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ACRM [American Congress of Rehabilitation Medicine] Conference '84

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Withdrawal/Redaction Sheet
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Doc. No. / Type	Subject/Title	Date	Restriction	Classification
01. Resume	Resume [redaction] (1 pp.)	n.d.	C	
02. Form	Biographic Sketch [redaction] (2 pp.)	3/23/84	C	

Collection:

Record Group: Donated Historical Materials
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File Location: ACRM [American Congress of Rehabilitation Medicine] Conference '84

Pinksheet Number: MB10681
OA/ID Number: 52076-004
Date Closed: 8/10/2016
FOIA/Sys Case #: 2016-2624-S
Re-review Case #:
P-2/P-5 Review Case #:

UNIVERSITY OF MINNESOTA

Dept. of Physical Medicine & Rehabilitation

Nancy M. Crewe, Ph.D.
Associate Professor

Box 297 Mayo Building
MINNEAPOLIS, MN 55455
(612) 373-9016

November 12, 1984

Mr. Lex Frieden
9667 Meadowvale
Houston, Texas 77063

Dear Lex:

I am writing in response to your letter of October 18 which was addressed to the participants in the intended course on New Frontiers in Attendant Care. There is little that I can add to what you have already said. I deeply regret the fact that I did not anticipate the possibility of cancellation and also that I accepted the decision to do so as a fait accompli rather than fighting it. I was swayed by the argument that it would be more embarrassing to bring these guests in for a sparse audience than to call it off. In retrospect, I agree that we made a mistake.

This was my first year on the Program Committee, but even some of the old hands seemed as unprepared as I for the problems which arose. Clearly, policies will have to be rethought and articulated before plans are made for any future meeting. I feel badly that people who wanted to hear your program were denied that opportunity. Most of all, I am sorry about the embarrassment and inconvenience which was caused to you and your speakers and about the damaged relationships between all of us involved with the A.C.R.M. and you. Please accept my personal apology.

Sincerely Yours,

Nancy M. Crewe, Ph.D.
Associate Professor

ilru

MEMORANDUM

TO: Scheduled Presenters for Seminar on "New Frontiers in Attendant Care," American Congress of Rehabilitation Medicine: Carol J. Dunker, Project AID Resource Center; Larry Leifer, Stanford University; Gary Ulicny, University of Kansas; Woodrow Seamone, The Johns Hopkins University; Mary Joan Willard, Albert Einstein College of Medicine; and selected other colleagues* (last page)

FROM: Lex Frieden

DATE: October 18, 1984

I want to apologize again for the fact that ACRM chose to cancel our seminar scheduled for October 22 in Boston. For your information, this seminar was originally conceived by the ACRM program committee nearly a year ago. Nancy Crewe, a member of the program committee, contacted me on behalf of the committee and asked me to organize and chair our program. As you know, considerable work was done in order to satisfy requirements for continuing education credits. At no time during the process of organizing this seminar was I informed that the seminar was subject to cancellation for any reason.

On Thursday, October 11, 1984, Dr. Crewe called to inform me that our seminar had been cancelled. She said that the decision to cancel this seminar was made by Dorothy Gordon, chairman of the program committee and vice president of ACRM. I understand that this decision was based on data that indicated only 19 people were preregistered to attend our program, and further understand that our seminar was one of two which was cancelled for this reason.

I personally believe that cancelling our program on short notice with no prior warning that this could occur was an unprofessional action on the part of ACRM. Furthermore, I have heard from several people during the past few days who said they were planning to attend our seminar but they were not planning to preregister. My own feeling is that if 19 people or nine had the foresight and interest to take part in our seminar, then they should have been rewarded for their progressive attitudes and open-mindedness.

If you would care to express your concern about this matter to ACRM, I would encourage you to do so. Attached to this memorandum are the names and addresses of pertinent contact people for the organization. I would appreciate receiving copies of any correspondence which you may have with them.

-Continued-

I really appreciate all of your work in preparing for this program. I know for some of you this cancellation was a mixed blessing, and for others it was an out and out disappointment. I am sorry it happened. Nevertheless, I hope we have the opportunity to work together again and, the next time, I trust that we will actually be able to meet and share the results of our individual accomplishments with one another and with a receptive audience.

LF:rms

Attachment

cc: Nancy Crewe
Dorothy Gordon
Ike A. Mayeda

Nancy Crewe, Ph.D.
University of Minnesota
Dept. of PM&R
860 Mayo Memorial Building, Box 279
420 Delaware Street, S.E.
Minneapolis, MN 55455

Dorothy Gordon, D.N.Sc., R.N.
University of Maryland, EHS Program
5401 Wilkens Avenue
Catonsville, MD 21228

Ike A. Mayeda
Executive Director
American Congress of Rehabilitation Medicine
30 N. Michigan Avenue
Chicago, IL 60602

Alfred J. Szumski, Ph.D.
Dept. of Physiology
Medical College of Virginia
P.O. Box 144
Richmond, VA 23298

Don Olson, Ph.D.
Director of Training
Rehabilitation Institute of Chicago
345 East Superior Street
Chicago, IL 60611

Dorothea Glass, M.D.
1755 Captain's Place
Palm City, FL 33490

Leonard Diller, Ph.D.
Inst. of Rehabilitation Medicine
400 East 34th Street
New York, NY 10016

John L. Melvin, M.D.
9001 W. Watertown Plank Road
Milwaukee, WI 53226

Sheldon Berrol, M.D.
San Francisco General Hospital
Room GC4
San Francisco, CA 94110

William A. Spencer, M.D.
President
The Institute for Rehabilitation & Research
P.O. Box 20095
Houston, TX 77225

Marcus J. Fuhrer, Ph.D.
Director of Research
The Institute for Rehabilitation & Research
P.O. Box 20095
Houston, TX 77225

Thomas A. Krouskop, Ph.D.
Director
Rehabilitation Engineering Center
The Institute for Rehabilitation & Research
P.O. Box 20095
Houston, TX 77225

James F. Budde, Ed.D.
University of Kansas
R&T Center on Independent Living
Bureau of Child Research
223 Haworth
Lawrence, KS 66045

Gerben DeJong, Ph.D.
7 Swanson Road
Framingham, MA 01701

Steven Tremblay
Alpha I
Maine Independent Living Program
169 Ocean Street
So. Portland, ME 04106

Diane Woods
World Rehabilitation Fund, Inc.
400 East 34th Street
New York, NY 10016

Deborah Wilkerson
Coordinator
Dept. of Rehabilitation Medicine, RJ-30
University of Washington
Seattle, WA 98195

Jack Jonas, President
Cerebral Palsy Foundation of Kansas
P.O. Box 8217
Wichita, KS 67208

American Congress of Rehabilitation Medicine
OFFICIAL PUBLICATION: ARCHIVES OF PHYSICAL MEDICINE AND REHABILITATION
30 NORTH MICHIGAN AVENUE • CHICAGO, ILLINOIS 60602 • (312) 236-9512

July 3, 1984

Lex Frieden
ILRU Project
P.O. Box 20095
Houston, TX 77225

Dear Mr. Frieden:

It is our pleasure to inform you that your Scientific Paper entitled, "Facilitating Independent Living by Disabled People in Rural Areas" has been accepted for presentation at the 1984 Annual Scientific Meeting in Boston.

You are assigned to present your paper on Tuesday, October 23 from 4:55-5:15 p.m. in the Liberty F/G room of the Boston Sheraton Hotel.

Please indicate your audio/visual requirements on the enclosed order form and promptly return it to this office. All meeting rooms will be equipped with projector screen, blackboard, electric pointer, podium and the services of a skilled projectionist.

One copy of your completed paper should be submitted to this office on or before September 5, and will be made available through our Public Relations Director to the various news media. No news release will be made without clearance from the Senior Author.

You are on our mailing list to receive the convention announcements and mailings regarding the program, registration and hotel reservations.

Sincerely yours,

Dorothy L. Gordon, D.N.Sc.,R.N.
Judith H. Stanton, M.S.,R.N.
Co-Chairpersons, ACRM Program

Encl. (1) audiovisual order form

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AMERICAN ACADEMY OF PHYSICAL MEDICINE AND REHABILITATION
AMERICAN CONGRESS OF REHABILITATION MEDICINE

October 21 - 26, 1984
Boston Sheraton Hotel
Boston, MA

DO NOT WRITE IN THIS SPACE

Session # _____

Date: _____

Room: _____

SCIENTIFIC PAPER PRESENTERS

AUDIO/VISUAL ORDER FORM

Please indicate your Visual Aid Equipment needs for your Presentation at the 46th Annual Assembly of the American Academy of Physical Medicine and Rehabilitation or the 61st Annual Session of the American Congress of Rehabilitation Medicine. Mail this form to our Chicago office at the address listed at the bottom of this page.

LIMITED TO ONE: (No other equipment available)

CAROUSEL PROJECTOR _____ 2 X 2 (5cm x 5cm)

MOVIE PROJECTOR _____ 16 mm, sound

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Note: Each meeting room will be equipped with projection screen, blackboard, electric pointer, podium for speakers, and mike. A union projectionist will be present to assure you of skilled service.

NAME: _____
(Please print or type)

Title of Paper: _____

_____

Mail to: American Academy of Physical Medicine and Rehabilitation/
American Congress of Rehabilitation Medicine
30 North Michigan Avenue
Suite #922
Chicago, IL 60602

84-250

American Congress of Rehabilitation Medicine
OFFICIAL PUBLICATION: ARCHIVES OF PHYSICAL MEDICINE AND REHABILITATION
30 NORTH MICHIGAN AVENUE • CHICAGO, ILLINOIS 60602 • (312) 236-9512

June 21, 1984

Lex Frieden, M.A.
9667 Meadowvale
Houston, Texas 77063

Dear Mr. Frieden:

Thank you for submitting your application for Continuing Medical Education program consideration.

We are happy to inform you that your offering, NEW FRONTIERS IN ATTENDANT CARE; October 22, 1984, 1:30 p.m. - 5:30 p.m., has been reviewed and approved for accreditation.

The above named session has met the accreditation essentials of the Accreditation Council for Continuing Medical Education (ACCME) and is therefore eligible for AMA CME 1 credit.

We congratulate and thank you and your participating colleagues on your efforts and look forward to a productive educational experience.

Sincerely,

Sorush Batmangelich

Sorush Batmangelich, M.H.P.E.
Director
Continuing Medical Education

SB/ss

cc: Nancy M. Crewe, Ph.D., Program Coordinator
Dorothy L. Gordon, D.N.Sc., R.N.,
Judith H. Stanton, M.S.R.N.,
Program Committee Chairpersons
June S. Rothberg, Ph.D., CE Committee Chairperson
Randall L. Braddom, M.D., CMECS Chairperson
Mary W. McKenzie, O.T., CE Committee Reviewer
Ike A. Mayeda, Executive Director

N CONGRESS
BILITATION
DICINE

AMERICAN ACADEMY OF
PHYSICAL MEDICINE AND
REHABILITATION

SUITE 922
30 NORTH MICHIGAN AVENUE
CHICAGO, ILLINOIS
(312) 236-9512

GUEST SPEAKER (non-member)
(use your own letterhead)

Dear _____:

Thank you for accepting our invitation to participate as a (speaker/lecturer/instructor/etc.) at the (name of symposium/educational course/etc.) on the topic (state title) to be presented at the (ACRM/AAPM&R) scientific meeting in Boston this coming October.

The date of your (symposium/etc.) is (day, date, time). Your topic is (tentative title) and the length of your presentation will be (? minutes), from (? hour to ? hour). The time limit will be strictly adhered to so that we can keep to the prescribed program schedule.

The other speakers on your (symposium/etc.) program are (names w/ respective topics).

In support of your presentation I refer to the enclosed Speakers' Instruction and Information concerning (1) program copy, (2) handout materials, (3) audio/visual requirements, and (4) hotel reservation, etc.

You will be reimbursed to the extent of (1) round trip airfare coach class, (2) one night hotel, meals and incidentals, and (3) an honorarium of $200. We will forward you a travel voucher when we mail you a copy of the convention packet in early July.

On behalf of the (ACRM/AAPM&R) and the Program Committee, I thank you and look forward to greeting you in Boston. Your contribution to the (61st Annual Congress Session/46th Annual Academy Assembly) will be of major importance to the growth and development of the field of (rehabilitation medicine/physical medicine and rehabilitation).

Sincerely yours,

Name

Encls. (1) Speakers' Instruction and Information
(2) Audio/Visual Order

cc: Dorothy L. Gordon, D.N.Sc., R.N.
Chairperson, Congress Program Committee
or
John M. Herring, M.D.
Chairperson, Academy Scientific Program

Creston C. Herold
Convention Manager

THE RESEARCH & TRAINING CENTER ON INDEPENDENT LIVING

RECEIVED MAR 9 1984

Lex Frieden
ILRU
1333 Moursund Ave.
Houston, TX 77030

Dear Lex:

Enclosed are the materials you requested. If you need anything else, please feel free to contact me.

Gary Ulicny
RTC/IL
AA-313 Bristol Terrace
Lawrence, KS 66044
(913) 842-7694

University of Kansas
BCR/348 Haworth
Lawrence, Kansas
66045
(913) 864-4950

Increasing the Attendant Management Skills of Disabled Consumers

Attendant care is a vital service that enables many severely disabled persons to live independently ~~(DeJong, 1979)~~. A review of the literature reveals that one of the most common problems in attendant care is consumers lack of effective management (training and supervision) skills ~~(Slagle, 1982; Smith, 1981)~~. Although numerous manuals have been written for consumers and care attendants, there is little in the way of an empirically-based methodology or model in use for training management skills ~~(Laurie, 1979)~~. ~~The purpose of this research is to incorporate techniques~~ that have been proven successful in training and supervising caregivers in other settings (e.g., daycare, residential) into an effective attendant care management model.

The two most common managerial deficits of consumers are the lack of specific descriptions of job duties and the inability to provide objective and effective feedback to attendants on their work performance (Roberts & Sydow, 1981; Slagle, 1982). The model selected for use in this study attempts to overcome these deficits by outlining specific job descriptions in the form of "performance checklists" (Herbert-Jackson, O'Brien, Porterfield & Risley, 1977; Jones, Favell, & Risley, 1983). Each checklist details the steps required to perform a given work routine (health care, housekeeping, environmental maintenance etc.) based on a task analysis of the routine. The checklists may also include information on the frequency with which routines are to be performed, and the materials needed and the set-up procedures for the routine. The checklists provide instuctions to the caregiver in how to conduct the routine and also serve as a means for the consumer to monitor, evaluate and provide feedback to the caregiver on his/her performance. Once training is completed, the checklists may be used for continued supervision. By periodically re-evaluating and providing feedback to the attendant using the checklists, consistent performance may be maintained.

Perhaps the most important feature of the model is that it safeguards consumer control of the care process. Since consumers are responsible for developing their own personalized checklists they determine what, how and how much assistance is provided. In addition the management procedures used should ensure that the consumer has and maintains this authority. In some states policies require consumers to demonstrate the ability to supervise attendants to receive Medicaid reimbursement for these services (Verhage, Note 1). The use of performance checklists provides the consumer with an empirical method of demonstrating his/her effectiveness in training and supervising attendants.

and demonstration

This presentation describes a research project which incorporates

Reference Note

Verhage, M. Manual for evaluation for personal care attendant services, Unpublished manuscript.

References

DeJong, G. The movement for independent living: Origins, ideology, and implications for disability research. Ann Arbor, Michigan: University Centers for International Rehabilitation, 1979.

Herbert-Jackson, E., O'Brien, M., Porterfield, J., & Risley, T. The infant center: A complete guide to organizing and managing infant day care. Baltimore: University Park Press, 1977.

Jones, M., Favell, J., & Risley, T. Socio-ecological programming. In J. Matson and F. Andrasik (Eds.), Treatment Issues and Innovations in Mental Retardation. New York: Plenum Press, 1983.

Laurie, G. Attendant care. Rehabilitation Gazette, 1979, 22, 17.

Roberts, S., & Sydow, N. Consumers guide to attendant care. Madison, Wisconsin: Access to Independence, Inc., 1981.

Slagle, D. Living independently with a personal care attendant. Paraplegia News. May, 1982, 24-28.

Smith, N. Some thoughts on the care and keeping of attendants. Rehabilitation Gazette, 1981, 24, 53-55.

Withdrawal/Redaction Sheet
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VITA

General Information

Name: Gary Ulicny
Date of Birth: [redacted] (C)
Place of Birth [redacted]

Sex: Male
Present Nationality: U.S.
Date of Information: Feb. 1984

Current Principal Job Title

Research Assistant, Research and Training Center on Independent Living, Bureau of Child Research, University of Kansas, 290 Haworth Hall, Lawerence, Kansas, (913) 864-4950

Educational Experience

B.S., University of North Carolina, Chapel Hill, Special Education, 1974
M.A., Appalachian State University, Boone,N.C., (With Honors). Special Education empahsis on Applied Behavior Analysis and Research Design with Severely and Profoundly retarded persons 1983.
Ph.D, University of Kansas, Developmental and Child Psychology, (expected 1986).

Memberships and Affiliations

Association for Behavior Analysis.
The Association for Persons with Severe Handicaps.
Association for the Advancement of Behavior Therapy (Member of the national Committee on Legislative Affairs)
Associate Editor, Research and Training Center on Independent Living.

Fields of Present Major Scientific Interest

Behaviorial methods of increasing management skills in disabled consumers responsible for training personal care attendants.
Alternative vocational placements (i.e., daycare, non-medical attendants) for mentally retarded persons
Investigating variables concerning the limits of habilitation with severely and profoundly retarded persons.

Related Training and Professional Experience

Director of Association for Retarded Citizens summer program, Chapel Hill, N.C., 1974.
Educational Specialist, Murdoch Center, Butner, N.C., 1974-1975.
Educational Specialist, Corpus Christi State School, Corpus Christi, TX. 1977-1978.
Coordinator TEACCH summer program for autistic children, 1979.
Graduate Insructor, Appalachian State University, Boone, N.C., 1981-1982.

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Research Assistant, Department of Research and Evaluation, Western Carolina Center, Morganton, N.C., 1982-1983.
Research Assistant, Research and Training Center for Independent Living, Bureau of Child Research, University of Kansas, 1983-

Teaching Experience

Orientation to Human Exceptionality, Severe and Profound Disabilites, Applied Behavior Analysis for Teachers, Single Subject Research Designs and Methodology -- Appalachian State University & Western Carolina Center.
Introduction to the Standard Behavior Chart -- Guest Lecturer, University of North Carolina Charlotte.

Grant Support

Jones, M.L. & Ulicny, G.R. Management Procedures in Attendant Care: Developing a Training Model for Disabled Consumers. Grant funded through the Research and Training Center on Independent Living, University of Kansas 1983-1986.

Publications

Articles

Ulicny, G.R., Thompson, S.A., Favell, J.E. & Thompson, M.A. An active assesment of trainability: A case study. Education and Training of the Mentally Retarded, (submitted January 1984)

Ulicny, G.R. Funding for attendent care. Independent Living Forum, 1(2),1983, p.6-7.

Presentations

Czyzewski, M.J., Jones, M.J., Otis, A,W. & Ulicny, G.R. Developing a National Legislative Network, Workshop presented at the World Congress on Behavior Therapy, 17th Annual Convention for the Advancement of Behavior Therapy, Washington, D.C. December, 1983.

Spooner, F.H. & Ulicny, G.R. Research in evaluating training strategies for the career development of severely/profoundly handicapped learners. Paper presented at the spring conference of the North Carolina Council for Exceptional Children, Winston Salem, N.C. 1983.

Spooner, F.H., Ulicny, G.R. & Spooner, D. An evaluation of the relationship of task analysis to skill aquisition in skill training of severely retarded learners. Presented at the Ninth Annual Convention of the Association for Behavior Analysis, Milwaukee, Wisconsin, May, 1983.

Ulicny, G.R. Funding for attendant care services. Paper presented at the Third Annual Region VII Conference on Independent Living, Kansas City, Kansas, October, 1983.

Capuchin monkeys are being trained to perform simple repetitive tasks for high level quadriplegics. As of January, 1984 six monkeys are living and working with disabled individuals. The pros and cons of using a simian aide will be presented as well as a video tape which shows the monkeys at work. Current goals include standardizing the procedures by which each task is taught and expanding the size of the program. A progress report will be given on these two areas.

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INVESTIGATOR'S BIOGRAPHIC SKETCH

NAME: Mary Joan Willard

SOCIAL SECURITY NO.: (C)

TITLE: Asst. Prof. Dept. Rehab. Med.

ROLE IN PROGRAM: Project Director

EDUCATION *(Begin with Baccalaureate; include post doctoral training; do not include Honorary Degrees)*

NAME, LOCATION OF INSTITUTION AND TITLE OF COURSE OF TRAINING PROGRAM	DEGREE	YEAR AWARDED
Indiana U. of Pa. - Psychology	B.A.	1972
State U. of New York inAlbany - Ed. Pscyhology	M.S.	1973
Boston University - Ed. Psychology	Ed.D.	1976
Tufts New Eng. Medical Center - Behavioral Medicine	Fellow	1978

MAJOR RESEARCH INTEREST (S)

The application of behavior modification techniques to medical problems.

RESEARCH AND/OR PROFESSIONAL EXPERIENCE *(Work backwards from present appointment)*

8/81 - present — Project Director - Capuchin Monkeys as Aides for the Severely Disabled. Albert Einstein College of Medicine

10/77 - 1981 — Project Director - Capuchin Monkeys as Aides for the Severely Disabled. Tufts New England Medical Center

5/77 - 6/80 — Private Practice (part-time) clinical work with children. Specialize in application of principles of behavior management.

8/75 - 1/79 — Research Assistant (part-time) to B.F. Skinner at Harvard University

10/77 - 1/79 — Consultant in behavior modification technology to Westboro State Hospital and special education of Charlestown.

11/76 - 2/79 — Adjunct Assistant Professor at Massachusetts College of Pharmacy. Taught courses in applications of behavioral management techniques to medical problems.

1/76 - 5/77 — Instructor of Behavior Modification, General Psychology, and Social Psychology at Massasoit Community College.

Teaching positions (part-time) have included teaching treatment methods for emotional disturbance to students at Northeastern University, behavior modification to dental assistants at Tufts Dental School, to nurses at Laboure Junior College, and to veterans at Fisher Junior College.

HONORS AND AWARDS

Bell Greve Memorial Award from the National Rehabilitation Association 1982

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INVESTIGATOR'S BIBLIOGRAPHY

NAME

Mary Joan Willard

SOCIAL SECURITY NO.

(C)

PUBLICATIONS *(Not to exceed three pages for each investigator.)*

"Capuchin Monkeys as Aides for Quadriplegics: A Progress Report." Journal of Rehabilitation R&D, Veterans Administration Office of Technology Transfer New York, N.Y. Fall 1983

"Training a Capuchin (Cebus apella)to Perform as an Aide for a Quadriplegic." Willard, M.J., Dana,K., Stark,L., Owen, J., Zazula, J. and Corcoran, P. Primates, 23 (4): 520-532, October 1982

"Capuchin Monkeys as Aides to the Severely Disabled."Distech 82: Disability and Technology in the '80s. The Spastic Society Brighton, England September 1982

"Equipment Used to Enable a Cebus Monkey to Function as an Aide for a Quadriplegic." Zazula, J.L., Willard, M.J., Corcoran, P., and Ely, D. Proceedings of the Human Factors Society Annual Symposium, New York September 1981

"My Most Memorable Character." Willard, M.J., Epstein, R. The Behavioral Analyst August 1980

"A New Job for a Monkey." Willard, M.J. Science Year World Book Childcraft International Chicago, Ill. 1979

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BIOGRAPHICAL SKETCH

Larry Leifer, Ph.D.

Associate Professor,
Mechanical Engineering, Design Division,
Stanford University,
Stanford, California 94305

Director,
Rehabilitation Research and Development Center, MS-153,
VA Medical Center,
Palo Alto, California 94304

Professor Leifer's formal academic training was done in a variety of fields at Stanford University. He holds a Bachelor of Science degree in Mechanical Engineering (1962) and a Master of Science degree in Product Design (1963). His Ph.D. thesis in Biomedical Engineering (1969) was an electrophysiological investigation of voluntary human motor control. From 1969-1972 he worked at the NASA Ames Research Center studying the psychophysiology of Human Information Processing. He continued this work through 1973 as a NASA research exchange fellow in the Man-Vehicle Laboratory at MIT. From 1973-1976 Dr. Leifer was an Assistant Professor of Biomedical Systems Analysis at the Swiss Federal Institute of Technology in Zurich where his work dealt with postural stability, vestibulo-oculomotor function, hearing augmentation via electrical stimulation of the auditor nerve and non-invasive measurement of motor axon conduction velocity distributions.

At Stanford since 1976, he has taught Product Design and introduced a laboratory curriculum dealing with the application of microcomputers in electromechanical systems design (Smart Product Design). His research has shifted from the neurophysiology of movement to restoration of motor function through application of robotics technology in rehabilitation. His research deals with interactive robotics, industrial automation and sensory driven manipulation. He is founding director of the VA/Stanford Rehabilitation Research and Development Center where he supervises the Man-Machine Integration Program. Most recently, he directs Stanford's new Center for Design Research (CDR).

DESIGN DIVISION
STANFORD UNIVERSITY
MECHANICAL ENGINEERING DEPARTMENT
STANFORD, CALIFORNIA
94305

April 24, 1984

Lex Frieden
Director
Independent Living Research Utilization
PO BOX 20095
Houston, TX 77225

Dear Mr. Frieden:

Enclosed is a copy of Professor Larry J. Leifer's Biographical Sketch.
A copy of the abstract is forthcomming.

Sincerely,

Eileen M. Schwappach

Eileen M. Schwappach
Division Secretary

415 493 5800
Y4426 Pat
5465
497 1869

497 4281
Stanford
Eileen

March 7, 1984

Lex Frieden
Independent Living Research
Utilization
1333 Moursund
Houston, Texas 77030

Dear Lex:

Following our phone conversation of March 2, 1984, regarding the conference of the American Congress of Rehabilitation Medicine, I am sending you a copy of my VITAE and a tentative outline of a presentation on Project AID Resource Center, Inc. Hopefully, a videotape will be a part of the presentation.

Needless to say, I am thrilled with your invitation to participate in this conference and appreciate your interest and support. The workshop you're planning sounds very unique and interesting.

Does any travel or expense money accompany the invitation?

Please call or write if you have any questions.

Again, thank you for the exciting opportunity.

Sincerely yours,

Carol J. Dunker

Carol J. Dunker
Director

Enclosure:

CJD:bb

RECEIVED MAR 15 1984

PROJECT AID RESOURCE CENTER, INC.

2021 N. OLD MANOR • P.O. BOX 8217 • WICHITA, KS. 67208 • (316) 688-1888

1+1 = Project AID Resource Center, Inc.
An Innovative Approach to Attendant Care

The purposes of programs for Independent Living are to assist disabled individuals to live more independently in their homes and communities, to secure and maintain employment, and to have more control over their lives.

The attendant care concept is viewed by many as a vital component of the independent living movement, touching nearly all the themes considered essential to that movement.

A. Premise of Project AID Resource Center, Inc.: Designed to Serve Two Segments of Disabled Community.

1. Training, Placement and Resource Center.

B. Historical Background

C. Training Component-Training Center

1. Referral Process
2. Eligibility Criteria-Trainees
3. Description of 12-week Training Program
4. Involvement of Disabled Both as Consultants and as Training Staff Members.
5. Curriculum-Start-Up Kit-Training and Resource Manual
6. CARF Accreditation as an Occupational Skills Training Program.

D. Placement & Follow-Up Component-Resource Center

1. Referral Process
2. Eligibility Criteria-Clients
3. Placement Process-Attendant/Client "Match"

E. Supplementary Services Provided By Project AID Resource Center, Inc.=Independent Living Center Functions

F. Inquiries Received-Replications Requested

G. Statistics

Charts show the numbers of functionally handicapped attendants trained and placed. They also describe the demographics of both trainee/attendants, and clients in the community who request and/or employ attendants.

VITAE

Carol J. Dunker
218 Aspen Rd.
Derby, Kansas 67037

Present Position:

Director of Project AID Resource Center, Inc.,
316-688-1888, Ext. 216
2021 North Old Manor
Wichita, Kansas 67208

Job Summary:

Overall supervision and direction of Project AID Resource Center, Inc. including:

1) training of functionally handicapped adults to be non-medical attendants
2) placement of these attendants with disabled and elderly persons in the community who need non-medical attendant care in order to live independently.
3) follow-up of the non-medical attendants to ensure job success.

Overall responsibility for reviewing background information and conducting intake interviews of potential trainees

Responsible for interviewing, hiring, and training persons to assume staff positions

Overall supervision of interviews and needs assessments of clients in the community.

Responsible for development of project data for monitoring program progress and program evaluation

Responsible for preparation of project reports
Directly responsible to Board of Directors since accomplishment of separate incorporation

Coordinates with cooperating agencies

Responsible for development of grants to pursue sources of funding

Coordination and supervision of staff

Responsible for timely fulfillment of project requirements

Responsible for continuation of Consumer Advisory Committee

Past Position:

Special Education Teacher, TMH
USD #259
Wichita East High School
2301 East Douglas
Wichita, Kansas 67211

As special education teacher of trainable mentally handicapped students, I along with two other teachers, worked with 25-28 students per year, ages 15-21 years. Although I was involved in the total program, my primary responsibility was the vocational aspects of the program. Being the vocations' instructor, I worked with the students to develop independent living skills, such as, city bus riding and appropriate work habits, attitudes, and behavior. The last year, I went into the community, on a limited basis, to procure training opportunities and job opportunities for these students.

Previous Experience:

Special Education Teacher
Work Experience Program
Special Education Department
Omaha Public Schools
Omaha, Nebraska

Substitute Paraprofessional
(with severely and profoundly handicapped students)
Eastern Nebraska Community Offices of Retardation (ENCOR)
Omaha, Nebraska

Substitute Paraprofessional
(with trainable mentally handicapped students)
Children Have a Potential (CHAP) School
Bellevue, Nebraska 68005

Substitute Paraprofessional
(with severely and multiple handicapped students)
Martha Negus Orthopedic School
Vandenberg Air Force Base, California

Social Worker
Claver Day Care Center
1205 North Indiana
Wichita, Kansas 67214

Education:

University of Nebraska, Omaha
Omaha, Nebraska 68101
M.S. Degree in Special Education
Major, Mental Retardation, May 1978
Special Education Teaching Certification

Hastings College, May 1966
Hastings, Nebraska 68901
Bachelor of Arts, Double Major: Psychology, Sociology

Related Activities:

Member of Kansas Adult Education Association

Member of Council for Exceptional Children (CEC), (1978 to present)

Member of the Special Education Curriculum Committee, Nebraska

Member of the State CEC Convention Committee, Nebraska

Member of the Mayor's Committee on the Handicapped, Omaha, Nebraska

National Education Association, Special Education Task Force

Independent study--Ingleside State Mental Hospital, Hasting, Nebraska

I have also volunteered with persons of various developmental disabilities over the past 16-18 years.

Publications:

"Project AID: Opportunities and Options"
Spotlight 7
Region VII Rehabilitation Newsletter, 1983

Lectures or Presentations:

Panel member of the Panel Presentation for the Work Experience Program at Nebraska State CEC Convention, 1979

WSU Social Work Class
Panel member on Independent Living Concept for the disabled, 1982-1983

"Project AID Resource Center"
Presentation for Coordinating Council Services for Aging, October, 1982

"Project AID Resource Center"
Presentation for Senior Citizen Intergroup Council, November, 1982

"Project AID Resource Center"
North High Presentation for Special Education classes and teachers, November, 1982

"Project AID Resource Center"
Presentation and update to United Cerebral Palsy Board, December, 1982

"Project AID Resource Center"
Presentation to Kansas Association of Rehabilitation Facilities, January, 1983

"Project AID Resource Center"
2 Inservices for local Wichita Rehabilitation Services Staff, 1982-1983

"Project AID Resource Center"
Presentation for State Independent Living Center Advisory Committee, March, 1983

"Project AID Resource Center"
Presentation to Sedgwick County Council on Aging, April 13, 1983

"Project AID Resource Center"
Presentation to Veterans Administration - Social Work Services

"Project AID Resource Center"
Inservice for SRS Home and Community Based Services staff

Lectures or Presentations:

"Project AID Resource Center, Inc."
Inservice for Sedgwick County Health Department Home Health Service Staff, August, 1983

"Attendant Care Alternatives"
Workshops for "Beyond Survival"
Holistic Approaches to Independent Living Conference, Denver, Colorado, August, 1983

"Project AID Resource Center, Inc."
Inservice for Senior Services, Inc. Social Services Staff, September, 1983

"Project AID Resource Center, Inc."
Inservice for Sedgwick County Department on Aging
Information and Assistance Staff,
September, 1983

"1 + 1 = Occupational Skills Training Program"
Workshop for Kansas Association of Rehabilitation Facilities Convention, October, 1983

"Project AID Resource Center, Inc."
Inservice for City of Wichita Job Training Partnership Act (JTPA) counseling staff and Director of neighborhood service centers, January, 1984

Lex

April 3, 1984

Larry Leifer, Ph.D.
Mechanical Engineering
Design Division
Stanford University
Stanford, California 94305

Dear Dr. Leifer,

Thank you for agreeing to participate in our program "New Frontiers in Attendant Care" to be presented at the Annual Meeting of the American Congress of Rehabilitation Medicine, October 22, 1984. I would appreciate it if you would send me a curriculum vita or biographical sketch and a brief description or abstract of your presentation as soon as possible. I need this information in order to secure continuing education credits for people who attend our program.

I am enclosing a tentative schedule for our program. I will be sending you further information about the meeting as soon as I receive it from ACRM. In the meantime, please contact me if you have any questions.

Sincerely yours,

Lex Frieden
Director

LF:rms

Enclosure

March 28, 1984

Mary Joan Willard, Ph.D.
Department of Rehabilitation Medicine
Albert Einstein College of Medicine
1300 Morris Park Avenue
New York City, New York 10461

Dear Dr. Willard,

Thank you for sending me the information relating to our program "New Frontiers in Attendant Care" to be presented at the Annual Meeting of the ACRM, October 22, 1984. I am enclosing a tentative schedule for our program. I will be sendingguyou further information about the meeting as soon as I receive it from ACRM. In the meantime, please contact me if you have any questions.

Sincerely yours,

Lex Frieden
Director

LF:rms

Enclosure

March 28, 1984

Gary Ulicny
RTC/IL
AA-313 Bristol Terrace
Lawrence, Kansas 66044

Dear Dr. Ulicny,

Thank you for sending me the information relating to our program "New Frontiers in Attendant Care" to be presented at the Annual Meeting of the ACRM, October 22, 1984. I am enclosing a tentative schedule for our program. I will be sending you further information about the meeting as soon as I receive it from ACRM. In the meantime, please contact me if you have any questions.

Sincerely yours,

Lex Frieden
Director

LF:rms

Enclosure

March 28, 1984

Woodrow Seamone, Project Manager
Prosthetics/Orthotics Research Project
The John Hopkins University
Applied Physics Laboratory
John Hopkins Road
Laurel, Maryland 20707

Dear Mr. Seamone,

Thank you for sending me the information relating to our program "New Frontiers in Attendant Care" to be presented at the Annual Meeting of the ACRM, October 22, 1984. I am enclosing a tentative schedule for our program. I will be sending you further information about the meeting as soon as I receive it from ACRM. In the meantime, please contact me if you have any questions.

Sincerely yours,

Lex Frieden
Director

LF:rms

Enclosure

March 28, 1984

Carol J. Dunker
Director
Project AID Resource Center, Inc.
2021 N. Old Manor
P.O. Box 8217
Wichita, Kansas 67208

Dear Ms. Dunker,

Thank you for sending me the information relating to our program "New Frontiers in Attendant Care" to be presented at the Annual Meeting of the ACRM, October 22, 1984. I am enclosing a tentative schedule for our program. I will be sending you further information about the meeting as soon as I receive it from ACRM. In the meantime, please contact me if you have any questions.

Sincerely yours,

Lex Frieden
Director

LF:rms

Enclosure

American Congress of Rehabilitation Medicine
OFFICIAL PUBLICATION: ARCHIVES OF PHYSICAL MEDICINE AND REHABILITATION
30 NORTH MICHIGAN AVENUE • CHICAGO, ILLINOIS 60602 • (312) 236-9512

March 23, 1984

Lex Frieden
ILRU-TIRR
P.O. BOX 20095
Houston, TX 77225

Dear Mr. Frieden:

Thank you for the application on "New Frontiers in Attendent Care".

Before I can submit your application to the Review Committee, please send me the following:

1. Title for the topic area addressed by each speaker.
2. Revision of your Instructional scheduling plan in order to allow a 30 minute coffee break between 3:00 p.m. and 3:45 p.m. You have scheduled it for 3:45 p.m.

If there is a scheduling problem, you may wish to consider one 30-45 minute inter and intra faculty-participant question and answer panel discussion opportunity at the end of the last speaker.

Please forward to me the above as soon as possible. Thank you for your attention and cooperation.

Sincerely,

Sorush Batmangelich

Sorush Batmangelich, M.H.P.E.
Director
Continuing Medical Education

SB/GP

cc: Alfred J. Szumski, Ph.D.
Dorothy L. Gordon, D.N.Sc., R.N.
Judith H. Stanton, M.S.,R.N.

RECEIVED MAR 2 6 1984

Willard – Capuchin Monkeys as Aides for Quadriplegics

Dunbar – 1+1 = Project ~~Aid~~ AID: An Innovative approach to Attendant Care

Seamone – The Application of Robotics to Assist Quadriplegics: The Robotics Arm Workstation

Utley – Increasing the Attendant Management Skills of Disabled Consumers through the use of Performance Check-lists and Behavioral Feedback

Call Liefer
or
Romick
add titles & change breaks

---

letter to Batmangliche

Please find enclosed a revised agenda for the proposed course, New Frontiers in Attendant Care. I look forward to hearing from you regarding the disposition of this proposal.

Sincerely yours,

CL

Nancy Crewe

This FORM must be mailed to 1984 Program Committees, c/o AAPM&R/ACRM, Suite 922, 30 North Michigan Avenue, Chicago, Illinois 60602 for arrival on or before May 14, 1984.

KEY WORDS (List two or three words that best describe the subject matter of this paper):

Independent living

Rural

Rehabilitation

If my paper is accepted, I am willing to present at:

Academy	Congress	Either	
☐	☐	☐	Poster or Paper Session
☐	☒	☐	Paper Session only
☐	☐	☐	Poster Session only

TITLE OF PAPER: Facilitating Independent Living by Disabled People in Rural Areas

AUTHOR(S): Give full name, academic degree and institutional affiliation, as you wish it to be listed in the printed program. List PRIMARY AUTHOR first.

Lex Frieden, M.A., The Institute for Rehabilitation & Research (TIRR) and Baylor College of Medicine; Laurie Gerken, TIRR; Laurel Richards, B.A., TIRR; and Elaine Veerkamp, M.S., TIRR.

ABSTRACT

Submit typewritten, single spaced, and **not more than 200 words.** Be concise and informative, giving statement of study's specific OBJECTIVE, brief METHOD, specific RESULTS obtained, and a statement of CONCLUSION based on the results. Use complete, connected sentences; define unfamiliar terms, abbreviations, and symbols the first time used. THIS ABSTRACT WILL BE PUBLISHED IN THE OFFICIAL CONVENTION PROGRAM.

Independent living programs set up to provide supportive services and skills training for severely disabled people have been established in almost 200 communities throughout the United States during the past six years. These consumer-run, community-based programs have proven to be effective at helping to facilitate independence and productivity by disabled people. Although the independent living movement has grown rapidly, it has had comparatively little impact on the lives of disabled people living in rural areas of the United States. Despite the fact that nearly half of the disabled population lives in rural areas, fewer than 10 percent of the independent living programs thus far established focus services on people living in these areas.

The Independent Living Research Utilization (ILRU) project at The Institute for Rehabilitation and Research in Houston has developed and pilot-tested a methodology for assisting disabled people and community leaders in rural areas to make their communities more accessible and supportive. This methodology involves the establishment of advocacy and service programs, modeled after urban-based independent living programs, which are capable of facilitating independence by severely disabled people living in rural communities.

This paper discusses the community development methodology used by the ILRU rural project to establish demonstration projects in Texas and Maine. It discusses the various conditions which may lead to success or failure of a consumer-run, community-based independent living program. It describes important differences between urban-based and rural-based independent living programs, and it suggests some ways by which rehabilitation professionals and established rehabilitation facilities can be of assistance in meeting independent living needs of disabled people in rural areas.

Office Use Only ABSTRACT EVALUATION	Acceptable	Marginal	Unacceptable
Objectives			
Methods			
Results			
Conclusions			
Clarity			
Enough Information?			
Relevant?			
New Information?			
Important?			
Should it be presented?			
	Definitely	Probably	No

the disabled population lives in rural areas, fewer than 10 percent of the independent living programs thus far established focus services on people living in these areas.

The Independent Living Research Utilization (ILRU) project at The Institute for Rehabilitation and Research in Houston has developed and pilot-tested a methodology for assisting disabled people and community leaders in rural areas to make their communities more accessible and supportive. This methodology involves the establishment of advocacy and service programs, modeled after urban-based independent living programs, which are capable of facilitating independence by severely disabled people living in rural communities.

This paper discusses the community development methodology used by the ILRU rural project to establish demonstration projects in Texas and Maine. It discusses the various conditions which may lead to success or failure of a consumer-run, community-based independent living program. It describes important differences between urban-based and rural-based independent living programs, and it suggests some ways by which rehabilitation professionals and established rehabilitation facilities can be of assistance in meeting independent living needs of disabled people in rural areas.

Methods			
Results			
Conclusions			
Clarity			
Enough Information?			
Relevant?			
New Information?			
Important?			
Should it be presented?			
	Definitely	Probably	No

DATE: 5-11-84 PRIMARY AUTHOR: (name) Lex Frieden
(address) ILRU Project
P.O. Box 20095, Houston, Texas 77225
(telephone) (713) 797-0200

people in rural areas < 50%

define rural > 50,000

dis people in rural areas
67%

typically not recog or
identified as being disabled

farmers or farm wives

local business people

elderly people

usually only notice
visibly severely disabled
or multi-handicapped

disabled children —
migrant or child asylum

Def of IL

Conditions affecting IL

physical accessibility

communication

availability of services

attitudes (self & community)

IL skills

Status of conditions in
rural areas

[Denver study]

transp.

day care

access

facilities

housing

ILRU SURVEY OF INDEPENDENT LIVING PROGRAMS

Date __/__/__

Name of program Compilation of all ILPs in Registry (155)

Executive director _____

Address _____ City _____ State _____ Zip _____

Phone (___)___-_____ TDD _____

Affiliated with _____ agency (if any)

Date program began operation __/__/__

Population of community in which program is located _____

Number of persons served/month _____

Average number of persons in ongoing caseload _____

Percentage of clients from: 70% immediate community; 15% rural areas; 13% other cities in state; 2% outside state

Client age breakdown (in percentages): 8% 0-18; 37% 19-30; 40% 31-64; 15% 65 and over

Staff breakdown (Note: Numbers should be listed in full-time equivalents--both full and part-time staff, e.g. 2-1/2)

Average percentage

	No. Paid Staff	No. Volunteers	Total No.	No. Disabled	No. Non-disabled
Bd of Directors	1%	99%		49%	51%
Exec. Director	99%	1%		50%	50%
Peer Counselors	40%	60%		84%	16%
IL Skills Trainers	81%	19%		35%	65%
Administrative Staff	86%	14%		39%	61%
Other (specify)	67%	33%		44%	56%

Please list funding sources and budget percentage they represent:

	%-age
1. Federal/state funding agencies	79%
2. Local (city, county)	4%
3. Foundations ~~private donations~~/Private Agencies	8%
4. Funds generated (fees, memberships, etc) other	9%

What is the approximate total budget of your project? _____

Admission Criteria: Restricted by type of disability? yes 36% no 64%
If yes, list types:

Other restrictions (specify):

Is your program transitional in nature? yes no

Instructions for completing registry table:

Each box in the table represents an individual cell which should be filled in with a number (the average number of persons per month who receive the service, broken down into disability type). The last column on the right represents the total number of persons receiving this service across all disability types (add across to get the number). The last row represents the total of all services received according to disability type (total each column for this number).

If you do not have records with exact numbers, please approximate to the best of your ability. This table contains much valuable information and we appreciate the time and effort it takes to complete it.

Key: SCI (spinal cord injury), C.P. (cerebral palsy), B.I. (brain injury), Amp. (amputee), Stk. (stroke), Bl. (blind), Df/B (deaf/blind), M.I. (mental illness), M.R. (mental retardation)

Average Number of Persons Served/Month

Services	SCI	C.P.	B.I.	Amp.	Stk.	Bl.	Deaf	Df/B	M.I.	M.R.	Other	Total
I & R Registry												
* Housing-assistance	19%											17%
Attendant	20%											8%
Reader/ Interpreter												3%
Other (general I+R)	11%											19%
Counseling												
Peer	15%											12%
Family	3%											3%
Financial	8%											6%
Other	5%											8%
IL Skills Training	14%											14%
Vocational Counseling	3%											4%
Training	<1%											3%
Placement	<1%											2%
Totals	15% total # people w/ SCI, # of programs serving SCI - 65%											

Percent of persons using each service

* both housing services referrals included

Please circle y(es) or n(o) regarding provision of the following services:

Percent of programs offering these services

Newsletter	74 y	n	Social/Recreational Activities	68 y	n
Speaker's Bureau	70 y	n	Client Advocacy	92 y	n
Media Coverage	74 y	n	Systems Advocacy	85 y	n
Annual Report	74 y	n	Wheelchair Repair	24 y	n
Transportation	63 y	n	Residential Service	33 y	n
Medical Treatment/Sheltered Workshop/Protective Supervision				15 y	n

ILRU SURVEY OF INDEPENDENT LIVING PROGRAMS

Date __/__/__

Name of program Compilation of Class I Rural Programs (18)

Executive director _____

Address _____ City _____ State _____ Zip _____

Phone (___)___-_____ TDD _____

Affiliated with _____ agency (if any)

Date program began operation __/__/__

Population of community in which program is located _____

Number of persons served/month _____

Average number of persons in ongoing caseload _____

Percentage of clients from: 43% immediate community 40% rural areas
17% other cities in state 2% outside state

Client age breakdown (in percentages): 5% 0-18 40% 19-30
40% 31-64 18% 65 and over

Staff breakdown (Note: Numbers should be listed in full-time equivalents--both full and part-time staff, e.g. 2-1/2)

	No. Paid Staff	No. Volunteers	Total No.	No. Disabled	No. Non-disabled
Bd of Directors		100%		50%	50%
Exec. Director	94%	6		37	67
Peer Counselors	3.0	70		100	
IL Skills Trainers	96	4		32	68
Administrative Staff	76	24		36	64
Other (specify)	84	16		38	62

Please list funding sources and budget percentage they represent:

	%-age
1. Federal/State	84%
2. City/County	0%
3. Foundations/Private agencies	6%
4. Funds generated, other	9%

What is the approximate total budget of your project? _____

Admission Criteria: Restricted by type of disability? yes 31% no 69%
If yes, list types:

Other restrictions (specify):

Is your program transitional in nature? yes no

Instructions for completing registry table:

Each box in the table represents an individual cell which should be filled in with a number (the average number of persons per month who receive the service, broken down into disability type). The last column on the right represents the total number of persons receiving this service across all disability types (add across to get the number). The last row represents the total of all services received according to disability type (total each column for this number).

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Average Number of Persons Served/Month

Services	SCI	C.P.	B.I.	Amp.	Stk.	Bl.	Deaf	Df/B	M.I.	M.R.	Other	Total
I & R Registry												9%
Housing												8%
Attendant												5%
Reader/ Interpreter												2%
Other												25%
Counseling												19%
Peer												2%
Family												9%
Financial												4%
Other												24%
IL Skills Training												2%
Vocational Counseling												<1%
Training												<1%
Placement												
Totals												

% of people using these services

Please circle y(es) or n(o) regarding provision of the following services:

Percentage of programs providing these services

Newsletter	72 y	n	Social/Recreational Activities	72 y	n
Speaker's Bureau	78 y	n	Client Advocacy	94 y	n
Media Coverage	83 y	n	Systems Advocacy	94 y	n
Annual Report	78 y	n	Wheelchair Repair	17 y	n
Transportation	61 y	n	Residential Service	44 y	n
Medical Treatment/Sheltered Workshop/Protective Supervision				22 y	n

IMPORTANT MESSAGE

FOR Lex DATE 10-15 TIME 10:50 A.M. P.M.

M Larry Leifer

OF

PHONE (415) 493-6481
AREA CODE NUMBER EXTENSION

MESSAGE ~~He is about~~, rest of day
✓ (415) 493-5000 X 5465
insist to be put through to
him.

SIGNED DH

	TELEPHONED
✓	RETURNED YOUR CALL
✓	PLEASE CALL
	WILL CALL AGAIN
	CAME TO SEE YOU
	WANTS TO SEE YOU

TOPS FORM 4006

This FORM must be mailed to 1984 Program Committees, c/o AAPM&R/ACRM, Suite 922, 30 North Michigan Avenue, Chicago, Illinois 60602 for arrival on or before May 14, 1984.

KEY WORDS (List two or three words that best describe the subject matter of this paper):

Independent living

Rural

Rehabilitation

If my paper is accepted, I am willing to present at:

Academy	Congress	Either	
☐	☐	☐	Poster or Paper Session
☐	☒	☐	Paper Session only
☐	☐	☐	Poster Session only

TITLE OF PAPER: Facilitating Independent Living by Disabled People in Rural Areas

AUTHOR(S): Give full name, academic degree and institutional affiliation, as you wish it to be listed in the printed program. List PRIMARY AUTHOR first.

Lex Frieden, M.A., The Institute for Rehabilitation & Research (TIRR) and Baylor College of Medicine; Laurie Gerken, TIRR; Laurel Richards, B.A., TIRR; and Elaine Veerkamp, M.S., TIRR.

ABSTRACT

Submit typewritten, single spaced, and **not more than 200 words.** Be concise and informative, giving statement of study's specific OBJECTIVE, brief METHOD, specific RESULTS obtained, and a statement of CONCLUSION based on the results. Use complete, connected sentences; define unfamiliar terms, abbreviations, and symbols the first time used. THIS ABSTRACT WILL BE PUBLISHED IN THE OFFICIAL CONVENTION PROGRAM.

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This paper discusses the community development methodology used by the ILRU rural project to establish demonstration projects in Texas and Maine. It discusses the various conditions which may lead to success or failure of a consumer-run, community-based independent living program. It describes important differences between urban-based and rural-based independent living programs, and it suggests some ways by which rehabilitation professionals and established rehabilitation facilities can be of assistance in meeting independent living needs of disabled people in rural areas.

Office Use Only ABSTRACT EVALUATION	Acceptable	Marginal	Unacceptable
Objectives			
Methods			
Results			
Conclusions			
Clarity			
Enough Information?			
Relevant?			
New Information?			
Important?			
Should it be presented?			
	Definitely	Probably	No

DATE: 5-11-84 PRIMARY AUTHOR: (name) Lex Frieden

(address) ILRU Project
P.O. Box 20095, Houston, Texas 77225

(telephone) (713) 797-0200

83-4000

Lex

AMERICAN CONGRESS OF REHABILITATION MEDICINE

APPLICATION FOR APPROVAL OF CE PROGRAMS

PROGRAM/COURSE

Part I: PROGRAM/COURSE SPECIFICATIONS

1. Title of Program/Course: New Frontiers in Attendant Care

2. Institution/Department Sponsor: ACRM

   Address: _____

   Phone: ( )

3. Program or Course Director: Lex Frieden

   Address: ILRU-TIRR, P.O. Box 20095, Houston, TX 77225

   Phone: (713) 797-0200

4. Date(s) and Time of Presentation: Monday, October 22, 1984

5. Contact Hours of Instruction: 4 hrs.

6. Program/Course Location: Boston Sheraton

7. Tuition: _____

8. Applying for ACRM: (for definition, see page 14 of manual)
   - (X) Sponsorship
   - ( ) Cosponsorship
   - ( ) Endorsement

9. Faculty: Please use vita form attached. Form should be duplicated for each faculty speaker and must accompany the application. The following data is required for each faculty member, including the moderator:

   a. Name, degree(s), title and address as they should appear in the Official Program book.
   b. Discipline: at least 3 disciplines must be represented.
   c. Reason(s) for selecting faculty member (and moderator) in relation to this educational offering (e.g., training/experience, interest, expertise, publication, etc.). Position titles and academic appointments alone are not sufficient.

10. Target Audience:

a. Professional Groups/Disciplines: (must be 3 or more).

(X) Medicine (please specify specialty) Physiatry
(X) Nursing
(X) Occupational Therapy
(X) Physical Therapy
(X) Psychology
(X) Rehabilitation Counseling
(X) Speech Pathology
( ) Other (please specify) _____

b. Pre-requisite Knowledge & skills:

(X) Basic: disciplinary entry-level knowledge only
( ) Intermediate: some education and experience in the specified subject
( ) Advanced: extensive education and current experience in the specified subject

c. Professional activity:

(X) Clinicians
(X) Educators
(X) Researchers/Investigators
(X) Administrators

d. Other (describe briefly): _____

11. Space Requirements: (Not applicable if request is for Annual Session program presentation; compliance is done by the American Congress of Rehabilitation Medicine). _____

12. Recommended Facilities: (Not applicable if request is for Annual Session program presentation; compliance is done by the American Congress of Rehabilitation Medicine). _____

13. Mission for CE (refer to section V, p.18, and section VII, Essential 1, p.19): For Sponsored/Cosponsored presentation at the Annual Session program, the American Congress of Rehabilitation Medicine will comply with its Educational Mission Statement stated under section V, p. 18.

Mission Statement

PART II: PROGRAM/COURSE PROPOSAL

1. Planning: Please indicate those professionals involved in the interdisciplinary planning for the educational offering (must be 3 or more disciplines; may include program committee planners):

(X) Medicine (please specify specialty) _____
(X) Nursing
(X) Occupational Therapy
(X) Physical Therapy
(X) Psychology
(X) Rehabilitation Counseling
(X) Speech Pathology
( ) Other (please specify) _____

2. Needs Assessment (refer to section VII, Essential 2, p.19): Please check the appropriate method(s) used to determine anticipated participant/audience need for the proposed learning experience. Provide documentation for at least one method and attach. (Appendix I: 1984 LNA).

a. Educational needs of membership as perceived by the Program Committee via:

(X) interview
(X) nominal group process
( ) telephone surveys

b. Prior survey of anticipated audience members' needs via:

(X) learner needs assessment questionnaire (Appendix I: 1984 LNA)
( ) interview
(X) nominal group process
( ) telephone surveys
(X) previous course evaluation

c. (X) New concepts or discoveries

d. ( ) Patient care reviews

e. ( ) Media coverage

f. ( ) Lack of literature

g. ( ) Other (describe briefly): _____

_____

3. Educational Objectives (Essential 3):

In writing your Educational Objectives in the space provided below, please refer to Essential 3 under section VII for instructions (pages 20-23).

Broad Goals/General Objectives: Upon completion of this symposium, participants should be able to demonstrate:

Knowledge of attendant care programs which have been thus far developed in the United States, and knowledge of technological developments which promise attendant care options for people with severe disabilities.

Specific Objectives: Specifically, participants will:

1. Gain access to information regarding recent developments in attendant care systems for severely physically disabled individuals.
2. Gain insights into important variables which must be considered when planning attendant care systems for severely physically disabled individuals.
3. Gain appreciation for the difficulties involved in moving theoretical attendant care systems to reality.

4. Educational Methods (refer to section VII, Essential 4,p. 23):

A. Please check the applicable teaching/learning method(s) planned for the proposed Objectives:

( ) Lecture: a carefully prepared oral didactic presentation, followed by group discussion.
( ) Case presentation: detailed information covering a situation, an event, or a series of related events, followed by group discussion.
(X) Symposium: 2-5 successive lectures on various components of a major topic area which may or may not be interactive, with group discussion.
( ) Panel Discussion: 3-6 faculty members engaged in an interactive dialogue on an assigned content area, with group discussion.
( ) Seminar: An interactive learning activity for 5-30 participants by a content expert in some specialized area of study.
( ) Forum: Open dialogue and discussions among the entire member participant body.
( ) Demonstration: A carefully planned and prepared presentation showing how to perform or apply some procedure.
*( ) Workshop: A carefully planned and supervised practice-oriented activity providing "hands-on" experience opportunities, usually following a demonstration.
( ) Other (describe briefly): _____

_____

_____

*If workshop is selected, please provide the following supplementary information: number of small groups, number in each group, planned activities, assigned supervised activities, and identify group leader(s).

_____

_____

_____

_____

Describe the reasoning for selecting teaching method(s) for your program, i.e., is it based on learner needs assessment, learning styles, nature of content, setting, time or resources.

The symposium should be an effective means of presenting this type of content, and it also fits the practical requirements of the convention format.

B. Maximum number of participants recommended: _____

5. Content and Instructional Plan: Please attach the following information which must accompany your application:

   a. 1 page topical/content outline from each faculty/speaker
   b. Instructional plan (include breaks): time schedule (start to finish) for each speaker, name of each speaker, topic area addressed by each speaker, and related educational activities, e.g., lecture, panel discussion, demonstration, workshop, etc.

6. Handouts: In order to have credit bearing educational offerings approved, camera-ready copies of handout materials (limited to 6 pages, including bibliography/reference) must be prepared and submitted, for each speaker, by June 30, 1984. The following information, at the minimum, is required for each speaker on this handout:

   a. speaker - name
   b. title of topic area
   c. objectives
   d. bibliography/references

7. Evaluation Methods: (refer to section VII, Essential 5,p.24):

   Please check the appropriate method(s) planned to evaluate the effectiveness of this course/program. The ACRM Course Evaluation Form (Appendix II) is a requirement. Additional evaluation method(s) may include the rest (provide sample form where requested):

   (X) Participants' reaction using the ACRM Course Evaluation Form following the course/program. This is a requirement for all programs (Appendix II).
   ( ) Pre and post-tests (if post-test is used, pre-test is required; attach copy).
   ( ) Follow-up (3 to 6 month) post-course survey (attach copy).
   ( ) Chart audit after course completion on a voluntary basis (attach form).
   ( ) Measure of clinical improvements (e.g., diagnostic improvements, change in frequency or type of tests ordered, appropriate use of consultations, decrease of complications, increase or decrease in hospital admission for specific patient problems). Describe briefly.

   _____

   _____

   _____

   ( ) Other (describe briefly and provide attachment if applicable):

   _____

   _____

   _____

Describe your reasoning for selecting a particular evaluation method. If there is no plan to evaluate, cite reason.

Most appropriate for a convention setting.

RETURN APPLICATION TO:

Sorush Batmangelich, M.H.P.E.
Director of Continuing Education
American Congress of Rehabilitation Medicine
30 North Michigan Avenue, Suite 922
Chicago, Illinois 60602
Phone: (312) 236-9512

SB:je
Revised, August, 1983

VITAE FORM FOR FACULTY MEMBERS

(duplicate for each faculty member)

NAME: Frieden (Last) Lex (First) M.A. (Middle) Degree(s)

OFFICIAL POSITION TITLE: Director, Independent Living Research Utilization Project, The Institute for Rehabilitation & Research; Assistant Professor of Rehabilitation, Baylor College of Medicine

ADDRESS: P.O. Box 20095 (Number) (Street)

Houston (City) Texas (State) 77225 (Zip)

DISCIPLINE: Psychology

PREVIOUS TRAINING/EXPERIENCE, INTEREST OR EXPERTISE, PUBLICATIONS, IN RELATION TO THIS EDUCATIONAL OFFERING (position title and academic appointments alone are not sufficient):

Mr. Frieden has been involved in the independent living movement since the early 1970's and has a good general background in all aspects of the area, particularly that of attendant care programming.

AAPM&R/ACRM September, 1983

SB:je

VITAE FORM FOR FACULTY MEMBERS

(duplicate for each faculty member)

NAME: Willard M. J. Ph.D.

(Last) (First) (Middle) Degree(s)

OFFICIAL POSITION TITLE: Research Director

ADDRESS: Animal Institute, Albert Einstein College of Medicine

(Number) (Street)

New York NY

(City) (State) (Zip)

DISCIPLINE:

PREVIOUS TRAINING/EXPERIENCE, INTEREST OR EXPERTISE, PUBLICATIONS, IN RELATION TO THIS EDUCATIONAL OFFERING (position title and academic appointments alone are not sufficient):

Dr. Willard is known for her efforts to train capuchin monkeys as attendants for severely physically disabled individuals.

VITAE FORM FOR FACULTY MEMBERS

(duplicate for each faculty member)

NAME: Seamone (Last) Woodrow (First) B.S. (Middle) Degree(s)

OFFICIAL POSITION TITLE: Project Manager

ADDRESS: The Johns Hopkins University Applied Physics Laboratory
(Number) (Street)

Laurel (City) Maryland (State) 20707 (Zip)

DISCIPLINE: Engineering

PREVIOUS TRAINING/EXPERIENCE, INTEREST OR EXPERTISE, PUBLICATIONS, IN RELATION TO THIS EDUCATIONAL OFFERING (position title and academic appointments alone are not sufficient):

Mr. Seamone has been involved as the chief engineer of a project at the Applied Physics Laboratory to develop a robot arm to assist physically disabled individuals.

AAPM&R/ACRM September, 1983
SB:je

VITAE FORM FOR FACULTY MEMBERS

(duplicate for each faculty member)

NAME: Leifer Larry

(Last) (First) (Middle) Degree(s)

OFFICIAL POSITION TITLE: Research Engineer

ADDRESS: Stanford University and VA Medical Center

(Number) (Street)

Palo Alto CA

(City) (State) (Zip)

DISCIPLINE:

PREVIOUS TRAINING/EXPERIENCE, INTEREST OR EXPERTISE, PUBLICATIONS, IN RELATION TO THIS EDUCATIONAL OFFERING (position title and academic appointments alone are not sufficient):

Mr. Leifer is in the process of utilizing high technology to produce a robot capable of providing attendant care assistance to physically disabled individuals.

VITAE FORM FOR FACULTY MEMBERS

(duplicate for each faculty member)

NAME: Dunker Carol

(Last) (First) (Middle) Degree(s)

OFFICIAL POSITION TITLE: Director, Project AID

ADDRESS: 2021 North Old Manor

(Number) (Street)

Wichita Kansas 67208

(City) (State) (Zip)

DISCIPLINE:

PREVIOUS TRAINING/EXPERIENCE, INTEREST OR EXPERTISE, PUBLICATIONS, IN RELATION TO THIS EDUCATIONAL OFFERING (position title and academic appointments alone are not sufficient):

Ms. Dunker directs an innovative program which trains mentally retarded individuals to function physical care attendants for physically disabled individuals, while the physically disabled people function to assist the mentally retarded individuals in daily care activities.

VITAE FORM FOR FACULTY MEMBERS

(duplicate for each faculty member)

NAME: Ulicny Gary M.A.

(Last) (First) (Middle) Degree(s)

OFFICIAL POSITION TITLE: Research Assistant

ADDRESS: R & T Center on Independent Living, Bureau of Child Reserch, University of Kansas 290 Haworth Hall

(Number) (Street)

Lawrence Kansas 66045

(City) (State) (Zip)

DISCIPLINE: Psychology

PREVIOUS TRAINING/EXPERIENCE, INTEREST OR EXPERTISE, PUBLICATIONS, IN RELATION TO THIS EDUCATIONAL OFFERING (position title and academic appointments alone are not sufficient):

Mr. Ulicny directs a project at the research and training center on independent living which is investigating the behavioral methods of attendant care training and work analysis.

Instructional Plans

New Frontiers in Attendant Care

1:30 - 5:30, Monday October 22, 1984

1:30 P.M.	Introduction of speakers and introduction of topic by course moderator	Lex Frieden
1:45 P.M.	Increasing the Attendant Management Skills of Disabled Consumers through the Use of Performance Checklists and Behavioral Feedback Background presentation on attendant care and discussion of behavioral methods for training attendants (didactic presentation will extend for 25-30 minutes, and open audience discussion will extend for 10-15 minutes)	Gary Ulicny
2:25 P.M.	Capuchin Monkeys as Aides for Quadriplegics Presentation related to the use of capuchin monkeys as personal care assistants for physically disabled people (didactic presentation will extend for 25-30 minutes, and open audience discussion will extend for 10-15 minutes)	M. J. Willard
3:05 P.M.	BREAK	
3:20 P.M.	The Application of Robotics to Assist Quadriplegics: The Robotics Arm Worktable Presentation of a video tape and description by the developer of a robot arm capable of providing assistance to physically disabled individuals (didactic presentation will extend for 25-30 minutes, and open audience discussion will extend for 10-15 minutes)	Woodrow Seamone
4:00 P.M.	High Tech Solutions to Attendant Care Problems Presentation of a high technology method currently in development for providing robotic assistance to physically disabled people (didactic presentation will extend for 25-30 minutes, and open audience discussion will extend for 10-15 minutes)	Larry Leifer

New Frontiers in Attendant Care

1:30 - 5:30, Monday, October 22, 1984

4:40 P.M.	1+1 = Project AID: An Innovative Approach to Attendant Care Presentation of a program which trains mentally retarded individuals to provide physical care assistance for physically disabled individuals while those physically disabled individuals assist their mentally retarded helpers with daily care activities (didactic presentation will extend for 25-30 minutes, and open audience discussion will extend for 10-15 minutes)	Carol Dunker
5:20 P.M.	Program summary and evaluation	Lex Frieden
5:30 P.M.	Course completed.	

AMERICAN CONGRESS OF REHABILITATION MEDICINE/
AMERICAN ACADEMY OF PHYSICAL MEDICINE & REHABILITATION

October 21 - 26, 1984
Sheraton-Boston Hotel
Boston, MA

AUDIO/VISUAL ORDER FORM
(Symposia/Forums/Courses)

Please indicate your Audio/Visual Aid Equipment needs for your Presentation at the 46th Annual Assembly of the American Academy of Physical Medicine and Rehabilitation or the 61st Annual Session of the American Congress of Rehabilitation Medicine. Mail this form to our Chicago office at the address listed at the bottom of this page.

_____ CAROUSEL Projector (2x2/5cmx5cm)

_____ MOVIE Projector (16mm sound)

_____ VUGRAPH Projector (transparencies)

_____ VIDEOTAPE PLAYER

_____ VCP 3/4"

_____ VHS 1/2"

_____ BETANIAX 1/2" (universal 3 speed)

Note: Each meeting room will be equipped with projection screen, blackboard, electric pointer, podium for speakers, and a mike. A union projectionist will be present to assure you of skilled service.

NAME: _____
(Please print or type)

Title of Session: _____

_____

Session # _____ Date _____

Mail to: American Academy of Physical Medicine and Rehabilitation
American Congress of Rehabilitation Medicine
30 North Michigan Avenue
Suite #922
Chicago, IL 60602

84-300

AMERICAN CONGRESS OF REHABILITATION MEDICINE

AMERICAN ACADEMY OF PHYSICAL MEDICINE AND REHABILITATION

SUITE 922
30 NORTH MICHIGAN AVENUE
CHICAGO, ILLINOIS
(312) 236-9512

1984 Annual Scientific Convention
Sheraton Boston Hotel
October 21-26, 1984

SPEAKERS' INSTRUCTIONS AND INFORMATION

Note: We request of you the following:

I. Program Copy

1. your official listing (name, degree(s), position, address)
2. the title of your presentation
3. an abstract of your presentation (not to exceed 100 words)
4. deadline for Program Copy, on or before June 1, 1984.

II. Handout Material

1. limited to 6 pages, camera ready copy
2. should consist of the course material and appropriate references.
3. deadline for Handout on or before June 30, 1984.

III. Audio/Visual Requirements

1. complete the enclosed order form
2. mail to Chicago Office on or before September 1, 1984.

IV. Hotel Reservation

1. use the convention Hotel Reservation Card provided.
2. convention mailing (preliminary program, registration forms, hotel reservation card) will be mailed to you by early June.

V. Mailing Address

(Congress/Academy)
30 N. Michigan Avenue, Suite 922
Chicago, IL 60602
Phone: (312) 236-9512

Lex

ilru

June 6, 1984

Sorush Batmangelich, M.H.P.E.
Director, Continuing Medical Education
American Congress of Rehabilitation Medicine
30 North Michigan Avenue
Chicago, Illinois 60602

Dear Ms. Batmangelich,

Please find enclosed abstracts for the five presentations in our proposed course, New Frontiers in Attendant Care. As Nancy Crewe may have told you, I was expecting to hear whether or not the course had been approved before asking for further commitment from or making further commitments to our guest speakers. Please let me know the status of our proposal as soon as possible.

Sincerely yours,

Lex Frieden
Director

LF:rms

Enc.

cc: Nancy Crewe

ABSTRACT

1+1 = Project AID: An Innovative Approach to Attendant Care

Carol J. Dunker, M.S.
Director
Project AID Resource Center, Inc.
Wichita, Kansas

The purposes of programs for independent living are to assist disabled individuals to live more independently in their homes and communities, to secure and maintain employment, and to have more control over their lives. The attendant care concept is viewed by many as a vital component of the independent living movement, touching nearly all the themes considered essential to that move. This presentation focuses on the Project AID Resource Center, Inc. Project AID serves as a training, placement and resource center for the disabled community in Wichita, Kansas. The principle function of Project AID thus far has been the training of functionally handicapped mentally retarded adults to be non-medical personal care attendants. The AID program includes placement of these attendants with physically disabled and elderly persons in the community who need non-medical attendant care in order to live independently.

ABSTRACT

High Tech Solutions to Attendant Care Problems

Larry Leifer, Ph.D.
Associate Professor
Mechanical Engineering, Design Division
Stanford University

and

Director
Rehabilitation Research and Development Center
VA Medical Center
Palo Alto, California

Research currently underway at Stanford University and the VA Medical Center in Palo Alto, California is being directed toward solving attendant care needs of severely disabled people through the use of sophisticated robotic systems. Applied studies are presently being conducted in the areas of interactive robotics, industrial automation and sensory driven automation. This presentation describes a high technology method currently in development for providing robotic assistance to physically disabled people.

ABSTRACT

The Application of Robotics to Assist Quadriplegics: The Robotics Arm Worktable

Woodrow Seamone, B.A.E.
Project Manager
Prosthetics/Orthotics Research Project
The Johns Hopkins University Applied Physics Laboratory
Laurel, Maryland

High spinal cord injury can cause total loss of control in lower and upper limb function and thus beget a devastating handicap. In research conducted at the Applied Physics Laboratory sponsored by the Veterans Administration, the use of a robotic arm to provide personal and vocational manipulative capability has been under investigation since 1974. Two advanced model robot arms for this program are currently being evaluated at VA Spinal Cord Injury Centers in Richmond, Virginia and Cleveland, Ohio. This paper will describe this system, including results of clinical evaluation of tasks such as reading, using a typewriter, a personal computer, use of telephone, and self-feeding.

ABSTRACT

Increasing the Attendant Management Skills of Disabled Consumers Through the Use of Performance Checklists and Behavioral Feedback

Gary Ulicny, M.A.
Research Assistant
Research and Training Center on Independent Living
Bureau of Child Research
University of Kansas
Lawrence, Kansas

Attendant care is a vital service that enables many severely disabled persons to live independently. A review of the literature reveals that one of the most common problems in attendant care is consumers lack of effective management (training and supervision) skills. Although numerous manuals have been written for consumers and care attendants, there is little in the way of an empirically-based methodology or model in use for training management skills. This presentation describes a research and demonstration project which incorporates techniques that have been proven successful in training and supervising caregivers in other settings (e.g., daycare, residential) into an effective attendant care management model.

ABSTRACT

Capuchin Monkeys as Aides for Quadriplegics

Mary Joan Willard, Ed.D.
Assistant Professor
Department of Rehabilitation Medicine
Albert Einstein College of Medicine
New York, New York

Capuchin monkeys are being trained to perform simple repetitive tasks for high level quadriplegics. As of January 1984, six monkeys are living and working with disabled individuals. The pros and cons of using a simian aide will be presented as well as a video tape which shows the monkeys at work. Current goals include standardizing the procedures by which each task is taught and expanding the size of the program. A progress report will be given on these two areas.

March 28, 1984

Sorush Batmangelich, M.H.P.E.
Director, Continuing Medical Education
American Congress of Rehabilitation Medicine
30 North Michigan Avenue
Chicago, Illinois 60602

Dear Ms. Batmangelich,

Please find enclosed a revised agenda for the proposed course, New Frontiers in Attendant Care. I look forward to hearing from you soon regarding the disposition of this proposal.

Sincerely yours,

Lex Freden
Director

LF:rms

Enclosure

cc: Nancy Crewe

June 14, 1984

Carol J. Dunker
Director
Project AID Resource Center
2021 N. Old Manor
Wichita, Kansas 67208

Dear Ms. Dunker,

It is my understanding that our proposed symposium on New Frontiers in Attendant Care has been approved by the Continuing Education Committee and the Program Committee of the American Congress of Rehabilitation Medicine. As you recall, our program is scheduled from 1:30 to 5:30 P.M., Monday, October 22, 1984. This program will be a part of the 61st annual meeting of the American Congress of Rehabilitation Medicine to be held in Boston, Massachusetts. For your information, I have enclosed the latest information about each of your copresenters so that you might be familiar with their background prior to meeting them in Boston.

If you would like, the ACRM office will duplicate and prepare handout materials for you prior to the convention. This material is limited to six pages and should be sent to ACRM in camera ready form. Any materials of this nature should consist of course-related material and appropriate references. If you would like assistance with the duplication of your handout materials, please send them to ACRM, 30 N. Michigan Avenue, Suite 922, Chicago, Illinois 60602. These materials must be received by the office prior to June 30.

Regarding your audiovisual requirements for the symposium, I have enclosed a request form which must be completed and returned to the ACRM office at the above address prior to September 1. I would suggest that you complete and return this form as soon as possible. Finally, it is my understanding that each of us will be sent a hotel reservation card, a preliminary convention program, and an appropriate registration form within the next few weeks. Obviously, some of these forms must also be completed and returned, as appropriate.

As I mentioned to you before, ACRM does not have sufficient funds to reimburse travel expenses for speakers at the annual meeting. However, an honorarium of $100 will be provided to you as a token of the Congress' appreciation for your participation in the annual meeting.

I want to thank you again for agreeing to take part in this symposium. I believe our contribution to the annual Congress session will be of major importance to the growth and development of the field of rehabilitation medicine. I suspect that the topic of our symposium will be one of the most

interesting and provocative on the program. Thus, I anticipate that our session will be well attended, and that we will have a very active and participatory audience.

I look forward to seeing you in Boston. Please contact me if you have any questions about our program, or if there is further information which I can provide you about the annual meeting.

Sincerely,

Lex Frieden
Director

LF:rms

Enclosures

cc: Dorothy Gordon, Chairperson
Congress Program Committee

Nancy Crewe

Creston Herold, Convention Manager

June 14, 1984

Larry Leifer, Ph.D
Associate Professor
Mechanical Engineering
Design Division
Stanford University
Stanford, California 94305

Dear Dr. Leifer,

It is my understanding that our proposed symposium on New Frontiers in Attendant Care has been approved by the Continuing Education Committee and the Program Committee of the American Congress of Rehabilitation Medicine. As you recall, our program is scheduled from 1:30 to 5:30 P.M., Monday, October 22, 1984. This program will be a part of the 61st annual meeting of the American Congress of Rehabilitation Medicine to be held in Boston, Massachusetts. For your information, I have enclosed the latest information about each of your copresenters so that you might be familiar with their background prior to meeting them in Boston.

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medicine. I suspect that the topic of our symposium will be one of the most interesting and provocative on the program. Thus, I anticipate that our session will be well attended, and that we will have a very active and participatory audience.

I look forward to seeing you in Boston. Please contact me if you have any questions about our program, or if there is further information which I can provide you about the annual meeting.

Sincerely,

Lex Frieden
Director

LF:rms

Enclosures

cc: Dorothy Gordon, Chairperson
Congress Program Committee

Nancy Crewe

Creston Herold, Convention Manager

ilru

June 14, 1984

Gary Ulicny
RTC/IL
AA-313 Bristol Terrace
Lawrence, Kansas 66044

Dear Mr. Ulicny,

It is my understanding that our proposed symposium on New Frontiers in Attendant Care has been approved by the Continuing Education Committee and the Program Committee of the American Congress of Rehabilitation Medicine. As you recall, our program is scheduled from 1:30 to 5:30 P.M., Monday, October 22, 1984. This program will be a part of the 61st annual meeting of the American Congress of Rehabilitation Medicine to be held in Boston, Massachusetts. For your information, I have enclosed the latest information about each of your copresenters so that you might be familiar with their background prior to meeting them in Boston.

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session will be well attended, and that we will have a very active and participatory audience.

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Sincerely,

Lex Frieden
Director

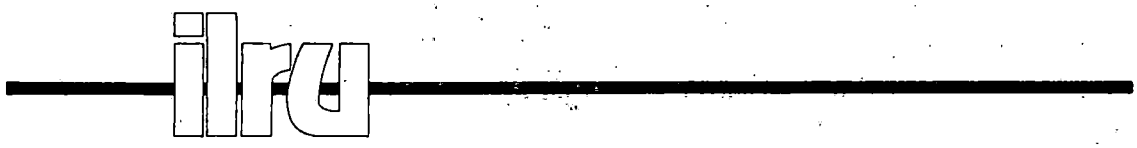
LF:rms

Enclosures

cc: Dorothy Gordon, Chairperson
Congress Program Committee

Nancy Crewe

Creston Herold, Convention Manager



June 14, 1984

Mary Joan Willard, Ed.D.
Assistant Professor
Dept. of Rehabilitation Medicine
Albert Einstein College of Medicine
1300 Morris Park
New York, New York 10461

Dear Dr. Willard,

It is my understanding that our proposed symposium on New Frontiers in Attendant Care has been approved by the Continuing Education Committee and the Program Committee of the American Congress of Rehabilitation Medicine. As you recall, our program is scheduled from 1:30 to 5:30 P.M., Monday, October 22, 1984. This program will be a part of the 61st annual meeting of the American Congress of Rehabilitation Medicine to be held in Boston, Massachusetts. For your information, I have enclosed the latest information about each of your copresenters so that you might be familiar with their background prior to meeting them in Boston.

If you would like, the ACRM office will duplicate and prepare handout materials for you prior to the convention. This material is limited to six pages and should be sent to ACRM in camera ready form. Any materials of this nature should consist of course-related material and appropriate references. If you would like assistance with the duplication of your handout materials, please send them to ACRM, 30 N. Michigan Avenue, Suite 922, Chicago, Illinois 60602. These materials must be received by the office prior to June 30.

Regarding your audiovisual requirements for the symposium, I have enclosed a request form which must be completed and returned to the ACRM office at the above address prior to September 1. I would suggest that you complete and return this form as soon as possible. Finally, it is my understanding that each of us will be sent a hotel reservation card, a preliminary convention program, and an appropriate registration form within the next few weeks. Obviously, some of these forms must also be completed and returned, as appropriate.

As I mentioned to you before, ACRM does not have sufficient funds to reimburse travel expenses for speakers at the annual meeting. However, an honorarium of $100 will be provided to you as a token of the Congress' appreciation for your participation in the annual meeting.

I want to thank you again for agreeing to take part in this symposium. I believe our contribution to the annual Congress session will be of major importance to the growth and development of the field of rehabilitation

medicine. I suspect that the topic of our symposium will be one of the most interesting and provocative on the program. Thus, I anticipate that our session will be well attended, and that we will have a very active and participatory audience.

I look forward to seeing you in Boston. Please contact me if you have any questions about our program, or if there is further information which I can provide you about the annual meeting.

Sincerely,

Lex Frieden
Director

LF:rms

Enclosures

cc: Dorothy Gordon, Chairperson
Congress Program Committee

Nancy Crewe

Creston Herold, Convention Manager

ilru

June 14, 1984

Woodrow Seamone
Project Manager
Prosthetics/Orthotics Research Project
The Johns Hopkins University Applied Physics Laboratory
Johns Hopkins Road
Laurel, Maryland 20707

Dear Mr. Seamone,

It is my understanding that our proposed symposium on New Frontiers in Attendant Care has been approved by the Continuing Education Committee and the Program Committee of the American Congress of Rehabilitation Medicine. As you recall, our program is scheduled from 1:30 to 5:30 P.M., Monday, October 22, 1984. This program will be a part of the 61st annual meeting of the American Congress of Rehabilitation Medicine to be held in Boston, Massachusetts. For your information, I have enclosed the latest information about each of your copresenters so that you might be familiar with their background prior to meeting them in Boston.

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Sincerely,

Lex Frieden
Director

LF:rms

Enclosures

cc: Dorothy Gordon, Chairperson
Congress Program Committee

Nancy Crewe

Creston Herold, Convention Manager

THE JOHNS HOPKINS UNIVERSITY
APPLIED PHYSICS LABORATORY
Johns Hopkins Road, Laurel, Maryland 20707
Telephone: (301) 953-7100 and 792-7800

RECEIVED MAR 9 1984

5 March 1984

Lex Frieden
Baylor College
ILRU-TRR
P. O. Box 20095
Houston, Texas 77225

Dear Mr. Frieden,

Per our telephone conversation, attached herewith is a short CV and abstract for the paper we discussed for your meeting in Boston on October 22, 1984. I understand your sponsoring organization will be willing to pay at least the transportation costs for this meeting.

I assume you will forward more detailed information on the meeting as it becomes available. I look forward to meeting you and participation in this meeting on rehabilitation.

Very truly yours,

W. Seamone

Woodrow Seamone,
Project Manager
Prosthetics/Orthotics
Research Project

WS:clw/e

THE APPLICATION OF ROBOTICS TO THE PATIENT WITH HIGH SPINAL CORD INJURY (QUADRIPLEGIA): THE ROBOTICS ARM WORKTABLE

W. Seamone, (Project Manager)
Prosthetics/Orthotics Research Project,
The Johns Hopkins University Applied Physics Laboratory,
~~Johns Hopkins Road~~
Laurel, Maryland 20707

Abstract

High spinal cord injury can cause total loss of control in lower and upper limb function and thus beget a devastating handicap. In research conducted at the Applied Physics Laboratory sponsored by the Veterans Administration, the use of a robotic arm to provide personal and vocational manipulative capabiity has been under investigation since 1974. Two advanced model robot arms for this program are currently being evaluated at VA Spinal Cord Injury Centers in Richmond, Virginia and Cleveland, Ohio.

The robot arm is a six degree of freedom, computer controlled, anthropomorphic limb whose individual degrees of freedom may be directly controlled by selection of the desired joint to be moved. The user may also select prestored trajectories to accomplish a specific task. It is mounted on a structured work table including such items as a typewriter or a computer, a book rack, telephone, a plate, bowls, and eating utensils. The user may perform tasks utilizing any of these items with little or nor attendant assistance.

The system is designed for the highly disabled person who is unable to use his arms or hands, but has nearly normal motion of the head and neck. To control the robot, the user commands the desired task by input motion to a chin controller. This controller also runs the wheelchair and thus gives the quadriplegic both mobility as well as manipulative capability.

This paper will describe this system, including results of clinical evaluation of tasks such as reading, using a typewriter, a personal computer, use of telephone, and self-feeding. A simplified programming keyboard is available for use by an attendant or quadriplegic to add or revise any of the prestored motion programs to achieve a new task. Continued evaluation testing of this system at Veterans Administration Spinal Cord Injury Centers with representative quadriplegics is expected to yield quantitative data on the value of robotics for the daily needs of the high spinal cord injured person.

CURRICULUM VITAE

WOODROW SEAMONE
Project Manager,
Prosthetics/Orthotics Research Project
The Johns Hopkins University Applied Physics Laboratory
Laurel, Maryland 20707

Woodrow Seamone is a member of the Principal Professional Staff at the Applied Physics Laboratory of The Johns Hopkins University. He also holds joint appointments as Assistant Professor of Biomedical Engineering and as Assistant Professor of Orthopaedic Surgery at The Johns Hopkins University School of Medicine. His 30 years of experience at JHU/APL have involved specialization in servomechanisms, hydraulic control valves, automatic control systems, and special assistive devices for the handicapped. He is also presently Personnel Coordinator, responsible for personnel interface management in the Fleet Systems Department. Mr. Seamone was co-principal investigator (1968-1972) with Dr. V. Gott (Johns Hopkins Medical Institutions) in the design and implementation of an artificial heart pump and related control systems.

For the past 13 years, he has been the APL project manager and co-principal investigator with Dr. Gerhard Schmeisser (JHMI) of the design, development and evaluation of prosthetic and orthotic devices under Veterans Administration sponsorship. These devices include powered upper limb prostheses, a microcomputer-controlled robotic arm, a new chin controller for electric wheelchairs, and an interface for computers for use by the handicapped. He is a member of the Applied Physics Laboratory Metrology Committee and the Laboratory's Biomedical Devices Committee.

Mr. Seamone holds a Bachelor of Aeronautical Engineering degree from Catholic University, Washington, D.C. (1950) and holds 12 United States patents (some jointly) on servo control and biomedical devices.

IMPORTANT MESSAGE

FOR Leif DATE 3-2 TIME 10:10 A.M. / P.M.

M Gary Wiens

OF Rt Center - Univ. KS

PHONE (913) 842-7694
AREA CODE NUMBER EXTENSION

MESSAGE Call if you get a chance; otherwise he will call back.

SH
SIGNED

✓	TELEPHONED
	RETURNED YOUR CALL
✓	PLEASE CALL
	WILL CALL AGAIN
	CAME TO SEE YOU
	WANTS TO SEE YOU

TOPS FORM 4006

IMPORTANT MESSAGE

FOR Carol Danker DATE 3/2 TIME 10:29 A.M. P.M.

M. Project AID

OF

PHONE 316 678 1888 ext 216
AREA CODE NUMBER EXTENSION

MESSAGE

SIGNED

- TELEPHONED
- RETURNED YOUR CALL
- PLEASE CALL
- WILL CALL AGAIN
- CAME TO SEE YOU
- WANTS TO SEE YOU

TOPS FORM 4006

UNIVERSITY OF MINNESOTA
TWIN CITIES

Department of Physical Medicine and Rehabilitation
Medical School
860 Mayo Memorial Building, Box 279
420 Delaware Street S.E.
Minneapolis, Minnesota 55455
(612) 373-8990

February 2, 1984

Mr. Lex Frieden
9667 Meadowvale
Houston, Texas 77063

Dear Lex:

I am so pleased that you are willing to direct a program for the next ACRM conference on "Frontiers in Attendant Care" (Or whatever title you may deem appropriate). As you know, there are three general types of programs at the meeting: (1) Paid courses that require advance registration; (2) Major symposia or forums that are open to all registrants; and (3) Scientific paper and poster sessions. "Frontiers in Attendant Care" falls into the first category and is scheduled from 1:30-5:30 on Monday, October 22.

As I mentioned to you, the program committee thought about three components, and you might wish to add one or two others. One would be a presentation on the use of trained animals as attendants. Dr. M. J. Willard, who pioneered in the use of capuchin monkeys, is now on the faculty of the Animal Institute of the Albert Einstein College of Medicine. Justin Alexander approached her, and she said she would be delighted to participate in such a program. Of course, she would still need to be contacted by you to firm up the agreement and provide her with instructions. Her telephone number is (212) 430-9230.

Another component on the program could be a presentation on the training and employment of persons with developmental disabilities as attendants. Paul McClelland, M.D. is the director of such a study in Baltimore Maryland. I do not know him personally, but I was asked to review his grant proposal by a funding agency. I was most impressed by the care that they were taking in training both the providers and recipients of care and in evaluating the results from both perspectives. His address is University of Maryland at Baltimore/Maryland, Institute for Emergency Medical Services Systems, 22 S. Greene Street, Baltimore, MD 21201. The telephone number is (301) 528-6649. I believe that Dottie Gordon who is one of the presidents-elect of the ACRM and a co-chair of the program committee works in the same unit, so you may want to see if she knows him prior to making contact.

Another component could focus on high technology (I'm least clear on this one.) It obviously had great appeal to the committee as they came to refer to the whole session as the "robotics program". Do you know of anyone who is actually using (or even approaching the use of) robots as attendants? If not, I am sure there is a good deal to show in the way of new adaptive equipment, computer based and other.

As far as the "nuts and bolts" of preparing the session and carrying it off, you will be the course director and I the coordinator. Your responsibilities would include selecting (in consultation with me) and recruiting speakers, writing the application for continuing education credits (including the definition of course objectives) and obtaining from the speakers their outlines. They are also required to prepare handouts (maximum 6 double sided pages) for distribution at the session. Of course, you would moderate the presentation itself at the meeting. The continuing education applications have to be in to Chicago by March 15, so the amount of time for this step is short.

Convention funds allow for the support of one outside speaker per half-day program. That includes a $100 honorarium plus travel and one night hotel expenses. No reimbursement is possible for any ACRM member. Neither Dr. Willard nor Dr. McClelland is a member, so that already presents us with some problems unless one or both has their own travel funds available. If we need additional support, we can request it from Dottie Gordon and see what will be possible. Also, if you prefer someone other than Dr. McClelland, that is fine--he is only a suggestion.

I am enclosing a booklet that has all of the continuing education forms and the sample letters to be sent to speakers by the director once they have agreed to participate. With regard to your own situation and the paper on rural independent living, I have a call in to Dottie Gordon, and it has not been returned yet. If she has any concerns or suggestions, I'll let you know. As I mentioned, I'd be very surprised if your paper were not accepted, but if you would like to take an extra precaution, you could send me a copy of your proposal for comments and suggestions prior to submiting it for official review. (Not that I would influence the review decision, but after reviewing applications for a number of years, I could let you know if it needs to be strengthened in any way.)

I am looking forward to working with you on this program. Keep in touch as the plans begin to take shape.

Sincerely,

Nancy M. Crewe, Ph.D.

CAN CONGRESS
:HABILITATION
MEDICINE

AMERICAN ACADEMY OF
PHYSICAL MEDICINE AND
REHABILITATION

SUITE 922
30 NORTH MICHIGAN AVENUE
CHICAGO, ILLINOIS
(312) 236-9512

Academy/Congress Member Speaker
(use your own letterhead)

Dear _____:

Thank you for accepting our invitation to participate as a (speaker/lecturer/instructor/etc.) at the (name of symposium/educational course/etc.) on the topic (state title) to be presented at the (ACRM/AAPM&R scientific meeting in Boston this coming October.

The date of your (symposium/etc.) is (day, date, time). Your topic is (tentative title) and the length of your presentation will be (? minutes), from (? hour to ? hour). The time limit will be strictly adhered to so that we can keep to the prescribed program schedule.

The other speakers on your (symposium/etc.) program are (names w/ respective topics).

In support of your presentation, I refer you to the enclosed Speakers' Instruction and Information concerning (1) program copy, (2) handout materials, (3) audio/visual requirements, and (4) hotel reservations, etc.

On behalf of the (ACRM/AAPM&R) and the Program Committee, I thank you and look forward to greeting you in Boston. Your contribution to the (61st Annual Congress Session/46th Annual Academy Assembly) will be of major importance to the growth and development of the field of (rehabilitation medicine/physical medicine and rehabilitation).

Sincerely yours,

Name

Encls. (1) Speakers' Instructions and Information
(2) Audio/Visual Order

cc: Dorothy L. Gordon, D.N.Sc., R.N.
Chairperson, Congress Program Committee
or
John M. Herring, M.D.
Chairperson, Academy Scientific Program

Creston C. Herold
Convention Manager

THE AMERICAN CONGRESS OF REHABILITATION MEDICINE 1984 APPLICATION FORM AND GUIDELINES FOR APPROVAL OF CONTINUING EDUCATION PROGRAMS

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THE

AMERICAN CONGRESS OF

REHABILITATION MEDICINE

APPLICATION FORM

AND

GUIDELINES FOR APPROVAL

OF CONTINUING EDUCATION

PROGRAMS

American Congress of
Rehabilitation Medicine
30 North Michigan Avenue
Suite 922
Chicago, Illinois 60602

SB:je
Rev. August, 1983

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I. INTRODUCTION

The Continuing Education Committee (CEC) of the American Congress of Rehabilitation Medicine is charged by the Governing Board with the responsibility of developing a mechanism for the approval of Continuing Education activities of the American Congress of Rehabilitation Medicine. One of the goals of the ACRM is to educate its members in the interdisciplinary delivery of rehabilitation services. To help achieve this goal, educational activities shall be interdisciplinary, i.e., planned by, presented by, and targeted toward members of different rehabilitation disciplines. The Continuing Education Committee has the responsibility for determining approval after assessment of individual offerings against a predetermined list of requirements.

The Continuing Education Committee has developed an approval process based upon the educational mission of the ACRM and upon accepted principles of adult learning. This manual sets forth the guidelines and procedures for course approval. Section II is the application form for course approval; section III provides a check list to enable the course/program director to determine whether the proposed program meets the established criteria for approval; section IV details the application and approval process; sections V and VI present the ACRM educational mission statement, goals and policies; next, section VII lists the Essentials of the Accreditation Council for Continuing Medical Education (ACCME); Appendix I is the 1984 Learner Needs Assessment used by the ACRM followed by Appendix II, the program offering Evaluation Form.

Initially providers of learning events may be taken aback by Essentials, criteria and accreditation processes which may seem formidable. Actually, providers of quality CE, as a matter of course, have been meeting such standards in a less formal manner. We trust that formalization and documentation of these processes will not be cumbersome. CE accreditation is designed to assure high quality, not to dampen creativity. No bias exists on the part of ACRM evaluators in favor of one educational method over another, as long as a valid process is identified and followed.

This manual is offered to assist you in supplying the necessary data, indicating your conformance with essentials of high quality CE. The Continuing Education Committee will attempt to assist you in meeting the criteria. Please expect a facilitative attitude by your ACRM evaluators.

CE Committee (CEC)

June S. Rothberg, Ph.D., R.N.,
Chairperson
Don A. Olson, Ph.D.
Thomas P. Anderson, M.D.
John L. Melvin, M.D.
David G. Simons, M.D.
Mary W. McKenzie, O.T.
Sorush Batmangelich, M.H.P.E.,
Director of CE

AMERICAN CONGRESS OF REHABILITATION MEDICINE

APPLICATION FOR CONGRESS APPROVAL OF CE PROGRAMS

Directions: There are two sections to this application form. Part I requires information on various logistical aspects of the program/course, while Part II is designed to ascertain information concerning the overall educational plan of the proposed CE offering.

MISSION STATEMENT

> In the public interest, the American Congress of Rehabilitation Medicine desires to assist its members to maintain the highest standards of interdisciplinary rehabilitation practice. Therefore, the Congress will ensure its members access to interdisciplinary continuing education activities that enhance their professional competence. Specifically, the continuing education mission is to enable the rehabilitation professional to maintain, develop, or increase the knowledge, skills, and professional performance and relationships necessary to provide services for patients, the public or the profession.

Based upon the continuing education mission of ACRM, a set of criteria for approving CE courses have been developed by the Continuing Education Committee. These criteria are consistent with the guidelines, principles, and Essentials of the Accreditation Council for Continuing Medical Education (ACCME). Enclosed in this booklet (Section III) you will find a check list of the ACRM Criteria "Check List for Assessment of Proposed CE Programs". Please scrutinize your application using that check list as a guide enabling you to prepare the appropriate documentation and thus, strengthen your case for approval.

Note: If additional space is needed to answer any of the following questions, please insert additional reference pages at the appropriate location, identifing which question is being answered.

AMERICAN CONGRESS OF REHABILITATION MEDICINE

APPLICATION FOR APPROVAL OF CE PROGRAMS

PROGRAM/COURSE

Part I: PROGRAM/COURSE SPECIFICATIONS

1. Title of Program/Course: _____

_____

2. Institution/Department Sponsor: _____

Address: _____

Phone: ( ) _____

3. Program or Course Director: _____

Address: _____

Phone: ( ) _____

4. Date(s) and Time of Presentation: _____

5. Contact Hours of Instruction: _____

6. Program/Course Location: _____

_____

7. Tuition: _____

8. Applying for ACRM: (for definition, see page 14 of manual)
   ( ) Sponsorship
   ( ) Cosponsorship
   ( ) Endorsement

9. Faculty: Please use vita form attached. Form should be duplicated for each faculty speaker and must accompany the application. The following data is required for each faculty member, including the moderator:

   a. Name, degree(s), title and address as they should appear in the Official Program book.
   b. Discipline: at least 3 disciplines must be represented.
   c. Reason(s) for selecting faculty member (and moderator) in relation to this educational offering (e.g., training/experience, interest, expertise, publication, etc.). Position titles and academic appointments alone are not sufficient.

10. Target Audience:

a. Professional Groups/Disciplines: (must be 3 or more).

( ) Medicine (please specify specialty) _____
( ) Nursing
( ) Occupational Therapy
( ) Physical Therapy
( ) Psychology
( ) Rehabilitation Counseling
( ) Speech Pathology
( ) Other (please specify) _____

b. Pre-requisite Knowledge & skills:

( ) Basic: disciplinary entry-level knowledge only
( ) Intermediate: some education and experience in the specified subject
( ) Advanced: extensive education and current experience in the specified subject

c. Professional activity:

( ) Clinicians
( ) Educators
( ) Researchers/Investigators
( ) Administrators

d. Other (describe briefly): _____

_____

11. Space Requirements: (Not applicable if request is for Annual Session program presentation; compliance is done by the American Congress of Rehabilitation Medicine). _____

_____

12. Recommended Facilities: (Not applicable if request is for Annual Session program presentation; compliance is done by the American Congress of Rehabilitation Medicine). _____

_____

13. Mission for CE (refer to section V, p.18, and section VII, Essential 1, p.19): For Sponsored/Cosponsored presentation at the Annual Session program, the American Congress of Rehabilitation Medicine will comply with its Educational Mission Statement stated under section V, p. 18.

_____

_____

_____

PART II: PROGRAM/COURSE PROPOSAL

1. Planning: Please indicate those professionals involved in the interdisciplinary planning for the educational offering (must be 3 or more disciplines; may include program committee planners):

( ) Medicine (please specify specialty) _____
( ) Nursing
( ) Occupational Therapy
( ) Physical Therapy
( ) Psychology
( ) Rehabilitation Counseling
( ) Speech Pathology
( ) Other (please specify) _____

2. Needs Assessment (refer to section VII, Essential 2, p.19): Please check the appropriate method(s) used to determine anticipated participant/audience need for the proposed learning experience. Provide documentation for at least one method and attach. (Appendix I: 1984 LNA).

a. Educational needs of membership as perceived by the Program Committee via:

( ) interview
( ) nominal group process
( ) telephone surveys

b. Prior survey of anticipated audience members' needs via:

( ) learner needs assessment questionnaire (Appendix I: 1984 LNA)
( ) interview
( ) nominal group process
( ) telephone surveys
( ) previous course evaluation

c. ( ) New concepts or discoveries

d. ( ) Patient care reviews

e. ( ) Media coverage

f. ( ) Lack of literature

g. ( ) Other (describe briefly): _____

_____

3. Educational Objectives (Essential 3):

In writing your Educational Objectives in the space provided below, please refer to Essential 3 under section VII for instructions (pages 20-23).

Broad Goals/General Objectives: Upon completion of this _____, participants should be able to demonstrate:

Specific Objectives: Specifically, participants will:

1.

4. Educational Methods (refer to section VII, Essential 4,p. 23):

A. Please check the applicable teaching/learning method(s) planned for the proposed Objectives:

( ) Lecture: a carefully prepared oral didactic presentation, followed by group discussion.
( ) Case presentation: detailed information covering a situation, an event, or a series of related events, followed by group discussion.
( ) Symposium: 2-5 successive lectures on various components of a major topic area which may or may not be interactive, with group discussion.
( ) Panel Discussion: 3-6 faculty members engaged in an interactive dialogue on an assigned content area, with group discussion.
( ) Seminar: An interactive learning activity for 5-30 participants by a content expert in some specialized area of study.
( ) Forum: Open dialogue and discussions among the entire member participant body.
( ) Demonstration: A carefully planned and prepared presentation showing how to perform or apply some procedure.
*( ) Workshop: A carefully planned and supervised practice-oriented activity providing "hands-on" experience opportunities, usually following a demonstration.
( ) Other (describe briefly): _____

_____

_____

*If workshop is selected, please provide the following supplementary information: number of small groups, number in each group, planned activities, assigned supervised activities, and identify group leader(s).

_____

_____

_____

_____

Describe the reasoning for selecting teaching method(s) for your program, i.e., is it based on learner needs assessment, learning styles, nature of content, setting, time or resources.

_____

_____

_____

B. Maximum number of participants recommended: _____

5. Content and Instructional Plan: Please attach the following information which must accompany your application:

   a. 1 page topical/content outline from each faculty/speaker
   b. Instructional plan (include breaks): time schedule (start to finish) for each speaker, name of each speaker, topic area addressed by each speaker, and related educational activities, e.g., lecture, panel discussion, demonstration, workshop, etc.

6. Handouts: In order to have credit bearing educational offerings approved, camera-ready copies of handout materials (limited to 6 pages, including bibliography/reference) must be prepared and submitted, for each speaker, by June 30, 1984. The following information, at the minimum, is required for each speaker on this handout:

   a. speaker - name
   b. title of topic area
   c. objectives
   d. bibliography/references

7. Evaluation Methods: (refer to section VII, Essential 5,p.24):

   Please check the appropriate method(s) planned to evaluate the effectiveness of this course/program. The ACRM Course Evaluation Form (Appendix II) is a requirement. Additional evaluation method(s) may include the rest (provide sample form where requested):

   ( ) Participants' reaction using the ACRM Course Evaluation Form following the course/program. This is a requirement for all programs (Appendix II).
   ( ) Pre and post-tests (if post-test is used, pre-test is required; attach copy).
   ( ) Follow-up (3 to 6 month) post-course survey (attach copy).
   ( ) Chart audit after course completion on a voluntary basis (attach form).
   ( ) Measure of clinical improvements (e.g., diagnostic improvements, change in frequency or type of tests ordered, appropriate use of consultations, decrease of complications, increase or decrease in hospital admission for specific patient problems). Describe briefly.

   _____

   _____

   _____

   ( ) Other (describe briefly and provide attachment if applicable):

   _____

   _____

   _____

Describe your reasoning for selecting a particular evaluation method. If there is no plan to evaluate, cite reason.

_____

_____

_____

_____

_____

RETURN APPLICATION TO:

Sorush Batmangelich, M.H.P.E.
Director of Continuing Education
American Congress of Rehabilitation Medicine
30 North Michigan Avenue, Suite 922
Chicago, Illinois 60602
Phone: (312) 236-9512

SB:je
Revised, August, 1983

VITAE FORM FOR FACULTY MEMBERS

(duplicate for each faculty member)

NAME: _____

(Last) (First) (Middle) Degree(s)

OFFICIAL POSITION TITLE: _____

ADDRESS: _____

(Number) (Street)

_____

(City) (State) (Zip)

DISCIPLINE: _____

PREVIOUS TRAINING/EXPERIENCE, INTEREST OR EXPERTISE, PUBLICATIONS, IN RELATION TO THIS EDUCATIONAL OFFERING (position title and academic appointments alone are not sufficient):

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

AAPM&R/ACRM September, 1983

SB:je

III. CHECK LIST FOR ASSESSMENT OF PROPOSED CE PROGRAM

This is the reviewer's check list used to help you prepare your application. To better understand the criteria for approval of CE offerings for credit, and to assist you in the development of your CE Program, this check list has been developed to correspond with the documentation required in the application. By working through the check list you may find considerable factual assistance in preparing the Application for CE approval. You may keep the check list and need not return it with your application form.

	YES	NO	N/A
PART I: PROGRAM/COURSE SPECIFICATIONS			
Items 1-8: Self-explanatory.			
9. Faculty: (attach information on vitae form provided).			
9.1 Faculty composition reflects interdisciplinary educational mission of ACRM; three or more disciplines are represented	___	___	___
9.2 Each faculty member is educationally qualified (reflected in the vitae form)	___	___	___
9.3 Each faculty member presents evidence of theoretical knowledge and/or clinical competence (reflected in the vitae form)	___	___	___
9.4 Experts from three or more disciplines have been active in planning the program curriculum	___	___	___
9.5 Each faculty member listed (with name, degree(s), title, and address) is participating in the program presentation	___	___	___
10. Target Audience:			
10.1 The interdisciplinary target groups for this eductional offering are those identified in a Learner Needs Assessment (Appendix I: 1984 LNA)	___	___	___
10.2 Proposed participants are at the appropriate level relative to the offering	___	___	___
10.3 The target audience which reflects the multiple disciplines within the ACRM has been defined in the following terms:			
-professional groups/disciplines	___	___	___
-pre-requisite knowledge and skills	___	___	___
-professional activity	___	___	___
-other (describe briefly in application form)	___	___	___

	YES	NO	N/A
11/12. Space Requirements and Recommended Facilities			
*Not applicable if request is for Annual Session program presentation. Compliance made by the American Congress of Rehabilitation Medicine.			
11/12.1 The location enhances the learning experience	___	___	___
11/12.2 The physical setting is comfortable	___	___	___
11/12.3 All necessary resources and equipment are available.	___	___	___
11/12.4 The setting is architecturally accessible	___	___	___
13. Mission for CE (refer to section VII, Essential 1):			
*Not applicable if request is for Annual Session program presentation. Compliance made by the American Congress of Rehabilitation Medicine.			
13. 1 The CE event complies with the Mission and Goals/Policies statements of the American Congress of Rehabilitation Medicine stated under sections V and VI.	___	___	___
PART II: PROGRAM/COURSE PROPOSAL			
1. Planning			
1.1 Planning for the educational offering is done by members from 3 or more disciplines (program committee members may be included)	___	___	___
2. Needs Assessment (refer to section VII, Essential 2):			
2.1 There is an established procedure for identifying and analyzing CE learner needs, i.e., LNA survey	___	___	___
2.2 The learner needs assessment reflects the view of representative interdisciplinary members of participants/audience	___	___	___
2.3 Learner needs assessment results are reflected in currently planned curriculum content	___	___	___
2.4 Learner needs are attributable to the following: (check all that apply but provide documentation for at least one in application form)			
-membership needs as perceived by Program Committee	___	___	___
-anticipated audience LNA survey	___	___	___
-new concepts or discoveries	___	___	___
-patient care reviews	___	___	___
-media coverage	___	___	___
-lack of literature	___	___	___
-other (describe briefly in application form)	___	___	___

	YES	NO	N/A
3. Educational Objectives (refer to section VII, Essential 3):			
3.1 Statement of objectives begins with broad goals/general learning objectives followed by more specific learning behavioral objective statements (refer to section V, Essential 3)	___	___	___
3.2 Objectives are stated in terms of specific observable and measurable learner behavioral outcomes in knowledge and/or attitudes and/or skills (refer to section VII, Essential 3)	___	___	___
3.3 Program/Course content are consistent with objectives	___	___	___
4. Educational Methods (refer to section VII, Essential 4):			
4.1 Educational method(s) planned for the offering reflect the intended participants'/audience's preference identified in a Learner Needs Assessment (Appendix I: 1984 LNA)	___	___	___
4.2 The educational format planned will facilitate the learner in achieving stated objectives	___	___	___
4.3 All appropriate instructional instruments and other resources are available to effectively develop your program	___	___	___
4.4 The teaching/learning method(s) planned for meeting the desired objectives include the following: (check all that apply; describe reasoning for selecting particular teaching method in application form)			
-lecture followed by group discussion	___	___	___
-case presentation followed by group discussion	___	___	___
-symposium with group discussion	___	___	___
-panel discussion with group discussion	___	___	___
-seminar with group discussion	___	___	___
-forum	___	___	___
-demonstration	___	___	___
-workshop	___	___	___
-other (describe briefly in application form)	___	___	___

	YES	NO	N/A
5. Content and Instructional Plan: (information provided in a separate attachment to the application)	___	___	___
5.1 Each faculty/speaker has submitted a 1 page topical/ content outline which is consistent with course objectives.	___	___	___
5.2 An Instructional Plan (including breaks) with a time schedule (start to finish) for each speaker, name of speaker, topic area addressed, and related educational activities is submitted.	___	___	___
6. Handouts: (to be submitted by June 30, 1984)			
6.1 Camera-ready handout materials (limited to 6 pages, including bibliography/references) will be submitted for each speaker by June 30, 1984	___	___	___
6.2 Each speaker's handout will contain the following minimum required information: speaker-name, title of topic area, objectives, bibliography/references	___	___	___
7. Evaluation Method (refer to section VII, Essential 5):			
7.1 The evaluation method is consistent with the specified educational objectives	___	___	___
7.2 ACRM Course Evaluation form (Appendix II) is a requirement. Additional evaluation method(s) planned to assess effectiveness of the offering may include the rest: (check all that apply and provide evaluation sample form as attachment to application, where requested).			
-participants' reaction using the ACRM Course Evaluation form following the course/program. This is a requirement for all programs. (Appendix II).	___	___	___
-pre and post-tests (if post-test is used, pre-test is required: attach copy to application form)	___	___	___
-follow-up (3 to 6 month) post-course survey (attach copy to application form)	___	___	___
-chart audit after course completion on a voluntary basis (attach audit to the application form)	___	___	___
-measure of clinical improvements (describe briefly in application form)	___	___	___
-other (describe briefly in application form and provide attachment if applicable)	___	___	___
7.3 The results of the evaluation will be used to constructively design and improve future programs/courses	___	___	___

SB:je
Rev. August, 1983

IV. APPLICATION AND APPROVAL PROCESS

Function of the Continuing Education Committee (CEC)

The Continuing Education Committee is the approval body of the ACRM. The approval process will be performed in the most objective way possible, with full recognition that the methodologies, as they relate to and satisfy the individual essentials of continuing education, may vary with the size, nature, mission and resources of the sponsor. While adherance to the "Essentials" must be achieved by each program, the mode of adherance may be expressed in a variety of ways. The ACRM encourages the applying CE course or program director to act within this framework in order to develop appropriate, reasonable, yet innovative and cost-effective programming. Approval of courses and programs by the ACRM should give assurance to the Congress membership, to the sponsoring institutions, and to the public that accredited Continuing Education in interdisciplinary rehabilitation is established under professionally defined guidelines and that the ACRM assumes the responsibility for the quality of the learning activities.

Even though approval will be done in the most objective way possible, the ACRM recognizes that, at times, there may be a need for review of applications of programs of Continuing Education that have been judged not to comply with the essentials of accredited Continuing Education. Therefore, applicants may ask for review in case of rejection.

Preparation for Approval of CE Programs

The provider of educational activities should first carefully review the Education Mission statement and Goals and Policies statement adopted by the Board of Governors of the ACRM (sections V and VI); for approval, all ACRM supported learning activities must be consistent with the statement and policies. Further, the "Essentials for Approval of CE Programs" need to be reviewed and clearly understood (section VII). Please note that it is the ACRM that is the sponsor, not the course or program director who is applying for credit approval. The Chairperson of the Continuing Education Committee, and the individual members of the Committee, will assist the program directors in clarifying any and all issues.

The ACRM can either Sponsor, Cosponsor or Endorse CE program:

1. Sponsorship -- The ACRM is fully responsible for the continuing education event and that event must meet all ACRM criteria as well as ACCME Essentials for Continuing Education approval. This would include activities at the Annual Session.

2. Cosponsorship -- The ACRM assumes the joint responsibility with a sponsor of a CE event and the event meets all ACRM criteria as well as ACCME Essentials for Continuing Education approval.

3. Endorsement -- The ACRM assesses the CE activity according to the ACRM criteria and the ACCME Essentials approval to determine if the CE event should be recommended to ACRM members. The CE sponsoring institution must meet the ACRM criteria and the ACCME Essentials as interpreted by an appropriate ACCME accredited body in order to provide CE credits.

Application Procedure for Sponsored Courses (Offered at Annual Session)

The Continuing Education Committee (CEC) will conduct a Learner Needs Assessment (LNA) of the Congress membership by mail annually, the results of which will be made available to the Program Committee and CEC prior to their subsequent annual planning meeting. In addition, the CE Director will be responsible for tabulating and summarizing the evaluation data for each approved CE activity offered at the last Annual Session. These data will also be submitted to the Program Committee and CEC for use in planning.

Each year, in 2 issues of the Archives, notices will be given describing the CE application forms, approval criteria, deadline dates, etc., and there will be a summary of the results of the LNA priorities.

The ACRM Program Committee members serve as Coordinators of Annual Session educational activities. These members will receive copies of the ACRM "Application and Guidelines for Approval of Continuing Education Programs" at the November Annual Session.

1. Program Coordinator is responsible for:

   A. Supplying Needs Assessment data on the application.
   B. Supplying Broad Goals/General Objectives on the application.

2. Program Coordinator submits an application form (with the information specified in 1 above) to their Program Director.

3. Program Director is responsible for:

   A. Completing the application form.
   B. Writing specific objectives in cooperation with the faculty.
   C. Reviewing specific objectives with the program coordinator in order to assure clarity and consistency with the broad goals.
   D. Providing all required supportive and supplementary information.
   E. Submitting all documents to the CE Director at the Central Office, no later than March 15, 1984.

4. The CE Director:

   A. Examines applications.
   B. Makes recommendations to the CE Committee reviewers regarding improvement of application towards meeting the Essentials of continuing education.
   C. Checks for completeness of all required documents.
   D. Forwards a copy of the application document for review to a pre-assigned (according to area of interest/expertise) CE Committee reviewer, within two weeks of application receipt.
   E. Simultaneously, notifies the CE Committee Chairperson as to the date that the application document was mailed to the reviewer.

Note: If application or the supportive/supplementary required documents are incomplete or missing, the CE Director will not process the application any further. The Program Director and Coordinator are notified immediately of the deficiency.

5. The CE Committee Reviewer:

   A. Reviews and appraises application document according to the Check List within the "Application and Guidelines for Approval of CE Programs" manual.
   B. If necessary, will communicate by telephone directly with the Program Director (as listed on the application form) any recommendations/revisions regarding approval standards and criteria.
   C. If necessary, will request additional documents required for considering application, to be submitted by the Program Director directly to the CE Committee Reviewer.
   D. Submits:
      (i) A clean revised copy (negotiated jointly with the Program Director) of the application to the CE Committee Chairperson.
      (ii) Attaches a signed Transmittal Form (indicating action proposed: acceptance, acceptance with revisions, or rejection, and recommendations) to (i) above.
   E. Retains a copy of the clean revised application form.

6. The CE Committee Chairperson:

   A. Examines entire application document and makes final decision regarding approval/rejection of proposed CE event.
   B. Discusses differences of opinion (if any) with the CEC reviewer.
   C. Submits decision regarding final action on application through the countersigned Transmittal Form, to the CE Director, no later than April 15, 1984.
   D. Forwarda a clean revised application to the CE Director by April 15, 1984, and retains a copy for reference.

7. The CE Director:

   A. Submits CE Committee approved application document (revised clean copy) to a pre-assigned (again, according to area of interest/expertise) AAPM&R CME Courses Subcommittee reviewer for CME 1 Credit approval.

8. The AAPM&R Courses Reviewer:

   A. Reviews application documents.
   B. If necessary, communicates any concerns by telephone directly with the CE Committee reviewer who appraised that application.
   C. Acts upon application through a signed Transmittal Form (similar to that of the ACRM CE Committee).
   D. Submits application documents, attached to C above, to the AAPM&R CME Courses Subcommittee Chairperson, no later than May 15, 1984.

9. The AAPM&R Courses Subcommittee Chairperson:

   A. Examines entire application document.
   B. Communicates final action decision regarding CME 1 Credit approval, through the countersigned Transmittal Form, to the CME Director at the Central Office.

10. The CE Director:

    Mails approval (or rejection) letter, to those listed below, along with the revised and approved application, (to the Program Director and Coordinator), no later than May 31, 1984.
    A. Program Director.
    B. Program Coordinator.
    C. Program Committee Chairperson.
    D. CE Committee Chairperson.
    E. CME Courses Subcommittee Chairperson.
    F. CE Committee Reviewer.
    G. Executive Director.

Application Procedure for Cosponsored or Endorsed Courses

1. The Course Director or Program Director will submit an initial application at least 6 months prior to the presentation date, requesting Continuing Education Credit approval to the CE Director at the Central Office.

2. Program Director is responsible for completing the application form.

   A. Provide all required supportive and supplementary information.
   B. Submit all documents to the CE Director at the Central Office.

3. The CE Director:

   A. Examines applications.
   B. Makes recommendations to the CE Committee reviewers regarding improvement of application towards meeting the Essentials of continuing education.
   C. Checks for completeness of all required documents.
   D. Forwards a copy of the application document for review to a pre-assigned (according to area of interest/expertise) CE Committee reviewer, within 2 weeks of application receipt.
   E. Simultaneously, notifies the CE Committee Chairperson as to the date that the application document was mailed to the reviewer.

   Note: If application or the supportive/supplementary required documents are incomplete or missing, the CE Director will not process the application any further. The Program Director is notified immediately of the deficiency.

4. The CE Committee Reviewer:

   A. Reviews and appraises application document according to the Check List within the "Application and Guidelines for Approval of CE Programs" manual.
   B. If necessary, will communicate by telephone directly with the Program Director (as listed on the application form) any recommendations/revisions regarding approval standards and criteria.
   C. If necessary, will request additional documents required for considering application, to be submitted by the Program Director directly to the CE Committee Reviewer.
   D. Submits:
      (i) A clean revised copy (negotiated jointly with the Program Director) of the application to the CE Committee Chairperson.
      (ii) Attaches a signed Transmittal Form (indicating action proposed: acceptance, acceptance with revisions, or rejection, and recommendations) to (i) above.
   E. Retains a clean revised copy of the application form.

5. The CE Committee Chairperson:

   A. Examines and duplicates entire application document and makes final decision regarding approval/rejection of proposed CE event.
   B. Discusses differences of opinion (if any) with the CEC reviewer.
   C. Submits decision regarding final action on application through the countersigned Transmittal Form, to the CE Director.
   D. Forwards a clean revised application to the CE Director, and keeps one copy.

6. The CE Director:

   Mails approval (or rejection) letter, to those listed below, along with the revised and approved application, (to the Course or Program Director).

   A. Course or Program Director.
   B. CE Committee Chairperson.
   C. CE Committee Reviewer.
   D. Executive Director.

V. ACRM EDUCATIONAL MISSION STATEMENT

In the public interest, the American Congress of Rehabilitation Medicine desires to assist its members to maintain the highest standards of interdisciplinary rehabilitation practice. Therefore, the Congress will ensure its members access to interdisciplinary continuing education activities that enhance their professional competence. Specifically, the continuing education mission is to enable the rehabilitation professional to maintain, develop, or increase the knowledge, skills, and professional performance and relationships necessary to provide services for patients, the public or the profession.

VI. GOALS AND POLICIES FOR APPROVAL OF CE PROGRAMS

Goals

A. Assure quality interdisciplinary continuing education (CE) in all educational endeavors supported by the American Congress of Rehabilitation Medicine (ACRM) by:

(1) Guarantying that all approved CE complies with the ACRM educational mission statement.

(2) Assisting the CE provider to produce an educational activity that incorporates sound instructional principles.

B. Assist the learner in identifying and selecting quality CE activities that meet his/her educational needs.

C. Provide special recognition for providers, institutions, and organizations that produce quality CE activities.

Policies

In approving programs of Continuing Education, the American Congress of Rehabilitation Medicine is primarily concerned with the advacement and facilitation of self-directed learning by interdisciplinary rehabilitation professionals. The process of approval is intended to assist providers of Continuing Education to focus increasingly on educational methodologies that foster the efficacy of self-directed learning. Emphasis should be placed on content that the individual rehabilitation professional wants to learn.

Acting through the CE Committee, the ACRM will assume responsibility for the approval of the continuing education activities of the organization. In this process, the ACRM will adhere to the principles and essentials set forth by the Accreditation Council for Continuing Medical Education (ACCME). The Congress will act as Sponsor and carry out the responsibilities outlined in the ACCME "Essentials". The CE and Program Committees will assist course and program directors in planning educational activities for Congress annual sessions that are consistent with the ACCME "Essentials".

In order to quality for approval, programs should be planned by, presented by, and directed toward members of several rehabilitation disciplines.

VII. ACCME ESSENTIALS FOR APPROVAL OF CE PROGRAMS

When application is for Sponsorship/Cosponsorship presentation at the Annual Session program, Essentials 1, 6 and 7 will be complied with by the American Congress of Rehabilitation Medicine.

ESSENTIAL #1

THE SPONSOR SHALL HAVE A WRITTEN STATEMENT OF ITS CONTINUING EDUCATION MISSION, FORMALLY APPROVED BY ITS GOVERNING BODY. THE MISSION STATEMENT SHALL:

1. Describe the goals of the overall CE program in a concise manner.

2. Indicate the scope of the CE effort.

3. Outline the characteristics of the potential participants.

4. Describe the general types of activities and services provided.

Guideline

The Educational Mission Statement approved by the ACRM is stated under V. Goals and Policies are defined under VI. For a Congress Sponsored/ Cosponsored CE offering for the Annual Session program, the ACRM will comply with Essential 1 accordingly. If request is for ACRM Endorsement, include your Institution's Mission Statement when submitting CE approval documents. See application form for details.

ESSENTIAL #2

THE SPONSOR SHALL HAVE ESTABLISHED PROCEDURES FOR IDENTIFYING AND ANALYZING CONTINUING EDUCATIONAL NEEDS AND INTERESTS OF PROSPECTIVE PARTICIPANTS. THE SPONSOR SHALL:

1. Document the processes used to identify CE needs, including data sources which go beyond the sponsor's own perception of needs.

2. State the overall needs identified by the above processes and indicate how this assessment is used in planning educational activities.

Guideline

Proper attention to learner needs assessment is a critical step in provision of adequate CE (Appendix I: 1984 LNA). Methods of assessment vary. Often, only faculty perception of learner needs is considered; however, other methods improve the identification and meeting of real needs of learners. Peer review data and hospital staff audits; interdisciplinary rehabilitation professionals' stated perceptions of their deficiencies in knowledge and skill; assessments of competence and performance among comparable individuals, groups, organizations, or communities (self-assessments/professional groups assessments); developments in knowledge, research and technology; health statistics, and data from various government bodies and private groups may provide learner needs data to the sponsor.

The course/program director must identify a multidisciplinary target population of learners, giving a clear indication of the population's prior knowledge, skills and attitudes.

A check list of some common forms of needs assessment methods is provided in the check list and application form. The director should also provide a copy of the selected methodology, and any necessary clarifying narrative. Additionally, a statement on how the data were analyzed should be included.

ESSENTIAL #3

THE SPONSOR SHALL HAVE EXPLICIT OBJECTIVES FOR EACH CE ACTIVITY. THE SPONSOR SHALL:

1. State the educational need(s) which the individual activity addresses.

2. Indicate the participants for whom the activity is designed.

3. List any special background requirements of the prospective participants.

4. Highlight the instructional content and/or expected learning outcomes in terms of knowledge, skills and/or attitudes.

5. Make these objectives known to prospective participants.

Guideline

The development of educational objectives serves three functions: 1) assisting sponsors and course/program directors in planning, designing and implementing educationally effective activities, 2) assisting sponsors and course/program directors in evaluating the quality of CE activities, and 3) assisting prospective participants in judging whether or not a CE activity meets their needs, interests, or learning method preference.

Educational Objectives

Under item 3 "Educational Objectives" of the application form, blank space is provided for you to list your statements of observable and measurable learner behavior outcomes, general and specific, that if exhibited after a learning experience indicate that the learner has a) gained Knowledge and/or b) changed Attitudes and/or c) acquired Skills. The following information is provided to guide you in writing your educational objective statements.

A. Knowledge: Defined as the recall/recognition, interpretation/comprehension, or problem-solving/application of previously learned information, theoretical or clinical. Recall of specific facts or principles, data translation into into different format, or synthesis/evaluation of data are some demonstrations of knowledge gained.

B. Attitudes: Defined as a behavioral modification regarding participants' affect (emotion), i.e., values, motives, feelings, interests, appreciations. Modifications in: interpersonal behaviors, interprofessional relations, respect for patients, willingness to consult and willingness to acknowledge deficiencies are some expressions of attitudinal change.

C. Skills: Defined in terms of psychomotor or performance dexterity, attributes directly affecting participants' practice performance. Performing technical procedures or specific tasks and/or tests, use of equipment are some demonstrations of skill acquisition.

Sample verbs for stating specific learning behavior statements

Knowledge		Attitudes	Skills
identify	infer	accept	administer
define	subdivide	critique	apply
describe	combine	improve	carry out
list	formulate	organize	demonstrate
select	design	create	operate
outline	compose	encourage	employ
explain	derive	praise	make use of
classify	support	volunteer	perform
summarize	construct	feel comfortable	put in action
discuss	rearrange	desire	put to use
compute	revise	express	
solve	judge	explore	
analyze	criticize	participate	
evaluate	compare	willing	
match	justify	show regard for	
diagram	conclude	acquire	
estimate	differentiate	exemplify	
distinguish between		reflect	
		value	

With the above material as background information, begin your Educational Objectives with a statement of broad objectives regarding general learning outcome followed by a list of specific learning behavior(s) as evidence of general outcome achievement. (See guide above regarding sample verbs for stating specific learning behaviors).

Example:

Broad Goals/General Objectives: "At the/Upon completion of this (symposium, seminar, workshop, etc.), participants should be able to demonstrate 'knowledge about...', or 'an understanding/interpretation/comprehension/application of...', or 'problem-solving abilities in...', or 'skills in...'". Specifically, participants will:

Specific Objectives:

1. Define....
2. Identify....
3. Explain....
4. Summarize....
5. Derive....
6. Justify....
7. Design....
8. Formulate....
9. Express interest....
10. Voluntarily explore....
11. Demonstrate performance....
12. Reflect appropriate....

When writing specific learning behavior statements avoid verbs such as: know, acquaint, familiarize, understand, appreciate, comprehend, enjoy, learn, see, realize, which are all vague, indefinite, and too general, and do not clearly indicate a terminal observable behavior.

For further reading on Educational Objectives, note the following references:

1. Gronlund, N.E.: Stating Objectives for Classroom Instruction (2nd ed.). New York, MacMillan, 1978.
2. Bloom, B.S. (ed): Taxonomy of Educational Objectives: Cognitive Domain (21st printing). New York and London, Longman, 1977.
3. Gronlund, N.E.: Constructing Achievement Tests. Englewood Cliffs, N.J., Prentice-Hall, Inc., 1982, 1977.
4. Mager, R.F.: Preparing Instructional Objectives (2nd ed.). Belmont, Calif., Fearon-Pitman, Inc., 1975.
5. Krathwohl, D.R., et al, Taxonomy of Educational Objectives: Affective Domain. New York, David McKay, Inc., 1964.

6. Harrow, A.J.: A Taxonomy of the Psychomotor Domain. New York, David McKay, Inc., 1972.

7. "Stating Objectives": Continuing Medical Education Newsletter, vol. 12, no. 6, June, 1983.

ESSENTIAL #4

THE SPONSOR SHALL DESIGN AND IMPLEMENT EDUCATIONAL ACTIVITIES CONSISTENT IN CONTENT AND METHOD WITH THE STATED OBJECTIVES. THE SPONSOR SHALL:

1. Design and implement educational activities responsive to the characteristics of prospective participants, such as, knowledge levels, professional experience, and preferred learning styles.

2. Document use of systematic planning procedures.

3. Make educational content and methods known to prospective participants.

Guideline

Sponsors and providers of CE are encouraged to develop programs which help individual learners identify CE needs, state achievable objectives, plan effective CE methods, obtain necessary resources, evaluate outcomes and reflect on methods for reaching future CE goals-- and finally, for documenting efforts. To meet ACRM standards for approval, educational activities shall be interdisciplinary, i.e., planned by, presented by, and targeted toward members of different disciplines.

The key to successfully meeting the stated learning objectives and outcomes is appropriate planning and implementation of plans. Learners and faculty both contribute, and the results from previous CE ventures can modify the plans. Learners' needs, learning styles, prerequisite knowledge, skills, and attitudes must be assessed and matched with the most relevant educational methodology in order to achieve the learner goals. An outcome evaluation method stated at the start will help plan methods to achieve the desired outcome. A "how to" technique is better presented in individual or small group practice sessions than in a lecture hall setting or a preceptorship situation. In some cases, active learner participation, as in a self-instructional module, would best meet the need.

The methodologies are wide and ever advancing and changing. Planners should consider all methods consistent with their resources. Evidence of logical, sequential planning; adequate, related syllabus materials; and clear, easily visualized A-V materials are necessary. Faculty choice is critical. The criterion requires evidence of this comprehensive, careful planning and implementation. Narrative descriptions may supplement the questions on the application form.

For further reading related to this Essential, specifically regarding principles of learning, refer to Foley, P.R., and Smilansky, J: Teaching Techniques: A Handbook for Health Professionals. New York, McGraw-Hill Book Company, 1980, pp. 93-100.

ESSENTIAL #5

THE SPONSOR SHALL EVALUATE THE EFFECTIVENESS OF ITS OVERALL CONTINUING EDUCATION PROGRAM AND COMPONENT ACTIVITIES AND USE THIS INFORMATION IN ITS CE PLANNING: THE SPONSOR SHALL:

1. Periodically review the extent to which the sponsor's CE mission is being achieved by its educational activities.

2. Show that these evaluations assess:

   a. the extent to which educational objectives are being met.

   b. The quality of the instructional process.

   c. participant's perception of enhanced professional effectiveness.

3. Use evaluation methods which are appropriate and consistent in scope with the educational activity.

4. Demonstrate that evaluation data are used in planning future CME activities.

Guideline

Evaluation of results in achieving goals is critical to the success of future CE events. In as much as the desired outcome of CE is improved rehabilitation care, some method that attempts to measure positive changes in the rehabilitation professional's knowledge, behavioral attitudes and/or skills is important and should be included. Both program content and the quality of instruction should be evaluated. (Appendix II: program offering Evaluation Form). The evaluation data should be utilized in future CE planning.

ESSENTIAL #6

THE SPONSOR SHALL PROVIDE EVIDENCE THAT MANAGEMENT PROCEDURES AND OTHER NECESSARY RESOURCES ARE AVAILABLE AND EFFECTIVELY USED TO FULFILL ITS CONTINUING EDUCATION MISSION. THE SPONSOR SHALL:

1. Document an organizational structure for CE and its administration, designating an entity responsible for CE and delineating its authority.

2. Identify responsible individuals who will maintain continuity of administration.

3. Describe an internal review and control procedure, including budgetary practices, to ensure effective utilization of resources in fulfilling the CE mission.

4. Provide a budget for the overall CE program and its major components.

5. Utilize competent multidisciplinary faculty.

6. Provide appropriate facilities for CE programs.

7. Have mechanisms to record and, when authorized by the participant, to verify participation.

Guideline

If application is for Sponsored/Cosponsored presentation at the Annual Session program, Essential 6 will be complied with by the American Congress of Rehabilitation Medicine.

Adequate resources that match the stated objectives, learners' educational needs, and the educational methodologies selected, enable the learning event to be implemented successfully. Authority to marshal the resources, stable administration for continuity of the program, and identification of a responsible individual to direct prospective learners to the CE events that are best suited to his/her learning requirements are necessary. This criterion requires the documentation of the adequacy of resources and internal administrative review to search for and correct resource deficits.

Program activities shall be multidisciplinary in planning and implementation, including the selection of faculty members.

ESSENTIAL #7

THE SPONSOR SHALL ACCEPT RESPONSIBILITY THAT THE ESSENTIALS ARE MET BY EDUCATIONAL ACTIVITIES WHICH IT JOINTLY SPONSORS WITH NON-ACCREDITED ENTITIES. THE SPONSOR SHALL:

1. Provide evidence that it participates integrally in the planning and implementation of each jointly sponsored CE activity.

2. Conduct an evaluation of each jointly sponsored CE activity.

Guideline

If application is for Sponsored/Cosponsored presentation at the Annual Session program, Essential 7 will be complied with by the American Congress of Rehabilitation Medicine.

The "Essentials" require that a sponsor accept responsibility that accreditation standards are met by CE activities it jointly sponsors with non-accredited institutions and organizations.

Jointly sponsored activities should be consistent with the sponsor's mission statement. The sponsor must conduct an evaluation of each jointly sponsored CE activity in the context of its Mission statement.

LEARNER NEEDS ASSESSMENT - PLANNING FOR 1984 ANNUAL MEETING

From the list below, please identify the 3 topics that you feel are most important to your continuing professional educational needs. List topic numbers in order of priority under A (highest), B (moderate) and C (lowest). For each need identified, specify the subtopics of greatest interest to you.

Identified Need	Subtopics	Need Based Upon (check all appplicable)	Desired Level of Instruction	Desired Method of Presentation
A. ___ #	_____	( ) New Concepts or Discoveries ( ) Patient Care Reviews ( ) Media Coverage ( ) Lack of Literature ( ) Other: _____	( ) Basic ( ) Intermediate ( ) Advanced	( ) Lecture ( ) Case Presentation ( ) Symposium/Panel Discussion/Seminar ( ) Demonstration/Workshop
B. ___ #	_____	( ) New Concepts or Discoveries ( ) Patient Care Reviews ( ) Media Coverage ( ) Lack of Literature ( ) Other: _____	( ) Basic ( ) Intermediate ( ) Advanced	( ) Lecture ( ) Case Presentation ( ) Symposium/Panel Discussion/Seminar ( ) Demonstration/Workshop
C. ___ #	_____	( ) New Concepts or Discoveries ( ) Patient Care Reviews ( ) Media Coverage ( ) Lack of Literature ( ) Other: _____	( ) Basic ( ) Intermediate ( ) Advanced	( ) Lecture ( ) Case Presentation ( ) Symposium/Panel Discussion/Seminar ( ) Demonstration/Workshop

IDENTIFIED NEEDS

1. Administrative Management
2. Archives/Scientific Writing
3. Basic Research Update
4. Biofeedback
5. Birth Defects
6. Burn Rehabilitation
7. Cancer Rehabilitation
8. Cardiopulmonary Rehab.
9. Clinical Neurophysiology
10. Clinical Research Update
11. Clinical Teaching
12. Cognitive Retraining
13. Collagen Disorders
14. Communication Disorders
15. Community Resour./Networking
16. Computer Application to Rehab. Med.: Clin. & Admin.
17. Diagnostic Related Groups (DRG)/Discharge Planning
18. Disability Evaluation
19. Electrodiagnosis
20. Evoked Potentials
21. Functional Assessment
22. Funding/Grants
23. Gait Analysis
24. Geriatric Rehabilitation
25. Graduate Education
26. Hand Rehabilitation
27. Head Injury
28. Health Policy Legis. Update
29. Independent Living
30. Kinesiology
31. Legal Practice Issues
32. Musculosk. Disorders
33. Neuromusc. Disorders
34. New Rehab. Delivery Systems
35. Pain Management
36. Patient/Family Educ.
37. Pediatric Rehab.
38. Polio
39. Program Evaluation
40. Pros./Orth. Update
41. Psychosocial Factors
42. Quality Assurance
43. Radiology in Rehab. Med.
44. Rehab. Engineering
45. Reimbursement Mechanisms
46. Rheumatic Disorders
47. Sexuality in Disability
48. Skills Dev. Workshop
49. Spinal Cord Injury
50. Sports Medicine
51. Stroke
52. Team Functioning
53. Therapeutic Modalities
54. Other: _____
55. Other: _____
56. Other: _____

(OVER)

Please identify your discipline:

( ) Medicine (please specify specialty) _____
( ) Nursing
( ) Occupational Therapy
( ) Physical Therapy
( ) Psychology
( ) Rehabilitation Counseling
( ) Speech Pathology
( ) Other _____

Please share any additional comments/suggestions/recommendations.

_____

_____

_____

_____

_____

_____

Please return before September 9, 1983 to:

AAPM&R/ACRM
30 N. Michigan Avenue, Suite 922
Chicago, Illinois 60602

THANK YOU FOR YOUR COOPERATION!

SB/je
July, 1983

EVALUATION FORM

SESSION #: _____

TITLE: _____

DATE: _____

YOUR DISCIPLINE(S): _____

Directions: Please complete the evaluation form by circling the appropriate number (1-5) corresponding to each item.

		Poor		Average		Excellent
1.	Were the objectives of the course clearly defined?	1	2	3	4	5
2.	Were the objectives stated in the handouts consistent with the presentation?	1	2	3	4	5
3.	How well did the presentation achieve the objectives?	1	2	3	4	5
4.	Will the course enhance your professional effectiveness?	1	2	3	4	5
5.	Was the physical facility conducive to learning?	1	2	3	4	5
6.	Were the teaching methods appropriate to the content?	1	2	3	4	5
7.	How effective were the A/V materials?	1	2	3	4	5
8.	Were the handouts adequate?	1	2	3	4	5
9.	Please rate each presenter/speaker:					
	(name) _____	1	2	3	4	5
	(name) _____	1	2	3	4	5
	(name) _____	1	2	3	4	5
	(name) _____	1	2	3	4	5
	(name) _____	1	2	3	4	5
	(name) _____	1	2	3	4	5
	(name) _____	1	2	3	4	5
	(name) _____	1	2	3	4	5
	(name) _____	1	2	3	4	5
	(name) _____	1	2	3	4	5
	(name) _____	1	2	3	4	5
	(name) _____	1	2	3	4	5

10. The following are my recommendations, comments, suggestions, to help identify areas in which the course might be improved. _____

_____

_____

_____

_____

PLEASE RETURN

SB:je
July, 1983

THANK YOU FOR YOUR COOPERATION!

UNIVERSITY OF MINNESOTA
TWIN CITIES

Department of Physical Medicine and Rehabilitation
Medical School
860 Mayo Memorial Building, Box 297
420 Delaware Street S.E.
Minneapolis, Minnesota 55455
(612) 373-8990

February 29, 1984

Lex Frieden, M.A.
9667 Meadowvale
Houston, Texas 77063

Dear Lex:

Thank you very much for your willingness to direct a course on "Frontiers in Attendant Care" for the ACRM Annual Meetings in Boston next October.

As we have discussed, the first deadlines that we face concern application for continuing education credits. The forms to be used are the yellow pages in the white manual that you received. For your reference I am including a copy of the form that I just completed for a Residential Options Symposium. In particular, the information on page 5 is likely to be the same for your course. Notice that in addition to completing the form itself you will need to make an outline for the entire morning including each of the component presentations and obtain from each presenter a one-page content outline and a curriculum vitae.

As Coordinator, one of my responsibilities is to consult with you on the topics and speakers that you select. If it is possible for you to check in with me before making a firm commitment to any participants we have not already discussed, I would very much appreciate that. Please feel free to call if there are other ways I can be of help.

Sincerely yours,

Nancy

Nancy Crewe, Ph.D.

NC/lt

PART II: PROGRAM/COURSE PROPOSAL

1. Planning: Please indicate those professionals involved in the interdisciplinary planning for the educational offering (must be 3 or more disciplines; may include program committee planners):

(X) Medicine (please specify specialty) _____
(X) Nursing
(X) Occupational Therapy
(X) Physical Therapy
(X) Psychology
(X) Rehabilitation Counseling
(X) Speech Pathology
( ) Other (please specify) _____

2. Needs Assessment (refer to section VII, Essential 2, p.19): Please check the appropriate method(s) used to determine anticipated participant/audience need for the proposed learning experience. Provide documentation for at least one method and attach. (Appendix I: 1984 INA).

a. Educational needs of membership as perceived by the Program Committee via:

(X) interview
(X) nominal group process
( ) telephone surveys

b. Prior survey of anticipated audience members' needs via:

(X) learner needs assessment questionnaire (Appendix I: 1984 INA)
( ) interview
(X) nominal group process
( ) telephone surveys
(X) previous course evaluation

c. (X) New concepts or discoveries

d. ( ) Patient care reviews

e. ( ) Media coverage

f. ( ) Lack of literature

g. ( ) Other (describe briefly): _____

_____

3. Educational Objectives (Essential 3):

In writing your Educational Objectives in the space provided below, please refer to Essential 3 under section VII for instructions (pages 20-23).

Broad Goals/General Objectives: Upon completion of this Symposium, participants should be able to demonstrate:

an understanding of residential programs and services that are currently available for individuals with severe physical or cognitive disabilities.

Specific Objectives: Specifically, participants will:

1. Summarize the knowledge that has been created by independent living programs during the past five years, enabling more severely disabled individuals to live in the community.

2. Describe at least three innovative technological solutions to Independent Living problems.

3. Identify key differences between the needs of individuals with brain injury and those with other physical disabilities with regard to residential services.

Describe your reasoning for selecting a particular evaluation method. If there is no plan to evaluate, cite reason.

Most appropriate for a convention setting.

RETURN APPLICATION TO:

Sorush Batmangelich, M.H.P.E.
Director of Continuing Education
American Congress of Rehabilitation Medicine
30 North Michigan Avenue, Suite 922
Chicago, Illinois 60602
Phone: (312) 236-9512

SB:je
Revised, August, 1983

VITAE FORM FOR FACULTY MEMBERS

(duplicate for each faculty member)

NAME: _____

(Last) (First) (Middle) Degree(s)

OFFICIAL POSITION TITLE: _____

ADDRESS: _____

(Number) (Street)

_____

(City) (State) (Zip)

DISCIPLINE: _____

PREVIOUS TRAINING/EXPERIENCE, INTEREST OR EXPERTISE, PUBLICATIONS, IN RELATION TO THIS EDUCATIONAL OFFERING (position title and academic appointments alone are not sufficient):

5. Content and Instructional Plan: Please attach the following information which must accompany your application:

   a. 1 page topical/content outline from each faculty/speaker
   b. Instructional plan (include breaks): time schedule (start to finish) for each speaker, name of each speaker, topic area addressed by each speaker, and related educational activities, e.g., lecture, panel discussion, demonstration, workshop, etc.

6. Handouts: In order to have credit bearing educational offerings approved, camera-ready copies of handout materials (limited to 6 pages, including bibliography/reference) must be prepared and submitted, for each speaker, by June 30, 1984. The following information, at the minimum, is required for each speaker on this handout:

   a. speaker - name
   b. title of topic area
   c. objectives
   d. bibliography/references

7. Evaluation Methods: (refer to section VII, Essential 5,p.24):

   Please check the appropriate method(s) planned to evaluate the effectiveness of this course/program. The ACRM Course Evaluation Form (Appendix II) is a requirement. Additional evaluation method(s) may include the rest (provide sample form where requested):

   (X) Participants' reaction using the ACRM Course Evaluation Form following the course/program. This is a requirement for all programs (Appendix II).
   ( ) Pre and post-tests (if post-test is used, pre-test is required; attach copy).
   ( ) Follow-up (3 to 6 month) post-course survey (attach copy).
   ( ) Chart audit after course completion on a voluntary basis (attach form).
   ( ) Measure of clinical improvements (e.g., diagnostic improvements, change in frequency or type of tests ordered, appropriate use of consultations, decrease of complications, increase or decrease in hospital admission for specific patient problems). Describe briefly.

   _____

   _____

   _____

   ( ) Other (describe briefly and provide attachment if applicable):

   _____

   _____

   _____

4. Educational Methods (refer to section VII, Essential 4,p. 23):

A. Please check the applicable teaching/learning method(s) planned for the proposed Objectives:

( ) Lecture: a carefully prepared oral didactic presentation, followed by group discussion.
( ) Case presentation: detailed information covering a situation, an event, or a series of related events, followed by group discussion.
(X) Symposium: 2-5 successive lectures on various components of a major topic area which may or may not be interactive, with group discussion.
( ) Panel Discussion: 3-6 faculty members engaged in an interactive dialogue on an assigned content area, with group discussion.
( ) Seminar: An interactive learning activity for 5-30 participants by a content expert in some specialized area of study.
( ) Forum: Open dialogue and discussions among the entire member participant body.
( ) Demonstration: A carefully planned and prepared presentation showing how to perform or apply some procedure.
*( ) Workshop: A carefully planned and supervised practice-oriented activity providing "hands-on" experience opportunities, usually following a demonstration.
( ) Other (describe briefly): _____

_____

_____

*If workshop is selected, please provide the following supplementary information: number of small groups, number in each group, planned activities, assigned supervised activities, and identify group leader(s).

_____

_____

_____

_____

Describe the reasoning for selecting teaching method(s) for your program, i.e., is it based on learner needs assessment, learning styles, nature of content, setting, time or resources.

The symposium should be an effective means of presenting this type of content, and it also fits the practical requirements of the convention format.

B. Maximum number of participants recommended: _____

AMERICAN CONGRESS OF REHABILITATION MEDICINE

APPLICATION FOR APPROVAL OF CE PROGRAMS

PROGRAM/COURSE

Part I: PROGRAM/COURSE SPECIFICATIONS

1. Title of Program/Course: Residential Options for People with Disabilities: The Fruits of Experience & the Seeds of Change

2. Institution/Department Sponsor: ACRM

   Address: _____

   Phone: ( )

3. Program or Course Director: Nancy M. Crewe, Ph.D.

   Address: University of Minnesota, Dept. of PM&R, Box 297 Mayo, Mpls, MN 55455

   Phone: (612) 373-9016

4. Date(s) and Time of Presentation: Monday, Oct. 22, 1984

5. Contact Hours of Instruction: 1½

6. Program/Course Location: Boston Sheraton

7. Tuition: _____

8. Applying for ACRM: (for definition, see page 14 of manual)
   - (X) Sponsorship
   - ( ) Cosponsorship
   - ( ) Endorsement

9. Faculty: Please use vita form attached. Form should be duplicated for each faculty speaker and must accompany the application. The following data is required for each faculty member, including the moderator:

   a. Name, degree(s), title and address as they should appear in the Official Program book.
   b. Discipline: at least 3 disciplines must be represented.
   c. Reason(s) for selecting faculty member (and moderator) in relation to this educational offering (e.g., training/experience, interest, expertise, publication, etc.). Position titles and academic appointments alone are not sufficient.

10. Target Audience:

a. Professional Groups/Disciplines: (must be 3 or more).

(X) Medicine (please specify specialty) Physiatry
(X) Nursing
(X) Occupational Therapy
(X) Physical Therapy
(X) Psychology
(X) Rehabilitation Counseling
(X) Speech Pathology
( ) Other (please specify) _____

b. Pre-requisite Knowledge & skills:

(X) Basic: disciplinary entry-level knowledge only
( ) Intermediate: some education and experience in the specified subject
( ) Advanced: extensive education and current experience in the specified subject

c. Professional activity:

(X) Clinicians
(X) Educators
(X) Researchers/Investigators
(X) Administrators

d. Other (describe briefly): _____

_____

11. Space Requirements: (Not applicable if request is for Annual Session program presentation; compliance is done by the American Congress of Rehabilitation Medicine). _____

_____

12. Recommended Facilities: (Not applicable if request is for Annual Session program presentation; compliance is done by the American Congress of Rehabilitation Medicine). _____

_____

13. Mission for CE (refer to section V, p.18, and section VII, Essential 1, p.19): For Sponsored/Cosponsored presentation at the Annual Session program, the American Congress of Rehabilitation Medicine will comply with its Educational Mission Statement stated under section V, p. 18.

Mission Statement

_____

_____

_____