Frequently Asked Questions: Pediatric Rehabilitation Medicine
Review Committee for Physical Medicine and Rehabilitation
ACGME

Question	Answer
Institutions	
What are examples of close collaboration between the core program and the fellowship program? *[Program Requirement: I.A.1]*	Examples of close collaboration include integration of some lectures into both the core and fellowship curricula, and involvement of the fellows and pediatric rehabilitation medicine faculty members in activities of the core program.
How does the Review Committee define "opportunities for fellows' continuing education"? *[Program Requirement: I.A.3]*	Opportunities for continuing education include provision of stipends to purchase books or other educational materials and attend national or regional educational conferences, or time off to attend such conferences.
Are there any exceptions to the limit of no more than one hour for travel time? *[Program Requirement: I.B.3]*	There may be exceptions to the limitation on travel time of no more than one hour for clinical experiences that occur sporadically and may require further travel. One example would be clinics located several hours away, but that occur once every few months.
Program Personnel and Resources	
Does the Review Committee have an expectation for the amount of time an individual should be an active faculty member before being appointed program director of a new or existing program? *[Program Requirement: II.A.2.a)]*	The Review Committee recommends that an individual spend two years as a faculty member in an ACGME-accredited physical medicine and rehabilitation residency or fellowship program prior to taking on the role and responsibilities of program director. This time would allow an individual to gain GME expertise, as well as institutional credibility to direct the fellowship and ensure compliance with the Program Requirements. Time spent in fellowship education would not count towards the two years of experience as an active faculty member.

Question	Answer
What are the criteria for the development and implementation of a written supervisory policy that specifies responsibility of faculty members, fellows, and residents? *[Program Requirement: II.A.3.e)]*	There must be a clearly documented system of fellow supervision by attending physicians, as well as a written description of how the fellow will supervise and educate core residents or other learners (e.g., medical students or rotating residents) in clinical rotations. There must also be a clear written description of how these policies are distributed and explained to the faculty members, fellows, core residents, and all treating team members.
What subspecialty qualifications are acceptable for the program director and for physician faculty members? *[Program Requirement: II.B.3]*	Acceptable qualifications for the program director and physician faculty members are primary certification in physical medicine and rehabilitation with subspecialty certification in pediatric rehabilitation medicine, or primary certification in physical medicine and rehabilitation and in pediatrics.
How much of the faculty should participate in scholarly activity in the field of pediatric rehabilitation medicine, and to what extent? *[Program Requirements: II.B.5.a)-d)]*	At least 50% of the faculty members who participate directly in fellow education (not just the core faculty members who devote 15 hours per week to fellow education) should be involved in one or more of the activities listed in the requirements. Faculty members with a major research focus may participate in fellow education activities such as scholarship advisory committees, research education, journal clubs, or research mentorship.
What are considered “diversity of pediatric age groups” and an “adequate number of patients”? *[Program Requirement: II.D.2]*	Fellows must see infants, toddlers, children, and adolescents during their clinical experience. For each of the common pediatric rehabilitation problems (delineated in PR IV.A.2.a).(2).(b).(i)-(viii)), a fellow must care for no fewer than five new (to the fellow) patients in inpatient or outpatient settings.
Fellow Appointments	
Can the length of the educational program be extended for fellows entering at the PRM-2 level? *[Program Requirement: III.A.2.a)]*	Yes. For an entering PRM-2 fellow who has not achieved the competencies expected of a PRM-1 fellow, the education may be extended beyond 12 months to address these deficiencies. This additional time must be included in the written plan of education as described in PR IV.A.3.c).

Educational Program	
What injuries are considered peripheral nerve injuries? *[Program Requirement: IV.A.2.a).(2).(b).(viii)]*	Peripheral nerve injuries include isolated nerve injuries and brachial and lumbosacral plexus injuries.
Can the assigned faculty advisor be the program director? *[Program Requirement: IV.A.3.a).(1)]*	Yes. The faculty advisory may be the program director.
How can fellows demonstrate meeting and sharing experiences with residents? *[Program Requirement: IV.A.3.a).(2)]*	Fellows and residents may both be assigned to inpatient and outpatient rotations and may attend didactics for either the residency or fellowship program. A fellow may provide direct care for patients and may supervise residents on inpatient rotations once the physician faculty member has determined he or she has the proficiency to do this.
In what types of longitudinal settings should a fellow follow patients? *[Program Requirement: IV.A.3.a).(3)]*	Longitudinal settings include following patients from acute care to inpatient rehabilitation to outpatient care, as well as following outpatients over time.
How would the Review Committee determine compliance with respect to what fellows are expected to do and types of problems they are to evaluate? *[Program Requirement: IV.A.3.a).(3)]*	Each fellow must evaluate patients for prevention, diagnosis, treatment, and management of congenital and childhood-onset physical impairments in pediatric rehabilitation and related subspecialty clinics.
What must PRM-1 and PRM-2 fellows do during the three months each of inpatient and outpatient pediatric rehabilitation medicine? *[Program Requirements: IV.A.3.b).(1) and c).(1)]*	Fellows must provide direct care of inpatients and may progress to supervising residents providing inpatient care once the faculty has determined they have the proficiency to do this. During these inpatient months, fellows may participate in concurrent activities, such as inpatient consults, outpatient clinic, or research. During these outpatient months, fellows may participate in concurrent activities, such as inpatient consultations or research.

How can dedicated research time be scheduled for fellows? *[Program Requirements: IV.A.3.b.(1).(b) and IV.A.3.c).(1).(a)]*	Research can be scheduled as a dedicated block of time, or distributed over time, such as a half-day of dedicated time per week.
How can the program ensure a fellow's proficiency in medical management of common pediatric problems? *[Program Requirements: IV.A.3.b).(1).(c)-(d) and IV.A.3.c).(1).(a)]*	The program director and/or faculty advisor should assess each fellow's prior experience in pediatric rehabilitation medicine and design experiences to be sure he or she achieves competence in the subspecialty. In the 24-month curriculum, programs may choose to have fellows rotate on pediatric services, participate in clinics such as developmental medicine or adolescent medicine, or attend pediatric resident didactics. The common pediatric problems fellows should become proficient in managing include: • identification of sick children and triage of their care • immunizations relevant to children with restrictive lung diseases (e.g., spinal cord injury and neuromuscular disorders) or with risk of aspiration, and contraindications to immunizations such as acute inflammatory demyelinating polyneuropathy • fluids and nutrition management • ventilator and tracheostomy management • management of sleep disorders
What are the major topics in pediatric rehabilitation medicine with respect to the required didactic curriculum? *[Program Requirement: IV.A.3.d).(4)]*	The topics outlined in PR IV.A.2.a).(2).(b).(i-viii) and IV.A.2.b).(1)-(2) may be addressed by methods other than lecture, including conferences, journal club, quality improvement seminars, or program management meetings.
How should fellows demonstrate scholarship? *[Program Requirement: IV.B.3]*	Fellows should demonstrate scholarship through at least one scientific presentation, abstract, or publication at a local, regional, or national professional or scientific society meeting, which may occur either during the fellowship or in the year following completion of the program.

Evaluation	
How can confidentiality of fellows' evaluations of faculty members be ensured in small programs? *[Program Requirement: V.B.3.]*	Confidentiality would be best maintained by combining fellows' evaluations of faculty members with evaluations from residents in the core program.
The Learning and Working Environment	
Are there any non-physician licensed independent practitioners who may supervise residents? *[Program Requirement: VI.A.2.a).(1)]*	Advanced nurse practitioners and psychologists may supervise residents, as appropriate.
What is the optimal clinical workload for fellows? *[Program Requirement: VI.E.1.]*	The program director must make an assessment of the learning environment with input from faculty members and residents. Minimum patient loads should usually be four on the inpatient rehabilitation unit, and with experience, fellows may supervise the inpatient physical medicine and rehabilitation residents on inpatient pediatric rehabilitation rotations. There may be situations in which lower patient loads may be acceptable. Programs will need to justify lower patient loads with evidence such as severity of illness indicators or other factors.
Who should be included in the interprofessional teams? *[Program Requirement: VI.E.2.]*	Orthotists, pediatric occupational therapists, pediatric physical therapists, pediatric psychologists, pediatric rehabilitation nurses, pediatric social workers, pediatric speech-language pathologists, prosthetists, teachers, and therapeutic recreation specialists should be included, as appropriate, on the interprofessional teams.