Briefly describe how fellows will be provided with instruction about the organization and management of the pediatric rehabilitation service within the local delivery system. [PR IV.C.7.f).(2)-IV.C.7.f).(2).(f)]

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