Manual M-2, Clinical Programs. Part VIII, Rehabilitation Medicine Service

Part VIII name changed to: Physical Medicine and Rehabilitation Service

By: VHA Directive 10-93-071, dated June 17, 1993

Chapter 7, Education in Rehabilitation Medicine (Paragraphs 7.01 through 7.03)

Rescinds earlier revisions and changes to Chapter 7

This document includes:

Title page and title page verso, dated **October 7, 1992**Contents page for M-2, Part VIII, dated **October 7, 1992**Rescissions page for M-2, Part VIII, dated **October 7, 1992**

Contents page for Chapter 7, dated **October 7, 1992** Text for Chapter 7, dated **October 7, 1992**

Transmittal sheets located at the end of the document: VHA Directive 10-93-071, dated **June 17, 1993** Sheet dated **October 7, 1992**

DEPARTMENT OF VETERANS AFFAIRS

CLINICAL PROGRAMS
Rehabilitation Medicine Service

M-2, Part VIII October 7, 1992 Veterans Health Administration Washington, DC 20420

Department of Veterans Affairs Veterans Health Administration Washington, DC 20420

 $\mbox{M-2, "Clinical Programs," Part VIII, "Rehabilitation Medicine Service," is published for the compliance of all concerned.$

JAMES W. HOLSINGER, JR., M.D. Chief Medical Director

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- 7. EDUCATION IN REHABILITATION MEDICINE
- 8. RESEARCH IN RMS (REHABILITATION MEDICINE SERVICE)
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RESCISSIONS

The following material is rescinded.

1. Complete Rescissions

a. Manual

- M-2, Part VIII, dated July 15, 1955, and changes 1 through 4
- M-2, Part VIII, dated July 15, 1966,
- M-2, Part VIII, change 1, dated June 19, 1970 M-2, Part VIII, change 2, dated September 22, 1971
- M-2, Part VIII, change 3, dated July 2, 1981

b. Interim Issues

- II 10-66-44
- II 10-70-16
- II 10-74-28
- II 10-74-30
- II 10-75-3
- II 10-76-16
- II 10-76-17
- II 10-76-19
- II 10-76-31
- II 10-77-25

c. Circulars

- 10-87-13 and Supplement 1
- 10-87-15 and Supplement 1
- 10-87-81 and Supplement 1
- 10-87-133
- 10-88-113
- 10-90-025

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CHAPTER 7. EDUCATION IN REHABILITATION MEDICINE

7.01 STATEMENT OF POLICY

Education and training are essential to the maintenance of high standards of professional practice. Changing standards of practice, scientific advances, and improved technology necessitate continued professional competency. A program of staff development and continuing education planned and implemented by RMS (Rehabilitation Medicine Service) enhances the quality of care given to veterans and facilitates a program of continuous quality improvement. The content of these programs reflects current health care practice in the delivery of rehabilitation and the results of Quality Assurance activity.

7.02 CONTINUING EDUCATION/STAFF DEVELOPMENT

- a. Continuing education is expected of every professional within RMS service. The scope of education will be influenced by:
 - (1) Needs assessments,
 - (2) Quality assurance and utilization review results,
 - (3) Changing practice delivery, and
 - (4) Other significant factors.
- b. Personal continuing education plans should be formulated, reviewed and adjusted to meet changing needs.
 - c. RMS educational activities may be administered by:
 - (1) RMEC (Regional Medical Education Center),
 - (2) REP (Rehabilitation Education Program),
 - (3) Educational institutions,
 - (4) In-services,
 - (5) Teleconferences,
 - (6) Workshops,
 - (7) Seminars,
 - (8) Staff meetings,
 - (9) Conferences, and
 - (10) Grand Rounds.
- d. The use of local controlled education funds is encouraged to assist staff in attendance at relevant continuing education programs. Tuition support money intended for recruitment and retention of occupational therapists and physical therapists should be sought, annually, through the Associate Chief Medical Director for Academic Affairs.

- e. RMS staff should be authorized and encouraged to attend and actively participate in appropriate professional meetings.
- f. Each RMS section is responsible for providing, on a regular basis, an in-service education program to staff which addresses scope of practice of that section.
- g. RMS will provide an in-service training program for the medical center professional staff targeted to the medical center's mission, clinical rehabilitation service delivery, and the principles of continuous quality improvement.

7.03 TRAINING PROGRAMS

- a. Residency programs in RMS established in VA facilities must meet criteria in accordance with VHA (Veterans Health Administration) Manual M-8, part I, chapter 2.
- (1) The facility having a RMS Residency Training program must have a RMS bed service with diagnostic capabilities as required by the American Board of Physical Medicine and Rehabilitation.
- (2) Physician staffing patterns shall comply with Board requirements. Resident supervision and graduated responsibilities must follow VHA regulations and ACGME (American Council on Graduate Medical Education) guidelines.
- (3) A minimum of two physiatrists must be employed at the VA (Department of Veterans Affairs) medical center in RMS before a Residency Training Program can be instituted.
- b. Clinical training affiliations with RMS therapies may be provided at selected VA facilities in accordance with Office of Academic Affairs guidelines.
- (1) Each section having a program should have at least 3 professional staff members with one designated as training supervisor by the chief of the section, with concurrence by the Chief, RMS.
- (2) Prior to the establishment of a clinical training program, the educational institution should make a formal written request to VA medical centers for this affiliation.
- (3) Officials at both the educational institution and VA medical center will co-sign a Memorandum of Affiliation establishing the training program at the medical center. The original document will be retained at the medical center with a copy to the affiliated university.
 - (4) All affiliated training programs in RMS are decentralized with the exception of:
 - (a) Funded Occupational Therapy programs, and
- (b) Programs that are <u>not</u> accredited by a nationally recognized accrediting body, i.e., Educational Therapy and Manual Arts/Horticultural Therapy.

NOTE: A Kinesiotherapy non-affiliated training programs for qualified candidates may be established with the approval of RMS, VA Central Office (117B).

Department of Veterans Affairs Veterans Health Administration Washington, DC 20420 VHA DIRECTIVE 10-93-071

June 17, 1993

TO: Regional Directors; Directors, VA Medical Center Activities, Domiciliary, Outpatient Clinics, Regional Offices with Outpatient Clinics

SUBJ: PM&RS (Physical Medicine and Rehabilitation Service) Name Change

1. <u>PURPOSE:</u> The purpose of this VHA (Veterans Health Administration) directive is to provide instructions relating to a change in title from RMS (Rehabilitation Medicine Service) to PM&RS. This directive will be incorporated into manual M-2, part VIII.

2. BACKGROUND

- a. Prior to 1973, the formal designation of the current RMS was PM&RS. This title, which had been utilized by VA (Department of Veterans Affairs) since 1948, reflected the official name of the medical specialty, the ABMS (American Board of Medical Specialists) specialty board, as well as the affiliated medical school departments. In 1973, in an effort to "expand the parameters of this medical program," the name was changed to RMS.
- b. The new title went generally unappreciated by leaders in the field whose training, experience and background were identified as "physiatry," a universally recognized medical specialty. There is now a strong need to support the many advances in technology, medical knowledge, and national interest in the field of physical rehabilitation to again assume the specific title for which this specialty is best known and recognized.
- c. The need to maintain the reputation and credibility of the VA Physical Medicine and Rehabilitation Program should not be compromised by naming physicians who are not board-certified physiatrists to head those programs in field health care facilities.
- 3. <u>POLICY</u>: Clinical designation of a service in VA Central Office and field facilities will correspond as clearly as possible with the designation of its counterpart in academia, the private sector and the international medical community. Renaming the RMS in VA will provide the correct designation of the types and kinds of services with which this service has been associated, as well as maintaining a consistency for all non-VA correspondence with inspection/accreditation bodies and professional organizations in physical medicine and rehabilitation.

4. ACTION

- a. On or after June 17, 1993, all full-time permanent Chiefs of PM&RS will be board-certified physiatrists.
- b. Any individual who is not board certified and currently serving as a field chief of PM&RS may continue in that capacity. Facilities wishing to nominate for appointment non-Board certified physiatrists to Chief of PM&RS must request a waiver from the Associate Deputy Chief Medical Director (11). These requests should be forwarded through the Regional Director (13 $_$ /PM&RS (117B).

THIS VHA DIRECTIVE EXPIRES JUNE 17, 1994

- 5. REFERENCES: None.
- 6. $\underline{\text{FOLLOW-UP RESPONSIBILITY}}$: Director, Physical Medicine and Rehabilitation Service (117B).
- 7. RESCISSIONS: This VHA directive will expire June 17, 1994.

Signed 6/17/93 C. Wayne Hawkins for

James W. Holsinger, Jr., M.D. Under Secretary for Health

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- 1. Transmitted is a complete revision of Veterans Health Administration Manual M-2, "Clinical Programs," Part VIII, "Rehabilitation Medicine Service." Because of the many changes, brackets have not been used to indicate the changes.
- 2. Principal changes are:
 - a. Chapter 1: Includes a statement of policy and reporting requirements.
- b. Chapter 3: Is replaced by a new Chapter 3, "RMS (Rehabilitation Medicine Service) Sections."
- c. Chapter 5: Is replaced by a new Chapter 5, "Driving Training for the Handicapped Veteran."
 - d. Chapter 6: Is replaced by a new Chapter 6, "Work Restoration Program."
- e. Chapter 7: Is replaced by a new Chapter 7, "Education in RMS (Rehabilitation Medicine Service)."
- f. Chapter 8: Is replaced by a new Chapter 8, "Research in RMS (Rehabilitation Medicine Service)."
 - g. Chapter 9: Is replaced by a new Chapter 9, "Scope of Practice."
 - h. Chapter 10: Is deleted.
- 3. Filing Instructions

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4. RESCISSIONS: M-2, Part VIII, dated July 15, 1966; Circulars 10-87-13 (Supp. 1), 10-87-15 (Supp. 1); 10-87-81 (Supp. 1); 10-87-133, 10-88-113, 10-90-025, and Interim Issue 10-66-44, 10-70-16, 10-74-28, 10-74-30, 10-75-03, 10-76-16, 10-76-17, 10-76-31, 10-77-25.

Chief Medical Director

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