

**ACGME Program Requirements for Graduate Medical Education
in Brain Injury Medicine
Summary and Impact of Major Requirement Revisions**

Requirement #: I.D.1.b).(7)

Requirement Revision (significant change only):

[Resources should include] specialty and subspecialty consultant services essential to the care of persons with brain injury, including anesthesiology, diagnostic radiology, emergency medicine, general surgery, internal medicine, neurological surgery, neurology, neuro-ophthalmology, neuro-optometry, neuropsychology or psychology, oromaxillofacial surgery, orthopaedic surgery, otolaryngology, palliative care, pediatrics, physical medicine and rehabilitation, and psychiatry. ^(Detail)

1. Describe the Review Committee's rationale for this revision:
These subspecialty services are critical for the excellent care of wide swaths of the brain-injured patient population.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
Having consultants from related disciplines should enhance fellow education, patient safety, and patient care quality by providing interdisciplinary education and care.
3. How will the proposed requirement or revision impact continuity of patient care?
N/A
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
In most cases, no, as these are generally available services. As this requirement is categorized as "Detail," and not "Core," the program may explain alternative approaches to achieving the purpose of any of these subspecialty services.
5. How will the proposed revision impact other accredited programs?
N/A

Requirement #: I.D.1.b).(8)

Requirement Revision (significant change only):

[Resources should include] telecommunication capabilities to accommodate virtual patient encounters. ^(Detail)

1. Describe the Review Committee's rationale for this revision:
The COVID-19 pandemic has illustrated the need for alternate access to health care beyond in-person visits. Most institutions and programs have implemented telehealth options and programs should continue to make this option available.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

Telecommunication capabilities are expected to improve fellows' access to patients and improve patients' access to/quality of health care.

3. How will the proposed requirement or revision impact continuity of patient care?
Telecommunication capabilities should increase fellows' ability to provide follow-up care to patients.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
While most institutions have already implemented telecommunication capabilities, some may need to upgrade their technology systems.
5. How will the proposed revision impact other accredited programs?
N/A

Requirement #: II.A.3.a).(1)

Requirement Revision (significant change only):

The program director must demonstrate ongoing education, and acquisition of skills and knowledge in brain injury medicine and related fields. ^(Core)

1. Describe the Review Committee's rationale for this revision:
To provide effective leadership, mentorship, and teaching, program directors should be up to date in their skills and knowledge related to the subspecialty.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
Maintenance of the program director's skills and knowledge will help to ensure that fellows receive the required education to provide safe and quality health care to patients.
3. How will the proposed requirement or revision impact continuity of patient care?
N/A
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
For individuals not already keeping their skills and knowledge base up to date, additional financial resources may be needed to support faculty development.
5. How will the proposed revision impact other accredited programs?
N/A

Requirement #: IV,B.1.b).(1).(a).(xii)

Requirement Revision (significant change only): diagnosing and managing agitation, emotional and behavioral problems, coexisting substance use disorders, cognitive impairment, and sleep disorders associated with brain injury; ^(Core)

1. Describe the Review Committee's rationale for this revision:

Substance use disorders are often a coexisting problem in patients with brain injury. Frequently, traumatic brain injuries result from driving under the influence, and anoxic encephalopathy may arise from overdose.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

As substance use disorders can be the underlying cause of the brain injury, treatment is crucial to prevent repeat injury.

3. How will the proposed requirement or revision impact continuity of patient care?

N/A

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?

It may in rare cases. Almost all academic medical centers have access to substance use disorder consultative services.

5. How will the proposed revision impact other accredited programs?

N/A