<table>
<thead>
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<th>Question</th>
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<td><strong>Institutions</strong></td>
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<tr>
<td>What circumstances warrant exceptions for geographically distant participating sites?</td>
<td>A participating site offering clinical experiences, which occur periodically and are not otherwise available at the primary clinical site, is a suitable exception to the requirement limiting travel time to one hour or less.</td>
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<tr>
<td>[Program Requirement: I.B.3]</td>
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<td><strong>Program Personnel and Resources</strong></td>
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<td>Does the Review Committee have an expectation for the amount of time an individual should be an active faculty member before being appointed program director of a new or existing program?</td>
<td>The Review Committee recommends that an individual spend two years as a faculty member in an ACGME-accredited neurology, physical medicine and rehabilitation, or psychiatry residency or fellowship program prior to taking on the role and responsibilities of program director. This time would allow an individual to gain GME expertise, as well as institutional credibility to direct the fellowship and ensure compliance with the Program Requirements. Time spent in fellowship education would not count towards the two years of experience as an active faculty member.</td>
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<tr>
<td>[Program Requirement II.A.2.a)]</td>
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<td>How must the program director demonstrate close cooperation between the core residency program and the fellowship program?</td>
<td>There must be evidence of collaboration and oversight from the core program director, including the integration of lectures into both the core residency and the fellowship curricula, and involvement of fellows and fellowship faculty members in activities of the core residency program.</td>
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<td>[Program Requirement: II.A.3.f)]</td>
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<td>What qualifications are acceptable to the Review Committee for program</td>
<td>In the first five years after initiation of subspecialty certification in brain injury medicine, the program director and faculty members must hold current certification by the American Board of Physical Medicine and Rehabilitation (ABPMR) or the American Board of Psychiatry and Neurology (ABPN). Faculty members should have completed a minimum of three years’ full-time practice experience of which a minimum of 25 percent of professional time is specifically devoted to brain injury medicine. The practice should be adequately broad to reasonably reflect the full scope of brain injury medicine. After the first five years following the first administration of the brain injury medicine certification exam, the program director and faculty members are expected to hold current subspecialty certification in brain injury medicine. Years of practice are not an equivalent to board certification. The onus for documenting evidence for consideration of alternate qualifications is on the program director; however, the determination of whether qualifications are equivalent to certification by the ABPMR or ABPN is a case-by-case judgment call on the part of the Review Committee.</td>
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<td>directors and faculty members without current subspecialty certification</td>
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<td>in brain injury medicine?</td>
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<td>[Program Requirements: II.A.2.b) and II.B.3]</td>
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<td>What percentage of the faculty should participate in scholarly activity?</td>
<td>It is expected that at least 50 percent of the faculty be actively involved in scholarly activity.</td>
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<td>[Program Requirement: II.B.5]</td>
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<td>Educational Program</td>
<td>The brain injury medicine physician must have knowledge of how acute medical and surgical management influences outcomes. This proficiency can be gained through didactics and by providing brain injury medicine consultation to other medical, surgical, or intensivist services primarily managing patients with brain injury.</td>
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<td>What types of experiences fulfill the requirements to develop proficiency in the knowledge of pre-hospital and emergency department care, the supportive role of brain injury medicine in acute care, and the management of increased intracranial pressure?</td>
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<td>[Program Requirements: IV.A.2.b.(1)-(3)]</td>
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<td>What are acceptable ways for fellows to review didactic instruction if they are unable to attend a presentation?</td>
<td>The program should avoid affiliations with sites at such distances from the primary site as to make fellow attendance at didactics and conferences impractical, unless there is no comparable educational experience at the primary site. The Review Committee accepts a variety of solutions, as long as fellows have the opportunity to experience missed educational instruction. The solutions could include: teleconference, webcasting, taped didactics, slides available on a website, and repeating conferences.</td>
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<td>How much assigned time should each fellow devote to conducting research and other scholarly activities?</td>
<td>It is suggested that each fellow devote a minimum of one half-day per week to conducting research or to other scholarly activities.</td>
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<td>Evaluation</td>
<td>In order to maintain confidentiality, the program director should combine fellows’ evaluations of faculty members with those from the core residency program.</td>
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<td>How are fellows’ evaluations of faculty members kept confidential if there are a small number of fellows in the program?</td>
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<td>Fellow Duty Hours in the Learning and Working Environment</td>
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<td>Are there any non-physician licensed independent practitioners who may supervise fellows?</td>
<td>Advanced nurse practitioners and psychologists may supervise fellows, as appropriate.</td>
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<td>What is the optimal clinical workload for fellows?</td>
<td>The program director must make an assessment of the learning environment with input from faculty members and fellows. The optimal case load will allow each fellow to see as many cases as possible without being overwhelmed by patient care responsibilities, or without compromising patient safety or a fellow’s educational experience.</td>
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<td>Who should be included in the interprofessional teams?</td>
<td>Orthotists, occupational therapists, physical therapists, psychologists, rehabilitation nurses, social workers, speech-language pathologists, therapeutic recreation specialists, and vocational rehabilitation counselors should be included, as appropriate, on the interprofessional teams.</td>
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