

Physiatry



Association of Academic Physiatrists

F O R W A R D



FALL 2022 | AAP'S MEMBER MAGAZINE



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Shirley Ryan AbilityLab, Twitter



Edward Pingnot III, Twitter



Julie Captain, Twitter



Jina Libby, Twitter

PHYSIATRY POV

We love seeing our members making a splash on social media! Here's a collection of what we've seen from you this season.



Miguel Escalon, Twitter



Montefiore Rehabilitation Medicine, Twitter



Ohio State PM&R, Instagram



Nassau University Medical Center, Instagram



Sean Dreyer, Twitter



University of Missouri Department of PM&R



Monica Verduzco-Cutierrez, Twitter



Timothy Tiu, Twitter



Ricky Ju, Twitter



University of Miami PM&R, Twitter



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Johns Hopkins PM&R Residency, Twitter



Justin Berthold, Twitter



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Julie Captain, Twitter



UPMC, Instagram



Icahn School of Medicine at Mount Sinai, Twitter



Vanderbilt University Medical Center PM&R Department, Twitter



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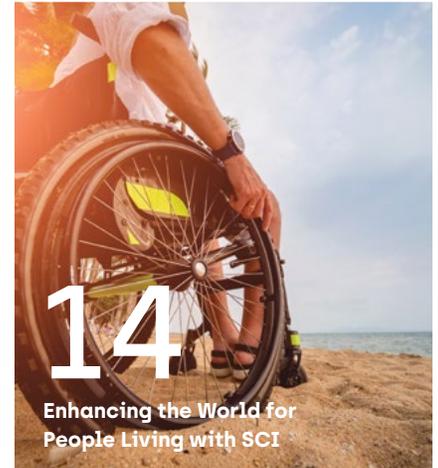
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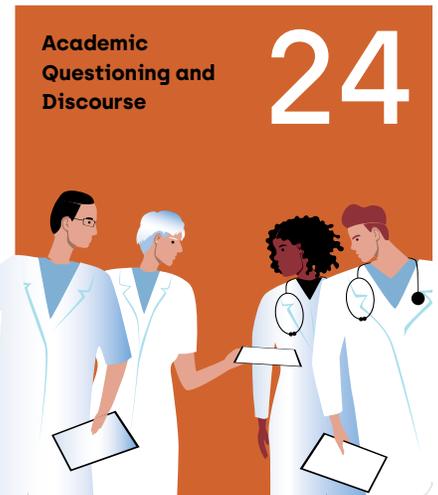
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ON THE COVER

Burke held its inaugural Adaptive Sports and Recreation Expo on Sunday, September 18th on a beautiful 61-acre campus in White Plains, NY. Dozens of vendors and participants attended to learn about resources and get information for living an active and engaged life with a disability. Everything from rock climbing (seen on the cover), to fencing, lacrosse, golf, and adaptations for increased autonomous activities including driving were showcased. The photo shows two visitors tackling the climbing wall, each to their own capabilities.

The cover photo was taken by John Vecchioia.



Physiatriy Forward, the AAP's member magazine

It's hard to believe 2022 is now beginning to wrap up. What an incredible year it has been!

In this issue of *Physiatriy Forward*, we're diving into making the world better for those living with SCI, understanding the balance of academic discourse and questioning, celebrating big milestones for the AAP, and more! We're looking ahead to the Annual Meeting, featuring ways you can get involved with us and contribute to the future of this specialty.

As always, I want to know about topics you'd like to see, stories you'd like to contribute, and physiatrists you'd like to know. You can send your ideas anytime to tgleaseon@physiatry.org.

Taylor Gleason
AAP Communications Manager

Physiatriy Forward is published four times a year by the Association of Academic Physiatrists (AAP). With a circulation of 2,700, *Physiatriy Forward* is sent to active members of the AAP. To view past issues, visit www.physiatry.org/PhysiatriyForward. To advertise, contact Taylor Gleason, Marketing & Communications Manager, at tgleaseon@physiatry.org.

Contribute to our winter issue of *Physiatriy Forward*! Submit your day-in-the-life photo to be considered for our front cover. Send this content and more to Taylor Gleason at tgleaseon@physiatry.org.

Celebrating Our AJPM&R Impact Factor

NEW
INCREASED
IMPACT FACTOR:
3.412

RANKING IN JOURNALS
REHABILITATION:
16 out of 68

SPORTS SCIENCE:
35 out of 87

Dear colleagues and friends:

The Association of Academic Physiatry's [AAP] official journal, the *American Journal of Physical Medicine and Rehabilitation* [AJPM&R], has been awarded an **Impact Factor of 3.4**. This is a huge jump for us as we continue to climb in the rankings in our categories.

Fifty-six countries around the world have made contributions to *AJPM&R* over the past three years. We continue to position *AJPM&R* as a leader in the field of physical medicine and rehabilitation, and we wish to thank all the authors, Editorial Board, and Editorial office for their outstanding work.

Multiple articles inside this issue of *Physiatry Forward*, have excerpts of recent content in *AJPM&R*. We encourage you to visit journals.lww.com/ajpmr to fully view the latest works. We also encourage you to submit your work to our "blue journal" to disseminate your important research to others. You can also contribute to the building success of *AJPM&R* by suggesting colleagues consider our journal as an outlet for their papers, book reviews and accepting invitations to review articles.

FROM THE PRESIDENT

Your AAP Board of Trustees recently met in person in Phoenix, Arizona to continue to accelerate the progress of the organization and begin implementation of the newly approved strategic plan. It is an exciting time for the organization as we “think big” about next steps. It was so rewarding to spend two days hearing the impactful ideas and plans from all our board members — the engagement was impressive! The Board also took the time to shine a light on itself in a self-evaluation process. This is an important activity for high performing boards to continually improve, remain responsive to the membership, and ensure we remain focused on the mission of the organization. I am pleased to report that the state of your AAP is strong, both financially and operationally, and the board is performing extremely well in all aspects. However, we need to continue to hear from our membership. We will continue to look for opportunities to facilitate dialogue and interaction but encourage you to reach out to the board members. They want to hear from you and value your feedback.

Our brilliant members are our most important resource, and your suggestions and needs will continue to drive the agenda.

The Board of Trustees also recently approved the creation of the Psychiatry Foundation Fund, aimed to synergize with existing philanthropy efforts in the field with a particular focus on education and leadership development activities. This is an exciting next step as the organization continues to grow our impactful programs, and I hope that you will contribute to the Psychiatry Foundation Fund, no matter how large or small. This will enable you to pay it forward and ensure that we are able to further expand our reach and capacity.

Many AAP members recently participated in the annual ISPRM meeting in beautiful Lisbon, Portugal, and continued to foster new connections and opportunities. What a dynamic community! If you have never attended an ISPRM meeting, I would encourage you to do so- you will be favorably impressed. The Global Psychiatry Sub-Committee of AAP, passionately led by Mooyeon Oh-Park, also continues to expand our connections internationally, with new shared speaker initiatives, educational outreach, and fostering relationships with international societies. With Psychiatry '23 right around the corner, we look forward to reconnecting with all our members, including our international colleagues, in Anaheim, California. I can't wait to see you – get ready for an exciting and dynamic meeting where we will exchange knowledge, updates and ideas for the future. Until then, be well and be connected.

Sincerely,



Gwendolyn Sowa, MD, PhD

Department Chair, University of Pittsburgh Medical Center

Director, UPMC Rehabilitation Institute

President of the Board, Association of Academic Psychiatrists



Gwendolyn Sowa, MD, PhD

FROM THE EDITOR

Diversity, Equity, and Inclusion: The Formula That Strengthens Our Profession

To strengthen our profession, all of us should embrace diversity, equity, and inclusion (DEI). With the Physical Medicine and Rehabilitation (PM&R) interview season upon us, DEI issues are even more front and center than at any other times. In academia, DEI is often centered on underrepresented in medicine (URiM) groups including Blacks, Latinx, and females. Over the last several years, significant gains in this area have been made by academic institutions. For example, in September 2022, Dr. Amy Goldberg was appointed the first female Dean of the Lewis Katz School of Medicine. Earlier that month, Dr. Jason Wingard was inaugurated as the first Black president of Temple University. Despite these phenomenal advances at Temple University and other academic centers, URiM groups remain a small percentage of the academics in this country. While efforts to diversify the medical profession continue to gain momentum, these efforts have rarely extended to people with disabilities who remain marginalized or simply forgotten in the narrative.



Sam Wu, MD, MA, MPH, MBA



Francis Lopez, MD, MPH

Why should people with disabilities be considered a URiM group? According to the CDC, 26% of non-institutionalized adults in the United States have a disability.¹ However, a 1996 study by Wu et al found that only 0.19% of the total medical school graduates over 4 years reported a physical disability.² Twenty years later, Meeks et al found that the prevalence of medical students with disabilities had increased to only 2.7% which is just a tenth of the adult non-institutionalized population's disability rate.³ Moreover, Nouri et al found that only 3.1% of practicing physicians self-identified as having a disability.⁴ One could argue that such a discrepancy is simply not acceptable nor justified given the number of people with disabilities in the United States.

So, why is DEI important in medicine? A study by Laditka has shown that a diverse and inclusive physician work force results in better health outcomes for diverse populations and are better able to address health care inequities.⁵ In essence, health organizations that actively pursue DEI efforts can improve the quality of care that is provided. These improved outcomes also dispel the myth that URiM providers are inferior compared to their non-URiM counterparts. This notion that URiM medical providers could function as well or better than their non-URiM counterparts is supported by the 1996 study by Wu et al which found that 84% of medical students with disability did as well or better academically compared to their able body classmates.²

As we start to interview the wonderful and talented applicants to our residency programs, we must continue to make great efforts to diversify our profession. We must focus on the applicants' skills and accomplishments as well as actively foster the acceptance that their ethnicity, gender, or disability status is a positive contribution to the future of our field. Will you do the same for your residency program? Together we can help our profession be more representative of the population we serve.

Sincerely,

A handwritten signature in black ink, appearing to be 'S. Wu'.

Sam Wu, MD, MA, MPH, MBA

Department Chair at Temple University

Editor-in-Chief of Physiatry Forward

A handwritten signature in black ink, appearing to be 'F. Lopez'.

Co-authored by Francis Lopez, MD, MPH

Associate Program Director of PM&R Residency

at NYU Langone Health

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Registration is OPEN



If there's any event to attend in-person in 2023, this is it. Physiatry '23 will bring together the best and brightest physiatry and rehabilitation experts, poised to share their works with colleagues from all across the country.

Get ready for our most magical Annual Meeting yet! ✨

See our impressive line up of hand-picked sessions and find your reasons to attend at www.physiatry.org/annualmeeting.

WWW.PHYSIATRY.ORG/ANNUALMEETING

JOIN US

FOR A MAGICAL EXPERIENCE



Physiatry '23 is the premier event for leaders and rising stars of physiatry and rehabilitation. Start the year off on the right foot as we share, discover and connect at the Association of Academic Physiatrists (AAP) Annual Meeting this February.

The Educational & Social Event of the Year

We believe there is no substitute for live medical education and networking. That's why we're committed to bringing you a fully in-person meeting experience you won't want to miss. With an anticipated 1,500+ attendees, 800+ poster presentations, 75+ educational sessions, 50+ exhibitors, and several signature networking events, you can discover groundbreaking science and career-growth at every step of your Physiatry '23 experience.

Get Your Best Rate

Become a member of the AAP and register by December 16, 2022 to enjoy significantly reduced registration rates. You can save up to \$200 by participating in this early bird discount. Join our community at www.physiatry.org/join or renew at www.physiatry.org/renew.

The Latest Details

As we get closer to Physiatry '23, more up-to-date event descriptions, timelines, and a few extra surprises can be viewed on our event website at www.physiatry.org.

Get Social

In this increasingly virtual era, more and more physiatrists and PM&R programs are taking to social media. Make sure you're following our accounts to connect and learn! Hear from speakers and presenters, exchange diverse insights and opinions, and stay on top of the event's latest news using [#Physiatry23](https://twitter.com/Physiatry23), our official event hashtag.



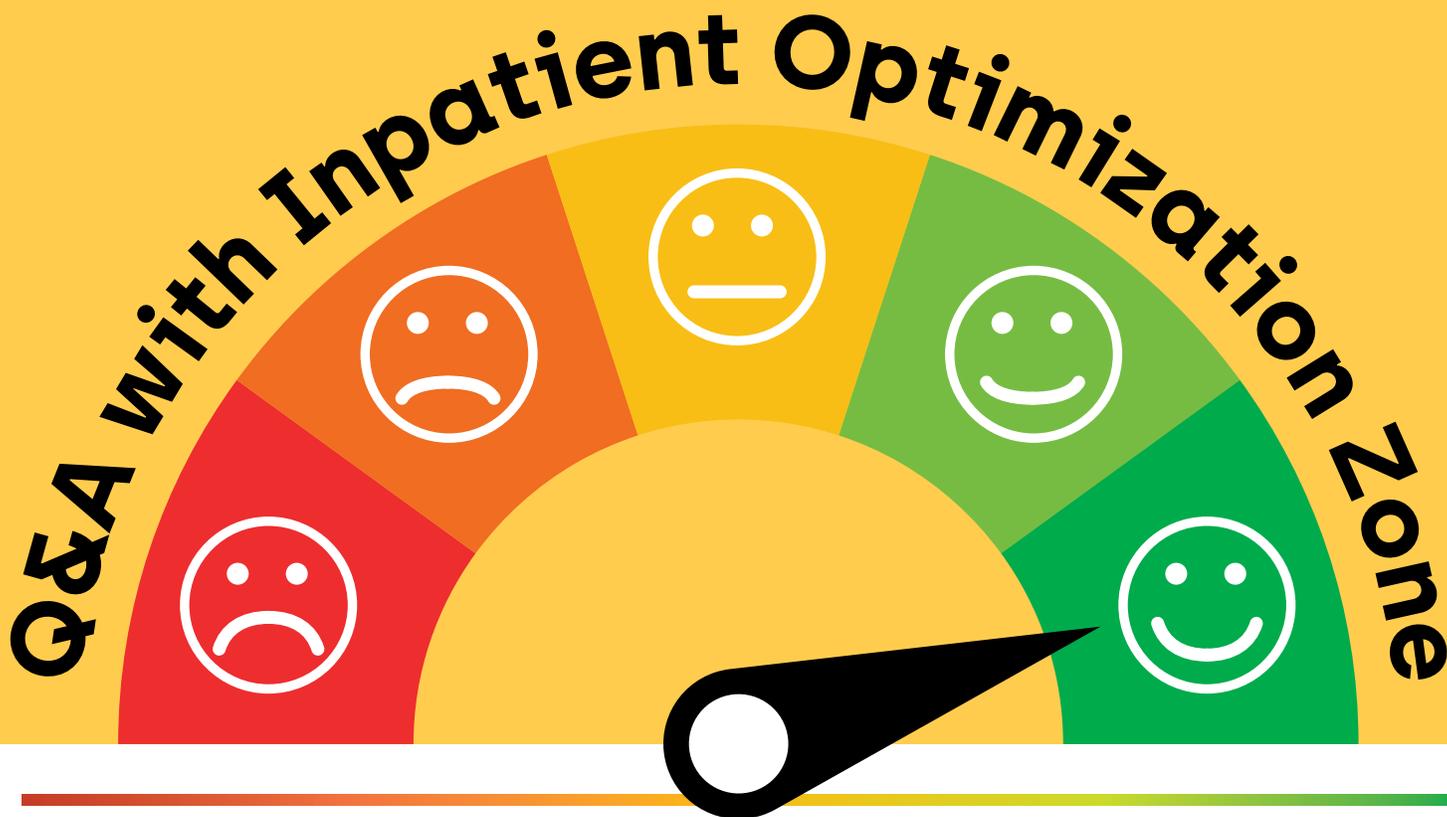
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Register Now

- Visit physiatry.org/annualmeeting
- Mail your check (in US dollars)
- Call +1 (410) 654-1000
(credit card payments only)

REGISTER BY DECEMBER 16, 2022 TO SAVE!



Interview conducted by Megan Stodola, a third-year medical student at St. Louis University School of Medicine with Dr. Claire Wallace, a pediatric psychologist. Special thank you to Dr. Amy Zimmermann, a pediatric physiatrist for her mentorship and significant role in getting OZ launched.

Q: TELL ME ABOUT RANKEN JORDAN PEDIATRIC BRIDGE HOSPITAL.

A: Ranken Jordan is a pediatric post-acute care hospital that focuses on bridging the transition from hospital to home. Our children are medically stable enough to not require acute care but not quite at the point where they are ready to go home, as many of them have complicated ventilator and trach care and other specialized medical needs. They often spend an extended period of time at Ranken Jordan which allows for developmental progression and physical rehabilitation.

Q: WHAT IS OZ?

A: OZ stands for Optimization Zone though it has even been referred to as Ranken Jordan's living room! We have three groups – Care and Comfort, Early Explorers, and Toddlers. The Care and Comfort group requires a lower stimulation environment since their developmental goals are directed at tolerating daily touch, sound, and light. Staff read to the children, play music, and facilitate positive touch (not touch just for medical care). Our Early Explorers are about 9 months to 2 years old and are working on sitting, crawling, scooting, and rolling. Then we have the Toddler group for patients who are developmentally ready for more structure and early academic skills. They participate in circle time, arts and crafts, activity stations, and indoor/

outdoor free play. Due to the sensitive developmental window, OZ is specifically for children ages 0-5, though the individual groups are more developmentally than chronologically based. Children attend OZ in addition to their scheduled PT, OT, and ST sessions. To set up our space, we blocked off half of one of the therapy gyms enabling us to see 20-25 kids daily, which is most of our children in that 0-5 age range. Currently, we run OZ Tuesday through Thursday from 9-12 and 2-5 but plan to increase it to Monday through Friday as we grow staffing. Each time block is broken down into two 1.5-hour sessions. We started with 3 hours but quickly realized that was a bit too much for our kids since they just aren't used to that much stimulation. We didn't want to tire them out so much that it was no longer a positive experience. Along those lines, we also do everything we can to keep this a no medical care zone to maintain a joyful and freeing play space.

Q: HOW DID OZ COME ABOUT?

A: OZ is a program proposed by the hospital's Committee to Assure Neuro-Developmental Optimization [CAN-DO]. There are many children that end up staying at Ranken Jordan for several months to years, and we have adopted the unique care philosophy of "Care Beyond the Bedside." We conducted a time-motion study and followed 20 children ages 0-5 for 12 hours daily to determine what their days encompassed. We tracked many variables and found that we were getting them out of bed and out of their rooms more than the acute care hospitals, but not as much as we were hoping [a little under 2 hours daily]. A consistent barrier is the medical complexity of these children. Since most of our patients have ventilators, feeding tubes, or require additional care supplies to travel with them, transporting multiple children at once becomes harder. OZ was



BETWEEN THERAPIES AND OTHER ACTIVITIES, THERE IS STILL A LOT OF DOWN TIME FOR THE CHILDREN IN REHAB AND POST-ACUTE CARE HOSPITAL SETTINGS. THIS IS A STEP WE CAN TAKE TOWARDS MAKING THE HOSPITAL MORE DEVELOPMENTALLY STIMULATING AND ENRICHING.

created in part as a landing zone for these children when they are not in therapy or receiving medical treatment. We are the stewards of our patients' development because they are not in daycare or preschool, and many do not have caregivers that can be in the hospital consistently. The responsibility falls on us to ensure that our patients are getting as much developmental stimulation as they can tolerate.

Q: WHAT OUTCOMES ARE YOU SEEING?

A: Anecdotally, we're seeing significant skill development because the children are motivated by each other. Some patients are even reaching goals they had previously gotten stuck on in their formal therapy sessions, specifically when it comes to mobility. Our Toddler group is making strides in learning routine, structure, and rules. Since the children bring their communication devices with them, their language skills have improved because they are interested in interacting with their peers. We even found that the children were intrigued just by observing each other since they really haven't had the opportunity to engage with peers. On the first day, they were reaching out and trying to touch each other's faces, hair, and tracheostomy tubes because they were just so curious and trying to figure out everything around them. Numerically, we are tracking Bayley scores at admission and discharge, but we are also currently repeating the previous time-motion study to look for discrete changes.

Q: WHAT CHALLENGES HAVE YOU FACED IMPLEMENTING THE PROGRAM?

A: Change is hard. That said, the patients have not had a problem with this at all. They absolutely love OZ and even come looking for OZ when it is not in session. Our patients know this is a fun place to come and play. Still, staffing and determining the

flow of OZ were the main challenges we faced. We pull people from different disciplines [OT, PT, ST, Child Life] and have them work solely in OZ for that portion of their day. It's hard to be taking staff away from their other job duties, so we are currently in the process of hiring new employees, specifically who specialize in early childhood education, whose primary roles will be directing and facilitating OZ. Also, we found the program flowed best when we scheduled specific times for each child to attend, as this allowed their care team to better plan the child's day and ensure their full attendance.

Q: WHAT RECOMMENDATIONS DO YOU HAVE FOR OTHER PEDIATRIC REHABILITATION OR POST-ACUTE CARE HOSPITALS THAT MAY BE INTERESTED IN CREATING SIMILAR PROGRAMS?

A: They should do it! It's a big initiative but it's worth it! Plus, you already have the developmental expertise in-house and have the resources and toys. When I say do it, I don't take that lightly. It is a big endeavor, but at the end of the day, we felt responsible for these kids' development. We realized if we're not doing this, their development is suffering because of the time that they're spending in the hospital. Between therapies and other activities, there is still a lot of down time for the children in rehab and post-acute care hospital settings. This is a step we can take towards making the hospital more developmentally stimulating and enriching.

Q: IS THERE ANYTHING ELSE YOU WOULD LIKE TO ADD?

A: I have been so proud of our staff for rising to the occasion and being flexible. Even though change is hard, people can feel that it's the right thing to do and they put their whole hearts into OZ for our patients.

AAP's Environmental Scan & Strategic Plan

Environmental scans determine trends in an organization's internal and external environment. The results can help shape goals, inform strategic decision making, and direct future actions. The Association of Academic Psychiatrists [AAP] convened a strategic planning group in 2020, comprised of psychiatrists representing a diversity of professional roles, career stages, race and ethnicity, gender, disability status and geographic areas of practice. This strategic planning group helped shape the AAP's latest strategic plan which can be viewed on the righthand page of this spread. The group assessed the forces, trends, challenges, and opportunities affecting both the AAP and the entire field of academic psychiatry.

Several aspects were evaluated in our recent environmental scan and are available to view online on AJPM&R's website. The challenges and opportunities presented here can provide a roadmap for the field to thrive within the complex and evolving health care systems in the US and globally.

READ OUR ENVIRONMENTAL SCAN'S FINDINGS
BY USING THE QR CODE HERE:



VISION

A thriving global academic community leveraging mentorship, leadership, and scholarship to maximize human function.

MISSION

Empower academic psychiatrists to advance the science of physical medicine and rehabilitation, educate leaders of the future, and champion psychiatry to transform healthcare.

Enhance the Impact of Physiatry in Academic Institutions

Create, strengthen and integrate rehabilitation departments and divisions within academic institutions by enhancing education, faculty promotion, and research capacity.

Champion Physiatry to Transform Healthcare

Shape, disseminate, and promote innovative and impactful rehabilitation research and education.

Facilitate the Growth and Success of Academic Physiatrists

Foster a culture of academic development to enable and inspire each individual to achieve their professional goals.

Foster Community within Academic Physiatry

Grow a global academic physical and rehabilitation medicine community while supporting personalized, small-group networking and thematic professional connections.

Develop and Support Leaders of the Future

Cultivate skilled and diverse leaders to expand and deepen the influence of academic physiatry.



Enhancing the World for People Living with SCI

By: Dr. Shelly Hsieh, Director of Spinal Cord Injury Rehabilitation at Burke Rehabilitation in White Plains, NY

Spinal cord injury (SCI) medicine was my introduction to the power and beauty of the practice of physiatry. When people sustain a life-changing event, such as with SCI, physiatrists are uniquely positioned to help them find new meaning and embrace their lives. The opportunity to partner closely with patients in their recovery, build long-lasting relationships from inpatient to outpatient as the primary provider for their neurological care, and lead an interdisciplinary team in helping patients regain their quality-of-life has been extremely rewarding. I found my true calling in caring for these patients, helping them heal holistically — physically, functionally and emotionally.



Beyond medical conditions, it is essential to teach individuals how to navigate life while living with a disability and return to living life to their fullest potential. The grant-funded “Burke Everything Else Education Program [BEEEP]” for SCI is designed to teach individuals “everything else” one might want to know about living with SCI.

During fellowship, I studied the barriers and facilitators to returning to education after spinal cord injury and its impact on quality of life. It was no surprise that people who returned to education demonstrated improved quality of life, social integration, and mood. Return to education helped people get back to work and provided a sense of purpose and normalcy. These findings spurred me to develop strategies to close the gaps for our underserved SCI population. Self-reflection helped me realize that this was my mission, and it helped me find my voice in the healthcare system. As healthcare providers, we can serve as advocates for our patients on a personal, institutional, community, and healthcare policy level.

At Burke Rehabilitation Hospital, one of our focus areas is developing innovative programs to enrich the lives of people living with SCI. One of the biggest barriers to community participation is neurogenic bladder/bowel needs and the fear of accidents. The “Take Back Control” grant-funded program helps patients living with SCI to re-establish control of their bowel/bladder. The program offers a care coordinator and an educator to ensure that training and transition to home go smoothly in order to improve medical outcomes and quality of life. For patients not yet ready for home, we provide an education series with healthcare providers at a subacute rehabilitation partner to improve outcomes along the continuum of care.

Beyond medical conditions, it is essential to teach individuals how to navigate life while living with a disability and return to living life to their fullest potential. The grant-funded “Burke Everything Else Education Program [BEEEP]” for SCI is designed to teach individuals “everything else” one might want to know about living with SCI. Twice per year the program offers a four-month series of seminars and adaptive recreational/leisure activities. Seminar topics include navigating insurance/supplies, return to work/school, return to driving, travel, managing finances, housing, assistive technology, emergency preparedness, and self-advocacy. These seminars are augmented by a robust adaptive sports program that offers year-round activities- rain, snow or shine! Participation in the program

also serves as an opportunity for individuals to develop a peer network and form a community. Community members living with SCI can also be part of a support group featuring an educational series with invited guest speakers. Additionally, we have partnered with a local organization to advocate for accessible transportation in the community.

The SCI rehabilitation program works together with Burke’s neuropsychology team to improve the psychological health of our patients. We are conducting a performance improvement project to improve pain, mood, and sleep through guided mindfulness meditation. Next, we hope to start group family therapy for people living with SCI to address the psychosocial impact of the injury, not only on the individual, but also on the family unit as whole-- and the interpersonal relationships within the unit.

The programs described above touch the lives of many patients and can be broadly effective for the SCI community as a whole and applied in different settings. These programs form a spinal cord injury pathway offering seamless transitions of care for patients from acute inpatient rehabilitation to subacute rehabilitation to return home to re-integration into the community. New programs can be developed to further enhance the quality of life of our unique patient population. I am excited to envision the growth to come. If knowledge is power, then with our knowledge as physiatrists, we can empower people living with SCI to reach their full potential. Together, we will change the future.

In this position, Dr. Shelly Hsieh oversees the comprehensive SCI program for both the inpatient and outpatient populations, collaborating with the interdisciplinary team. She completed her PM&R residency and SCI Medicine fellowship at Rutgers New Jersey Medical School / Kessler Institute for Rehabilitation. Burke Rehabilitation was founded in 1915 and became a member of the Montefiore Health System in 2016. It’s Graduate Medical Education programs consists of a Residency in PM&R and Fellowships in Brain Injury Medicine and Sports Medicine.

Celebrating AAP's Women in Medicine

By: Taylor Gleason, Communications Manager at the AAP

SUPPORTING OUR FEMALE LEADERS IN PHYSIATRY

Every September, the AAP takes time to recognize Women in Medicine Month. This year, we were proud to highlight the following three women making waves in our specialty:



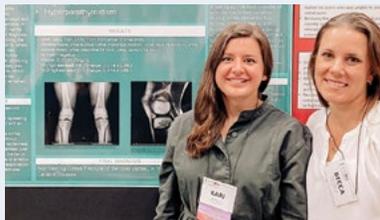
Jaime C. Yu, MD, MED

"It can be difficult to reflect on the barriers I've faced as a woman in medicine, as certain experiences are hard to describe and put into words. Sometimes it's being called "the lady doctor" instead of "Dr. Yu" or trying to stretch out all of my 5'2" frame in the presence of taller and often male colleagues and to own my space in the room. You may feel that you need to put on armor or a persona to be accepted in certain circles in medicine, and I think the confidence not to need this armor builds with time and experience."



Rebecca Dutton, MD

"I would encourage young women in and out of medicine to "dream big." No vision is too lofty and allowing oneself to have a vision is the vital first step to realizing one's potential. Put your vision in writing and revisit it periodically, adjusting as needed. Having a written mission statement provides a focus around which to set priorities."



Allison Schroeder, MD

"...like many women, I'll occasionally feel like an imposter. This becomes more challenging on days when multiple patients will ask me if I am "old enough to be a physician" or question my qualifications. These microaggressions can add up, and I have to make a conscious effort not to ruminate."



You can read each of their stories in their one words at www.physiatry.org/news/ under the "Member Highlights" section.

Highlighting AAP's growth, over 41% of our members self-identify as female. That's over 1,120 women in the AAP! Thank you for being a part of our community and let's continue to empower each other.

WOMEN TO WATCH AT PHYSIATRY '23

One way you can support our female members is by attending sessions led by some of the rock stars in our industry. Here are a few sessions to look out for as we get closer to Physiatry '23.



"Conscious Leadership Coaching and the Physiatry Trainee" featuring course director **Unoma Akamagwuna, MD**

COURSE DESCRIPTION: The session will be interactive and provide basic knowledge of what coaching is and is not. Conscious Leadership Coaching is based on making conscious decisions, not reacting to, but responding to given circumstances, using logic, emotion, and intuition. The session allows the participants to experience coaching in a small group firsthand and learn to ask powerful questions. Additionally, participants will get access to a framework for bringing coaching back to their local institution.

"Enriched Environments for Rehabilitation" featuring course director **Preeti Raghavan, MBBS**

COURSE DESCRIPTION: Enriched environments support social, cognitive, and physical engagement for neural recovery. Music- and dance-based interventions have the potential to provide an enriched environments for rehabilitation. This session will demonstrate how music — and dance-based interventions, that are engaging and enjoyable for patients, also have neural, biologic and behavioral effects that can be effectively harnessed for rehabilitation and to prevent cognitive decline.



"Mobility and Fragility: Geriatric Traumatic Brain Injury Care & Management" featuring course director **Sima A. Desai, MD, MS**

COURSE DESCRIPTION: Due to the rising numbers of the geriatric population with TBI; it is imperative that clinicians treating this patient population are aware of the unique medical and rehabilitative challenges faced by the geriatric population following a TBI. This population can be challenging to work with due to their various medical co-morbidities with increased rates of mortality and worse functional outcomes. Despite these differences, there are no guidelines for management of TBI in this geriatric population.

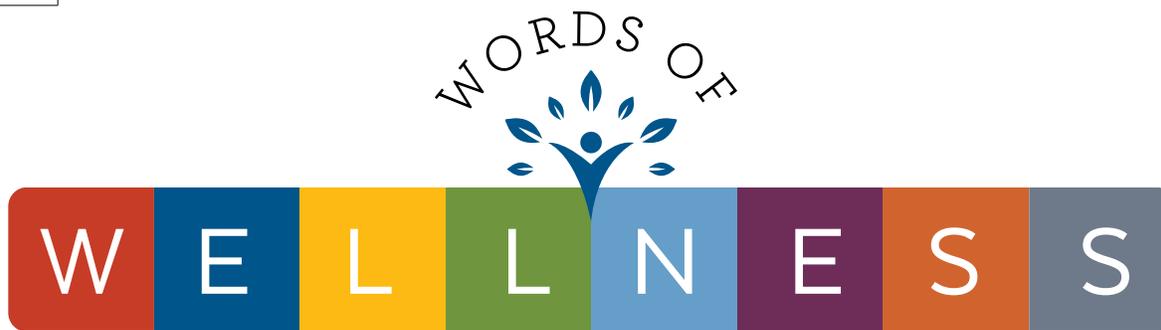


"Hot Topics and Hot Tips for Physiatry Advocacy" featuring course director **Felicia Skelton, MD, MS**

COURSE DESCRIPTION: Join members of the public policy committee in discussing breaking policy updates affecting your practice, research, and academic institutions. We will also provide a primer on health policy lingo so you can stay "in the know" and feel confident advocating for your patients and trainees.



Make the most of your trip to Anaheim and save money by registering by December 16, 2022.
Visit physiatry.org/annualmeeting to learn more.



Welcome to your quarterly Words of Wellness, a column dedicated to giving you resources and inspiration to intentionally practice wellness and encourage your peers. These features are brought to you by the AAP's Resident/ Fellow Council Well-being Subcommittee. If you would like to contribute to this column, contact our new Subcommittee Chair, Jina Libby, DO at Jina.Libby@maryfreebed.com.

FEATURED RECIPE

Breakfast Casserole with Hashbrowns

CHEF: ERIC VILLANUEVA PGY-3 AT THE SHIRLEY RYAN ABILITYLAB

Frozen hash brown patties, eggs, cheese, and turkey sausage make this breakfast casserole so quick and easy to enjoy!

INGREDIENTS

- 8 precooked frozen hashbrown patties
- 2 cups of shredded sharp cheddar cheese
- 1 lb. of cooked turkey sausage
- 9 large eggs
- 1 cup of milk
- ½ teaspoon salt
- ½ teaspoon dry ground mustard
- ½ teaspoon garlic powder



INSTRUCTIONS

1. Preheat your oven to 350 degrees F. Grease a 9x13 baking pan.
2. Arrange frozen hashbrown patties in the pan in a single layer. Top with cheese and turkey sausage.
3. Whisk together eggs, milk, salt, mustard, and garlic powder in a large bowl. Pour mixture evenly over hashbrowns, cheese, and turkey sausage in baking pan.
4. Cover baking pan with foil and bake for 25 minutes. Remove foil and bake for another 20 minutes or until edges of casserole are golden and a knife inserted in the center comes out clean.
5. Allow the casserole to cool for 5-10 minutes before cutting into portions and serving.

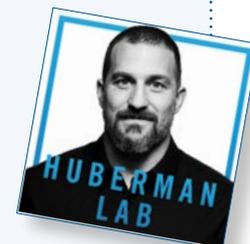


PODCAST REVIEW

Sleep Toolkit: Tools for Optimizing Sleep & Sleep-Wake Timing

REVIEWER: Stephen Lencioni, MS2 University of Nevada, Reno School of Medicine

SPEAKER: Andrew Huberman, Ph.D., Associate Professor of Neurobiology at Stanford Medicine



Sleep is a vital element in one's mental health, physical health, and cognitive function. So, whether you categorize yourself as a good sleeper, a struggling sleeper, or somewhere in between, learning new or reinforcing strategies to optimize your sleep can provide numerous benefits. In this podcast, Dr. Andrew Huberman provides a "Sleep Toolkit" detailing evidence-based behavioral, environmental, and nutritional strategies to improve sleep. Dr. Huberman discusses the impact of temperature, light and darkness, food, exercise, caffeine, supplements, and digital tools as factors controlling circadian rhythm and sleep. He dives deep into each category, such as temperature, discussing the physiological oscillations of one's body temperature and its relationship to falling asleep and sleep-waking. Moreover, Dr. Huberman provides actionable research-backed protocols with zero to minimal cost to modulate and customize these factors to improve your sleep routine.

Your health matters! Your sleep matters! You matter!
Take some time to start or continue to optimize your sleep routine!

Listen to the podcast on Spotify:

<https://open.spotify.com/episode/3TxjF2mZy9S9I9GL5eZ8sq?si=135d22f2642c4506>

FEATURED WORKOUT

Glut & Quad Workout

COACHES: STACEY ISIDRO, MD AND TRACEY ISIDRO, MD

Excited for you to join us on a quick glut and quad workout based on our Instagram workout to Beyonce’s song, “Alien Superstar.”

- **Narrow squats to the left x 2:**
Place both of your feet together facing the left. Bend your knees while keeping your back at an approximately 45 degree angle and sticking your gluts back as if you are about to sit on a chair. Keep your core engaged and make sure your knees are not over your toes.
- **Narrow squats to the right x 2:**
Jump and land 180 degrees facing the right. Repeat narrow squats with the same technique.
- **Narrow squats to the front x 2:**
Jump and land 90 degrees facing the front. Repeat narrow squats. You got this!
- **Wide-based squats to the front x 2:**
Place your feet a little more than hip width apart. Bend your knees out while squatting. You can place your arms in front of you for balance.
- **Take it up a level by holding weights and repeating for the entire song!** 



See the full workout video on our Instagram @drstaceydrtracey and feel free to follow us for more!

WELLNESS EVENT

RICNIC, a picnic in the park



AUTHOR: ERIC VILLANUEVA PGY-3 AT SHIRLEY RYAN ABILITYLAB

Shirley Ryan AbilityLab PM&R residents joined with faculty and family members for the annual RICNIC, a picnic in the park, on Saturday, August 20, 2022. Named after the former Rehabilitation Institute of Chicago (RIC), the event brings together residents, fellows, attending physicians and their families for an afternoon of food, games, and fun at a local park in the Chicago area. Despite a rainy start to the day, many people still turned out for the event to enjoy a smorgasbord of tacos from a locally famous taco shop and various other snacks, which were protected from the rain by a smartly erected canopy. As the rain cleared later in the afternoon, picnickers ventured forth from the cover of the canopy to enjoy the scenic location of the picnic along Chicago’s revitalized riverfront. One of the highlights of the event was the slingshot brought by a chief resident’s husband, a high school science teacher. Eventgoers slingshot ice into the river to the enjoyment of children of all ages in attendance. For those who were working at the hospital during the event, organizers delivered tacos and snacks to them. After several years of virtual or canceled RICNICs, residents, faculty, and family members alike were happy to attend the annual event in person again and look forward to continuing the annual tradition next year.

NEWS FOR DEPARTMENT CHAIRS & DIVISION CHIEFS

www.physiatry.org/ChairCouncil



By: Lyn Weiss, MD, Chair Physical Medicine and Rehabilitation, NYU Langone Hospital - Long Island, Professor of Rehabilitation Medicine, NYU Long Island School of Medicine

Knowledge is like a muscle. In order to strengthen it, you have to challenge it. The Chairs Council of the AAP has been working hard to challenge and grow our knowledge base. Here is a sample of what we have been working on:

1. We are working on a paper on burn out and wellness based on information and best practices we received from the Chairs. We look forward to sharing this material with all of the members of the AAP. We recognize how hard physiatrists work to improve the quality of lives for our patients. The AAP works hard to support you in this goal and we are equally concerned with the wellbeing and quality of life of our colleagues.
2. The Chairs Council, in conjunction with the AAP, is working on a study of compensation in physiatry. The Chairs received a survey (please fill it out if you have not already done so!). We will be presenting the findings at the Chairs and Administrative Directors Council at the next AAP meeting. We want to find the best ways to compensate and retain staff!
3. Our podcasts have been well received. We are happy to continue the program. We will be producing one shortly on "The World History of PM&R" with Dr. John Melvin. His expertise and knowledge on this topic will make this a wonderful listening experience. Any suggestions for future podcasts or speakers are always welcome.
4. The Chairs Council has worked with the ABPMR to develop a performance improvement project (PIP) on wellness. For those of you who need to a PIP to recertify, this one will help both you and your patients.
5. The Chairs lecture list continues to grow. This is a great resource for finding a Grand Rounds speaker. All lectures are virtual. If you would like have your name (or someone on your staff) on the list, please have the Chair send Candace Street your name and proposed topic. It is a great way to share your expertise (and looks great on a CV as well!).

Please save the date for the next AAP Conference. The Chair's Council and Administrative Directors Council will meet on Tuesday, February 21, 2023 at 7 PM. We will have a lecture and discussion on compensation models. Following this will be a business meeting for the Chairs Council, and then a reception (thank you to NYU for sponsoring the reception).

Wishing everyone has a happy, healthy and safe holiday season!

AAP Executive Chairs Council members:

Lyn Weiss, *President*
Sara Cuccurullo, *Past president*
David Steinberg, *Vice president*
Joseph Herrera, *Secretary*

NEWS FOR RESIDENCY & FELLOWSHIP PROGRAM DIRECTORS (RFPD)

www.physiatry.org/RFPD



By: Eric Wisotzky, MD, Chief, Division of Rehabilitation Medicine, Program Director, MedStar GUH-NRH PM&R Residency Training Program, Vice Chair of the AAP's RFPD Council

It was a joy to see and meet so many of you at Psychiatry '22 in New Orleans in May! During the RFPD workshop, we received key updates from the ABPMR, ACGME, and the GME Summit. We learned important information about teaching pain and addiction, recruiting for diversity, and safety/quality. On the second day we all learned so much during the ACGME's workshop on assessment.

GME is changing rapidly during this time. RFPD leadership has a goal of checking in more frequently with our program directors. That is why we are rolling out new interim meetings that will take place periodically throughout the year in between Annual Meetings. We hope these meetings can provide an opportunity to disseminate and discuss new information in GME in a real time fashion. This can allow us to share ideas and best practices more regularly throughout the year. As a reminder, the RFPD is recommending to follow AAMC guidance to continue virtual interviews at this time.

We are all about to embark on uncharted territory navigating the new supplemental application and preference signaling. We are in this together and the RFPD is a great support system and source of information to guide us through. Our interim meetings will be a great time to share our experiences. In addition, we will have more time to deep dive into our recruitment season at our in-person meeting at Psychiatry '23 in Anaheim! Hope to see many of you there in sunny California!

NEWS FOR MEDICAL STUDENT EDUCATORS

www.physiatry.org/MedStudentEducators



By: Ashlee Bolger, MD, Med, Associate Professor, Clinical Pediatrics- Division of Pediatric Rehabilitation, Program Director Pediatrics/PM&R/PRM Residency Program, University of Cincinnati PM&R Medical Student Clerkship Director, AAP's Medical Student Educators Council

The Medical Student Educators Council (MSEC) hosted a session at the annual meeting entitled Advocacy and Educational Principles for Developing Disability Education. Multiple current and former members of the MSEC leadership participated as speakers including Nethra Ankam, MD, Ravi Kasi, MD, Leslie Rydberg, MD and Carley Sauter, MD. This session introduced the concept of integrating disability content across the undergraduate medical education experience and highlighted the Disability Integration Toolkit.

MSEC leadership also transitioned earlier this year. Carley Sauter, MD completed her term and now serves as the past chair. Ravi Kasi, MD assumed the role of chair. Leslie Rydberg, MD assumed the role as vice-chair, and Ashlee Bolger, MD was elected secretary/program director.

Other activities over the past six months included:

- Updating medical student advising documents
- Collaboration with the medical student council on various projects including their monthly journal club
- Participation in the virtual summer medical student education program

MSEC welcomes new members at any time. Please reach out if you are interested in becoming involved!

NEWS FOR ADMINISTRATIVE COORDINATORS

www.physiatry.org/MedStudentEducators



By: Stacey L. Snead-Peterson, MS, Program Manager, PM&R Residency and Fellowship Programs, UPMC Mercy, Department of PM&R

We are so excited and looking forward to seeing everyone in person in Anaheim, California on Wednesday, February 22, 2023, and Thursday, February 23, 2023, from 8:00a – 5:00p PST.

Topic this year include: Hope for the Best / Prepare for the Worst...Coordinator Planning for Emergencies, Re-Applying the Disney Philosophy to Your Work, Working Forward 2.0 – Advocating for Your Residents and Your Program, Wellness in the Workplace, DE&I: Work Worth Doing, A Look Back at CLER: Quality and Safety, Utilizing Mentor Groups for Scholarly Activity, Wellness, and Didactic Leadership.

You are sure to gain new knowledge and new friendships from this meeting, so you don't want to miss out! Register today!

WELL-BEING MOMENT

Attitude of Gratitude:

- Be grateful for every new day in your life
- Make your "Thank You's" meaningful
- List your roses
- Rephrase your negative thoughts into more uplifting thoughts

NEWS FOR VETERANS AFFAIRS PHYSIATRISTS

www.physiatry.org/VeteransAffairs



By: Nandita Keole, MD, Service Chief, Department of PM&R, Phoenix VA Healthcare System, Program Director, HonorHealth PM&R residency program, Assistant Professor, University of Arizona Department of Medicine

Federal Medicine Session at the AANEM Annual Meeting

This year marked the first dedicated Federal Medicine session at the American Association of Neuromuscular and Electrodiagnostic Medicine (AANEM) annual meeting in Nashville from September 21-24. Speakers from both Department of Defense (DoD) and the Veterans Health Administration (VHA) provided insight into both the unique aspects of physiatric and neurologic care for active duty servicemembers and Veterans, as well as the role these organizations play in the education of trainees in

COORDINATOR SPOTLIGHT – MARIVELL VIRUET, BS, C-TAGME

Manager, Residency Training

Department of Rehabilitation Medicine

Montefiore Medical Center

The University Hospital for Albert Einstein College of Medicine

HOW LONG HAVE YOU BEEN IN YOUR CURRENT POSITION?

It will be 6 years come this February 2023!



WHAT IS YOUR FAVORITE AAP MEMORY?

My second year in my current position when I was asked to present at our Annual Conference. I've never presented before at a national conference and was so nervous. The encouragement from the council and all the coordinators helped to make this an amazing and unforgettable experience.

WHAT IS YOUR FAVORITE THING TO DO IN YOUR LEISURE TIME?

Nothing!!! I have a really busy schedule (2 jobs) so when I get the opportunity to sit and do nothing I treasure it.

WHAT IS YOUR FAVORITE HOLIDAY AND WHY?

Christmas is my absolute favorite holiday. All the lights, festivities, time with family and close friends just puts me in a great mood all season long.

WHAT WOULD WE BE SURPRISED TO KNOW ABOUT YOU?

I'm a certified fitness instructor for 9 years (yes, my second job). Currently teaching 4 classes a week but have taught up to 11 classes a week. I truly love it!!

Feel free to reach out to the Coordinators Listserv with any questions at: aap-programcoordinators@googlegroups.com.

Your AAP Coordinators' Council Officers, Cindy and Thomas

Immediate Past Chair: Nicole Prioleau
npriole1@jhmi.edu

Chair: Cynthia Volack
volackc@nyp.org

Chair Elect: Thomas Petruska, MS
thomas_petruska@med.unc.edu

Program Director/Secretary: Leslie Justice
leslie.justice@uky.edu

Newsletter Editor: Stacey Snead-Peterson, MS
sneadpetersons@upmc.edu

neuromuscular medicine. The intent of this inaugural session is to both form a community of practice among federal practitioners, and also share information with non-federal physicians about our unique system.

Cancer Rehabilitation in the Veterans Health Administration

With over 50,000 cancer diagnoses each year and a growing awareness of the value of Cancer Rehabilitation, PM&R physicians in the Veterans Health Administration have taken steps to cultivate expertise in Cancer Rehabilitation to enhance quality of life and function for Veterans with Cancer. In 2020, a national monthly interprofessional webinar, the Cancer Rehabilitation ECHO [Extension for Community Healthcare Outcomes] was launched with the kind participation of many non-VA cancer rehabilitation experts in the field. In 2022, the VA held its first "Cancer Rehabilitation Bootcamp" with over 200 attendees for an 2-day intensive cancer rehabilitation bootcamp. Several national presentations to VA oncology groups from our Cancer Rehabilitation champions have been warmly received as well, including a dedicated session at the recent meeting of the Association of VA Hematologists and Oncologists (AVAHO) meeting in San Diego this September. Future steps include identifying pathways to streamline cancer rehabilitation and further integration of oncologic and rehabilitative care within the VA system.

Written by Ileana Howard

Associate Professor of Rehabilitation Medicine, University of Washington

Outpatient Medical Director of Rehabilitation Care Services, VA Puget Sound Healthcare System

We are excited to share that the VA council has 3 proposals accepted for AAP 2023.

"Identifying Posttraumatic Headache in Veterans and VHA's Evolving Approach to Management"

"Blind Rehabilitation for Veterans in the VHA and the Evolving Approach for Individuals with Visual Impairment"

"VHA approach to management of Veterans with musculoskeletal impairments and its implications for community psychiatry care"

Look forward to seeing you at the meeting. Please reach out to the VA council leadership if you have any VA session proposals accepted that are not mentioned below.

Your VA council leadership,

Nandita Keole, MD - VA Council Chair 2020-2022
Greater Los Angeles VA Healthcare System

Alice Hon, MD - VA Council Chair-Elect 2020-2022
Phoenix VA Healthcare System

Soto-Quijano, David A, MD- VA Council Secretary 2020-2022
Long Beach VA Healthcare System

NEWS FROM THE DIVERSITY & COMMUNITY ENGAGEMENT COMMITTEE

<https://www.psychiatry.org/page/DCE>



By: Monica Verduzco-Gutierrez, MD, Professor & Chair of Rehabilitation Medicine, UT Health San Antonio Physical Medicine and Rehabilitation Residency Program, AAP Diversity & Community Engagement Committee

In the last quarter, the DEI committee of the AAP has been busy at work making our organization a more inclusive place for its members.

We have worked on a Diversity Scorecard to be able to have members fill out. We want to know in which ways our members embody the different metrics of diversity. To date, about a quarter of our members have given us a response. When you become a member or renew your membership, please take the time to answer the questions related to you. These demographics will help us delve deeper into the diversity of our members inclusive of race, ethnicity, gender, disability, sexual orientation, age, first-generation college attendant, location, and language.

We are also actively working on a residency diversity curriculum that will be shared with all of our PM&R training programs. As the ACGME now mandates education around DEI topics, our committee has been leading efforts to have experts discuss topics around cross-cultural awareness and the social and historical context of race in medicine. These sessions are short, case-based, interactive, and with information available for discussion points. We could all benefit from such conversations and in turn, this education will benefit the care we give to our patients.

We are creating an excel list of available lecturers around topics of DEI. There are people in our field, in our departments, and in our organization who make it part of their practice and mission. More to come with links to possible lecturers. Get them in to speak to your programs for grand rounds or didactics.

Finally, we will be having an in-person mixer at Psychiatry '23 with the DEI committee. Come to meet us and let us get to know you better!

NEWS FOR EARLY CAREER MEMBERS

www.psychiatry.org/EarlyCareer



By: Alethea Appavu, DO, Assistant Professor, Ruch University Medical Center

After a great meeting at Psychiatry 22 and speaking with our fellow Early Career Psychiatrists, we have spent the past few months brainstorming and working on a plan for you to get the most out of your early career. Our main goals with the development of this committee are to provide you with resources, support, and connections during these initial years of academic practice.

We have started an email listserv dedicated to the Early Career members. This listserv is our tool to communicate with each other, ask questions, discuss challenges being faced, and support one another in our careers. We are optimistic that this will be a great tool to not only connect each other, but to grow our community and experiences! We are eager to get to know all of you through this listserv.

We are also hosting a session at Physiatry '23 specifically aimed towards the challenges we face at the beginning stages of an academic career and how we can thrive.

If you have questions, suggestions, content you want us to present to you, email us at aapearlycareercouncil@gmail.com. Connect with us on twitter @AAPEarlyCareer.

NEWS FOR RESIDENTS & FELLOWS

www.physiatry.org/ResidentsFellows



By: Chandni B. Patel, DO, Resident Physician, Icahn School of Medicine at Mount Sinai Hospital, Chair of the AAP's Resident/ Fellow Council (RFC)

Hello AAP community! I am very excited to share updates on behalf of the AAP's Resident Fellow Council. Our enthusiastic board has been working hard to expand our social media presence, grow our educational content through lectures and podcasts, host wellness events. We are very excited to share upcoming projects to be released in the upcoming months!

We just hosted our first nationwide Fitness Challenge in October! Thank you to all who participated in this residency competition. The final results were:

1st Place: Spaulding PM&R Residency
2nd Place: Johns Hopkins PM&R Residency
3rd Place: Rush PM&R Residency

Additionally, keep your eyes open for our annual essay contest this winter where we will have three essay prompts to select from. The top three medical students and residents selected as winners will receive grand prizes!

Lastly, here are the latest updates from each of our subcommittees:

Wellbeing Subcommittee:

The wellbeing subcommittee has been busy expanding on our wellness podcasts, sharing "Wellness Wednesdays" featuring residency programs across the nation, and creating a "Words of Wellness" column in Physiatry Forward.

Social Media Subcommittee:

The social media subcommittee has been focusing on creating a strong social media community and network of trainees and physicians. They have been sharing "Wellness Wednesdays", medical student tech videos, podcasts, journal clubs, program director features, and more!

Digital Outreach Subcommittee:

The digital outreach committee has been working to generate and publish many podcasts including our board review series and pocket mentor while creating the next edition of Physiatry in Motion.

Research and QI Subcommittee:

The research committee is working on a research curriculum for navigating research during residency from a resident perspective.

As we reflect on our most recent successful meeting in New Orleans, we look forward to expanding our educational and networking sessions for medical students, residents, and fellows in Anaheim for Physiatry '23! See you all there!

NEWS FOR MEDICAL STUDENTS

www.physiatry.org/MedicalStudents



By: Edward Pingent, OMS-IV, Kansas City University, Chair, Association of Academic Psychiatrists Medical Student Council

Medical student interest in the field of psychiatry seems to be ever-increasing. As our community of aspiring psychiatrists grows, the AAP Medical Student Council is committed to providing you with meaningful opportunities to explore the field, connect with others, and thrive en route to residency. Please take advantage of the following resources below:

Big Buddy Mentorship Program

The AAP MSC "Big Buddy Program" can offer an informal and safe space for budding medical students to be paired with a more experienced medical student in the psychiatry community.

Monthly Journal Club

Plan to attend and sign up to present at an upcoming AAP MSC Journal Club! Here, you will learn about prevailing psychiatry topics in a safe, interactive learning environment.

Social Media

Believe it or not, social media can offer a wellspring of information and opportunity to learn more about psychiatry and to get more involved. Follow us on Twitter at @AAPPhysiatry_MSC and on Instagram at @AAPPsychiatrists. You will be glad that you did.

Physiatry '23

Join us in Anaheim next February for Physiatry '23! At the annual meeting, you will not only gain access to some of the best learning sessions in the world, but will also have the opportunity to make unforgettable memories with colleagues, mentors, leaders, and friends.

On behalf of the AAP Medical Student Council, please allow me to welcome you to the psychiatry community! To access the resources listed above and more, including our monthly newsletter, MSC Resource Guide, the PM&R Pocket Mentor Podcast, and Physiatry Tech Under 5, please visit our website at www.physiatry.org/MedicalStudents. Until next time, be kind and keep up the great work!

Guideline: Academic Questioning & Discourse with Trainees



Much education transpires when PM&R students and trainees give presentations and engage in discussions with faculty at departmental research days, grand rounds, and other similar sessions. But what happens when the trainee's conclusions challenge our understanding, or perhaps even our own research? Or when the trainee makes an error in their analysis?

These situations can feel sticky! There is inherent tension when considering a challenging comment — the benefit of creating a positive learning moment for the community and the risk of undermining a learner's confidence. In collaboration with the AAP Education Committee, physiatrists at Michigan Medicine offer the academic physiatry community a guideline toward cultivating an environment of rich, honest, stimulating and safe academic discourse with trainees. **View it at www.physiatry.org/page/academic_discourse.**

WHY A GUIDELINE?

FOR FACULTY: In academic discourse and debate with trainees, we walk a fine line between serving as a colleague delivering valuable critique, and as a mentor allying with and supporting our trainee. Critiquing with kindness and candor is a universal ideal, but it is challenging to achieve, model, and foster in others. We should be especially sensitive to tone and manner, as our roles carry a perceived power differential, one that is likely more palpable to our trainees than to ourselves.

FOR TRAINEES: In addition to recognizing that discomfort and positivity can co-exist in dialogue, the guideline gives trainees awareness for slowing down their thoughts, language for responding to unexpected challenge, strategies for processing feedback or difficult moments with a mentor, and, where desired, ways to signal comfort with and invitation of debate.

In a Nutshell: Highlights for Presenters and Participants

FOR TRAINEES PRESENTING



1. Engage potential mentors and discussants early as you prepare for the presentation.
2. Not all uncomfortable situations or oppositions are negative; exploring alternative (sometimes opposing) viewpoints forms the foundation of honest academic discourse.
3. Welcome challenging questions! When responding, keep an open mind, slow down your thoughts, and seek clarity.
4. Did you accidentally mislead? Don't despair; research the area clarify in a follow-up email or communication.
5. Confused after hearing feedback? Take time to process with the feedback giver, or with a trusted mentor, later on.

FOR PARTICIPANTS AND FEEDBACK GIVERS



1. Trainee presentations make up a learning environment; we expect a range of abilities and support all in their development.
2. Deliver comments kindly, with a respectful, supportive tone and direction, including non-verbal cues.
3. When presenting an opposing understanding, aim to challenge the information or paradigm, rather than the individual speaking.
4. For complex feedback situations intended to further a trainee's growth, consider a private conversation.
5. If misinformation or misleading information has been presented, we are responsible for speaking up to seek or provide clarity.

APPLYING THE GUIDELINE IN YOUR DEPARTMENT

We encourage academic leaders to:

1. Adopt the guideline. It can be upheld as a reference and shared prior to major academic days that involve trainee and faculty dialogue.
2. Create conversations for your trainees and faculty to grapple with it.
 - For program directors, consider an open discussion with your learners about what safe, stimulating, and positive academic discourse can look like, how to prepare, and how to support one another.
 - For department chairs and faculty leaders, consider engaging faculty in reflection about how they typically respond when there's a need to voice clarifying or opposing information, and let them hear and practice language and strategies.
3. Expect professionalism, but not perfection, as your trainees and faculty try out their voices in public academic settings, and collaboratively advance our thinking in the field.

A letter to the editor will be published shortly in the AAP's official journal, AJPM&R. Make sure you read the latest issue to see for yourself! The AAP supports the notion that academic discussions are critical to over psychiatry research, education, medical advancement and professional growth.





REHAB REWIND

This podcast episode was recorded and conducted by Edward Pingent III

Pocket Mentor – Brain Injury & Disorders of the Consciousness



We are bringing you excerpts from popular podcasts in each issue of *Physiatry Forward!* The Pocket Mentor podcast was created by the AAP's Medical Student Council. Get inspired as you discover AAP leaders' paths to physiatry, residency and career tips, and more. In this episode, Edward Pingent III interviews Dr. Craig DiTommaso to break down disorders of the consciousness.

EXCERPT OF CONTENT FROM EPISODE 40, RADICULOPATHY

Q. Can you share a little bit with us about the range of presentations for patients who have a disorder of consciousness?

DR. CRAIG DITOMMASO: So typically, when you're talking about disorders of consciousness, we don't really use the term "coma" anymore. I know that's very popular in media, and historically, in medical literature... We're talking about patients with functioning brains that just don't seem to kind of click on. After the coma, people will evolve into one or two different categories. The first one being unresponsive wakefulness syndrome. You probably know it better as the "vegetative state." We've really tried to move away from that term, because it has some negative connotations. Unresponsive wakefulness syndrome patients are having the biggest problem just kind of turning their brain on. We typically do see some sleep wake cycles... but not with consistency and not with the ability to kind of go to the next step and make any kind of connections. If they're not unresponsive wakefulness, then we typically talk about them being minimally conscious. These patients do have some awareness of themselves and others but they're still struggling with being awake, being asleep, turning the brain on and off. So a big part of what we do in disorders of consciousness rehab is evaluation of the patient after the injury. We're talking mostly about traumatic injuries. "Are they still in that very brief coma period? Have they progressed into the unresponsive wakefulness syndrome? Where are they minimally conscious and

struggling to break out?" That's important because we know that making that initial determination can kind of predict how quickly they're going to recover and what next steps to take to help them recover...

Q. Speaking of assessment, what does the diagnostic in physical exam approach look like?

DR. CRAIG DITOMMASO: So the first thing you need to do, of course, is rule out brain death. Essentially, you're looking at those cranial nerves to make sure that there's still some function there... If the patient does have the brainstem reflexes, but is simply either unresponsive or minimally conscious, then the assessment that you want to do is called the "JFK Coma Recovery Scale: Revised Version." This is an assessment has been well standardized across the country. It's sensitive in correctly diagnosing the level of consciousness within these types of patients... It's an important assessment. If you're interested in this field, you can go online, watch classes, and even fly to Boston and get certified if needed. It's interesting to pick up and can make you incredibly powerful in helping these patients progress.

Q. Based on the results of this scale, does it tell us anything about the prognosis of the patient?

DR. CRAIG DITOMMASO: Prognosis is littered with nuances. It would be very dogmatic and short-sighted of me to say that, because a scale has potential to help you with prognosis, that's the end all be all. Clearly, anytime you're talking about prognosis, you've got to look at the

big picture. That being said, it's a well-founded axiom within brain injury, that the faster the patient is recovering, the better they're doing, the better they're going to do. So if you can diagnose someone as minimally conscious, especially within a reasonable amount of time after the brain injury, that is a much better prognosis for that patient than if they remain unresponsive wakeful.

Q. I'm sure so many of our listeners will be wondering about the answer to these questions: How aware are patients with disorders of consciousness? Do patients know that, for example, they're getting examined? Or that someone's speaking to them? What's going on there?

DR. CRAIG DITOMMASO: I mean, I think that that's always the million-dollar question. That really gets to the heart of it is who's conscious of what's going on. I think that even when we think we're right, oftentimes, even using the best scale, even trying to keep into nuance, we still are not always very good at that. So we've got to keep a high index of suspicion. The patient may be more conscious than we know. My advice to, especially young physicians, is to always assume that the patient is fully conscious, even if you don't think they are. Even if everything in the chart and on your exam seems to tell you they're not much better, to respect the patient's autonomy. Respect their privacy and their personhood instead of making one mistake and to be callous when a patient is conscious, and you think they're not.

Visit the AAP's account at www.soundcloud.com to listen to the remaining portion of the episode.

A Sense of Belongings: Stacey Sned-Peterson, MS



A behind-the-scenes look at the treasured belongings of one featured member



Stacey Sned-Peterson is currently the GME Academic Manager at UPMC Mercy in Pittsburgh, Pennsylvania. She has been an academic partner and member of the AAP since 2003. Sned-Peterson is the voice for our Coordinator’s Council – be sure to view her update on page 21!

1. **The Holy Bible** – I grew up in church but came to love and study God’s Word for myself. I strive to apply it to my life every day.
2. **Christmas** – To say Christmas is my favorite holiday and time of the year is an understatement! I enjoy EVERYTHING about Christmas!
3. **Travel** – I love to travel! I have traveled to many different places so far. I have a designated toiletry and charger bag that is always ready to go.
4. **Paris** – In 2018, well before the pandemic, my husband and I went to Paris to celebrate our 20th wedding anniversary. It was the best trip because it was everything I imagined it to be and more.
5. **Movies** – There has always been something special about going to the movie theater. In light of the pandemic, I made special arrangements in my home to give me the same effect.
6. **Card Collection** – I wasn’t allowed to play cards when I was younger but in undergrad, I was taught how to play Spades (no money involved). My partner and I were undefeated. On one of my trips, I picked up a deck of cards because the print was cute and have been collecting them ever since. I have also had many Faculty and Residents get me cards on their trips to enhance my international collection.
7. **Home Décor** – I have a minor obsession with home décor. I decorate my home for each season.
8. **Organization** – I’ve always had a passion for organization. One of the first books I read on organization was *Organizing from the Inside Out* by Julie Morgenstern. Because of my passion for organization, I knew about Marie Kondo well before she became mainstream. I read her book entitled “The Life-Changing Magic of Tidying Up” and decluttered using the KonMari Method and it did indeed change my life.
9. **Wall of Fame** – In 1998, I went to California to visit some family and ran into several celebrities. I call it “Stacey’s Wall of Fame.”



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