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PRESIDENT'S LETTER

By *Kristjan T. Ragnarsson, MD*

RECRUITING HIGH QUALITY MEDICAL STUDENTS TO PM&R

The future of any medical specialty is affected by the quality of people entering the field. Medical educators and members of admission committees have the difficult task of defining

what constitutes a quality candidate to become a physician or to become a resident in a given specialty. Is it primarily good grades, courses taken and schools attended, all factors which are relatively easy to assess? How much weight should be given to letters of recommendation, the personal interviews, and description of extracurricular activities and interests, which may suggest humanistic qualities and social responsibilities? A final selection is usually made based on all of these criteria. Of these, the easiest to measure are good grades, especially for students coming from highly ranked U.S. schools. Good grades are also the best predictor for high passing scores on subsequent examinations.

It is unfortunate for our field of PM&R, and not pleasant for me to point out, that medical students selecting PM&R as a specialty have one of the lowest average scores on national licensing board examinations (USMLE), when compared to those entering other fields. PM&R finds itself sharing this predicament with family medicine, a field which growth is felt to be essential for health system reform to succeed. Top U.S. medical students tend to enter specialties that offer high pay, regular working hours and comfortable lifestyles, factors which make Dermatology and Plastic Surgery among the main choices for those with high grades. This makes one wonder about the success of the medical school process, which ideally should develop physicians who are both scientifically inquisitive and compassionate and have the motivation, instruments and knowledge to provide the best scientifically based care for patients in greatest need.

There are undoubtedly many reasons why there are not more top medical students applying for residency in the field of PM&R. Sadly, exposure to the field of PM&R is very limited in most medical schools, which does little to encourage medical students to enter our field. Medical students saddled with heavy debt also see clearly what is financially valued in our current health care system. In my opinion, the payment system for health care services is currently dysfunctional as it undervalues cognitive services by physicians, their judgment, experience and sage advice. In contrast, high value is placed on most diagnostic and therapeutic procedures, even those that are very simple to perform. Neither does the payment system adequately reim-

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PRESIDENT'S LETTER *Continued from page 1*

burse physicians for efforts to prevent injuries and disease or for educational programs that aim to improve health and wellness in general.

What can academic physiatrists do in this marketplace to attract higher caliber medical students to the field? Although PM&R is no longer a small specialty, it is relatively unknown among the public and even among medical students. Our professional name, physiatrist, is recognized and understood only by a few. We, ourselves, are partly to blame for this since we often describe ourselves using other terms such as: rehab doctor, PM&R doctor, etc. and we cannot even agree on how to pronounce our own name, physiatrist. It appears that most of us are hesitant to state succinctly that we are physiatrists, perhaps because we find this term a bit awkward. But physiatrists is what we are and we should state so proudly at every opportunity, ready to explain in simple terms what we do.

For decades, we have tried to include PM&R in the curriculum of medical schools, but with very limited success. Even today, relatively few medical schools have a required clerkship in PM&R with didactic lecture series. At the Mount Sinai School of Medicine, where I work, PM&R has no time in the curriculum and PM&R rotations are entirely elective. However, most of our physiatrists teach first- or second-year medical students in groups of 6–14 in a program which is called the Arts and Science of Medicine (ASM). Generally, they have to adhere to a predetermined teaching program, which has little to do with the field of PM&R. Nonetheless, they all have the opportunity of introducing themselves as physiatrists, describing what they do, demonstrating their expertise as physicians and hopefully influencing the students' career choices.

In order to capitalize on any potential interest in PM&R among medical students, we—like many other med-

ical schools—have established a PM&R Special Interest Group (SIG) for our medical students. Led by a faculty member and one or two residents, a group of 10–15 first- and second-year medical students meet regularly and are presented with informal lectures on the different aspects of PM&R. The students are shown the clinical settings where we work, invited to join our clinical rounds and to attend grand rounds lectures. The students are encouraged to apply for the Rehabilitation Research Experience for Medical Students (RREMS) grants which are sponsored by the AAP and the Foundation for PM&R.

What can academic physiatrists do in this marketplace to attract higher caliber medical students to the field?

These grants allow first-year medical students to participate in PM&R research through an eight-week summer externship. Additionally, our Department has offered two stipends for first-year medical students, who did not apply for the RREMS grants, but have an expressed interest in PM&R research and clinical work. Even if these medical students do not choose PM&R as their specialty of choice, they will finish medical school with better understanding of what our specialty is and what it has to offer our physician colleagues and their patients.

Physiatrists affiliated with medical schools, whether full time or part time, should be encouraged to establish PM&R SIG for medical students to educate them about the broad range of academic and practice opportunities that this field has to offer. The goal should be to have a PM&R SIG in every U.S. medical school. The group leaders

should be aware of the most important factors that influence medical students to choose PM&R as a specialty (reference: DeLisa JA, Jain SS, Campagnolo DI, Kirshblum SC, Findley T: Factors Influencing their specialty choice of Physical Medicine and Rehabilitation Graduating class of 1994 and the entering class of 1995, *American Journal of Physical Medicine and Rehabilitation*, 74:262–270, 1995):

- sufficient time/flexibility for family obligations
- opportunity to make a difference in patient lives
- interest in helping people
- types of patient problems encountered
- consistent with personality

Allow me to briefly examine these and some other factors that might affect the medical student's choice of specialty. First, the growing number of women of childbearing age in medicine in general and in the field of PM&R specifically requires academic departments to show flexibility, both during their residency and early career, e.g., we must consider their needs to be able to take maternal leave and have predictable work hours.

Second, physiatrists certainly have ample opportunities to make a difference in their patient lives, whether by increasing the function and quality of life of those with disability or by diagnosing and managing musculoskeletal pain effectively. We may not always achieve a fast or dramatic cure of our patient's conditions, a fact which may eliminate students in need of instant gratification, but conversely we may attract those who have the patience and ability to take a longer view. Indeed, it may appeal to some students that we do have the opportunity to follow our patients for a long time and create lasting relationships with them.

Third, a variety of practice opportunities exist as we can work solo or in

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ADMINISTRATION

MCLEAN OUTSTANDING RESIDENT/FELLOW AWARD*By Daniel Herman, MD, PhD*

In its pursuit of supporting teaching, research, and leadership in the academic environment, the Association of Academic Psychiatrists (AAP) has worked diligently to support the professional development of PM&R residents. As a result, the AAP has witnessed recent growth in the number of residents and fellows in its membership, as well as increased levels of participation towards its mission and at its annual meetings. In order to help nurture and support this growing interest of academic psychiatry among the trainees in our field, the Resident/Fellow Council in conjunction with the Leadership Development and Recognition Committee submitted a proposal to the Board of Trustees regarding a new award to be created to recognize exceptional residents and fellows who have demonstrated excellence in the pursuit of academic careers. This proposal was approved by the Board at the 2010 AAP Annual Meeting in Bonita Springs, thus creating the McLean Outstanding Resident/Fellow Award.

Award Title

The new award has been titled in memoriam of James McLean, MD to honor a great contributor to academic leadership and education within the resident community.

Dr. McLean was a resident graduate of the University of Medicine and Dentistry of New Jersey Medical School. While a resident, Dr. McLean received multiple recognitions for educational excellence, including the Arthur Gold Award for Humanism and the Resident Educator award. His dedication to

teaching his fellow residents was such an inspiration that an award was created in his honor—"The Resident Teaching Residents" award—and upon his graduation, the award was renamed in his honor because of his unparalleled dedication to resident education.

As a fellow at the Rehabilitation Institute of Chicago, he continued his dedication to teaching in helping create new curricula for Anatomy, Electrodiagnostics, and Sports and Spine Rehabilitation education. These teaching materials continue to be used at RIC, have been carried on to additional residency programs across the country, and have been presented at the AAP Annual Meeting. He was later named the Medical Director for the Spine Center at Kansas University, where he presided for 6 months before his untimely death in January of 2008. Even so, his impact at Kansas University was such that the conference room of the Spine Center was named in his honor.

Dr. McLean's value to the educational mission of the AAP was such that he was named as one of the course co-directors for the annual Residents and Fellows session of the AAP Annual Meeting prior to his passing. It is the belief of the Residents and Fellows Council that Dr. Jim McLean was the embodiment of the ideals towards which our outstanding residents and fellows should be striving, and as such the award was named in his honor.

Award Criteria

In keeping with the mission of the AAP of advancing psychiatry within the

academic environment, the new award will be based upon the three pillars of successful academic performance: 1) Academic Leadership; 2) Teaching and Education; and 3) Research.

Academic Leadership encompasses areas such as service on academic committees and taskforces, holding leadership positions within local, regional, and/or national psychiatric or public service organizations, and assuming departmental responsibilities (e.g. chief resident).

Teaching and Education encompasses areas such as excellence in clinical and didactic education of health care team members, the development of guidebooks and other reference material, educational outreach and service to the community, and the promotion of psychiatry to medical students.

Research encompasses areas such as involvement in clinical or basic research, manuscript and abstract authorship, presentations, and history of grants or other mechanisms of support.

The recipient shall receive a plaque and registration for the annual meeting subsequent to the receipt of the award. The plaque will be presented to the recipient at the Annual Meeting, and the recipient's name will be added to a perpetual plaque to be displayed at the AAP National Office.

Please refer to the 2011 Call for AAP Awards and Member-At-Large Nominations article (page 29) for nomination instructions. ■

WASHINGTON UPDATE

AAP GOVERNMENT RELATIONS REPORT

Prepared by: Peter W. Thomas, Esq., AAP General Counsel and Emily Niederman, Legislative Director—Powers, Pyles, Sutter and Verville, P.C.

Behind the Huge New Projected Federal Investment in Comparative Effectiveness Research

With the passage of the recent health reform law, the federal government has committed to a huge investment in comparative effectiveness research (CER). This research evaluates and compares health outcomes and the clinical effectiveness, risks, and benefits of two or more different medical treatments, services, or items such as drugs, biologics, and devices. CER is intended to help identify the most clinically effective treatments and to guide and improve day-to-day decision-making by clinicians and patients. However, CER will also lead to inevitable comparisons based on cost-effectiveness and will likely be influential in coverage and reimbursement decisions by health care payers in the future.

CER is primarily conducted through the Effective Health Care Program within the Agency for Health Research & Quality (AHRQ), part of the U.S. Department of Health & Human Services (HHS). AHRQ's Effective Health Care Program reviews and synthesizes scientific evidence, generates new scientific evidence and analytic tools, and compiles research findings and translates them into useful formats for various audiences.

Prior to Health Reform

To date, federally funded CER has been administered primarily through AHRQ with the majority of the research being performed by university-based research centers working under contract with AHRQ.

The agency experienced criticism in the 1990s (as the formerly-known Agency for Health Care Policy and Research) when it incorporated cost-effectiveness into its Medical Treatment Effectiveness Program (MEDTEP). Opposition to the inclusion of cost data in the analysis was expressed by the Institute of Medicine, the Government Accountability Office, and the Physician Payment Review Commission. Congress responded by cutting the Agency's 1997 budget by 20 percent and eliminating the MEDTEP program.

During this time, the Effective Health Care Program only allocated \$15–\$30 million annually for CER. As federal policymakers refined their CER goals and guidelines, the agency was reauthorized twice in four years (1999 and 2003). In its present configuration, AHRQ has been authorized to conduct and support research on outcomes, comparative clinical effectiveness, and appropriateness of pharmaceuticals, devices, and health care services. AHRQ was also anointed as the lead federal agency on health care quality as well as health disparities. AHRQ now partners with networks of researchers and clinicians across North America and focuses on the translation, dissemination, and implementation of new evidence and research findings.

AHRQ Structure for Comparative Effectiveness Research

The Effective Health Care Program utilizes various AHRQ structures to conduct research on the comparative effectiveness of different medical treatments, drug therapies, and clinical practices. Through a network of 12 Evidence-based Practice Centers (EPCs), the AHRQ systematically



reviews and synthesizes existing published and unpublished scientific evidence in order to build a meaningful evidence base.

In addition, the DEcIDE Research Network (“Developing Evidence to Inform Decisions about Effectiveness”) is comprised of more than a dozen university research centers and think tanks. The DEcIDE network uses new scientific evidence and analytic tools to conduct studies about the comparative clinical effectiveness, safety, and appropriateness of specific health care services, drugs, and devices. The John M. Eisenberg Clinical Decisions and Communications Science Center, named after the AHRQ's former director, transforms these research results into a variety of useful formats for stakeholders, including guides for consumers, clinicians and policymakers as well as white papers on cutting edge concepts.

Complementing these structures, the Effective Health Care Program also operates additional programs which are primarily based at academic institutions, such as the Scientific Resource Center which communicates with a broad range of stakeholders to make sure that the program research and products are meeting the practical needs of clinicians, patients, and administrators. It also assists with the development of key questions and research topics and coordinates peer review and public input for comparative effectiveness reviews as well as supports reviews and other research projects.

This also includes the Stakeholder Group, comprised of 17 members repre-

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senting various provider, business and patient groups and, in collaboration with the Scientific Resource Center, provides different perspectives and guidance to the Effective Health Care Program.

Drastic Expansion of the Federal Commitment in 2009

Last year, as part of the American Recovery and Reinvestment Act (ARRA), Congress appropriated \$1.1 billion for comparative effectiveness research: \$300 million for AHRQ, \$400 million for the National Institutes of Health, and \$400 million to be allocated by the Secretary of Health and Human Services. At that time, Congress created a Federal Coordinating Council through which various federal agency heads could establish CER priorities. Under a federal contract, an Institute of Medicine (IOM) committee recommended 100 priorities for CER, divided by quartile in order of importance.

AAP worked with the Disability and Rehabilitation Research Coalition (DRRC), of which AAP is a founding member, during the development of these priorities to include relevant topics. The final list reflected AAP's and the DRRC's efforts by inclusion of the following priorities:

- Compare the effectiveness of different quality improvement strategies in disease prevention, acute care, chronic disease care, and rehabilitation services for diverse populations of children and adults.
- Compare the effectiveness of different treatment strategies in the prevention of progression and disability from osteoarthritis.
- Compare the effectiveness of primary prevention methods, such as exercise and balance training, versus clinical treatments in preventing falls in older adults at varying degrees of risk.
- Compare the effectiveness of comprehensive care coordination programs,

such as the medical home, and usual care in managing children and adults with severe chronic disease, especially in populations with known health disparities.

- Compare the long-term effectiveness of weight-bearing exercise and bisphosphonates in preventing hip and vertebral fractures in older women with osteopenia and/or osteoporosis.

Later last year, AHRQ announced plans for spending its \$300 million por-

Comparative effectiveness research (CER) is intended to help identify the most clinically effective treatments and to guide and improve day-to-day decision-making by clinicians and patients.

tion and solicited applications in late 2009 for grants and contracts to be awarded by spring 2010. The \$300 million must be used or allocated by the end of the 2010 federal fiscal year (e.g. prior to October 1, 2010). This large bolus of funding has now been completely committed to various CER projects.

In connection with this \$300 million funding, the AHRQ was required to develop a Spending Plan for these funds. Of the \$300 million, the AHRQ Spending Plan for CER in 2010 included \$198.5 million in new grants of which \$148 million was allocated for evidence generation, including prospective studies and patient registries. This portion included \$100 million for the Clinical and Health Outcomes Initiative in Comparative Effectiveness (CHOICE), a new national effort to establish a series of prospective clinical CER studies that measure the benefits that treatments produce in routine clinical practice. This will include novel study designs focusing on real-world and under-represented populations (e.g., children, elderly, racial and ethnic minorities, and other understudied populations).

The Spending Plan also includes \$48 million for the establishment or

enhancement of national patient registries that can be used for researching the longitudinal effects of different interventions and collecting data on under-represented populations. The "new grants" budget also includes \$29.5 million to support innovative translation and dissemination grants, \$20 million to support training and career development, and \$1 million in other grants.

In addition to these new grants, there is \$19.5 million for new research

contracts of which \$9.5 million will be used to establish an infrastructure to identify new issues for comparative effectiveness research. \$10 million will go to establishing a citizen's forum to engage stakeholders and to expand and standardize public involvement in the federal CER program.

Also, existing AHRQ contracts will be expanded by \$79 million with \$50 million allocated for evidence synthesis, \$24 million for evidence generation and \$5 million for translation and dissemination. Finally, \$3 million will be used for administrative purposes such as salary and benefits for new AHRQ staff to administer the CER program.

Health Reform Provides Major Structural Changes and a Permanent Funding Stream

In the new, federal, health-reform law, Congress made several major changes to the federal Comparative Effectiveness Research program. Starting October 2010, a new Patient Centered Outcomes Research Institute ("PCORI") will be responsible for overseeing the federal CER program and set-

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tting a national CER agenda. PCORI will have a 19-member governing board, 17 members appointed by the Comptroller General along with the AHRQ and NIH directors with the board chair and vice chair designated by the Comptroller General. When Congress created PCORI, it also disbanded the Federal Coordinating Council for CER which had been established by the ARRA.

The actual research will be delegated by PCORI to AHRQ and NIH. AHRQ and NIH will then issue grants and contracts to universities and research centers. PCORI will use a variety of expert panels to help ensure rigorous research methods, including a 15-member Methodology Committee appointed by the Comptroller General.

By law, PCORI is required to use an open, transparent process for decision making and include peer review. AHRQ will be responsible for translation and dissemination of evidence from CER to patients, clinicians, and other

decision makers. As PCORI is implemented, it is likely that the term “CER” will morph into the term “patient-centered research,” which is viewed by policy-makers as more understandable to the general public.

The health reform law also established a *new, permanent funding stream* for CER that when fully implemented will generate about \$600 million annually for PCORI research priorities. Specifically, health plans and self-insured employers must pay a new federal tax of \$2 per person insured, generating \$300 million or more each year starting in FY 2013. Another \$150 million will come annually from Medicare. Finally, the new health reform law also commits Congress to funding \$50 million in FY 2011 and \$150 million annually from FY 2012 through FY 2019.

With the new federal fiscal year upon us, Congress has only addressed AHRQ funding in the Senate to date.

The House has not yet acted. It is unclear how quickly PCORI and these lofty CER research budget goals will be implemented as the Senate only provided a modest \$14 million increase for CER research within AHRQ while noting that this budget “includes sufficient resources for AHRQ to continue evidence generation and systematic reviews already underway. The funding provided will also allow AHRQ to sustain its research infrastructure until the new Institute is fully operational.”

Improving the quality of health care services and reducing health care costs were key components of the national health reform debate. The future value of CER will likely not only depend on adequate funding for research but also on translation of CER into clinical practice. In the field of medical rehabilitation, the diversity of the research agenda itself may prove to be the most daunting challenge. ■

The President's Letter (Continued from page 2)

small groups or we can lead an interdisciplinary team of professionals in hospitals and rehabilitation centers. It should be an advantage that few of our patients have mortal conditions and the relatively low risk of our clinical practices is reflected in relatively affordable malpractice insurance rates and perhaps in a less stressful and consequently longer professional life.

Fourth, although few will admit to selecting a specialty based primarily on income prospects, students should know that the income potential for physiatrists compares favorably to most other non-surgical specialties.

Fifth, physiatrists, who chose an academic career, have ample opportunities to teach medical students, residents, fellows and healthcare professionals and if they are interested in pursuing a research career, NIH funded K-12 grants will provide 75% salary support for three years of research training.

Finally, I believe that there are numerous other attractive aspects of our field that would appeal to medical students.

All of the above described arguments for selecting the field of PM&R may fall on deaf ears, if they are not presented with passion, which honestly reflects the physiatrist's enthusiasm for his or her chosen specialty. We have much to be enthusiastic about. We effectively help people, who have become disabled by a catastrophic injury or disease to regain mobility and self sufficiency. We are the medical experts on the therapeutic value of physical exercise and modalities. We know best how to prescribe proper durable medical equipment for persons with disability. Physiatrists were pioneers in developing interdisciplinary teams and we know how to work collaboratively with other health care professionals to best meet the needs of our patients. Leadership skills practiced and refined within the interdisciplinary rehabilitation team may provide an excellent platform for moving to higher administrative positions. No specialists are better prepared to diagnose and manage persons with a variety of musculoskeletal pain and direct them to other specialists when the proper indications exist. Few medical specialties can offer such a range of opportunities, a fact that makes it a joy for all of us to practice as physiatrists.

Sincerely,

Kristjan T. Ragnarsson, MD ■

ACADEMIC AFFAIRS

MEDICAL STUDENTS WITH DISABILITIES: CHALLENGES AND SUCCESSES

The AAP sponsored an interactive panel discussion session at the AAMC Annual Meeting in Washington, DC, on Saturday, November 6, 2010. The panel included three participants, each with a physical disability, in various stages of their medical training; and, a medical school Dean of Student Affairs.

Moderator, Patrick Foye, MD, opened the presentation with an alarming statistic from a recent research study published in the November issue of the *American Journal of PM&R*. The study found that the proportion of graduating medical students with physical disabilities (MSPD) was 0.15%, suggesting a continuing decline in the proportion of graduating MSPD and confirming that there is still a long way to go in ensuring the doors of medical education are open to all.¹

Jesse Lieberman, MD, faculty physician at Carolina's Medical Center; Cheri Blauwet, MD, resident at Spaulding Rehabilitation Hospital; and Brian Waldersen, a second year medical student at Johns Hopkins School of Medicine, went on to each describe, through personal experience, the challenges that students with a physical disability can face while completing a medical school curriculum. The impressive and numerous successes and accomplishments of each panel member were also recounted and goals for the future shared. The audience was actively involved, expressing questions, concerns and tips in an open dialogue with the panel that lasted throughout the session.

Topics of interest included the application, interview and acceptance process; specific reasonable accommodations and costs; impact of medical students with disabilities among peers; perception and impact of physicians with disabilities among patients; and, reasons for choosing - or, in Brian Waldersen's case, considering - the specialty of PM&R.

Neil Parker, MD, Dean of Student Affairs at UCLA School of Medicine closed the session with a presentation of case studies of medical students with both physical and mental disabilities, detailing practical and creative solutions that created win-win successes for both the student and medical school alike.

The AAP would like to graciously thank Jesse Lieberman, MD; Cheri Blauwet, MD; Brian Waldersen, Neil H. Parker, MD; and, Patrick Foye, MD, for their involvement in the presentation and contributions in raising attention to this most important topic.

Panel Members:

Jesse Lieberman, MD, is a graduate of Wake Forest University School of Medicine. A fall during his third year of medical school resulted in C5 tetraplegia. He returned to



Left to right: Cheri Blauwet, MD; Patrick Foye, MD; Jesse Lieberman, MD; Neil Parker, MD; Brian Waldersen

school 10 weeks after his accident and graduated with his class. He then went on to complete an internship in internal medicine at East Carolina University and a physical medicine and rehabilitation residency at Carolinas Rehabilitation/Carolinas Medical Center in Charlotte, North Carolina. After completion of his residency, he went to the University of Pittsburgh Medical Center for a spinal cord injury fellowship. He is currently on the clinical and research faculty at Carolinas Rehabilitation/Carolinas Medical Center and works on their consult service. Dr. Lieberman was joined by Cheri Blauwet, MD, who recently completed an internship in internal medicine at the Brigham and Women's Hospital in Boston, Massachusetts, and has started physical medicine and rehabilitation residency at Spaulding Rehabilitation Hospital in Boston, Massachusetts. In addition to her academic achievements, Dr. Blauwet was also an internationally renowned professional athlete in the elite wheelchair racing circuit. The third panel member, Brian Waldersen, a medical student at the Johns Hopkins School of Medicine, suffered a complete C7 spinal cord injury in a 2007 car accident. At the time, he was in the process of applying to medical schools. Following his rehabilitation, he did not lose focus of his career goals and, ultimately, began medical school in the fall of 2009. Neil H. Parker, MD, is an Associate Professor and Senior Dean of Student Affairs at David Geffen School of Medicine at UCLA. Among his numerous responsibilities, Dr. Parker oversees medical student admissions, provides guidance for outreach services, assists in negotiation of affiliation agreements and regularly counsels medical students.

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2011 AAP Annual Meeting

April 12–16
Phoenix, Arizona

Who should attend?

- Physicians interested in education and research
- PM&R residents and fellows
- Medical students
- Non-physicians, academicians and those who teach and conduct research in PM&R Departments
- PM&R residency program coordinators



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Visit www.physiatry.org for details and to register online!



At the AAP Annual Meeting you will:

- Improve your knowledge as practitioners and academicians
- Expand your network in the PM&R community
- Achieve professional excellence with a combination of research sessions and workshops
- Explore products from exhibiting companies

DeLisa Lecturer:

Yoky Matsuoka is a leader in the emerging field of neuro-robotics and the renowned scientist who bioengineered an anatomically correct robotic hand complete with an intricate tendon structure that enables it to respond to sensor signals closely resembling neural commands.

Dr. Matsuoka is making technical advances that hold life-changing potential for those with manipulation disabilities.



Course A:

Evolving Health Care Reform: Academic Challenges for Clinical Practice

Course B:

Advances in Rehabilitation Technology

Course C:

The Role of Physical Activity in Healthcare: Can Physiatrists Respond to an Unmet Need



Council Sponsored Programs:

- Chair Council
- Medical Student Clerkship Directors Council
- Research Council
- Residents/Fellows/Medical Students Council

ACADEMIC AFFAIRS

2011 DELISA LECTURER ANNOUNCED

The AAP is excited to announce that Yoky Matsuoka, a leader in the emerging field of neurorobotics and renowned scientist who bioengineered an anatomically correct robotic hand complete with an intricate tendon structure that enables it to respond to sensor signals closely resembling neural commands, will present the DeLisa Lecture at the 2011 AAP Annual Meeting in Phoenix, Arizona, April 12–16. Yoky Matsuoka is transforming the understanding of how the central nervous system coordinates musculoskeletal action by experimenting with robot-human interfaces that alter the neural control of movement. Dr. Matsuoka is making technical advances that hold life-changing potential for those with manipulation disabilities.

Yoky Matsuoka is a Torode Family Endowed Career Development Professor in Computer Science and Engineering at the University of Washington. She received her PhD at Massachusetts

Institute of Technology (MIT) in Electrical Engineering and Computer Science in the fields of Artificial Intelligence and Computational Neuroscience in 1998. She received an MS from MIT in 1995 and a BS from UC Berkeley in 1993, both in EECS. She was also a Postdoctoral Fellow in the Brain and Cognitive Sciences Department at MIT and in Mechanical Engineering at Harvard University.

At the Neurobotics Laboratory, robotic models and virtual environments are used to understand the biomechanics and neuromuscular control of human limbs. In parallel, robotic and virtual environments are developed to augment, replace and enhance human sensorimotor capabilities. Her work has been recognized with a MacArthur “Genius” Fellowship, acclaimed as one of “The Brilliant Ten” in *Popular Science Magazine* and “Power 25” in *Seattle Magazine*. In addition, she was awarded a Presidential Early Career



Yoky Matsuoka

Award for Scientists and Engineers (PECASE), an Anna Loomis McCandless Chair from Carnegie Mellon University, and the IEEE Robotics and Automation Society Early Academic Career Award.

The AAP is honored that Yoky Matsuoka will be presenting the DeLisa Lecture and we encourage membership to attend this exciting and scientifically rigorous talk. ■

Medical Students with Disabilities *(Continued from page 7)*



Patrick M. Foye, MD

Moderator:

Patrick M. Foye, MD, led the effort in the development and coordination of this exciting presentation. Dr. Foye is well-known for his expertise in non-surgical treatment of a variety of painful conditions of the coccyx, back and limbs. He is an Associate Professor of PM&R at UMDNJ-New Jersey Medical School and has won multiple awards for his teaching abilities, bedside manner, and community service.

If you have any questions regarding this AAP sponsored session that took place at the AAMC Annual Meeting, please contact Bernadette Rensing at brensing@physiatry.org.

Reference:

1. D. Moutsiakis, T. Polisoto. Physical Disability Among Graduating U.S. Medical Students. *American Journal of Physical Medicine & Rehabilitation* 2010; 89 (11): 923–298. ■

EDUCATION**2011 REHABILITATION RESEARCH EXPERIENCE FOR MEDICAL STUDENTS (RREMS)****Now Accepting Applications for Site Sponsorship of Students**

The Association of Academic Physiatrists (AAP) and the Foundation for PM&R are excited to announce the 2011 Rehabilitation Research Experience for Medical Students (RREMS). This program offers first-year medical students an experience the rewards of scholarly research within the specialty of Physical Medicine & Rehabilitation through an eight-week summer externship. Applications are now being solicited for Sponsor Institutions who are interested in hosting a student. Specific requirements are listed in the application forms. The deadline for sponsor sites to apply is **March 11, 2011**.

The RREMS will entail a minimum of an eight-week summer externship following the first year of medical school with an attached stipend of \$4,000. The program will fund up to six medical students beginning in June or July 2011. Students will contact participating host institutions, establish a primary mentor, and submit a proposal project. Each student is expected to submit a research paper for entry into the AAP Best Medical Student Paper Competition after completion of the externship and will present on their work at the 2012 AAP Annual Meeting. The contribution by the hosting PM&R Department is to support the travel and registration of the trainee to the AAP Annual Meeting, allow students to present their research, observe scientific paper presentations, network with participants in the current PAL and RMSTP programs, and to meet additional mentors.

This program is generously supported by the AAP and the Foundation for PM&R. Please see the application

forms for specific rules and requirements. We look forward to receiving your applications.

Site Sponsor Application Instructions

Please read these instructions carefully:

- We are asking sponsor sites to apply early so that medical students from all over the U.S. can contact them to look for potential research mentors. We encourage application from faculty who welcome students from outside of their own university. The goal is to have students contact the sites and look for mentors, rather than having sites identify their own students and apply jointly with that student. We prefer that sites submit their applications before any students are identified to potentially work there.
- **Sponsor sites must reapply annually;** applications will not automatically be renewed.
- Once sites receive approval, they will be listed on the AAP website and in advertising media, and students will begin contacting them via the contact person listed in the application.
- The sponsor site must be in the United States or Canada.
- By submitting an application, the sponsor agrees to cover travel and registration expenses for the AAP Annual Meeting for each student sponsored. The application will not be accepted unless these expenses are paid for by the site.
- Each primary mentor listed must be an MD and/or PhD who holds a primary faculty appointment in a PM&R department at that institution. The goal is to give the student exposure to research in an academic PM&R practice.
- Each site must commit to a project that will last 8 weeks and begin June or July 2011.
- Each site must provide a contact person who can talk to students and help to devise potential projects of interest.
- URLs of research Web site for the institutions are requested so that students may browse abstracts and information about projects. If an updated website is not available, please forward a one-page description of potential research projects and interests of a research faculty.
- The Deadline is 11:59 pm on March 11, 2011 to supply all information. No applications will be accepted after this deadline. Sponsors must reapply annually.
- We allow multiple applications from mentors and site sponsors. We will allow more than one award to go to one institution. However, we will limit awards to one per mentor and reserve the right to limit the number of awards given to any one sponsor site if high quality applications are received from multiple sites.
- If a research project involves something that is potentially patentable, licensable, or copy right worthy, the faculty mentor and student are encouraged to work with their local technology transfer office as well as the RREMS to generate a dissemination plan that will meet the needs of the program without compromising the commercial potential of the research. Please notify us in advance if this is anticipated.

Please e-mail this information along with the following application (next page) to Brad Dicianno, MD, at Dicianno@pitt.edu or fax to the AAP office at 410-712-7101. ■

REHABILITATION RESEARCH EXPERIENCE FOR MEDICAL STUDENTS (RREMS)

2011 APPLICATION FOR SITE SPONSORSHIP OF STUDENTS

Name of Institution: _____

Contact Person: _____

URL of Research Website: _____

Contact Address: _____

Contact Fax: _____

Contact Phone: _____

Contact E-mail: _____

**Name(s) and Academic
Position(s) of Proposed
Mentors** _____

Please indicate with an X in the box to the right that your site agrees to support the cost of travel and registration to the 2012 AAP Annual Meeting for each student sponsored.

Please e-mail this information to Brad Dicianno, MD, at Dicianno@pitt.edu or fax to the AAP office at 410-712-7101.

The Deadline is 11:59 pm on March 11, 2011 to supply all information. No applications will be accepted after this deadline. Sponsors must reapply annually.

EDUCATION**2010 REHABILITATION RESEARCH EXPERIENCE FOR MEDICAL STUDENTS (RREMS) REVIEW***By Bernadette M. Rensing, Communications Manager*

During an eight-week program this past summer a half dozen medical students gained a deeper understanding of research in the field of Physical Medicine and Rehabilitation.

Nathan Mohney, a student at Pennsylvania State University College of Medicine was able to work on his research project, “Genetic influences on neuroinflammatory marker profiles and outcome after traumatic brain injury”, at the University of Pittsburgh.

“I wanted to have a strong research experience in the medical field,” said Nathan. “The research project itself was very interesting and encompassed a broad experience in benchwork (using instruments I would otherwise probably never have used), literature review, and analysis. It also supplemented my training as a physician, giving me first-hand experience completing research I may one day use in treating patients and enriching my understanding of the material presented in our courses.”

Wendy Chan, a student at the University at Buffalo, School of Medicine and Biomedical Sciences worked at the same institution during the summer, the University of Pittsburgh, but focused on a different study, “The impact of virtual socialization on individuals with spina bifida”.

“[RREMS] provided me the opportunity to turn an idea into a full-length research paper. Without the generous support of Dr. Dicianno, the University of Pittsburgh, and the RREMS program, I would not have had the resources to conduct a research project of this quality or scale”, Wendy shared. “I am very proud of the work that we accomplished this summer and I am pleased to have a scholarly paper that may serve as a

launch pad for further investigation by myself or other researchers to help people with disabilities improve their social inclusion and quality of life.”

Adele Meron, from Albany Medical College, enjoyed the summer at Spaulding Rehabilitation Hospital, conducting research for the study “Robotic gait training with augmented feedback improves motor function in children with spastic cerebral palsy.”

“I spent an entire summer at a rehabilitation hospital surrounded by smart and creative people who shared my interests and love to teach. I was fortunate to find a hospital that truly values its PM&R program and is strictly devoted to rehab medicine. I had a myriad of resources at my fingertips every day that I could never have had without the RREMS program. It was this spectacular exposure to the field that confirmed my passion for PM&R and gave me the confidence to pursue this path,” said Adele.

Mahoney, Chan and Meron were among the six participants of the 2010 Rehabilitation Research Experience for Medical Students (RREMS) program.

“RREMS also serves to enhance visibility of the PM&R specialty in medical schools.”

Other RREMS student research endeavors included “Assessing gait and balance after traumatic brain injury and impact on at-home patient care” by Dara Davenport who worked at Mount Sinai School of Medicine. Jordan Silverman conducted research for the study

“Assessment of bone marrow hematopoiesis following spinal cord injury” at Spaulding Rehabilitation Hospital and Christian Agudelo remained at the University of Pittsburgh to work on the study “Age Dependent decline in axonal regeneration after spinal cord injury in zebrafish”.

Funded by the Association of Academic Physiatrists (AAP) and the Foundation for PM&R, this immersive learning experience was designed to offer first year medical students an experience in the rewards of scholarly research, while exposing them to some of the most successful and respected faculty mentors in PM&R. RREMS also serves to enhance visibility of the PM&R specialty in medical schools. Students who apply and are accepted into the RREMS program contact participating host institutions, establish a primary mentor, and submit a proposal project. Each student receives the opportunity to present their research at the AAP Annual Meeting.

Nathan Mahoney agrees that the RREMS program helped highlight the specialty of PM&R among the numerous electives that Pennsylvania State University College of Medicine offers. “Although my school offers experiences in rehabilitation, I am not sure if I would have selected them,” says Nathan. “My RREMS experience enlightened me as to how foolish that might have been. Rehabilitation plays a critical role in treating a patient after a surgery or in the unfortunate event of a CVA or MI.”

The RREMS program is designed to be a mutually beneficial experience for both the medical student and the hosting site institution. The site institutions, in return for sponsoring a medical student, are provided the opportunity to

(Continued on page 22)

PROGRAM FOR ACADEMIC LEADERSHIP (PAL)

Thursday, April 14 – Saturday, April 16, 2011

The Association of Academic Psychiatrists, under the leadership of Michael W. O'Dell, MD, is sponsoring the Program for Academic Leadership (PAL), a three-year program to develop academic leadership skills in junior PM&R faculty. The goal of PAL is to provide a basic administrative framework and skill set to promising psychiatric academic faculty to enhance their leadership abilities within a Department, Medical School, and the field of PM&R at large. The number of participants will be limited to provide maximum interaction with course instructors. This Program requires candidates to attend the PAL course during each of three consecutive AAP Annual Meetings. Over the three years, the content will cover department administration, teaching and education, and research.

Candidates for the program will:

- Be members of the Association of Academic Psychiatrists (AAP)
- Be full-time faculty members at an Assistant or Associate Professor Level
- Have graduated from their PM&R residency during or after 2003
- Have demonstrated the desire and ability to assume a leadership role in their Department, Medical School, or in the field of rehabilitation medicine.

Submission Requirements

- Candidates must be nominated by their academic department chair. If the department has no PM&R department, then a nomination from a member of the AAP Board of Trustees or AAP Committee Chair will suffice. The nomination letter (1 to 2 pages) to Dr. O'Dell should discuss the candidate's past achievements, current academic activities, and potential for future academic success. *Applications will not be considered without this nomination letter.*
- Current *Curriculum Vitae*
- A personal statement of approximately 500 words including the candidate's desire to participate and the candidate's academic career goals.

Personal Costs

Participant will be responsible for airfare and hotel accommodations. The AAP will provide meeting registration which includes course materials/handouts and group meals.

Application

Please visit http://www.psychiatry.org/Education_PAL.cfm for the PAL Application, or fill out the form below, and mail to the AAP office.

Deadline for Submission: November 30, 2010

Selection Completed: Late December 2010 • Notification: January 2011



"As a PAL participant and learner, I found this 3-year experience invaluable and unlike any other professional education program. Not only did I acquire knowledge and skills essential for effective leadership, but the program allowed me to make valuable contributions to my home institution with support of the top psychiatric talent in the country. Our department has conducted a year-long faculty development program in the area of teaching and learning which already changed the learning climate, and created a structured, research mentorship program for our residents. Neither would be possible without guidance and support I have received through PAL. Additionally, after each program installment I found myself changing the way I approach my work as an educator, an administrator, and a clinician. The program stimulated me to seek education and additional training in the areas where I was lacking- conflict negotiation, business, and finance, to name a few. AAP investment in this program is truly remarkable!"

— Alex Moroz, MD

PAL Application Form

Print or write legibly:

Name _____ Year of Residency Graduation _____

Institution _____

Work Mailing Address _____

Work Telephone _____

Work E-mail Address _____ Home E-mail Address _____

Home Mailing Address _____

Home Telephone _____

Nominated by _____

Candidate Signature _____ Date _____

Nominator Signature _____ Date _____

MEMBER HIGHLIGHTS

MIRRORS FOR HAITI—AN INTERVIEW WITH ERIC L. ALTSCHULER, MD, PHD

By Bernadette M. Rensing, Communications Manager

Although it has been almost nine months since the devastation in Haiti, the need for ongoing treatment and rehabilitation is as strong as ever for the surviving victims who have been permanently disabled as a direct result of the January 12, 2010 earthquake.

Eric Altschuler, MD, PhD who recently returned from a one-week stint in Haiti, agrees that Physiatry must continue to play an important role in the long-term relief efforts in Haiti. Dr. Altschuler, as you'll read below, was able to transform an idea into an incredible reality, providing relief to more than 30 amputees. I'd like to share with you Dr. Altschuler's story and am hopeful that the interview below captures even a fraction of his passion. More importantly, I would like you to take away the understanding that if the desire to help Haiti is there, it is not impossible—in fact, "quite the contrary"...

What initially inspired you to volunteer in Haiti?

Dr. Altschuler: "When I heard about the devastation of the earthquake, I felt, as any physician or non-physician would, that I wanted to help if I could. I thought

that mirror therapy could be very beneficial for the thousands of amputees in Haiti."

How did you get involved in bringing mirror therapy to Haiti?

Dr. A: "At first, the logistics, just in terms of getting myself there, let alone finding and treating patients, seemed impossible. I had heard that Sandra R. Scott, MD, Chief of the Emergency Department at my institution, New Jersey Medical School, was going to Haiti and had done missions to other countries previously. I needed to talk to Dr. Scott about something completely unrelated—rotation scheduling for some exceptional medical students (one whom I am thrilled to say will be starting her PM&R residency with us next year!). I briefly mentioned to Dr. Scott that mirror therapy might be helpful for amputees, but that logistically things seemed impossible. Dr. Scott said that quite the contrary: Arrangements could be made in terms of logistics and hence the therapy made possible. Dr. Scott is one of the leaders of a non-profit organization, Unified for Global Healing (UFGH).

"I may have conceived the idea of



Right to left: Eric Altschuler, MD, PhD (Department of Physical Medicine and Rehabilitation, New Jersey Medical School); Sandra Scott, MD, Matthew Davis, MD, Rolando Valenzuela, MD, (Department Emergency Medicine, New Jersey Medical School) Photo by Tamara Fitzpatrick.

"mirrors for Haiti", but the development and delivery process was far from trivial! Eventually, through fundraising efforts, UFGH was able to purchase 200 mirrors weighing about one pound each. The mirrors were made by Glassless Mirror Manufacturers Inc., in Irvington, NY, of a very light caulk-like ceiling tile material that had a Mylar sheet on one side providing the highly reflecting mirror coating. Dr. Scott and her outstanding ED residents, in particular Rolando Valenzuela, MD and Matthew Davis, MD figured out to pack these in bags of fourteen mirrors each. A number of us carried one or two bags of mirrors with us on our flights to Haiti."

What was your experience delivering medical care in Haiti?

Dr. A: "I was just one of twenty-four people—physicians, nurses, EMT's, social workers and others—who went with the UFGH mission to Haiti. In addition to mirror therapy for amputees, the team provided emergency, inpatient and rehabilitation care for adult and pediatric patients, and social work and art therapy for children. There are numerous challenges in healthcare delivery in Haiti, many of

What is Mirror Therapy for Phantom Limb Pain?

Dr. A: "The principle behind mirror therapy is that when a patient watches the reflection of the remaining limb in a sagittally placed mirror, vision of the reflection of the intact limb (which looks like the amputated limb) is able to substitute for absent proprioception from the amputated limb and help the patient to move the phantom. This allows, for example, a patient to relieve the pain of a clenched spasming phantom hand by unclenching the intact hand while watching the reflection of the intact hand in a mirror. Indeed, try clenching your own fist tightly and then imagine if you could not open your fist to relieve this pain. The mirror allows an amputee to do this."

(Continued on page 17)

Mirrors for Haiti

(Continued from page 16)

which are a result of the overall poverty level which predates the earthquake. There are many more new challenges such as the destruction of hospitals and other facilities by the earthquake and the uncleared rubble that resulted from the destruction.

“We were based at Hopital Adventiste in Carrefour, a neighborhood in Port-au-Prince. We saw patients at the hospital and at a field medical facility run by Johanniter International in Leogane (about a two-hour drive from Port-au-Prince). Leogane is also an area of Haiti that was devastated by the earthquake. Indeed, on the drive we often had to shift to four-wheel drive to get over all the rubble!”

Was mirror therapy successful in Haiti?

Dr. A: “I would say that we saw about one percent of the amputees in the country. A majority had phantom limbs, and a majority of these could move their phantom limb. Many patients did not have particularly severe phantom limb pain. But typically we found that the patients thought the mirror aided in moving their phantom limb. Patients typically asked to take a mirror home with them, and we gave them one.

“A number of patients noted itching on the bottom of their phantom foot. We found that many of these patients could scratch an itch on their phantom foot by watching the reflection in the mirror of the intact foot being scratched.

“One patient we saw had trouble closing her hand and using it for everyday activities such as washing her face, due to an immobile phantom finger after amputation of the right ring finger at the proximal interphalangeal joint, secondary to trauma from the earthquake. This patient found the mirror technique most helpful in closing the hand, including the phantom finger.”

Are there physiatrists and physical therapists in Haiti

to take over and follow up on the work you did while you were there?

Dr. A: “I did not see any local physiatrists while I was in Haiti, and only a single other visiting physiatrist. In contrast, there were a lot of foreign physical therapists and prosthetists working there and training local people in these disciplines. I did not meet any experienced Haitian physical therapists or prosthetists. However, I found the trainees extremely bright, motivated and hard working. I expect that before long Haiti will have many excellent therapists and prosthetists. Specific to mirror therapy—I gave a lecture and demonstration to the physical therapy and prosthetic trainees. I then had the trainees see patients with me. Crucially, after a short time the trainees were able to explain mirror therapy to patients!

“The trainees also asked excellent questions such as: How can bilateral amputees be helped? Often I have found that if a patient watches a therapist’s limb, the reflection in a mirror helps these amputees move the contralateral phantom.”

Why is the mid- and long-term need for Physiatry in Haiti so great?

Dr. A: “The need is so great because of the unprecedented number of amputees there (estimated to be three to eight thousand) and also patients who had serious musculoskeletal and neurologic injuries from the earthquake. As I mentioned, a generation of what I think will be outstanding physical therapists is being trained. We can help by providing physician PM&R care.”

What can the AAP and other physiatric organizations do to help amputees in Haiti and others in Haiti with PM&R needs?

Dr. A: “I am working with organizations with a presence in Haiti to set it up so

Organizations Seeking PM&R Help

- Project Medishare
- Unified Global Healing
- Healing Hands for Haiti International
- World Health Organization
- Partners in Health
- American Medical Association

that, on a rotating basis, teams consisting of a faculty or private practice physiatrist could go to Haiti with three residents and other trainees for one to two weeks and visit four or five hospitals and other healthcare facilities. Members of the AAP and other physiatric organizations with a desire to help can work with their institutions to free up faculty and trainee time to do this most important work. I am quite confident that travel and logistical costs can be covered by organizations that work in Haiti. It would be an excellent experience for trainees in the United States to work in a developing country, and also a great opportunity for PM&R as a field to help patients with rehabilitation needs.”

Dr. Altschuler was the first to publish mirror therapy for hemiparesis following stroke (Altschuler et al., 1999). His teacher in medical school Prof. VS Ramachandran was the inventor of mirror therapy for phantom limb pain in amputees (Ramachandran et al., 1995) (See also Ramachandran & Altschuler, 2009 for a review of mirror therapy.)

References

- Ramachandran VS, Rogers-Ramachandran D, Cobb S. Touching the phantom limb. *Nature*. 1995; 377: 489–90.
- Altschuler EL, Wisdom SB, Stone L, Foster C, Galasko D, Llewellyn DM, Ramachandran VS. Rehabilitation of hemiparesis after stroke with a mirror. *Lancet* 1999; 353: 2035–6.
- Ramachandran VS, Altschuler EL. The use of visual feedback, in particular mirror visual feedback, in restoring brain function. *Brain*. 2009; 132: 1693–710. ■

AAP MEMBER HIGHLIGHTS

WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE
DEPARTMENT OF PM&R – OAKWOOD

By PM&R Oakwood Faculty

On behalf of Jay M. Meythaler, MD, JD, Chairman, we announce the establishment of the Department of Physical Medicine and Rehabilitation Oakwood at Wayne State University



Jay M. Meythaler, MD, JD

School of Medicine in Detroit, Michigan. Our new department is based at Oakwood Healthcare, Inc in Dearborn. Oakwood Healthcare is a 1,281-bed, 4-hospital system with a Level II Trauma Center (Oakwood Hospital and Medical Center in Dearborn) and a Rehabilitation and Orthopaedic Specialty Hospital (Oakwood Heritage Hospital in Taylor). Oakwood is a major teaching affiliate for Wayne State University and has 17 residency programs, of which 5 programs are Wayne State University single-sponsored.

In April 2009, ACGME accreditation was received for a Wayne State University School of Medicine single-sponsored residency program in Physical Medicine and Rehabilitation (PM&R). The program is one of the first new PM&R programs in many years and includes 4 resident slots per year at PGY-2 to PGY-4. Participating sites for the program include: Oakwood Heritage Hospital (Taylor), Oakwood Hospital and Medical Center (Dearborn), John D. Dingell VA Medical Center (Detroit), and



Steven R. Hinderer, MD

Detroit Institute for Children (Detroit).

Our residency program is under the directorship of Dr. Steven R. Hinderer, Associate Professor of

PM&R at Wayne State University and former president of the American Congress of Rehabilitation. Dr. Ike Yoon, Medical Director of Rehabilitation Services at Oakwood for more than 30 years, is Associate Program Director.

By integrating our skills, knowledge and enthusiasm, we will be a premier academic program in Physical Medicine and Rehabilitation. Our high quality, 13-member faculty utilize state-of-the-art facilities to provide the finest in teaching, patient care, and research.

We recently opened a \$3.0 million endowment-funded education center at Oakwood Heritage in Dearborn. The



center includes an advanced medical library, video and Web-linked classrooms for physician and resident education, on-call rooms for residents, faculty offices, support staff space, and a resident lounge. ■



JOEL A. DELISA, MD, MS AWARD FOR
EXCELLENCE IN RESEARCH AND EDUCATION

Kessler Foundation has established an annual award program in honor of the Founding Director of its Research Center, Joel A. DeLisa, MD, Ms, who retired from the Foundation this year. This \$50,000 award acknowledges the excellence in leadership, care and research of Dr. DeLisa by seeking to identify and reward the physician or researcher who has demonstrated a significant impact on the field of Physical Medicine and Rehabilitation, particularly as it relates to the translation of research or education to patient care.

Dr. DeLisa, MD, MS, Founding Director of the Kessler Foundation Research Center and Professor and Chair of the Department of Physical Medicine and Rehabilitation, UMDNJ-New Jersey Medical School, is an experienced senior investigator, administrator, and medical educator. An active member of numerous professional organizations, Dr. DeLisa has had wide-ranging experience as chairman, board member, and committee member, and has received numerous awards for his service to the medical community including



Joel A. DeLisa, MD, MS

the Outstanding Service and Distinguished Academician's award from the Association of Academic Physiatrists (AAP). Widely recognized as a leader in physical medicine and rehabilitation, Dr. DeLisa has been an invited speaker and a keynote speaker for numerous national and international organizations.

For details regarding the Kessler Foundation/Joel A. DeLisa, MD, MS Award for Excellence in Research and Education, please refer to page 27. ■

MARGARET G. STINEMAN, MD IS ELECTED TO IOM

The Institute of Medicine (IOM) announced the names of 65 new members, including AAP member, Margaret G. Stineman, MD, at its 40th annual meeting on October 11, 2010. Election to the IOM is considered one of the highest honors in the fields of health and medicine and recognizes individuals who have demonstrated outstanding professional achievement and commitment to service. New members

are elected by current active members through a highly selective process that recognizes individuals who have made major contributions to the advancement of the medical sciences, health care, and public health.

Margaret G. Stineman, MD is a professor in the departments of physical medicine and rehabilitation, biostatistics, and epidemiology at the University of Pennsylvania School of Medicine,

Philadelphia. Graduating from art school and medical school, Dr. Stineman is a practicing clinician, research scientist, singer songwriter, and painter. Dr. Stineman's expertise is in statistical modeling, measurement and the development of patient classification systems. She applies mixed quantitative research and qualitative methods.

IN MEMORY OF JOACHIM L. OPITZ, MD

Joachim Ludwig Opitz, MD, was born in Goettingen, Germany on May 15, 1927 to Guenther and Margarete (Friese) Opitz. He died on August 28, 2010 at Charter House.

Dr. Opitz was a Resident in Internal Medicine at the Rochester General Hospital (1955 - 56) and became a Fellow in Medicine at the Mayo Clinic in 1957. He was appointed Assistant to the Staff of Mayo Clinic in PM&R in 1961 and to the staff of Mayo Clinic as Consultant in the section of PM&R in 1963. He was appointed Instructor in PM&R in 1968, Assistant Professor in 1973, Associate Professor in 1979 and Professor in 1989. Dr. Opitz became Professor Emeritus in PM&R in 1992, and then served as Executive Director of the American Board of PM&R from 1992 - 1995. He received in 1963 the Master of Science Degree in Internal Medicine from the University of Minnesota. He was Board Certified in PM&R in 1965.

Dr. Opitz served as member (or chair) of numerous committees at Mayo Clinic relating to hand rehabilitation, cardiac rehabilitation, spinal cord injuries, geriatrics, patient and family education and medical continuing education. He was a member and/or chair of a variety of extramural medical associations and committees including the American Congress of Rehabilitation Medicine, the American Spinal

Cord Injury Association, the Association of Academic Physiatrists, and the American Academy of PM&R. He served as President of the AAPM&R 1987 - 88. His major interest was in the area of education. Dr. Opitz was the recipient of numerous honors including: The Walter J. Zeiter Lecture and Krusen Lifetime Achievement Award.

Dr. Opitz loved his family and enjoyed spending time with them. He enjoyed music from childhood on, singing in choirs and playing recorder, traverse flute and bassoon with various chamber music groups. He loved nature, especially canoeing in the Boundary Waters and skin diving. Since his childhood he had been active in churches in the respective cities where he was living.

Survivors include his wife, Anneliese of Rochester; son Mark (Lisa) Opitz and their children Ellen and Peter, all of Middleton, WI; daughter Susan Opitz of Minneapolis, MN; a sister, Marianne (Goetz) Wiese of Celle, Germany; and 2 brothers, Ulrich (Ruth) Opitz of Landserg, Germany and Manfred (Helga) Opitz of Hannover, Germany. Dr. Opitz was preceded in death by his parents.

In lieu of flowers, the family prefers memorials be directed to the Rochester Habitat for Humanity or Heiffer International.

IN MEMORY OF PATRICIA GREGORY, MD

On Sunday, June 13, 2010, surrounded by family, Patricia Gregory, MD, passed away at UNC Hospitals. She was an assistant professor of Physical Medicine & Rehabilitation at the University of North Carolina at Chapel Hill.

She is survived by her beloved husband, Ray Lynch, and three loving children: Alexandra, Gabriel and Elizabeth; father, Lt. Col. Spruell Gregory, U.S. Army (Retired); sister, Deborah Richards, RN; brother, Milan Gregory, Esq.; nephews, Gregory and Michael Richards.

"Dr. Gregory was an outstanding physician, scientist,

and a national leader working to reduce health disparities," said Michael Y. Lee, MD, MHA, chair of UNC PM&R. "She was one of a limited number of physiatrists engaging in health services research, and was finishing a Masters in Public Health to promote interdisciplinary research. Her passing is a loss to multiple fields of study working to improve access to care."

Dr. Gregory's sub-specialties included stroke rehabilitation, geriatric rehabilitation, adult telemedicine and rehabili-

(Continued on page 22)

AAP COMMITTEES AND COUNCILS

COORDINATORS' CORNER **Fall 2010**

By Tammie Wiley-Rice, Daisy Mckenzie and Laura Manore

It's recruitment time again! ERAS opened on September 1, 2010. Even though it's a very busy time in the life of a Coordinator, it is also the most exciting. Which of the expectant medical students will be your future residents? Please remember to call the ERAS Help Desk at (202) 828-0413.

What's New for ERAS 2011?

Citizenship Status

ERAS (Electronic Residency Application Service) received a request from the U.S. Department of Justice and the ECFMG to update the language within the application to include more accurate and specific descriptions for applicants when completing the Citizenship section. This is to help applicants communicate clearly their citizenship status to programs.

All of these responses, if provided, will display on the Summary Sheet tab and Couples/Visa/Other tab in the PDWS.

NRMP Bulk Upload Tutorial (Program Staff Only)

Before extending an interview, program staff will need to identify and check applicants in the NRMP system. To assist programs with this process, ERAS has created instructions and a tutorial to create a "NRMP Bulk Upload" filter/sort to identify all applicants with a PDWS status of "selected to interview" who are not graduating in 2011. A tutorial and instructions are available at www.aamc.org/programs/eras/whats_new.htm

ERAS Tips

As you screen applicants, coordinators should take advantage of the many tools and features ERAS offers to track applicants' progress through the recruitment process and to find specific information.

ERAS has a filter feature that facilitates the management of applicant data. The filter function will group applicants according to parameters set by the ERAS user and will create a report. The software supplies commonly used filter sorts but also allows users to modify those filters or create new ones to address the specific needs of the program. The following are common filter sorts you may use:

- Sort by medical school to determine which applicants attend specific medical schools.
- Sort by interview date to get a list of residents coming on a given day, to change the status of the candidate, and easily score/rank applicants.

Once you have chosen a filter and created the report, you can present the data in several formats. A report will give you a simple listing of the data, a graph will present the data using a bar graph, and a table will present the data by grouping it according to the filter.

If you want to see the candidate information in a particular format not on ERAS, you can export any filter, report, table, or graph into Microsoft Excel. For example, you may want to create a report of applicant demographics or medical school information for comparison. This function is not available in ERAS.

NRMP

What information should I make available to applicants during the interview process?

Section 4.3 of the Match Participation Agreement signed by NRMP program directors requires each program to act in good faith to provide complete, timely, and accurate information to interviewees, including a copy of the contract the applicant will be expected

to sign if matched to the program and the institution's policies on visa status and eligibility for appointment. The information must be communicated to interviewees prior to the rank order list deadline, and a signed acknowledgment should be obtained from each interviewee. Recognizing that many appointment contracts are lengthy and that others may not contain all of the institution's relevant policies, an acceptable alternative is to post the contract and policies on the institution's Web site and notify interviewees where the information may be found. The signed acknowledgment should include a statement that the interviewee was notified that the information is posted on the Web site.

This is easy to do. I'm sure each program gives each applicant a folder of information about their program and GME. Each applicant should be asked to sign a simple letter stating that he or she has received a copy of the Graduate Medical Education Agreement (the Resident's Contract), and agrees to review all policies and other material available in the packet or on the Web site.

Interview Tips

Organization and time saving procedures are the keys to a good recruitment season. You can save time by creating and saving form letters in ERAS. Examples of letters to save would be:

- Inquiry response
- Interview invitation
- Interview confirmation (with details of interview day to include start time, where to present, etc.)
- Missing documents
- Thank you for interviewing (have your residents help)
- Letter of regret

(Continued on page 21)

Coordinators' Corner

(Continued from page 20)

When sending out your confirmation letters, try to include information regarding airport shuttles, hotel information (include any student discounts if applicable) and remember to give the applicants a number they can call the day of the interview should they have problems.

When you send your invitation-to-interview letter, be sure to inform your applicants that there are no benefits to scheduling an early or late interview date. Keep in mind that the Osteopathic Match is February 14, 2011 (ROL deadline: January 28, 2011) and the NRMP match occurs on March 17, 2011 (ROL deadline: February 23, 2011).

At least one week prior to the applicant's interview, send another confirmation. If the need to cancel or reschedule the interview arises, this will prompt the applicant to do so.

Make sure you are thoroughly organized for the interview day:

- Prepare itineraries for applicants and faculty.
- Escort applicants to interviewer's office and introduce them to the interviewer.
- Try to stay on schedule.

Be sure to provide applicants with information regarding your program including, brochure, salary information, sample contract (with signature sheet acknowledging the applicant received it) copies of rotation and call schedules, didactic schedule, information regarding the area and finding a place to stay, and of course your business card.

Have a wrap-up session where the Program Director and Department Chair or you meet with the applicants to answer questions, take requests for further information, etc.

2011 Annual Meeting

The next meeting will be held April 12–16, 2011 at the Sheraton Wild Horse Pass Resort & Spa in Phoenix, Arizona. Please see tentative schedule, right.

SPECIAL Program Coordinators' Session

Tuesday, April 12, 2011 – Wednesday, April 13, 2011

Tuesday, April 12, 2011

12:00–5:00 pm	TAGME Assessment
12:00–5:00 pm	Program Director/Coordinator Joint Session

Wednesday, April 13, 2011

8:00 am–12:00 pm	Program Director Resources/Website
12:00–1:00 pm	Lunch on your own
1:00–2:30 pm	“Ask the Experts” Roundtable Discussion Coordinator Panel
2:30–3:15 pm	“Interview Tips and Coordinator/Resident Relationships” Coretha Davis
3:15–3:30 pm	Break
3:30–4:15 pm	“Coordinator-101” Tammie Wiley-Rice
4:15–5:00 pm	“Coordinator-102” Toni St. John

Thursday, April 14, 2011

8:00 am–12:00 pm	Plenary Session
12:30–1:30 pm	Lunch
1:30–2:30 pm	Poster Grand Rounds
2:30–3:30 pm	“How to Facilitate Quality Improvement Projects of Residents” Christopher J. Garrison, MD, MBA
3:45 pm–5:00 pm	“Core Competencies and the Resident” Gary S. Clark, MD, MMM, CPE

Friday, April 15, 2011

8:00–8:45 am	ABPM&R	Kevin Randleman
8:45–10:30 am	“Are You Smarter Than a Coordinator?”	Mark Duke & Cindy Volack
10:30–11:00 am	Break	
11:00–12:00 pm	Presidential Address	
12:00–1:00 pm	Lunch	
1:00–2:15 pm	“PIF Part One”	Miki DeJean, MA, C-TAGME
2:15–3:30 pm	“PIF Part Two”	Miki DeJean, MA, C-TAGME
3:30–3:45 pm	Break	
3:45–5:30 pm	“Professionalism—Residents, Faculty & Coordinators”	Rita G. Hamilton, DO

Saturday, April 16, 2011

8:00–9:00 am	“The Site Visit and After”	Randa Karim & Miki DeJean
9:00–10:00 am	“Project Management”	Stacey Snead-Peterson
10:00–10:30 am	Break	
10:30–12:00 pm	AAP Coordinators Council Business Meeting	
12:00–1:00 pm	Lunch	
1:00–4:00 pm	“Coordinator Best Practices”	
	(Each coordinator to bring 3–5 of their best practices (i.e. forms, ideas, systems, etc.)	

(Continued on next page.)

Coordinators' Corner

(Continued from page 21)

RREMS Review

(Continued from page 13)

establish relationships with highly motivated and academically oriented medical students who may be candidates for future residency programs or additional leadership training pathways.

Amy K. Wagner, MD is an Associate Professor at the University of Pittsburgh and was a 2010 RREMS mentor to Nathan Mohney. She believes that participating in the program has been a positive experience for Nathan, as well as for her institution. "I think the RREMS program has been a great way to get a medical student materially involved in rehabilitation focused research and, in the process, expose them to the wide range of clinical expertise that the field of Physical Medicine and Rehabilitation provides. Having an enthusiastic student also infuses a lot of energy into new and ongoing projects, and their contributions really help move these projects forward", said Dr. Wagner.

Visit www.physiatry.org for more information about the RREMS program. The AAP is now accepting applications for 2011 RREMS site sponsors. ■

2011 Main Match Schedule

August 15, 2010	Applicant registration begins at 12:00 noon eastern time.
September 1, 2010	Institution / program registration begins at 12:00 noon eastern time.
November 30, 2010	Applicant registration deadline Note: Applicants may register for \$50 until 11:59 p.m. eastern time. After this deadline, applicants can register by paying an additional \$50 late registration fee (\$100 total fee) until February 23, 2011, when registration closes.
January 15, 2011	Rank order list entry begins Applicants and programs may start entering their rank order lists at 12:00 noon eastern time.
January 31, 2011	Quota change deadline Programs must submit final information on quotas and withdrawals by 11:59 p.m. eastern time.
February 23, 2011	Deadline for registration and ROL certification Rank order list certification deadline Applicants and programs must certify their rank order lists by 9:00 p.m. eastern time. Staff will be available to answer your questions during the final deadline hours. CERTIFIED applicant and program rank order lists and any other information pertinent to the Match must be entered in the R3 System by this date and time. Withdrawal Deadline Independent applicants who have accepted a position through another national matching plan or by agreement outside the Matching Program must withdraw by 9:00 p.m. eastern time.
March 14, 2011	Applicant matched and unmatched information are posted to the Web site at 12:00 noon eastern time.
March 15, 2011	Filled and unfilled results for individual programs are posted to the Web site at 11:30 a.m. eastern time. Locations of all unfilled positions are released at 12:00 noon eastern time. Unmatched applicants may begin contacting unfilled programs at 12:00 noon eastern time.
March 17, 2011	Match Day! Match results for applicants are posted to the Web site at 1:00 p.m. eastern time.
March 18, 2011	Hospitals send letters of appointment to matched applicants after this date. Note: Any contact between programs and unmatched applicants (or their designees) prior to 12:00 noon eastern time, Tuesday, March 15, 2011, is a violation of the Match Participation Agreement. Contact between programs and matched applicants prior to the general announcement of 2011 Match results at 1:00 p.m. eastern time Thursday, March 17, 2011 also is a violation of the Match Participation Agreement.

In Memory of Patricia Gregory, MD

(Continued from page 19)

tation research, which she also mentored to PM&R residents and others.

Memorial contributions may be made to the UNC Medical Foundation of NC, Inc., 880 Martin Luther King, Jr. Blvd., Chapel Hill, NC, 27514. Please note on the check that it is "In memory of Patricia Gregory, MD in PM&R." ■

AAP COMMITTEES AND COUNCILS**RESIDENTS/FELLOWS COUNCIL UPDATE***By Eric Wisotzky, MD*

The Residents/Fellows Council (RFC) has continued to remain active over the summer and we are very excited about our plans for the fall season.

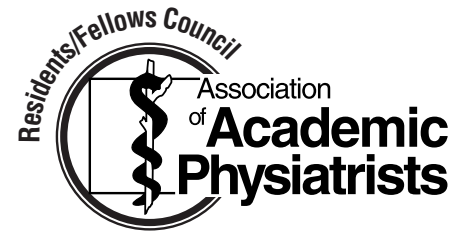
The 2011 AAP Annual Meeting in Phoenix, Arizona, April 12–16 includes many exciting RFC programs. The residents/fellows workshop is promised to be our best yet. We are very honored to have Dr. Joel DeLisa as our keynote speaker. He will be discussing the “International Application of Physical and Rehabilitation Medicine.” This talk will be followed by a fun and interactive social event. We are introducing our first ever chief residents’ workshop as the timing of the event (April) is a perfect time for outgoing and incoming chiefs to attend and share information.

We encourage program directors

to select their new chiefs early so they can attend our workshop. As always, our fellowship panel will include fellows from many specialties to impart words of wisdom to residents. Lastly, our medical student program will provide a thorough introduction to PM&R and allow students to ask questions about our specialty.

The RFC is excited to announce a Free Registration Contest for residents who are interested in attending the 2011 AAP Annual Meeting. Details are available on the following page.

Please also see the awards section of the newsletter for information on nominating colleagues for the first ever McLean Outstanding Resident Award. We look forward to many submissions for what we hope will become a very prestigious award.



Do not forget about the International Day of Persons with Disabilities, on December 3rd. This is a great opportunity to acknowledge the courage of disabled citizens and the challenges they face. Please e-mail us or post a message on our online forum (http://www.physiatry.org/Education_Residents_Forum.cfm) if you have ideas on how to observe this important day.

Please check the AAP Website (www.physiatry.org/Education_Residents.cfm) throughout the year for more details. You can also feel free to post something on the PM&R Resident Forum on the AAP website. If you have any questions, suggestions, comments, or are interested in participating within the AAP, please contact Eric Wisotzky, RFC Chair, at erw9023@nyp.org. ■

**Do you need a hotel roommate for the 2011 Annual Meeting?**

The Resident/Fellow Discussion Forum is a great place to network with colleagues across the nation. Visit the AAP website to utilize the forum to discuss Annual Meeting plans with other AAP residents.

The Resident/Fellow Discussion Forum also serves as a platform to discuss general PM&R topics and ideas for initiatives the Resident/Fellow Council can take on to advocate for residents nationwide.

http://www.physiatry.org/Education_Residents_Forum.cfm

ANNOUNCEMENTS

Residents/Fellows Council (RFC)

FREE REGISTRATION CONTEST

OVERVIEW

The Association of Academic Psychiatrists (AAP) is offering three free registrations equivalent in the amount of \$490/each to residents of the AAP to cover the registration expenses at the AAP Annual Meeting, to be held in Phoenix, Arizona from April 12–16, 2011.

To enter the contest, AAP residents must describe their general current and future interests, tell which course, workshop or speaker at the 2011 AAP Annual Meeting interests them the most and why, and share the most compelling reason they have for attending the meeting.

Entries will be judged by the AAP Residents/Fellows Council on creativity, sincerity, and how clearly stated the benefits of attending the meeting are for the individual and their institution. Responses should be limited to 300 words, and are due by December 15, 2010. Prizes will be awarded January 5, 2011.

RULES AND REQUIREMENTS

The AAP is offering:

- Three free registrations for AAP members in the “resident” category,
- Applicants must be able to attend the meeting and will be responsible for all other costs associated with meeting attendance,
- The Contest only covers the expense of registration to the meeting.

ELIGIBILITY

- Applicants must be a member of the AAP,
- Applicants must be in the “resident” category of membership,

- Applicants must be able to attend the 2011 AAP Annual Meeting in Phoenix, Arizona,
- All other expenses for hotel and travel are not covered by the AAP,
- AAP will cover the winners of the contest expenses to register to attend the AAP Annual Meeting in Phoenix, Arizona.

APPLICATION PROCEDURES

- Prepare a written statement, in English, of approximately 200–300 words,
- Please include your complete contact information in the entry,
- Describe your general current and future interests and activities and specifics on why attending an AAP meeting would benefit you and your institution,
- Your essay must be received to brensing@psychiatry.org by December 15, 2010.

POST AWARD REQUIREMENTS

Recipients will answer a questionnaire detailing their conference experience for possible inclusion in an article to be published in a 2011 issue of the AAP Newsletter. AAP reserves the right to include entries and questionnaire content in future Annual Meeting promotions.

NOTIFICATION

All applicants will receive notification of award status no later than January 5, 2011.

All entries will be acknowledged upon receipt.

SUBMISSION DETAILS

Please send your entry with your name, address, telephone number, and e-mail address no later than December 15, 2010 to brensing@psychiatry.org. ■

**ATTENTION
RESIDENTS!**

Win FREE registration to the 2011 AAP Annual Meeting!

ADDED BENEFIT FOR 2011!

Institutions participating in the 2011 Academic Partnership Program will also receive 1 free advertisement per year in the AAP E-Brief that is sent to AAP membership monthly via E-mail.

The AAP E-Brief includes important announcements from the AAP and PM&R specialty-related news. The free advertisement that can be used for career opportunities, announcements and upcoming events, will appear in prominent positions in the e-newsletter.



Academic Partnership Program 2011

An **AAP Academic Partnership** offers the unique opportunity to contribute to “the advancement of education and research in the field of Physical Medicine and Rehabilitation” while receiving value to the department that exceeds your donation.

Fee	\$1,900.00 (\$950.00 in savings if benefits priced individually)
Deadline	January 14, 2011

Benefits

Membership Application Benefit

- All \$25 membership application fees waived

Program Coordinator Benefit (Non-Physician)

- AAP membership for the Program Coordinator
- Meeting registration for Program Coordinator
- Monthly subscription to the *American Journal of Physical Medicine & Rehabilitation*
- Quarterly subscription to the AAP Newsletter

Complimentary Annual Meeting Registrations

- Meeting registration for one faculty member
- Meeting registration for one resident

Additional Benefits

- Unlimited posting on the AAP Web site
- Access to the Members-Only section of the AAP Web site
- Full page ad in the AAP Newsletter to use for positions available, promotions of conferences, distribution of information, etc. (only available during the current year of membership; cannot be extended to future years)
- Departmental subscription to the *American Journal of Physical Medicine & Rehabilitation*
- Departmental subscription the the AAP Newsletter
- Highlighted at the AAP Annual Meeting
- Recognition in AAP publications

Rules

Rules/Disclaimers

1. Vouchers will be provided for meeting registrations and must be attached to the Annual Meeting registration form.
2. Vouchers cannot be extended to another year if not used in the current membership year.
3. No refunds will be provided to faculty members or residents who have already registered for the Annual Meeting.
4. When using a voucher, one cannot register for the Annual Meeting via the AAP Web site.
5. This Academic Partnership program dissolves any previous Academic Partnership program.
6. A voucher can be used only for its stated category. No substitutions. No copies.
7. Complimentary meeting registrations do not include optional events.

Enrollment

Contact

Katie Adair, Membership and
Annual Meeting Manager
Association of Academic Physiatrists
7250 Parkway Drive, Suite 130
Hanover, MD 21076
kadair@physiatry.org
410-712-7120

For More Information Visit
www.physiatry.org

ACADEMIC PARTNERSHIP APPLICATION

INSTITUTION

University/Faculty

Address Line 1

Address Line 2

City

State

Zip

Phone Number

Fax number

E-Mail Address

Web Site (URL)

Permission to Link to your Web site? Yes No

PROGRAM COORDINATOR

Please list the information for the Complimentary Program Coordinator's Membership

Full Name

Title

E-Mail Address

PAYMENT

- Enclosed is a check for \$1,900.
- VISA / MasterCard / American Express / Discover

Card Number

Expiration Date

Name on Card

Cardholder's Address (Street Number and Zip Only)

Authorized Signature



**Deadline to participate in the
2011 Academic Partnership Program
January 14, 2011**

Rules/Disclaimers

1. Vouchers will be provided for meeting registrations and must be attached to the Annual Meeting registration form.
2. Vouchers cannot be extended to another year if not used in the current membership year.
3. No refunds will be provided to faculty members or residents who have already registered for the Annual Meeting.
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7. Complimentary meeting registrations do not include optional events.

Mail To

Katie Adair, Membership Manager
 Association of Academic Physiatrists
 7250 Parkway Drive, Suite 130
 Hanover, MD 21076
 kadair@physiatry.org
 410-712-7120



Kessler Foundation's Joel A. DeLisa, MD Award for Excellence in Research and Education in the Field of Physical Medicine & Rehabilitation (PM&R)

2010–2011 CALL FOR NOMINATIONS

Deadline: December 15, 2010

Program Area: Physical Medicine and Rehabilitation (PM&R)

Purpose: This award seeks to identify and reward the physician or scientist who has demonstrated a significant impact on the field of PM&R, particularly as it relates to the translation of research and education to patient care.

Program Information: Kessler Foundation requests nominations for its newly established award that honors the Founding Director of Kessler Foundation's Research Center, Dr. Joel A. DeLisa. Each year for the next 20 years, this award will recognize a leader and role model in the field of PM&R. This year's award will be presented at the Kessler Foundation Awards Gala on May 12, 2011 in New York City. The award recipient must be present on that day to receive the award as well as to deliver a presentation at Kessler Foundation's Thought Leadership Conference.

How to Apply: Applicants must be nominated by a second party who can attest to the individual's qualifications. The application must include a cover page, accompanied by a concise, two-page statement from the nominator that summarizes the impact that the nominee has had on the field of PM&R and why this individual should be considered for the award. The applicant's current *Curriculum Vitae*, and two letters of recommendation must be included. Please see the attached Cover Sheet and instructions. Complete application materials must be submitted to the address below by December 15, 2010.

Eligibility & Selection Criteria: Applicants at all levels of their career are eligible for nomination. Current Kessler Foundation employees are not eligible. To be considered for this award, a nominee must demonstrate significant accomplishments in the following six domains:

- **Publications:** publishes in premier, peer-reviewed PM&R and related journals, is main author of (or contributor to) authoritative text, is an invited lecturer at major PM&R conferences and events, offers seminars to disseminate new findings at professional conventions
- **Prior Funding:** seeks and receives funding as Principal Investigator on major NIH, NIDRR, Model Systems, Center Grants or other relevant sources of funding

- **Program Development:** establishes creative curriculum design or research programs, transforms a system that impacts field of knowledge in PM&R, integrates advanced research with innovative ways of delivering quality medical rehabilitative care, leading to improved levels of function and independence
- **Education/Training:** demonstrates advanced knowledge within rehabilitation specialty as well as currency in the overall field of PM&R, is board certified, has membership in professional societies, demonstrates exceptional clinical or research skills
- **Service:** has experience as Department Chair, Clinical Director or Team Supervisor, is active on relevant boards and administrative committees, serves as mentor or advisor to rehabilitation trainees and/or medical students
- **Leadership:** makes significant contributions through excellence in mentoring/advising rehabilitation trainees and/or medical students as evidenced by students' success and achievements, is sought after for his/her expertise and is respected among colleagues, leads original research or clinical programs, receives awards for teaching or research program development.

Key Dates:

December 15, 2010 — Deadline for receipt of nomination and all application materials, including CV and two recommendation letters

March 1, 2011 — Award recipient notified

May 12, 2011 — Award presented at Gala Event in New York City (recipient must be present during that day for scheduled events)

Total Award — One annual award will be presented in the amount of \$50,000.

Contact: For any questions about this award, please contact:
 Julia Stoumbos, Program Manager
 300 Executive Dr., West Orange, NJ 07052
 Phone: 973-324-8377
 E-mail for electronic submissions:
jstoumbos@kesslerfoundation.org



Kessler Foundation's Joel A. DeLisa, MD, MS Award for Excellence in Research and Education in the Field of Physical Medicine & Rehabilitation

INSTRUCTIONS FOR AWARD APPLICATION

Please adhere to the following instructions:

1. Download and complete the cover page at www.kesslerfoundation.org
2. Nominators must include a concise, two-page statement summarizing the impact that the nominee has had on the field of PM&R and why this individual should be considered for this award.
3. Attach the applicant's current *Curriculum Vitae*.
4. Include two letters of recommendation.
5. All application materials must be typed.
6. Fully completed applications and all required attachments must be submitted by December 15, 2010.
7. Applications may be submitted electronically or by postal mail.
8. To mail original application, send all required materials to:
Kessler Foundation
Attn: Julia Stoumbos, Program Manager
300 Executive Dr.
West Orange, NJ 07052
9. To send application electronically, send all required materials to: jstoumbos@KesslerFoundation.org
10. Applications will be reviewed by the Selection Committee. Their decisions shall be final.
11. Awardee will be notified no later than March 1, 2011. ■

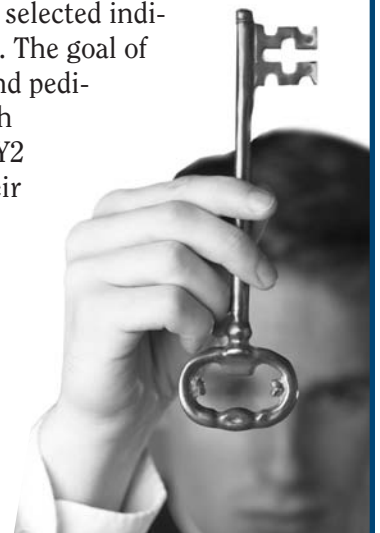
Become Tomorrow's Rehabilitation Researcher! Join the Rehabilitation Medicine Scientist Training Program

Where is the evidence base for rehabilitation treatments?
How can we support the value of rehabilitation with payors and policy makers?

Rehabilitation research is the key, and well-trained rehabilitation researchers are needed for the job! We offer NIH-funded research training fellowships at competitive salaries to selected individuals to study with a nationally prominent mentor of their choice for up to 3 years. The goal of the program is to train a cohort of physiatric researchers – focusing on both adult and pediatric rehabilitation topics – who can compete successfully for NIH and other research funds, and who can contribute original research to the advancement of the field. PGY2 and PGY3 residents, and academic faculty members within 5 years of completing their training, are invited to attend a research training workshop held at the annual meeting of the Association of Academic Physiatrists, to help them prepare for the funded RMSTP fellowship.

Applications for the research training workshop are due December 1, 2010.
Applications for the NIH-funded fellowships are due September 1st of each year.

For more information visit the AAP Website, www.physiatry.org, or contact the RMSTP Program Coordinator, Mary Czerniak, at meczerni@einstein.edu or (215) 663-6592.



ANNOUNCEMENTS

Physiatrist

The Atlanta VA Medical Center is currently recruiting for:

1) General Physiatrist

(#10-427VA): position includes outpatient musculoskeletal & pain clinics, EMGs, and some inpatient consults. Training in Ultrasound is a plus. BC/BE in PM&R.

2) Interventional Physiatrist

(#10-428VA): position includes interventional procedures such as epidurals, facet joint injections, medial branch blocks, and radiofrequency ablation. BC in PM&R, BC/BE in Pain Medicine. Concurrent Emory University Appointment. To apply submit CV/resume and three references to Atlanta VAMC, HRMS (O5VA), 1670 Clairmont Rd., Atlanta, GA 30033. ATTN: Shenja Moore at 404.321.6111 ext 5186. E-mail: ShenjaMoore@va.gov.

The Department of Veterans Affairs is an Equal Opportunity Employer.



JOHNS HOPKINS
M E D I C I N E
PHYSICAL MEDICINE
AND REHABILITATION

Johns Hopkins University School of Medicine

The Department of Physical Medicine and Rehabilitation of the Johns Hopkins University School of Medicine is seeking a full-time, board-certified / board-qualified Physiatrist for our growing department.

This extraordinary position offers ample opportunity for teaching, and clinical practice in a collegial environment of the highest caliber. Clinical and academic track appointments are available. Clinical experience, enthusiasm, strong communication skills, desire for collaboration and a commitment to quality are necessary. Excellence in clinical teaching and the ability to effectively relate to patients and their families is expected. We offer competitive salary, productivity-based supplement, and outstanding benefits.

General PM&R Inpatient Attending/Consultant

Duties include: Attending Physiatrist on Comprehensive Integrated Inpatient Rehabilitation Program, as well as inpatient PM&R consultant at the Johns Hopkins-Affiliated Good Samaritan Hospital.

For further information contact:

Kenneth Silver, MD
Vice-Chair, Physical Medicine and Rehabilitation
Johns Hopkins University
Smyth Professional Building, Suite 406
5601 Loch Raven Boulevard
Baltimore, MD 21239
(443) 444-4780 - Office (443) 444-4770 - Fax
E-mail: ksilver3@jhmi.edu

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ANNOUNCEMENTS

JFK Johnson Rehabilitation Institute

TRAUMATIC BRAIN INJURY (TBI)/NEUROREHABILITATION FELLOWSHIP

The JFK Johnson Rehabilitation Institute (JRI) offers a one-year fellowship opportunity for a board-eligible/board-certified physiatrist interested in traumatic brain injury (TBI)/neurorehabilitation. The fellowship is offered at the Center for Head Injuries in Edison, New Jersey, and the Department of Physical Medicine and Rehabilitation at UMDNJ-Robert Wood Johnson Medical School. These facilities are centrally located in the NY/NJ metropolitan area.

The Center for Head Injuries at JRI actively participates in numerous TBI research projects. The Center recently gained national exposure as the featured facility in the HBO special, "COMA" (September 2007). This two-hour special tracks four patients over a one-year period, detailing each patient's medical progress and the impact of injury and treatment on the patients and their families. In addition, a collaborative study on a patient from our program with TBI and the use of Deep Brain Stimulation was published in *Nature* (Aug 2007;448:600-603).

These specific projects, with exposure to state-of-the-art intervention, are examples of ongoing research and advances being made at JRI's Center for Head Injuries. Participation in other current research and pursuit of research topics of personal interest in the advancement of brain injury rehabilitation are welcome.

Fellowship Description

The TBI / neurorehabilitation fellowship will provide the selected candidate with exposure to the continuum of care offered at a Model System TBI program. The experiences and challenges of this Model System TBI program will prepare the candidate to medically manage the TBI patient population and ultimately direct and manage a Brain Injury Unit.

Fellowship Objectives

Upon completion of the program, the Fellow will demonstrate the ability to:

- Manage spasticity through various means including serial casting, medications, motor point and nerve blocks, botulinum toxin injections, and intrathecal baclofen pumps
- Clinically manage the medical, pharmacological, and rehabilitative needs of persons with traumatic and non-traumatic brain injury
- Competently perform mental-status and neurological exams as well as interpretation and application of neuroimaging studies and neurophysiological testing

- Develop and implement specialized treatment regimes including behavioral modification programs and coma management
- Function as the leader of the rehabilitation team, designing and implementing comprehensive rehabilitation programs in the brain injury setting
- Demonstrate an understanding of the management principles and practices related to the brain injury population
- Develop an understanding of clinical medical research through topics in statistics, basic measurements, IRB approvals, and clinical design.

Curriculum

- Inpatient acute brain injury
- Subacute inpatient brain injury
- Outpatient cognitive rehab
- Spasticity clinic
- Baclofen clinic

Electives may be available based on the Fellow's and the Department's needs and interests.

Research

Fellows are encouraged to complete at least one research project during their training. Submitting case reports for poster presentations and/or publications is strongly encouraged.

Project suggestions and assistance may be obtained from the Director of Residency Research and/or other faculty members.

Application Process

Applications can be submitted any time after July 1 for the next academic year. Interviews are conducted from October through December.

Interested candidates may forward their CV and two letters of reference via e-mail to Joan D. Vilar at jvilar@solarishs.org

JFK/Johnson Rehabilitation Institute

65 James Street

Edison, NJ 08817

Attention: Joan D. Vilar

Rehab Medicine

732-321-7000 ext. 62151

jvilar@solarishs.org





CONNECTICUT

Physiatrist sought to work in a state-of-the-art inpatient rehab unit; with the potential to do outpatient work as well. This established facility, the only one of its kind in the area, holds a dominant market share and offers security and stability. Superior support system includes a dedicated nursing staff trained in rehabilitation. Administrative interest and experience are welcomed; there is potential to be the "Medical Director" of the unit. Excellent compensation package includes 401K, pension and comprehensive benefits. Home to a renowned University, this vibrant area is packed with culture and life. Choose to live in the city with easy access to restaurants, theaters and everything that goes along with it, or choose to live in one of the many beautiful, coastal suburbs.

Shane Meehan
Alpha Medical Group
800.584.5001 • smeehan@alphamg.org
www.alphamg.org

3 WAYS TO ADVERTISE WITH THE AAP

1 Newsletter

The AAP Newsletter is a quarterly publication that has grown to an average of 30 pages per issue with a circulation of approximately 1300. It is received in nearly every PM&R Department and Residency Training Program and offers a low cost opportunity to have your name, service or product seen by PM&R educators, clinicians, and residents. Call the AAP office for costs: 410-712-7120.

Publication Time Deadline to Send Copy:

- Spring Newsletter - March 1
- Summer Newsletter - June 1
- Fall Newsletter - September 1
- Winter Newsletter - December 1

Ad Specifications:

- Full page is 7" x 10" black and white copy, no bleed. Divide appropriately for smaller sizes, with 1/4" margin on all sides.
- Send copy camera-ready, as a digital file in EPS or TIFF format, or typed copy with instructions for typesetting (no additional charge for this service).
- The AAP reserves the right to decline advertising which in its opinion is not in keeping with the policies of the association.

Ad Rates:

Ad Size	Cost for one issue
Full page (7"x 10")	\$275.00
1/2 page (7"x 5")	\$225.00
1/4 page (3"x 5")	\$175.00

Reach the largest market by advertising in all four issues! Please contact us for multiple-issue pricing or for additional information.

Association of Academic Physiatrists
7250 Parkway Drive, Suite 130
Hanover, MD 21076
Tel: 410-712-7120, Fax: 410-712-7101
E-mail: newsletter@physiatry.org

2 Web Ads

The AAP Website receives an average of 500 hits per day, with 80% direct hits to our Positions Available Page! This is an excellent opportunity for your organization to advertise position openings. The cost of advertising is only \$50.00 per month. As an Academic Partner, you can receive unlimited FREE postings to the Web site.

For more information on Web Ads or the Academic Partnership, send an e-mail to: Bernadette Rensing, brensing@physiatry.org. You can also visit us on the Web at www.physiatry.org for more information.

3 American Journal of Physical Medicine & Rehabilitation

The American Journal of PM&R, published every month, is another excellent opportunity for your company or institution to advertise your position openings.

For physician recruitment and classified advertising, contact:

Taron Butler
American Journal of Physical Medicine & Rehabilitation
Lippincott Williams & Wilkins
351 West Camden Street,
Baltimore, MD 21201-2436
Phone: 800-645-3658
Fax: 410-528-4452
E-mail: Taron.Butler@wolterskluwer.com

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Permit No. 9502



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ACADEMIC PHYSIATRIST

Philadelphia

The Department of Rehabilitation Medicine at Thomas Jefferson University is recruiting a BC/BQ physiatrist to join its well established and highly regarded academic department. The position is based at Thomas Jefferson University Hospital and requires both inpatient and outpatient general physiatric services, as well as clinical teaching of residents and medical students. Candidate must successfully demonstrate strong organizational, communication, teaching and leadership skills. Ample opportunities exist for clinical program development, interdepartmental collaboration and research. Academic rank will be commensurate with credentials and experience.

Interested candidates should send a curriculum vitae and cover letter to:

John Melvin, MD

Michie Professor and Chair
Department of Rehabilitation Medicine
Thomas Jefferson University
25 S. Ninth St. Philadelphia PA 19107
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