

Frequently Asked Questions: Brain Injury Medicine Review Committee for Physical Medicine and Rehabilitation ACGME

| Question | Answer |
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| Oversight | |
| What circumstances warrant exceptions for geographically distant participating sites? <i>[Program Requirement: 1.6.a.]</i> | 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. |
| Personnel | |
| 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? <i>[Program Requirement: 2.4.]</i> | <p>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 graduate medical education expertise, as well as institutional credibility to direct the fellowship and ensure compliance with the Program Requirements.</p> <p>Time spent in fellowship education would not count towards the two years of experience as an active faculty member.</p> |
| What qualifications are acceptable to the Review Committee for program directors and faculty members without current subspecialty certification in brain injury medicine? <i>[Program Requirement: 2.4.a.]</i> | <p>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.</p> <p>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.</p> |

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| Educational Program | |
| <p>What types of experiences fulfill the requirements to develop competence in the knowledge of pre-hospital and emergency department care, and the supportive role of brain injury medicine in acute care?</p> <p><i>[Program Requirements: 4.6.a.-4.6.b.]</i></p> | <p>The brain injury medicine physician must have knowledge of how acute medical and surgical management influences outcomes. This 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.</p> |
| <p>What are acceptable ways for fellows to review didactic instruction if they are unable to attend a presentation?</p> <p><i>[Program Requirement: 4.11.e.]</i></p> | <p>The program should avoid affiliations with sites at such distances from the primary clinical site as to make fellow attendance at didactics and conferences impractical, unless there is no comparable educational experience at the primary clinical 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.</p> |
| <p>What percentage of the faculty should participate in scholarly activity?</p> <p><i>[Program Requirement: 4.14.]</i></p> | <p>It is expected that at least 50 percent of the faculty be actively involved in scholarly activity.</p> |
| <p>How much assigned time should each fellow devote to conducting research and other scholarly activities?</p> <p><i>[Program Requirement: 4.15.]</i></p> | <p>It is suggested that each fellow devote a minimum of one half-day per week to conducting research or to other scholarly activities.</p> |
| Evaluation | |
| <p>How are fellows' evaluations of faculty members kept confidential if there are a small number of fellows in the program?</p> <p><i>[Program Requirement: 5.4.b.]</i></p> | <p>In order to maintain confidentiality, the program director should combine fellows' evaluations of faculty members with those from the core residency program.</p> |
| The Learning and Working Environment | |

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| <p>Are there any non-physician licensed independent practitioners who can supervise fellows?</p> <p><i>[Program Requirement: 6.11.]</i></p> | <p>Advanced nurse practitioners and psychologists may supervise fellows, as appropriate to their role and expertise.</p> |
| <p>What is the optimal clinical workload for fellows?</p> <p><i>[Program Requirement: 6.20.]</i></p> | <p>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.</p> |
| <p>Who should be included in the interprofessional teams?</p> <p><i>[Program Requirement: 6.18.]</i></p> | <p>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.</p> |