

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

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

Requirement Revision (significant change only):

This should include anesthesiology, diagnostic radiology, emergency medicine, ~~general surgery,~~ medical genetics, neurological surgery, neurology, ophthalmology, orthopaedic surgery, otolaryngology, ~~pathology,~~ pediatrics, pediatric surgery, plastic surgery, psychiatry/psychology, pulmonary medicine, and urology. ^(Detail)

1. Describe the Review Committee's rationale for this revision:
The requirements have been updated to include specialists/subspecialists essential to the education of the fellows.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
Having faculty members 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?
Not applicable
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?
There may be a cost to hire new faculty members if the Sponsoring Institution does not already include these specialists.
5. How will the proposed revision impact other accredited programs?
Not applicable

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

Requirement Revision (significant change only):

The program director should have experience as a faculty member in pediatric rehabilitation medicine for a minimum of two years prior to appointment as program director. ^(Core)

1. Describe the Review Committee's rationale for this revision:
Two years' experience as a faculty member prior to appointment as program director has been an expectation of the Review Committee for many years. It is stated in the current FAQs, and will now be codified in the Program Requirements.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
As this has been the practice, no impact is anticipated.

3. How will the proposed requirement or revision impact continuity of patient care?
Not applicable
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?
As this has been the practice, no impact is anticipated.
5. How will the proposed revision impact other accredited programs?
Not applicable

Requirement #: **II.B.4.c)**

Requirement Revision (significant change only):

To ensure the quality of the educational and scholarly activity of the program, and to provide adequate supervision of fellows, there must be at least two core faculty members, inclusive of the program director, who are certified in pediatric rehabilitation medicine by the ABPMR, or have qualifications acceptable to the Review Committee. ^(Core)

1. Describe the Review Committee's rationale for this revision:
The Common Program Requirements require Review Committees to specify a minimum number of core faculty members. The Review Committee felt this was a reasonable minimum number of faculty members.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The requirement will ensure there is a sufficient number of core faculty members to provide education and supervision. In addition, this requirement allows for ongoing supervision and teaching in the case that one of the two faculty members is unexpectedly not providing medical care for a brief or extended amount of time due to illness or other reasons.
3. How will the proposed requirement or revision impact continuity of patient care?
Not applicable
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?
Programs will need to assess their current Faculty Roster and determine whether it meets the new requirement. However, this revision is unlikely to require additional resources, as programs already generally meet this requirement.
5. How will the proposed revision impact other accredited programs?
Not applicable

Requirement #: **IV.B.1.b).(1).(a).(iv)**

Requirement Revision (significant change only):

[Fellows completing the PRM-1 year must demonstrate competency in:]

~~identifying and engaging in the management of~~ common pediatric rehabilitation medical conditions and complications, including identification of sick children and the triage of their care, fluid and nutritional support, bowel management, and bladder management, gastroesophageal reflux, skin protection, pain disorders, pulmonary hygiene and protection, ventilator and tracheostomy management, sensory impairments, sleep disorders, spasticity, thromboembolism prophylaxis, swallowing dysfunction, seizure management, and behavioral problems. (Core)

1. Describe the Review Committee's rationale for this revision:
The requirements have been updated to reflect common practice of the pediatric rehabilitation medicine (PRM) physician. The PRM physician often works in collaboration with other specialty physician experts in the management of the medical issues identified in the list within this requirement. It is essential that the PRM fellow gains experience in the identified medical conditions and complications listed as they are very common in the patient diagnoses for which they will provide care throughout their careers, in both inpatient and outpatient settings. The requirement was revised to provide a complete list of conditions management of which PRM physicians need to demonstrate competence.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The requirement will improve the educational experience of fellows to ensure they have the exposure to management of these common conditions.
3. How will the proposed requirement or revision impact continuity of patient care?
This requirement will facilitate continuity of care by improving the involvement and direct care of these conditions by the PRM fellow.
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?
This requirement should not necessitate additional institutional resources.
5. How will the proposed revision impact other accredited programs?
Not applicable

Requirement #: **IV.B.1.b).(1).(b).(iii).(i)-(j)**

Requirement Revision (significant change only):

[Fellows completing the PRM-1 year must demonstrate competency in: rehabilitation management of common pediatric rehabilitation diagnostic categories ~~problems~~, including:]

developmental disabilities, to include genetic disorders and pervasive developmental disorders; and, (Core)

debility and deconditioning conditions, to include chronic pain disorders and functional neurologic disorders. (Core)

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

The diagnostic categories were reviewed and revised based on feedback from the majority of PRM fellowship directors. It is felt that, as a field, PRM physicians are becoming more involved in the care of children with these newly added diagnostic categories and that programs should be providing clinical exposure of these conditions to PRM fellows so they have this exposure and knowledge to provide appropriate rehabilitation management treatment plans for these conditions.

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

This updated category list will provide increased patient population for the PRM fellow to have experience in managing, potentially in multiple settings (inpatient rehabilitation, inpatient consultation, and outpatient clinic). It will provide for improved patient care by proving appropriate rehabilitation treatment plans to optimize functional capability and participation in these persons.

3. How will the proposed requirement or revision impact continuity of patient care?
Not applicable

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?

No additional institutional resources are expected as a revision to this requirement.

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

Not applicable

Requirement #: **IV.B.1.b).(1).(c)**

Requirement Revision (significant change only):

Fellows must demonstrate leadership skills to enhance team function, the learning environment, and/or the health care delivery system/environment with the ultimate intent of improving care of patients. ^(Core)

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

In review of the current requirements, the Review Committee felt that assurance was needed that PRM fellows were obtaining the experience to provide necessary PRM physician leadership skills that are essential in the overall team management of patient care in all areas of institutional and health care delivery systems. This includes experience in the management of inpatient rehabilitation patients, and experience with other consulting medical/surgical teams and interprofessional personnel.

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

By providing these experiences, the PRM fellows will gain the leadership skills necessary to provide improved clinical and systems-based care, as well as build their professionalism and interpersonal skills experience and feedback.

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

This requirement will facilitate improved patient flow and clinical experience of the 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?

No additional institutional resources are expected as a result of this program requirement revision.

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

Not applicable.

Requirement #: **IV.B.1.b).(2).(a)-IV.B.1.b).(2).(a).(i)**

Requirement Revision (significant change only):

Fellows must demonstrate the necessary procedural skills and develop an understanding of the indications, risks, limitations, and interpretations as needed. (Core)

This must include Fellows completing the PRM-2 year must demonstrate competency in performing or directing the performance of pediatric rehabilitation medicine procedures, including ~~tone spasticity~~ management, such as chemodenervation and intrathecal pumps. (Core)

1. Describe the Review Committee's rationale for this revision:
The Review Committee has specified the required procedural skills needed.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The requirement will ensure exposure of fellows to the most common procedures managed by PRM physicians in practice.
3. How will the proposed requirement or revision impact continuity of patient care?
This requirement is not expected to affect continuity of patient care. Patients will continue to receive these procedures by the personnel that conduct them.
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?
This requirement may require the collaboration of additional subspecialties (i.e., neurological surgery), if the PRM program does not provide the resources to manage this procedure, but it is felt that it is rare that PRM programs are not involved in the management of chemodenervation or intrathecal pump management (refills, programming).
5. How will the proposed revision impact other accredited programs?
It is not currently a requirement in other specialties to have procedural expertise in either of these procedures, so it is not felt that this would impact other programs.

Requirement #: **IV.C.1.a)-b)**

Requirement Revision (significant change only):

Assignment of rotations must be structured to minimize the frequency of rotational transitions, and rotations must be of sufficient length to provide a quality educational experience, defined by continuity of patient care, ongoing supervision, longitudinal relationships with faculty members, and meaningful assessment and feedback. (Core)

Clinical experiences should be structured to facilitate learning in a manner that allows fellows to function as part of an effective interprofessional team that works together longitudinally with shared goals of patient safety and quality improvement. (Core)

1. Describe the Review Committee's rationale for this revision:
The requirements reflect the need for programs to consider the impact of frequent rotational transitions, such as occurs when fellows are scheduled for a series of short rotations, and the resulting disruption in supervisory continuity, on patient care and fellow education. They are also intended to address the impact of assigning supervising faculty members for very brief assignments.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
The intent of the requirements is to ensure that programs consider the impact of frequent rotational changes and the accompanying lack of supervisory continuity on patient care. This new requirement prioritizes patient safety and education in curriculum planning.
3. How will the proposed requirement or revision impact continuity of patient care?
The requirements are intended to minimize the frequency of rotational transitions and emphasize the importance of supervisory continuity. It is expected that this will have a positive impact on continuity of patient care.
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 is not anticipated that additional resources will be needed.
5. How will the proposed revision impact other accredited programs?
Not applicable

Requirement #: **IV.C.5.a)**

Requirement Revision (significant change only):

Longitudinal management must include providing care for patients from acute inpatient care to inpatient rehabilitation and/or into outpatient care, as well as following outpatients over time. (Core)

1. Describe the Review Committee's rationale for this revision:
The expectation for the longitudinal settings has been specified in the current FAQs for several years and is now being codified in the requirements.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

As this has been the practice, no impact is anticipated.

3. How will the proposed requirement or revision impact continuity of patient care?
As this has been the practice, no impact is anticipated.
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?
As this has been the practice, no impact is anticipated.
5. How will the proposed revision impact other accredited programs?
Not applicable

Requirement #: **IV.C.6.a).(1)-(4)**

Requirement Revision (significant change only):

Fellows must assume direct responsibility for the rehabilitative management of patients on the inpatient pediatric rehabilitation medicine service. ^(Core)

Each fellow assigned to an inpatient pediatric rehabilitation medicine service should be responsible for an average minimum of four pediatric rehabilitation medicine patients. ^(Core)

Fellows should progress to a role of supervising residents or junior fellows providing inpatient care once the faculty has determined they have the competence to provide this supervision. ^(Detail)

Fellows should have inpatient rounds to evaluate patients with faculty members at least five times per week. ^(Core)

1. Describe the Review Committee's rationale for this revision:
The addition of this requirement is to clarify the Review Committee's expectations for inpatient rehabilitation experience for PRM fellows. These are areas that have been frequently asked questions by both accredited programs and programs seeking accreditation. The inpatient experience must provide the fellow with the experience of providing direct management of patients in the inpatient rehabilitation program, and in order to gain expertise must have the capability to manage a sufficient number of patients during their educational program, both as an incoming fellow and as a supervising fellow. It is also expected that fellows are receiving supervision and guidance during this experience by faculty members with expertise in PRM at a minimum of five days per week.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
PRM fellows will gain experience during the inpatient rotation in rehabilitation management as well as engagement and collaboration in many of the medical conditions listed in Program Requirement IV.B.1.b).(1).(a).(iv). This will assist in improving patient care and patient care quality for patients managed in the inpatient rehabilitation setting. The supervision provided PRM faculty members will allow for oversight to ensure safety and quality.

3. How will the proposed requirement or revision impact continuity of patient care?
This proposed requirement will improve continuity of patient care by allowing for a consistent inpatient rehabilitation fellow and faculty presence providing guidance and updated plans of care to ensure optimization of patient care and patient safety.
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 is unlikely that this requirement will necessitate additional institutional resources.
5. How will the proposed revision impact other accredited programs?
Not applicable