

# ACGME Program Requirements for Graduate Medical Education in Adolescent Medicine

*Effective: July 1, 2007*

## Introduction

### Int.A. Scope of Educational Experience

Int.A.1. Subspecialty programs in adolescent medicine must provide training in and include an appropriate balance among clinical, didactic, teaching, and research activities. They must provide education in the broad and diverse knowledge base of this multidisciplinary field which focuses on the unique physical, psychological, and social characteristics of adolescents, their health-care problems and needs.

Int.A.2. Adolescence links childhood with the adult years. Subspecialty programs in adolescent medicine must, therefore, integrate the relevant areas of pediatrics and the pediatric subspecialties with family medicine, general internal medicine, psychiatry, obstetrics/gynecology, sports medicine, dermatology, and surgery, as well as with related fields such as clinical pharmacology/toxicology, law, psychology, mental health services, counseling, social work, education, nutrition, juvenile justice, sociology, and public health.

## VIII. Program Personnel and Resources

### VIII.A. Faculty

VIII.A.1. At least two adolescent medicine specialists must provide sufficient time to the program to ensure its educational and research quality, and to provide adequate supervision of fellows.

VIII.A.2. In addition to the full range of pediatric subspecialists, consultant faculty in the following areas must be available to the program:

VIII.A.2.a) child/adolescent psychiatry;

VIII.A.2.b) child neurology;

VIII.A.2.c) obstetrics/gynecology;

VIII.A.2.d) general surgery;

VIII.A.2.e) orthopedic surgery;

VIII.A.2.f) sports medicine; and,

VIII.A.2.g) dermatology.

VIII.B. Other Program Personnel

VIII.B.1. In addition, personnel from the following categories should be available:

- VIII.B.1.a) psychology;
- VIII.B.1.b) social work;
- VIII.B.1.c) public and private school systems;
- VIII.B.1.d) education;
- VIII.B.1.e) public health;
- VIII.B.1.f) chemical dependency;
- VIII.B.1.g) nutrition; and,
- VIII.B.1.h) clinical pharmacology/toxicology.

VIII.C. Resources

VIII.C.1. The facilities and settings must include access to an outpatient adolescent service and clinical consultative services.

VIII.C.2. To ensure the fellows have an opportunity to become competent in the core knowledge areas below, training must occur in sufficiently diverse clinical settings and with a patient population that is sufficiently varied and large in volume. It is not expected that every training program will use the same type or number of community-based sites, but exposure to one or more community-based clinical setting(s) is an important part of adolescent fellowship training.

VIII.C.3. Inpatient settings should provide opportunity for fellows to receive training in the unique medical and psychosocial issues of the hospitalized adolescent.

IX. Educational Program

IX.A. Patient Care

IX.A.1. The program must provide on-site clinical supervision of the fellows in a manner that allows them to assume graded responsibility.

IX.A.2. The adolescent medicine fellow must be able to provide direct and consultative care to adolescents of various ages and socioeconomic and racial backgrounds in both hospital and community settings. For hospitalized adolescents, this may be through direct patient care or in consultation with other services caring for hospitalized adolescents. The fellows must be given the opportunity to assume continuing responsibility for both acute and chronic health problems of adolescents. In the

outpatient setting, it is essential that adolescent medicine fellows have a continuity experience to include at least one half-day per week during all three years of training. Additional experiences in ambulatory settings may also be used to provide exposure to outpatient medicine.

IX.B. Medical Knowledge

IX.B.1. The program must provide adequate instruction and clinical experience for all of the adolescent medicine fellows to demonstrate expected skills and outcomes in the six ACGME competencies and to gain sufficient knowledge of and skill in the following:

- IX.B.1.a) physical, physiologic, and psychosocial changes associated with pubertal maturation and its disorders;
- IX.B.1.b) organ-specific conditions frequently encountered during the teenage years;
- IX.B.1.c) the effects of adolescence on preexisting conditions;
- IX.B.1.d) mental illnesses of adolescence (including psychopharmacology, psychophysiologic disorders, and principles of psychotherapy/counseling);
- IX.B.1.e) family dynamics, conflicts, problems, and effective parenting practices;
- IX.B.1.f) adolescent parenthood;
- IX.B.1.g) disorders of cognition, learning, attention, and other areas affecting education;
- IX.B.1.h) social and emotional development of the adolescent, including cultural/ethnic diversity;
- IX.B.1.i) chronic handicapping conditions, including medical management of chronic illness complicated by psychological factors;
- IX.B.1.j) disorders of the endocrine system and metabolism;
- IX.B.1.k) sexuality, including sexual identity, development, and sexual health problems;
- IX.B.1.l) sexually transmitted infections (diagnosis, treatment and prevention);
- IX.B.1.m) reproductive health issues of males and females (e.g., menstrual disorders, gynecomastia, contraception, pregnancy, and fertility);
- IX.B.1.n) nutrition, including normal needs, health problems and deficiencies, and nutritional needs of special populations;

- IX.B.1.o) health promotion, disease prevention, screening, and immunizations;
- IX.B.1.p) infectious diseases, including epidemiology, microbiology, and treatment;
- IX.B.1.q) pharmacology and toxicity;
- IX.B.1.r) the detection, evaluation, and initial management of substance abuse problems, including alcohol and tobacco;
- IX.B.1.s) eating disorders (e.g., obesity, anorexia nervosa, and bulimia);
- IX.B.1.t) social/environmental morbidities, including physical and sexual abuse, risk-taking behaviors, injuries, sexual assault, and violence;
- IX.B.1.u) juvenile justice;
- IX.B.1.v) sports medicine;
- IX.B.1.w) legal and ethical issues, including confidentiality and advocacy;
- IX.B.1.x) interviewing/short-term counseling skills for teens and their parents;
- IX.B.1.y) public health issues, including demographics, social epidemiology, population-based interventions, and adolescent health promotion;
- IX.B.1.z) financing adolescent health care in public, private, and academic managed care environments; and,
- IX.B.1.aa) sleep and sleep disorders.
- IX.B.2. Conferences must emphasize the core knowledge and skill areas enumerated above. In addition, clinical conferences must include discussion of the basic clinical sciences. Health education, current health-care legislation, preventive services and educational methodology, assessment, and feedback should also be addressed. Faculty must be available to provide instruction in interdisciplinary patient management and case conferences.

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