**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*](https://www.acgme.org/what-we-do/accreditation/program-application-information/)*.”*

*This document contains the “Specialty-specific Application Questions.” After completing 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 resources 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.a).(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 patients with pediatric rehabilitation medicine disorders. [PR I.D.1.a).(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.a).(3)]

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

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

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7. Is there a medical records system that allows for efficient case retrieval? [PR I.D.1.a).(6)]

 [ ]  YES [ ]  NO

1. For each participating site, indicate with a check mark which pediatric consulting services will regularly interact with fellows and provide instruction to the fellows on the areas of their practices relevant to pediatric rehabilitation medicine disorders. [PR I.D.1.a).(7).(a)]

| **Consulting Services** | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- |
| Anesthesiology |[ ] [ ] [ ] [ ]
| Diagnostic radiology |[ ] [ ] [ ] [ ]
| Emergency medicine |[ ] [ ] [ ] [ ]
| General Surgery |[ ] [ ] [ ] [ ]
| Medical genetics |[ ] [ ] [ ] [ ]
| Neurological surgery |[ ] [ ] [ ] [ ]
| Neurology |[ ] [ ] [ ] [ ]
| Ophthalmology  |[ ] [ ] [ ] [ ]
| Orthopaedic surgery |[ ] [ ] [ ] [ ]
| Otolaryngology |[ ] [ ] [ ] [ ]
| Pediatrics |[ ] [ ] [ ] [ ]
| Pediatric surgery |[ ] [ ] [ ] [ ]
| Plastic surgery |[ ] [ ] [ ] [ ]
| Psychiatry/Psychology |[ ] [ ] [ ] [ ]
| Pulmonary Medicine |[ ] [ ] [ ] [ ]
| Urology |[ ] [ ] [ ] [ ]

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

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**Patient Population**

Provide data for the most recent year. Data should be specific to pediatric rehabilitation patients and should only be counted once. [PR I.D.4.a); IV.B.1.b).(1).(a).(viii).(a)- IV.B.1.b).(1).(a).(viii).(g)]

| **Patient Type:** |  | **Site #1** | **Site #2** | **Site #3** | **Site #4** |
| --- | --- | --- | --- | --- | --- |
| Musculoskeletal disorders and trauma, including sports injuries and limb deficiencies | Inpatient pediatric rehabilitation admissions | # | # | # | # |
| Inpatient consults | # | # | # | # |
| Outpatient consults | # | # | # | # |
| Brain disorders, to include acquired traumatic brain injuries, non-traumatic brain injuries, and congenital conditions, including cerebral palsy | Inpatient pediatric rehabilitation admissions | # | # | # | # |
| Inpatient consults | # | # | # | # |
| Outpatient consults | # | # | # | # |
| Spinal cord disorders, to include acquired traumatic and non-traumatic spinal cord injuries, as well as congenital conditions, including spinal dysraphism | Inpatient pediatric rehabilitation admissions | # | # | # | # |
| Inpatient consults | # | # | # | # |
| Outpatient consults | # | # | # | # |
| Neuromuscular disorders | Inpatient pediatric rehabilitation admissions | # | # | # | # |
| Inpatient consults | # | # | # | # |
| Outpatient consults | # | # | # | # |
| Peripheral nerve injuries (i.e., isolated nerve injuries and brachial plexus injuries) | Inpatient pediatric rehabilitation admissions | # | # | # | # |
| Inpatient consults | # | # | # | # |
| Outpatient consults | # | # | # | # |
| Developmental disabilities, to include genetic disorders and pervasive developmental disorders | Inpatient pediatric rehabilitation admissions | # | # | # | # |
| Inpatient consults | # | # | # | # |
| Outpatient consults | # | # | # | # |
| Debility and deconditioning conditions, to include chronic pain disorders and functional neurologic disorders | Inpatient pediatric rehabilitation admissions | # | # | # | # |
| Inpatient consults | # | # | # | # |
| Outpatient consults | # | # | # | # |

**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** |
| --- | --- | --- |
| Completing an initial patient evaluation to include pertinent information relevant to the patient’s impairments, medical conditions, functional limitations, cognition, psychosocial issues, and educational or vocational and avocational 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. |
| Engaging in the management of common pediatric rehabilitation medical conditions and complications, including identification of sick children and the triage of their care, fluid and nutritional support, bowel and bladder management, gastroesophageal reflux, skin protection, pain disorders, pulmonary hygiene and protection, ventilator and tracheostomy management, sensory impairments, sleep disorders, spasticity, thromboembolism prophylaxis, swallowing dysfunction, and behavioral problems [PR IV.B.1.b).(1).(a).(iv)] | Click here to enter text. | Click here to enter text. |
| Providing seamless transitions of care [PR IV.B.1.b).(1).(a).(v)] | Click here to enter text. | Click here to enter text. |
| Prescribing, age-appropriate assistive devices and technology for 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).(a) (vi) | Click here to enter text. | Click here to enter text. |
| Providing appropriate inpatient consultation services considered essential for the area of practice [PR IV.B.1.b).(1).(a).(vii)] | Click here to enter text. | Click here to enter text. |
| Rehabilitation management of common pediatric rehabilitation diagnostic categories, including: [PR IV.B.1.b).(1).(a).(viii)] |
| Musculoskeletal disorders and trauma, to include sports injuries and limb deficiencies[PR IV.B.1.b).(1).(a).(viii).(a)] | Click here to enter text. | Click here to enter text. |
| Brain disorders, to include acquired traumatic brain injuries, non-traumatic brain injuries, and congenital conditions, including cerebral palsy[PR IV.B.1.b).(1).(a).(viii).(b)] | Click here to enter text. | Click here to enter text. |
| Spinal cord disorders, to include acquired traumatic and non-traumatic spinal cord injuries, as well as congenital conditions, including spinal dysraphism[PR IV.B.1.b).(1).(a).(viii).(c)] | Click here to enter text. | Click here to enter text. |
| Neuromuscular disorders[PR IV.B.1.b).(1).(a).(viii).(d)] | Click here to enter text. | Click here to enter text. |
| Peripheral nerve injuries (i.e., isolated nerve injuries and brachial plexus injuries)[PR IV.B.1.b).(1).(a).(viii).(e)] | Click here to enter text. | Click here to enter text. |
| Developmental disabilities, to include genetic disorders and pervasive developmental disorders[PR IV.B.1.b).(1).(a).(viii).(f)] | Click here to enter text. | Click here to enter text. |
| Debility and deconditioning conditions, to include chronic pain disorders and functional neurologic disorders[PR IV.B.1.b).(1).(a).(viii).(g)] | Click here to enter text. | Click here to enter text. |
| Performing or directing the performance of pediatric rehabilitation medicine procedures, including tone management, such as chemodenervation and intrathecal pumps.[PR IV.B.1.b).(2).(a).(i)] | 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, urodynamics and electrodiagnostic studies [PR IV.B.1.b).(1).(c)] | Click here to enter text. | Click here to enter text. |

**Medical Knowledge**

Indicate the settings and activities, (including lectures, conferences, journal clubs, etc.) in which fellows 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. |
| 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).(1).(d)] | 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).(1).(e)] | 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).(1).(f)] | 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.] [ ]  YES [ ]  NO
3. 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.]

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1. Briefly describe fellows’ 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.5]

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1. Do fellows assume direct responsibility for the rehabilitative management of patients on the inpatient pediatric rehabilitation medicine service? [PR IV.C.6.a).(1)] [ ] YES [ ]  NO
2. On average, how many patients are fellows responsible for when assigned to the pediatric rehabilitation medicine service? [PR IV.C.6.a).(2)]

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1. Briefly describe the fellows’ role in supervising residents or junior fellows who are providing inpatient care once they have achieved competence to do so. [PR IV.C.6.a).(3)]

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1. Do fellows have inpatient rounds to evaluate patients with faculty members at least five times per week? [PR IV.C.6.a).(4)] [ ]  YES [ ]  NO

If “NO,” please explain.

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1. Briefly describe the fellows’ experience in providing consultation for patients in other inpatient services. [PR IV.C.6.d)]
2. Do program conferences include: [PR IV.C.8.a)

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| --- | --- |
| Didactic Lectures? | [ ]  YES [ ]  NO |
| Case-oriented multidisciplinary conferences? | [ ]  YES [ ]  NO |
| Journal clubs? | [ ]  YES [ ]  NO |
| Quality management seminars relevant to clinical care in pediatric rehabilitation medicine? | [ ]  YES [ ]  NO |

1. Provide a list of conferences, including didactic lectures, 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.8.a)]

| **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.8.a)]*

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.8.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 and rehabilitation outcomes. [PR IV.C.8.d)]

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1. Briefly describe how fellows will be provided with the opportunity for engagement in issues related to regional and national access to care, resources, workforce, and financing appropriate to the field [PR IV.C.8.e).(1)]

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1. Briefly describe how fellows will be provided with the opportunity for engagement about the organization and management of the pediatric rehabilitation service within the local delivery system. [PR IV.C.8.e).(2)]

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**\*\*\***

The following area is optional and can be used to explain any unique scenarios occurring in the program that do not fit the confines of this form.

***Limit the response to 500 words.***

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