



Join 500 PM&R Residents in Texas This Month
Brett Gerstman, MD (PGY 3-Kessler; RPC President)

The AAPM&R 2009 Annual Assembly in Austin is only a few weeks away on October 22-25, and we wanted to remind you about the revised resident track this year. AAPM&R has recognized the need to provide residents with more resident-focused courses and meetings during the Annual Assembly. This year's meeting will include the classic educational sessions you expect from the Academy in addition to multiple networking events that **should provide a better sense of a resident community.**

Education

A track of educational programming has been developed just for residents; these ticketed workshops will be held on Thursday, October 22 in the Austin Convention Center:

R700: Preparing to Enter Practice – Interviewing Skills
 7:30 am-9 am

R701: Preparing to Enter Practice – Negotiating Contracts
 9:15 am-10:45 am

R702-01 or R702-02: Introduction to Musculoskeletal Ultrasound
 1:30 pm-3 pm or 3:15 pm-4:45 pm

Though resident workshops are included in the registration fee, residents must register for available spaces in workshops as they are

limited-attendance due to hands-on participation. Residents are also welcome to attend courses and workshops in the main educational program (again, workshops are ticketed and residents must register for available spaces).

Events

The Resident Physician Council (RPC) will host the first ever AAPM&R Resident Town Hall Meeting and Chief Residents Meeting in Austin:

Resident and Fellow Town Hall Meeting

Friday, October 23: 5 pm-6 pm
 Hilton Austin: Salon F, 6th Floor
 At the Town Hall Meeting on Friday at the Assembly, you will have the opportunity to meet the Academy leadership and RPC Board and communicate how you think the Academy and the RPC can better serve its resident members.

Chief Residents Meeting (chief residents only)
 Saturday, October 24: 5:15 pm-6:15 pm.
 Hilton Austin: Salon F, 6th Floor
 The Chief Resident Meeting on Saturday evening will provide chief residents the opportunity to network, learn from each other's best practices, and hopefully leave with fresh ideas to bring back to their programs. We hope this will facilitate future communication between the Academy and residency programs

around the country.

In addition to those two meetings, we will hold the annual Residents' Reception on Friday evening, giving us time to all gather and enjoy a few cocktails and hors d'oeuvres with other residents from around the country:

Residents' Reception

Friday, October 23: 6 pm-7 pm
 Hilton Austin: Salon J, 6th Floor

The resident registration fee also includes access to **all Academy events**, including the Job Fair; four plenary sessions that unite all attendees; the First Time Attendee/New Member Orientation; the Welcome Reception and President's Reception; Member Council business meetings; and more.

We anticipate this to be an outstanding Annual Assembly and hope that you can join your fellow resident members and make this a memorable experience. [Registration is available online](#) and onsite at the Austin Convention Center.

AAPM&R 2009 Resident Physician Council

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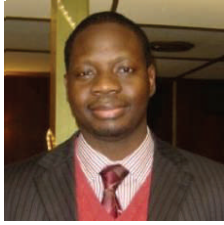
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the PM&R Resident

Editor
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Rehab 5K Resident Challenge Offers Prizes Olufade, MD (PGY3 – Temple University Hospital RPC)

Win up to \$300 as a residency program at the Rehab 5K Run/Walk & Roll.

The 2009 Rehab 5K Run/Walk & Roll will be take place during the AAPM&R Annual Assembly in Austin, Texas, Friday, October 23, 2009, at 6:30 am. This great event will be held at Lake Bird Lake, just three blocks from the Austin Convention Center. RPC and the Foundation for Physical Medicine and Rehabilitation (FPM&R) are proud to be involved in this event, which will raise money for physiatric research that builds evidence on rehabilitation techniques and practice most favorable to patients.

The Run/Walk & Roll can strengthen the Resident Physician Council even more with your help. We ask you to participate with your athletic skills, fundraising abilities, and support. Besides bragging rights during the Resident and Fellow Town Hall Meeting and the Residents' Reception, **a \$300 prize is available to the residency program with the fastest times** (average of the top 2 runners from the residency program) and **\$200 for the program who raises the most money for the event.**

[Register online now.](#)

[Download the mail/fax registration form.](#) (PDF Download)

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A Resident's Role as an Advocate for PM&R Nick Jasper, MD (PGY3 – Virginia Commonwealth University; member of the AAPM&R Public and Professional Awareness

Be an advocate for the specialty: Tell a medical student about the AAPM&R

Everyone has their unique story about how they were first introduced to the field of PM&R. For some it was a welcome booth during medical school orientation, a didactic talk given by a physiatrist, a musculoskeletal physical exam workshop, or an elective taken during clinical rotations. For others it may have been a summer externship, a national organizational meeting, a random discussion with a classmate, or the always famous free lunch meeting to discuss PM&R.

Regardless, it is apparent that early exposure during medical school is essential for raising awareness and educating future doctors about what we do as physiatrists.

As medical students we learned to be an advocate for our patient; now as residents we should all be advocates for PM&R. We are all walking advertisements for the field of physiatry as well as educational resources about this diverse field. We learn an abundance of knowledge during our residency regarding how to care for the patient with stroke, brain injury, spinal cord injury, or other disease states. Sometimes we get caught up in diagnosing and treating a patient and forget to tell patients about who we are and what we do. This is something that should be done with all of our encounters in clinics or hospital settings.

As residents, we have the opportunity to teach medical students and be involved with residents from other specialties. heir rotation.

These are true golden opportunities to advocate for PM&R. Medical students can gain clinical exposure to both inpatient and outpatient settings during their rotation. A resident has the ability to mold an impression of PM&R to those medical students. This is the opportunity to endorse PM&R and provide medical students with information about the field, opportunities within the field, and ways to get exposure to PM&R during medical school (e.g., student interest groups, grand rounds, externships, upcoming conferences).

One such opportunity for medical students is fast approaching. The annual symposium

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A Resident's Role as an Advocate for PM&R

Nick Jasper, MD (PGY3 – Virginia Commonwealth University; member of the AAPM&R Public and Professional Awareness Committee)

“Understanding PM&R: A Medical Student's Guide to Physical Medicine and Rehabilitation” is scheduled for Saturday October 24, 2009, at the AAPM&R Annual Assembly in Austin, Texas Organized by the RPC Board and the AAPM&R Public and Professional Awareness Committee, this **free program** will give a broad overview of the field of PM&R to medical students.

Medical students who attend this meeting will also hear from current practice physiatrists about the variety of practice environments, whether inpatient, outpatient, interventional, academic, or private. A resident panel will be available to help answer any questions the medical students may have.

This truly is a great opportunity for our field and for any medical students who attend.

Be an advocate for the field of PM&R and **promote this program to medical students you work with**, especially if you are at a program close to Austin.



The Potential of Information Technology in Today's Health Care System and Beyond

Jeff Heckman, DO (PGY4 – NYU); Douglas Elwood, MD, MBA (PGY5– NYU); Eric T. Lee, MD (PGY2 – NYU); Mashe Ben Roohi, MD (PGY5– NYU)

“By utilizing interactive Web sites and other advanced teaching and learning techniques, we were able to expand technology

There is currently a national movement under way to align medical services and capabilities with advancements in technology. Though much of this thrust stems from a government stimulus to improve electronic health records, there is a concerted effort to ensure that hospitals and physicians wield multiple aspects of technology to enhance delivery of medical care. The quick and efficient dissemination of information among patients, doctors, and health care providers has definitive potential to advance standards of care along a variety of metrics including accuracy of medical records, improved efficiency, enhanced cost effectiveness, access to educational materials, increased patient satisfaction, and better education for residents and students.

The importance of health care technology

President Obama has identified improving health information technology (IT) as a primary objective in his stimulus funding for health care entities. It has been estimated that as much as \$19.5 billion has been provided specifically for health IT. Hospitals will be the main beneficiaries of incentives targeting improvement in quality of care. The goals of the stimulus package in health IT include:

- Prevent medical errors
- Provide improved patient care
- Promote preventative care
- Evaluate the most cost-effective health care treatments

Drive cost-saving efficiencies!

The importance of health care technology has been well-documented. Multiple stakeholders in this arena, including policymakers, payers, and consumers consider the adoption of health IT integral to transforming the medical industry.²⁻⁶ Despite this widespread belief, the integration of this technology has been slow, meeting with considerable resistance.⁷⁻⁹ Additionally, most applications focus on financial or administrative aspects of care rather than on clinical relevance.¹⁰ In a systematic review conducted in 2006 on the potential impact of health IT on the system, the main conclusions included:

1. Health information has been shown to improve quality.
2. Much of the evidence on quality improvement relates to primary and secondary preventative care.

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3. The major efficiency benefit has been reduced utilization of care.

A major limitation of the literature is its generalizability.¹¹

The message is clear: While technology has proven beneficial, major gaps persist in implementation and standardization.

Implications for medical care

Research studies help elucidate the importance of IT to medical care. As recently as early summer, researchers showed a direct correlation between chronic care improvement and electronic health information measures.¹² A metaanalysis of studies exploring personal digital assistant (PDA) use, also from this year, suggests that physicians view usage as convenient and feasible and that PDAs have the potential to improve patient care. Yet "there is a need for further intervention studies, randomized controlled trials, action research, and studies with various health care groups in order to identify its appropriate functions and software applications."¹³ Other reviews of PDA use relate similar findings.¹⁴⁻¹⁶

The broader implications for currently accessible IT adoption are immense and include future extension into handheld access to electronic health records, charting, prescription writing, imaging and laboratory orders, immediate point of care emergency health alerts such as

recalls and updates on potential epidemics or patient hospitalizations, and direct patient access to medical records. A recent example of the popular Epocrates application notifying all 225,000 physician users of a medication pulled from the market highlights merely one potential use.¹⁷

Several studies have shown however, that despite heavy investments in information technology, it is not being integrated into instruction in residency programs and medical schools. The reason for this is multifold; however, one that has been hypothesized stems from the role medical faculty play in this process.¹⁸ Indeed, the focus in the past has been on the technology itself, rather than its implementation or level of acceptance by faculty. Theories explaining some of this deficiency exist and focus on differentiating early adopters from mainstream users. Other potential barriers include not understanding the connection to daily practice, fear of time constraints, beliefs that patient care will be depersonalized, and perceptions that training will be too arduous.¹⁹ All of these reasons become paramount in understanding the lack of use of technological advancements since faculty acceptance and adoption are essential in dissemination of technology in a residency program setting.

The NYU pilot program

In an effort to integrate information technology into our program to a greater extent, we initiated a

pilot program at NYU exploring various elements of this subject, including faculty acceptance. To accomplish this task, we chose one element of daily teaching rounds and introduced a new multimedia portal that provided a unique method of delivering information. By utilizing interactive Web sites and other advanced teaching and learning techniques, we were able to expand technology availability. The results were surprising and exciting.

Soon after we made this service available, residents and faculty alike began incorporating it into their daily routine. Senior residents used it as a means of teaching others in a variety of areas including board review, anatomy and radiology, and instruction of the electronic medical record system. Likewise, faculty members began expanding the way they taught, using the technology to make learning more interactive.

Ultimately, both residents and faculty agreed that the advancement was beneficial and improved both teaching and learning. In some ways, we were surprised that such a minor alteration could yield such positive results so quickly. Our program is now attempting similar changes on a broader scale, integrating active learning and teaching methods in a variety of ways.

If your program has implemented an innovative method of teaching or learning, we would love to hear about it.

There is little doubt that in the future, technology will play an increasingly important role in health care and perhaps improve care in a multitude of ways. Building a solid foundation now will facilitate this process.

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Is a Rehabilitation Research Career Right for You?

M. Kristi Henzel, , PhD (PGY4 – UPMC)

Are you in your PGY2 or PGY3 year? Have you struggled to figure out how you would like to shape your future career?

Consider whether you would like your career achievements to make an impact larger than your influence upon patients you see day-to-day. The field of PM&R, as a relatively smaller-sized specialty, needs evidence-based research supporting our work to improve patients' function and performance.

Advances in rehabilitation research depend on the continued cultivation of clinician-scientists able to perform this vital work. If you were involved

in research as an undergraduate or medical student and you are interested in working in the academic environment, this may be a good career direction for you. Research careers may require long hours but can provide scheduling flexibility that clinical careers may not offer. If you have analytical thinking skills and are good at multi-tasking, consider a career in rehabilitation research.

Many residents do not realize that most successful clinical researchers spend 50-75% of their time doing research. However, this may not mean that they never see patients.

According to Brad Dicianno, MD, Academy member and assistant professor at the University of PMedical Center, "The key is having a research focus or niche that is tightly bound to the clinical work you perform so that your patients present problems that generate research ideas and your research improves the evidence-based approach to your clinical work." Working in the academic setting also provides opportunities to participate in the education of residents and medical students.

Finding funding for an academic career can be a significant challenge, especially in difficult

financial times like these. Learning how to access all the available types of funding – and maximize your own compensation through programs such as the NIH loan repayment program – are important parts of making your rehabilitation research career a reality. To optimize your ability to obtain funding, it is important to obtain additional research training under the wing of an experienced mentor.

You may wonder how you can possibly do this. The answer is the NIH-funded Rehabilitation Medicine Scientist Training Program (RMSTP). RMSTP provides

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research training, mentorship, and career development support for those physiatrists committed to developing productive careers in academic medicine and research. PGY2 and PGY3 residents may apply to participate in the pre-application phase of the program. Selected participants benefit from participation in the annual Research Training Workshop as well as individual

and group mentoring designed to help participants decide if a research career is appropriate for them, identify appropriate research mentors, and work on their grant application for Phase I funding as an RMSTP fellow. Applications for the pre-application phase and research training workshop including a personal statement of career goals,

(curriculum vitae, and supporting documents) are due **December 1, 2009**. Interested individuals should contact RMSTP Program Coordinator Mary Czerniak at meczerni@einstein.edu or (215) 663-6592 for application materials and informationittsburgh .



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Are you a Resident interested in writing an article for *the PM&R Resident*?

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