

**ACGME Program Requirements for Graduate Medical Education
in Psychosomatic Medicine
IMPACT STATEMENT**

Line Number(s): 103-115 PARTICIPATING SITES

Requirement Revision (major revisions only):

The number of and distance between participating sites must allow for full participation in all organized educational aspects of the program.

Assignments at participating sites must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. Although the number of participating sites may vary with the various specialties' needs, all participating sites must demonstrate the ability to promote the program goals and educational and peer activities. Exceptions must be justified and prior approved. Within the participating sites there should be an ACGME-accredited program in at least one of the following non-psychiatric specialties: family medicine, internal medicine, neurology, or physical medicine and rehabilitation.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **specifies the specialties involved in patient care that should lead to more fellow interactions**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): 127-131 PROGRAM DIRECTOR TIME

Requirement Revision (major revisions only):

The program director should be a member of the staff of the sponsoring or integrated institution. The program director must devote at least 15 hours per week to the program. This must include activities related to administration, didactic teaching and individual supervision outside of clinical activities.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **clarifies expectations for amount of time program director must devote to program**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**

6) impacts residency education in other specialties. **N/A**

Line Number(s): **214-221 PROGRAM DIRECTOR RESPONSIBILITIES**

Requirement Revision (major revisions only):

develop and implement a supervision policy that specifies lines of responsibility for program faculty members and fellows that is consistent with the supervision policy in the general psychiatry program.

participate in scholarly activities appropriate to the subspecialty, including local, regional, and national specialty societies, research, presentations, or publication.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **ensures that everyone involved in patient care knows who is responsible at any given time**
- 2) improves the quality of resident education; **ensures that the program director is a role model for academic scholarship in the subspecialty**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): **228-236 FACULTY NUMBER**

Requirement Revision (major revisions only):

In addition to the program director, there must be at least a minimum of one additional other FTE physician-faculty member who certified by the ABPN in the subspecialty of psychosomatic medicine. meets the requirements in II.B. above.

Each participating site must have a designated site director who is a member of the faculty and who is responsible for the day-to-day activities of the program at that site with overall coordination by the program director.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **ensures that the program has sufficient faculty to supervise, teach and mentor fellows**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **may require additional faculty since one part time faculty will not comply with the requirement**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): **249-253 FACULTY RESPONSIBILITIES**

Requirement Revision (major revisions only):

All faculty members must participate in scholarly activities appropriate to the subspecialty, including local, regional, and national specialty societies, research, presentations, or publications.

Faculty members must regularly participate in organized clinical discussions, rounds, journal clubs, and conferences.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **ensures that fellows have appropriate faculty role models by clarifying expectations for faculty scholarly activity and participation in didactic sessions**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): **262 OTHER PROGRAM PERSONNEL**

Requirement Revision (major revisions only):

There must be a designated program coordinator.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care;
- 2) improves the quality of resident education; **N/A**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **institution must provide a designated program coordinator**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): **270-278 RESOURCES**

Requirement Revision (major revisions only):

~~There must be an adequate number of patients representing of each gender with a wide variety of clinical problems to provide a patient population sufficient to meet the educational needs of the fellows. The number of including critically ill patients available for the fellows at the primary clinical site should be sufficient to meet the educational goals of the program.~~

At least one acute general hospital and one ambulatory care facility must be available.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care;
- 2) improves the quality of resident education; **clarifies expectations for treating a wide variety of patients**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **institution must provide access to an acute care general hospital and an ambulatory care facility**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): **295-309 FELLOW APPOINTMENTS**

Requirement Revision (major revisions only):

Prior to appointment in the program, fellows must have satisfactorily completed either an ACGME-accredited program in psychiatry or a general psychiatry program in Canada accredited by the Royal College of Physicians and Surgeons of Canada.

Prior to appointment in ~~entry into~~ the program, each fellow must be notified in writing of the required length of education.

Prior to appointment in the program, the program director must receive documentation from each fellow's prior general psychiatry program verifying satisfactory completion of all educational and ethical requirements for graduation.

Agreements with applicants made prior to the completion of the general residency must be contingent on this requirement.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **may lead to more providers qualified in the subspecialty**
- 2) improves the quality of resident education; **allows graduates from Canadian psychiatry programs to enter fellowship**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): **350-410 PATIENT CARE COMPETENCY**

Requirement Revision (major revisions only):

must demonstrate proficiency in establishing rapport with all medical patients;

~~must demonstrate proficiency in diagnosing and treating~~ ability to diagnose and treat psychiatric disturbances that occur among the physically ill ~~Including the administration of psychotropic medications to seriously ill patients;~~

must demonstrate proficiency in conducting ~~conduct~~ psychiatric evaluations of individuals involving:

psychiatric complications of medical illnesses;

psychiatric complications of medical treatments ~~especially,~~ including medications, traditional and new surgical or medical procedures, transplantation, and ~~a range of~~ experimental therapies; and,

typical and atypical presentations of psychiatric disorders ~~that are due to~~ medical, neurological, and surgical illnesses;

must demonstrate proficiency in evaluating and managing individuals with:

acute and chronic pain;

~~evaluation and management of delirium, dementia, and secondary (“organic”) psychiatric disorders~~ due to medical illness disorders;

~~evaluation and management of somatoform disorders;~~ and;

palliative care and end-of-life issues; and,

issues in adjusting to the emotional stresses of medical illness.

must demonstrate proficiency in assessing the ~~assessment of capacity of individuals~~ to give informed consent for medical and surgical procedures in the presence of cognitive impairment;

must demonstrate proficiency in providing ~~provision of non-pharmacologic psychosocial~~ interventions, including psychotherapeutic interventions appropriate for the medically ill ~~cognitive-behavioral psychotherapy, interpersonal psychotherapy, as well as focused, short-term psychotherapy in patients suffering the effects of complex medical disorders or their treatments;~~

must demonstrate proficiency in the appropriate ~~indications for and use of psychotropics~~ psychoactive medication in ~~specific~~ medical, neurological, obstetrical, and surgical conditions; and,

must demonstrate competency in assessing and managing suicidality and other high risk behavior in the medical setting.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **clarifies expectations for patient care competency**
- 3) affects the way the resident, the service, and the staff provide patients with continuing

care; **N/A**

- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): **486-494 PBLI COMPETENCY**

Requirement Revision (major revisions only):

~~teaching other physicians and other members of the multidisciplinary team how to recognize and respond to various psychiatric disorders;~~

~~ability to effectively supervise medical students and fellows performing consultations, and to teach medical and surgical colleagues about psychiatric complications of physical illness; demonstrate administrative and teaching skills.~~

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **adds expectation for competence in administrative and teaching skills**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): **503-523 COMMUNICATION COMPETENCY**

Requirement Revision (major revisions only):

~~Fellows must demonstrate competence in collaborating collaboration with other physicians, and members of the multidisciplinary treatment team.~~

~~Fellows must demonstrate competence in leading an integrated psychosocial health care team in the medical setting.~~

~~Fellows must demonstrate the ability to provide consultation in medical and surgical settings.~~

~~Fellows must demonstrate the ability to effectively supervise medical students, and residents, and other health professionals fellows performing consultations and to teach medical and surgical colleagues about psychiatric complications of physical illness;~~

~~Fellows must demonstrate competence in effectively communicating patients' psychiatric issues and treatments to the patients, their family members, and the medical team.~~

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**

- 2) improves the quality of resident education; **clarifies expectations for interpersonal and communication skills competency**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): **538-545 SBP COMPETENCY**

Requirement Revision (major revisions only):

Fellows must demonstrate facilitative skills necessary to enhance the care of psychiatric disturbances among the physically ill through cooperative interaction with other physicians and allied health professionals.

Fellows must demonstrate competence in effectively working with discharge planning personnel and personnel in aftercare facilities.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **clarifies expectation for systems-based practice competency**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): **564-570 FELLOW EXPERIENCES**

Requirement Revision (major revisions only):

Educational sessions should include journal club, critical incident conferences, weekly didactic seminars, and teaching patient rounds.

Fellows must attend at least 70% of all required didactic components of the programs. Attendance by fellows and faculty members should be documented.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **clarifies expectations for attendance at didactic conferences**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other

services; addition of faculty; financial impact); **N/A**

- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): **575-588 FELLOW EXPERIENCES**

Requirement Revision (major revisions only):

Fellows must participate in continuity of patient care.

This experience must include care for patients in an acute general hospital and an ambulatory care facility.

~~Supervision of the fellows by psychosomatic faculty members must be available at all times.~~

Each fellow must have a minimum of two hours of individual faculty preceptorship weekly, of which one hour may be group preceptorship.

Each fellow must maintain a patient log documenting all clinical experiences.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **clarifies expectations for fellow experiences, including providing both acute care and ambulatory care; consistent with other psychiatry fellowships, psychosomatic fellows must have at least 2 hours of faculty preceptorship a week; fellows must keep a record of patient care experiences that will be part of the semiannual review**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): **592-595 FELLOW SCHOLARLY ACTIVITY**

Requirement Revision (major revisions only):

~~Each program must provide an opportunity for fellows to participate in research or other scholarly activities, and fellows must participate actively in such scholarly activities. Fellows must participate in developing new knowledge or evaluating research findings.~~

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **clarifies expectations for fellow scholarly activity**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other

services; addition of faculty; financial impact); **N/A**

- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): **620-625; 630-632 FELLOW FORMATIVE EVALUATION**

Requirement Revision (major revisions only):

The evaluation must include review and discussion with each fellow of his/her completion of all required components of the program, evaluations of each fellow's clinical and didactic work by supervisors and teachers, and the fellow's patient log documenting all clinical experiences.

Assessment should include quarterly written evaluations of the fellows by all supervisors and the directors of clinical components of training.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **clarifies expectations for formative feedback and includes review of the patient log to ensure that fellows are getting all of the required experiences**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): **648-649 FELLOW SUMMATIVE EVALUATION**

Requirement Revision (major revisions only):

The final evaluation of each fellow must document proficiency in all required competency-based outcomes.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **ensures that the competence of every graduate has been documented**
- 2) improves the quality of resident education; **N/A**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): **670-674 PROGRAM EVALUATION**

Requirement Revision (major revisions only):

program goals and objectives as well as program effectiveness in achieving them.

At least one fellow representative as well as all faculty members should participate in these reviews.

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **clarifies expectations for annual program review and ensures that there is input from the fellows and faculty**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**

Line Number(s): **683-690 PROGRAM EVALUATION**

Requirement Revision (major revisions only):

At least 80% of the program's graduates from the preceding five years should have taken the ABPN certifying examination in psychosomatic medicine,

~~At least When averaged over any five year period, a minimum of 80% of the program's graduates from the preceding five years who have taken the ABPN examination for psychosomatic medicine for the first time must pass. all program graduates must successfully complete the examinations of the American Board of Psychiatry and Neurology.~~

Describe, as appropriate, how the revision:

- 1) impacts the quality and safety of patient care; **N/A**
- 2) improves the quality of resident education; **ensures a high level of program quality by requiring that graduates take and pass the certifying exam**
- 3) affects the way the resident, the service, and the staff provide patients with continuing care; **N/A**
- 4) requires a change in institutional resources (e.g., facilities; organization of other services; addition of faculty; financial impact); **N/A**
- 5) may change the volume and variety of patients required to provide proper educational resources in the institution(s); and **N/A**
- 6) impacts residency education in other specialties. **N/A**