Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requireme
Int.A.	Definition of Graduate Medical Education Fellowship is advanced graduate medical education beyond a core residency program for physicians who desire to enter more specialized practice. Fellowship-trained physicians serve the public by providing subspecialty care, which may also include core medical care, acting as a community resource for expertise in their field, creating and integrating new knowledge into practice, and educating future generations of physicians. Graduate medical education values the strength that a diverse group of physicians brings to medical care, and the importance of inclusive and psychologically safe learning environments. Fellows who have completed residency are able to practice autonomously in their core specialty. The prior medical experience and expertise of fellows distinguish them from physicians entering residency. The fellow's care of patients within the subspecialty is undertaken with appropriate faculty supervision and conditional independence. Faculty members serve as role models of excellence, compassion, cultural sensitivity, professionalism, and scholarship. The fellow develops deep medical knowledge, patient care skills, and expertise applicable to their focused area of practice. Fellowship is an intensive program of subspecialty clinical and didactic education is often physically, emotionally, and intellectually demanding, and occurs in a variety of clinical learning environments committed to graduate medical education and the well-being of patients, residents, fellows, faculty members, students, and all members of the health care team.		Definition of Graduate Medical Educ Fellowship is advanced graduate me residency program for physicians wi practice. Fellowship-trained physicia subspecialty care, which may also in community resource for expertise in new knowledge into practice, and ed physicians. Graduate medical educa group of physicians brings to medic inclusive and psychologically safe le Fellows who have completed resided in their core specialty. The prior med fellows distinguish them from physic care of patients within the subspecia faculty supervision and conditional serve as role models of excellence, of professionalism, and scholarship. The knowledge, patient care skills, and e area of practice. Fellowship is an inte clinical and didactic education that fo of patients. Fellowship education is intellectually demanding, and occurs environments committed to graduate being of patients, residents, fellows, members of the health care team.
Int.A (Continued)	In addition to clinical education, many fellowship programs advance fellows' skills as physician-scientists. While the ability to create new knowledge within medicine is not exclusive to fellowship-educated physicians, the fellowship experience expands a physician's abilities to pursue hypothesis-driven scientific inquiry that results in contributions to the medical literature and patient care. Beyond the clinical subspecialty expertise achieved, fellows develop mentored relationships built on an infrastructure that promotes collaborative research.	[None] - (Continued)	In addition to clinical education, man fellows' skills as physician-scientist knowledge within medicine is not ex physicians, the fellowship experience pursue hypothesis-driven scientific the medical literature and patient can expertise achieved, fellows develop infrastructure that promotes collabo
	Definition of Subspecialty		Definition of Subspecialty
Int.B.	Spinal cord injury medicine addresses the prevention, diagnosis, treatment, and management of traumatic spinal cord injury and non-traumatic myelopathies, as well as the medical, physical, psychosocial, and vocational consequences and complications during the lifetime of persons with spinal cord dysfunction.	[None]	Spinal cord injury medicine addresses to management of traumatic spinal cord in well as the medical, physical, psychoso complications during the lifetime of pers

cation

nedical education beyond a core who desire to enter more specialized cians serve the public by providing include core medical care, acting as a in their field, creating and integrating educating future generations of cation values the strength that a diverse ical care, and the importance of learning environments.

ency are able to practice autonomously edical experience and expertise of sicians entering residency. The fellow's cialty is undertaken with appropriate I independence. Faculty members , compassion, cultural sensitivity, The fellow develops deep medical expertise applicable to their focused intensive program of subspecialty t focuses on the multidisciplinary care s often physically, emotionally, and ars in a variety of clinical learning ate medical education and the wells, faculty members, students, and all

any fellowship programs advance sts. While the ability to create new exclusive to fellowship-educated nce expands a physician's abilities to c inquiry that results in contributions to are. Beyond the clinical subspecialty p mentored relationships built on an porative research.

s the prevention, diagnosis, treatment, and injury and non-traumatic myelopathies, as social, and vocational consequences and ersons with spinal cord dysfunction.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	Length of Educational Program		
Int.C.	The educational program in spinal cord injury medicine must be 12 months in length. (Core)	4.1.	Length of Program The educational program in spinal cord i length. (Core)
l.	Oversight	Section 1	Section 1: Oversight
	Sponsoring Institution		
			Sponsoring Institution
	The Sponsoring Institution is the organization or entity that assumes the		The Sponsoring Institution is the orga
	ultimate financial and academic responsibility for a program of graduate		ultimate financial and academic respo
	medical education consistent with the ACGME Institutional Requirements.		medical education consistent with the
	When the Cremerican Institution is not a votation site for the pressure the		Man the Chencering Institution is no
	When the Sponsoring Institution is not a rotation site for the program, the most commonly utilized site of clinical activity for the program is the		When the Sponsoring Institution is no most commonly utilized site of clinication of the state of clinication of the state
I.A.	primary clinical site.	[None]	primary clinical site.
	The program must be sponsored by one ACGME-accredited Sponsoring		The program must be sponsored by o
I.A.1.	Institution. ^(Core)	1.1.	Institution. (Core)
	Participating Sites		
			Participating Sites
	A participating site is an organization providing educational experiences		A participating site is an organization
I.B.	or educational assignments/rotations for fellows.	[None]	or educational assignments/rotations
	The program, with approval of its Sponsoring Institution, must designate a		The program, with approval of its Spo
I.B.1.	primary clinical site. (Core)	1.2.	primary clinical site. (Core)
l	The Sponsoring Institution must sponsor an ACGME-accredited residency		The Sponsoring Institution must sponsor
I.B.1.a)	program in physical medicine and rehabilitation. (Core)	1.2.a.	program in physical medicine and rehabi
	There must be close collaboration between the associated physical medicine		There must be close collaboration betwe
	and rehabilitation residency and the spinal cord injury medicine fellowship.		and rehabilitation residency and the spin
I.B.1.b)	(Core)	1.2.b.	(Core)
	There must be a program letter of agreement (PLA) between the program		There must be a program letter of agr
I.B.2.	and each participating site that governs the relationship between the	1 2	and each participating site that govern
I.B.2.a)	program and the participating site providing a required assignment. (Core) The PLA must:	[None]	program and the participating site pro
I.B.2.a).(1)	be renewed at least every 10 years; and, (Core)	1.3.a.	The PLA must be renewed at least eve
			The PLA must be approved by the des
I.B.2.a).(2)	be approved by the designated institutional official (DIO). (Core)	1.3.b.	(Core)
	The program must monitor the clinical learning and working environment		The program must monitor the clinica
I.B.3.	at all participating sites. (Core)	1.4.	at all participating sites. (Core)
	At each participating site there must be one faculty member, designated by		At each participating site there must b
	the program director, who is accountable for fellow education for that site,		by the program director, who is accou
I.B.3.a)	in collaboration with the program director. (Core)	1.5.	site, in collaboration with the program
	The program director must submit any additions or deletions of		
	participating sites routinely providing an educational experience, required		The program director must submit any
	for all fellows, of one month full time equivalent (FTE) or more through the		participating sites routinely providing
	ACGME's Accreditation Data System (ADS). (Core)		for all fellows, of one month full time of
I.B.4.		1.6.	ACGME's Accreditation Data System

d injury medicine must be 12 months in

ganization or entity that assumes the ponsibility for a program of graduate he ACGME Institutional Requirements.

not a rotation site for the program, the ical activity for the program is the

one ACGME-accredited Sponsoring

on providing educational experiences ns for fellows.

ponsoring Institution, must designate a

sor an ACGME-accredited residency abilitation. (Core)

ween the associated physical medicine binal cord injury medicine fellowship.

greement (PLA) between the program erns the relationship between the providing a required assignment. (Core)

every 10 years. (Core) lesignated institutional official (DIO).

cal learning and working environment

t be one faculty member, designated ountable for fellow education for that am director. (Core)

any additions or deletions of ng an educational experience, required e equivalent (FTE) or more through the n (ADS). (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Boguiromo
Number	All participating sites providing clinical experiences should be geographically	Requirement Number	Requiremen
	proximate to the primary clinical site, limited to a travel time of no more than one		proximate to the primary clinical site, lin
	hour each way for rotations requiring daily attendance, unless appropriate		hour each way for rotations requiring da
I.B.5.	overnight accommodations are provided by the program or institution. (Detail)	1.6.a.	overnight accommodations are provide
	Workforce Recruitment and Retention		
			Workforce Recruitment and Retentio
	The program, in partnership with its Sponsoring Institution, must engage		The program, in partnership with its
	in practices that focus on mission-driven, ongoing, systematic recruitment		in practices that focus on mission-di
	and retention of a diverse and inclusive workforce of residents (if present),		and retention of a diverse and inclus
	fellows, faculty members, senior administrative GME staff members, and		fellows, faculty members, senior adn
I.C.	other relevant members of its academic community. (Core)	1.7.	other relevant members of its acader
			Resources
			The program, in partnership with its
I.D.	Resources	1.8.	the availability of adequate resources
			Resources
	The program, in partnership with its Sponsoring Institution, must ensure	4.0	The program, in partnership with its
I.D.1.	the availability of adequate resources for fellow education. (Core)	1.8.	the availability of adequate resources
I.D.1.a)	The program must have access to resources dedicated to the care of persons with spinal cord dysfunction. (Core)	1.8.a.	The program must have access to reso with spinal cord dysfunction. (Core)
I.D.1.b)	Resources must include:	[None]	
1.D.1.0)			Resources must include an emergency
I.D.1.b).(1)	an emergency department that treats patients with spinal cord injury; (Core)	1.8.b.	spinal cord injury. (Core)
I.D.1.b).(2)	an accredited acute care hospital; (Core)	1.8.c.	Resources must include an accredited a
1.0.1.0).(2)	a dedicated inpatient rehabilitation unit that treats patients with spinal cord injury;	1.0.0.	Resources must include a dedicated in
I.D.1.b).(3)	(Core)	1.8.d.	patients with spinal cord injury. (Core)
			Resources must include a designated o
I.D.1.b).(4)	a designated outpatient clinic for persons with spinal cord dysfunction; (Core)	1.8.e.	cord dysfunction. (Core)
, , , ,			Resources must include availability of h
I.D.1.b).(5)	availability of home care and other community reintegration resources; (Core)	1.8.f.	reintegration resources. (Core)
			Resources must include equipment, dia
	equipment, diagnostic imaging devices, electrodiagnostic devices, laboratory		electrodiagnostic devices, laboratory se
	services; a urodynamic laboratory; and clinical facilities necessary to provide		clinical facilities necessary to provide ap
I.D.1.b).(6)	appropriate care to persons with spinal cord dysfunction; and, (Core)	1.8.g.	cord dysfunction. (Core)
	specialty and subspecialty consultant services essential to the care of patients		Resources must include specialty and s
I.D.1.b).(7)	with spinal cord dysfunction. (Core)	1.8.h.	essential to the care of patients with spi
	This should include anesthesiology, emergency medicine, internal medicine,		This should include anesthesiology, em
	neurological surgery, neurology, orthopaedic surgery, pathology, pediatrics,		neurological surgery, neurology, orthop
	physical medicine and rehabilitation, plastic surgery, psychiatry/psychology,		physical medicine and rehabilitation, pla
I.D.1.b).(7).(a)	diagnostic radiology, general and/or trauma surgery, and urology. (Detail)	1.8.h.1.	diagnostic radiology, general and/or trad
	The patient population must be of sufficient size and diversity of age, and include		The patient population must be of suffic
	persons with new and continuing spinal cord care dysfunction, persons re-	10;	include persons with new and continuin
I.D.1.c)	admitted to the hospital, and outpatients. (Core)	1.8.i.	re-admitted to the hospital, and outpatie
	The patient population must have a variety of clinical problems related to	1.8.i.1.	The patient population must have a vari traumatic and non-traumatic causes of s
I.D.1.c).(1) I.D.1.c).(2)	traumatic and non-traumatic causes of spinal cord dysfunction. (Core) The patient population must be diverse in age and gender. (Core)	1.8.i.2.	The patient population must be diverse
1.U.1.0 <i>J</i> .(<i>Z</i>)		1.0.1.2.	
I.D.1.c).(3)	A sufficient number of patients must be available to enable each fellow to achieve the required educational outcomes. (Core)	1.8.i.3.	A sufficient number of patients must be achieve the required educational outcor
1.0.1.0).(3)	ןמטווביב נוב ובקטוובט בטטטמוטוומו טענטווובא. (טטוב)	1.0.1.3.	

I experiences should be geographically limited to a travel time of no more than one daily attendance, unless appropriate led by the program or institution. (Detail)

ion

s Sponsoring Institution, must engage driven, ongoing, systematic recruitment usive workforce of residents (if present), dministrative GME staff members, and emic community. (Core)

s Sponsoring Institution, must ensure ces for fellow education. (Core)

s Sponsoring Institution, must ensure ces for fellow education. (Core)

sources dedicated to the care of persons

cy department that treats patients with

d acute care hospital. (Core)

inpatient rehabilitation unit that treats

outpatient clinic for persons with spinal

f home care and other community

liagnostic imaging devices, services; a urodynamic laboratory; and appropriate care to persons with spinal

d subspecialty consultant services spinal cord dysfunction. (Core)

emergency medicine, internal medicine, opaedic surgery, pathology, pediatrics, plastic surgery, psychiatry/psychology, rauma surgery, and urology. (Detail)

ficient size and diversity of age, and ling spinal cord care dysfunction, persons tients. (Core)

ariety of clinical problems related to of spinal cord dysfunction. (Core)

se in age and gender. (Core)

be available to enable each fellow to comes. (Core)

Roman Numeral Requirement Number	Poquiroment Lenguage	Reformatted Requirement Number	n De muinemen
Number	Requirement LanguageThe program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote fellow		T Requiremen The program, in partnership with its S healthy and safe learning and working
I.D.2.	well-being and provide for:	1.9.	well-being and provide for:
I.D.2.a)	access to food while on duty; (Core)	1.9.a.	access to food while on duty; (Core)
I.D.2.b)	safe, quiet, clean, and private sleep/rest facilities available and accessible for fellows with proximity appropriate for safe patient care; (Core)	1.9.b.	safe, quiet, clean, and private sleep/re for fellows with proximity appropriate
I.D.2.c)	clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core)	1.9.c.	clean and private facilities for lactation with proximity appropriate for safe pa
I.D.2.d)	security and safety measures appropriate to the participating site; and, (Core)	1.9.d.	security and safety measures approp (Core)
I.D.2.e)	accommodations for fellows with disabilities consistent with the Sponsoring Institution's policy. (Core)	1.9.e.	accommodations for fellows with disa Sponsoring Institution's policy. (Core
I.D.3.	Fellows must have ready access to subspecialty-specific and other appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text capabilities. (Core)	1.10.	Fellows must have ready access to su appropriate reference material in prin include access to electronic medical capabilities. (Core)
I.E.	Other Learners and Health Care Personnel The presence of other learners and other health care personnel, including but not limited to residents from other programs, subspecialty fellows, and advanced practice providers, must not negatively impact the appointed fellows' education. (Core)	1.11.	Other Learners and Health Care Perso The presence of other learners and of but not limited to residents from othe and advanced practice providers, mu appointed fellows' education. (Core)
II.	Personnel	Section 2	Section 2: Personnel
II.A.	Program Director	2.1.	Program Director There must be one faculty member an authority and accountability for the or with all applicable program requireme
II.A.1.	There must be one faculty member appointed as program director with authority and accountability for the overall program, including compliance with all applicable program requirements. (Core)	2.1.	Program Director There must be one faculty member an authority and accountability for the or with all applicable program requirement
II.A.1.a)	The Sponsoring Institution's Graduate Medical Education Committee (GMEC) must approve a change in program director and must verify the program director's licensure and clinical appointment. (Core)	2.2.	The Sponsoring Institution's Graduat (GMEC) must approve a change in pro program director's licensure and clin
II.A.2.	The program director and, as applicable, the program's leadership team, must be provided with support adequate for administration of the program based upon its size and configuration. (Core)	2.3.	The program director and, as applical must be provided with support adequ based upon its size and configuratior
	Program leadership, in aggregate, must be provided with support equal to a dedicated minimum of 0.2 FTE for administration of the program. This may be time spent by the program director only or divided among the program director		Program leadership, in aggregate, must dedicated minimum of 0.2 FTE for admin time spent by the program director only
II.A.2.a)	and one or more associate (or assistant) program directors. (Core)	2.3.a.	and one or more associate (or assistant
II.A.3.	Qualifications of the program director:	2.4.	Qualifications of the Program Directo The program director must possess s qualifications acceptable to the Revie

Sponsoring Institution, must ensure ng environments that promote fellow

)

/rest facilities available and accessible ate for safe patient care; (Core)

tion that have refrigeration capabilities, patient care; (Core)

opriate to the participating site; and,

isabilities consistent with the re)

subspecialty-specific and other int or electronic format. This must al literature databases with full text

rsonnel

other health care personnel, including her programs, subspecialty fellows, nust not negatively impact the

appointed as program director with overall program, including compliance ments. (Core)

appointed as program director with overall program, including compliance ments. (Core)

ate Medical Education Committee program director and must verify the inical appointment. (Core)

cable, the program's leadership team, quate for administration of the program on. (Core)

st be provided with support equal to a ninistration of the program. This may be y or divided among the program director nt) program directors. (Core)

tor:

subspecialty expertise and view Committee. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
II.A.3.a)	must include subspecialty expertise and qualifications acceptable to the Review Committee; and, (Core)	2.4.	Qualifications of the Program Director The program director must possess qualifications acceptable to the Revie
II.A.3.a).(1)	The program director should have experience as a faculty member in spinal cord injury medicine for a minimum of three years prior to appointment as program director. (Core)	2.4.b.	The program director should have expe cord injury medicine for a minimum of th program director. (Core)
	must include current certification in the subspecialty for which they are the program director by the American Board of Physical Medicine and Rehabilitation or subspecialty qualifications that are acceptable to the Review Committee. (Core)		The program director must possess of subspecialty for which they are the p Board of Physical Medicine and Rehab that are acceptable to the Review Cor
II.A.3.b)	[Note that while the Common Program Requirements deem certification by a certifying board of the American Osteopathic Association (AOA) acceptable, there is no AOA board that offers certification in this subspecialty]	2.4.a.	[Note that while the Common Program F certifying board of the American Osteop there is no AOA board that offers certific
II.A.4.		2.5.	Program Director Responsibilities The program director must have resp accountability for: administration and activity; fellow recruitment and selec fellows, and disciplinary action; supe education in the context of patient ca
II.A.4.a)		[None]	
II.A.4.a).(1)	be a role model of professionalism; (Core)	2.5.a.	The program director must be a role
II.A.4.a).(2)	design and conduct the program in a fashion consistent with the needs of the community, the mission(s) of the Sponsoring Institution, and the mission(s) of the program; (Core)	2.5.b.	The program director must design an consistent with the needs of the com Sponsoring Institution, and the missi
II.A.4.a).(3)	administer and maintain a learning environment conducive to educating the fellows in each of the ACGME Competency domains; (Core)	2.5.c.	The program director must administe environment conducive to educating Competency domains. (Core)
II.A.4.a).(4)	have the authority to approve or remove physicians and non-physicians as faculty members at all participating sites, including the designation of core faculty members, and must develop and oversee a process to evaluate candidates prior to approval; (Core)	2.5.d.	The program director must have the a physicians and non-physicians as fac sites, including the designation of co develop and oversee a process to eva (Core)
II.A.4.a).(5)	have the authority to remove fellows from supervising interactions and/or learning environments that do not meet the standards of the program; (Core)	2.5.e.	The program director must have the a supervising interactions and/or learn the standards of the program. (Core)
	submit accurate and complete information required and requested by the	0.5.6	The program director must submit ac
II.A.4.a).(6) II.A.4.a).(7)	provide a learning and working environment in which fellows have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or	2.5.f. 2.5.g.	required and requested by the DIO, G The program director must provide a which fellows have the opportunity to and provide feedback in a confidentia of intimidation or retaliation. (Core)

tor: s subspecialty expertise and view Committee. (Core)

berience as a faculty member in spinal three years prior to appointment as

s current certification in the program director by the American abilitation or subspecialty qualifications ommittee. (Core)

Requirements deem certification by a ppathic Association (AOA) acceptable, fication in this subspecialty]

sponsibility, authority, and nd operations; teaching and scholarly ection, evaluation, and promotion of pervision of fellows; and fellow care. (Core)

e model of professionalism. (Core) and conduct the program in a fashion mmunity, the mission(s) of the sion(s) of the program. (Core) ter and maintain a learning

g the fellows in each of the ACGME

e authority to approve or remove faculty members at all participating core faculty members, and must evaluate candidates prior to approval.

e authority to remove fellows from rning environments that do not meet e)

accurate and complete information GMEC, and ACGME. (Core)

a learning and working environment in to raise concerns, report mistreatment, tial manner as appropriate, without fear

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requiremer
	ensure the program's compliance with the Sponsoring Institution's policies		The program director must ensure th
	and procedures related to grievances and due process, including when		Sponsoring Institution's policies and
	action is taken to suspend or dismiss, not to promote, or renew the		and due process, including when act
II.A.4.a).(8)	appointment of a fellow; (Core)	2.5.h.	not to promote, or renew the appoint
			The program director must ensure th
	ensure the program's compliance with the Sponsoring Institution's policies		Sponsoring Institution's policies and
II.A.4.a).(9)	and procedures on employment and non-discrimination; (Core)	2.5.i.	discrimination. (Core)
	Fellows must not be required to sign a non-competition guarantee or		Fellows must not be required to sign
II.A.4.a).(9).(a)	restrictive covenant. (Core)	3.1.	restrictive covenant. (Core)
			The program director must documen
	document verification of education for all fellows within 30 days of		fellows within 30 days of completion
II.A.4.a).(10)	completion of or departure from the program; (Core)	2.5.j.	(Core)
	provide verification of an individual fellow's education upon the fellow's		The program director must provide v
II.A.4.a).(11)	request, within 30 days; and, (Core)	2.5.k.	education upon the fellow's request,
	provide applicants who are offered an interview with information related to		The program director must provide a
	their eligibility for the relevant specialty board examination(s). (Core)		interview with information related to t
II.A.4.a).(12)		2.5.1.	specialty board examination(s). (Core
	Faculty Faculty members are a foundational element of graduate medical education – faculty members teach fellows how to care for patients. Faculty members provide an important bridge allowing fellows to grow and become practice ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach and model exemplary behavior. By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the population. Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of		Faculty Faculty members are a foundational of education – faculty members teach for Faculty members provide an important and become practice ready, ensuring quality of care. They are role models by demonstrating compassion, common patient care, professionalism, and a constraint faculty members experience the priod development of future colleagues. The the opportunity to teach and model en- scholarly approach to patient care, fa- graduate medical education system, fa- and the population. Faculty members ensure that patients from a specialist in the field. They read
	from a specialist in the field. They recognize and respond to the needs of the patients, fellows, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety. Faculty members create an effective learning environment by acting in a professional manner and attending to the well-being of the fellows and		from a specialist in the field. They red the patients, fellows, community, and provide appropriate levels of supervi Faculty members create an effective professional manner and attending to
II.B.	themselves.	[None]	themselves.
II.B.1.	There must be a sufficient number of faculty members with competence to instruct and supervise all fellows. (Core)	2.6.	There must be a sufficient number of instruct and supervise all fellows. (Co
II.B.1. II.B.2	Faculty members must:	[None]	
			Faculty Responsibilities
			Faculty members must be role model
II.B.2.a)	be role models of professionalism; (Core)	2.7.	
	שי וטיבוא אויטיבאאויאנאאין אויטיבאאויאין אויאין אויאין איין איין איין איי	£.1.	1

the program's compliance with the ad procedures related to grievances ction is taken to suspend or dismiss, ntment of a fellow. (Core)

the program's compliance with the id procedures on employment and non-

n a non-competition guarantee or

nt verification of education for all n of or departure from the program.

verification of an individual fellow's t, within 30 days. (Core)

applicants who are offered an o their eligibility for the relevant ore)

I element of graduate medical fellows how to care for patients. tant bridge allowing fellows to grow ng that patients receive the highest 's for future generations of physicians mitment to excellence in teaching and a dedication to lifelong learning. ride and joy of fostering the growth and The care they provide is enhanced by 'exemplary behavior. By employing a faculty members, through the n, improve the health of the individual

nts receive the level of care expected ecognize and respond to the needs of nd institution. Faculty members vision to promote patient safety. e learning environment by acting in a to the well-being of the fellows and

of faculty members with competence to Core)

els of professionalism. (Core)

Roman Numeral Requirement		Reformatted	
Number	Requirement Language demonstrate commitment to the delivery of safe, equitable, high-quality,	Requirement Number	Requiremen Faculty members must demonstrate of
II.B.2.b)	cost-effective, patient-centered care; (Core)	2.7.a.	equitable, high-quality, cost-effective,
II.B.2.c)	demonstrate a strong interest in the education of fellows, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; (Core)	2.7.b.	Faculty members must demonstrate a fellows, including devoting sufficient fulfill their supervisory and teaching
II.B.2.d)	administer and maintain an educational environment conducive to educating fellows; (Core)	2.7.c.	Faculty members must administer an environment conducive to educating
II.B.2.e)	regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and, (Core)	2.7.d.	Faculty members must regularly parti discussions, rounds, journal clubs, a
II.B.2.f)	pursue faculty development designed to enhance their skills at least annually. (Core)	2.7.e.	Faculty members must pursue faculty their skills at least annually. (Core)
II.B.3.	Faculty Qualifications	2.8.	Faculty Qualifications Faculty members must have appropri hold appropriate institutional appoint
II.B.3.a)	Faculty members must have appropriate qualifications in their field and hold appropriate institutional appointments. (Core)	2.8.	Faculty Qualifications Faculty members must have appropri hold appropriate institutional appoint
II.B.3.b)	Subspecialty physician faculty members must:	[None]	
	have current certification in the subspecialty by the American Board of Physical Medicine and Rehabilitation or possess qualifications judged acceptable to the Review Committee. (Core)		Subspecialty Physician Faculty Memb Subspecialty physician faculty memb the subspecialty by the American Boa Rehabilitation or possess qualification Committee. (Core)
II.B.3.b).(1)	[Note that while the Common Program Requirements deem certification by a certifying board of the AOA acceptable, there is no AOA board that offers certification in this subspecialty]	2.9.	[Note that while the Common Program F certifying board of the American Osteopa there is no AOA board that offers certific
II.B.3.c)	Any other specialty physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)	2.9.a.	Any other specialty physician faculty certification in their specialty by the a Medical Specialties (ABMS) member I Association (AOA) certifying board, o acceptable to the Review Committee.
II.B.4.	Core Faculty Core faculty members must have a significant role in the education and supervision of fellows and must devote a significant portion of their entire effort to fellow education and/or administration, and must, as a component of their activities, teach, evaluate, and provide formative feedback to fellows. (Core)	2.10.	Core Faculty Core faculty members must have a sign supervision of fellows and must devo effort to fellow education and/or admi component of their activities, teach, e feedback to fellows. (Core)
II.B.4.a)	Faculty members must complete the annual ACGME Faculty Survey. (Core)		Faculty members must complete the a (Core)

e commitment to the delivery of safe, /e, patient-centered care. (Core)

e a strong interest in the education of nt time to the educational program to g responsibilities. (Core)

and maintain an educational g fellows. (Core)

rticipate in organized clinical and conferences. (Core)

Ity development designed to enhance

priate qualifications in their field and ntments. (Core)

priate qualifications in their field and ntments. (Core)

nbers

nbers must have current certification in oard of Physical Medicine and ons judged acceptable to the Review

n Requirements deem certification by a opathic Association (AOA) acceptable, fication in this subspecialty]

ty members must have current e appropriate American Board of r board or American Osteopathic , or possess qualifications judged e. (Core)

significant role in the education and vote a significant portion of their entire ministration, and must, as a , evaluate, and provide formative

e annual ACGME Faculty Survey.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
II.B.4.b)	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 spinal cord injury medicine by the ABPMR, or have qualifications acceptable to the Review Committee. (Core)	2.10.b.	To ensure the quality of the educational and to provide adequate supervision of faculty members, inclusive of the progra cord injury medicine by the ABPMR, or Review Committee. (Core)
			Program Coordinator
II.C.	Program Coordinator	2.11.	There must be a program coordinato
II.C.1.	There must be a program coordinator. (Core)	2.11.	Program Coordinator There must be a program coordinator
II.C.2.	The program coordinator must be provided with dedicated time and support adequate for administration of the program based upon its size and configuration. (Core)	2.11.a.	The program coordinator must be pro support adequate for administration of and configuration. (Core)
II.C.2.a)	The program coordinator must be provided with dedicated time and support adequate for administration of the program based upon its size and configuration. (Core)	2.11.b.	The program coordinator must be provid minimum of 0.2 FTE for administration o
II.D.	Other Program Personnel The program, in partnership with its Sponsoring Institution, must jointly ensure the availability of necessary personnel for the effective administration of the program. (Core)	2.12.	Other Program Personnel The program, in partnership with its S ensure the availability of necessary p administration of the program. (Core)
II.D.1.	Appropriately-qualified professional staff members must be available in the disciplines of occupational therapy, orthotics and prosthetics, physical therapy, psychology, rehabilitation nursing, respiratory therapy, social service, speech-language pathology, therapeutic recreation, and vocational counseling. (Detail)	2.12.a.	Appropriately-qualified professional staff disciplines of occupational therapy, ortho psychology, rehabilitation nursing, respin language pathology, therapeutic recreat
III. III.A.	Fellow Appointments Eligibility Criteria	Section 3 [None]	Section 3: Fellow Appointments
III.A.1.	Eligibility Requirements – Fellowship Programs All required clinical education for entry into ACGME-accredited fellowship programs must be completed in an ACGME-accredited residency program, an AOA-approved residency program, a program with ACGME International (ACGME-I) Advanced Specialty Accreditation, or a Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada. (Core)		Eligibility Requirements – Fellowship All required clinical education for ent programs must be completed in an A an AOA-approved residency program International (ACGME-I) Advanced Sp College of Physicians and Surgeons College of Family Physicians of Cana program located in Canada. (Core)
III.A.1.a)	Fellowship programs must receive verification of each entering fellow's level of competence in the required field using ACGME, ACGME-I, or CanMEDS Milestones evaluations from the core residency program. (Core)	3.2.a.	Fellowship programs must receive ve level of competence in the required fi CanMEDS Milestones evaluations fro
III.A.1.b)	Prior to appointment in the program, fellows must have successfully completed a program that satisfies the requirements in III.A.1. in one of the following specialties: anesthesiology; emergency medicine; family medicine; internal medicine; neurological surgery; neurology; orthopaedic surgery; pediatrics; physical medicine and rehabilitation; plastic surgery; surgery; or urology. (Core)	3.2.a.1.	Prior to appointment in the program, felle a program that satisfies the requirement specialties: anesthesiology; emergency medicine; neurological surgery; neurolog physical medicine and rehabilitation; pla
III.A.1.c)	Fellow Eligibility Exception The Review Committee for Physical Medicine and Rehabilitation will allow the following exception to the fellowship eligibility requirements:	3.2.b.	Fellow Eligibility Exception The Review Committee for Physical M the following exception to the fellows

al and scholarly activity of the program, of fellows, there must be at least two core ram director, who are certified in spinal r have qualifications acceptable to the

or. (Core)

or. (Core)

rovided with dedicated time and n of the program based upon its size

vided with support equal to a dedicated of the program. (Core)

s Sponsoring Institution, must jointly personnel for the effective re)

aff members must be available in the thotics and prosthetics, physical therapy, piratory therapy, social service, speechation, and vocational counseling. (Detail)

ip Programs

ntry into ACGME-accredited fellowship ACGME-accredited residency program, am, a program with ACGME Specialty Accreditation, or a Royal s of Canada (RCPSC)-accredited or nada (CFPC)-accredited residency

verification of each entering fellow's field using ACGME, ACGME-I, or rom the core residency program. (Core)

ellows must have successfully completed ents in 3.2. in one of the following by medicine; family medicine; internal logy; orthopaedic surgery; pediatrics; plastic surgery; surgery; or urology. (Core)

Medicine and Rehabilitation **will allow wship eligibility requirements:**

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Number	Requirement Language	Requirement Number	Requiremer
III.A.1.c).(1)	An ACGME-accredited fellowship program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in III.A.1., but who does meet all of the following additional qualifications and conditions: (Core)	3.2.b.1.	An ACGME-accredited fellowship pro qualified international graduate appli eligibility requirements listed in 3.2, additional qualifications and condition
III.A.1.c).(1).(a)	evaluation by the program director and fellowship selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty; and, (Core)	3.2.b.1.a.	evaluation by the program director at the applicant's suitability to enter the review of the summative evaluations (Core)
III.A.1.c).(1).(b)	review and approval of the applicant's exceptional qualifications by the GMEC; and, (Core)	3.2.b.1.b.	review and approval of the applicant GMEC; and, (Core)
III.A.1.c).(1).(c)	verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification. (Core)	3.2.b.1.c.	verification of Educational Commissi (ECFMG) certification. (Core)
III.A.1.c).(2)	Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation. (Core)	3.2.b.2.	Applicants accepted through this exo their performance by the Clinical Cor of matriculation. (Core)
III.B.	Fellow Complement The program director must not appoint more fellows than approved by the Review Committee. (Core)	3.3.	Fellow Complement The program director must not appoi Review Committee. (Core)
III.C.	Fellow Transfers The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of a transferring fellow, and Milestones evaluations upon matriculation. (Core)	3.4.	Fellow Transfers The program must obtain verification and a summative competency-based acceptance of a transferring fellow, a matriculation. (Core)
IV.	Educational Program The ACGME accreditation system is designed to encourage excellence and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program. The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care. It is recognized that programs may place different emphasis on research, leadership, public health, etc. It is expected that the program aims will reflect the nuanced program-specific goals for it and its graduates; for example, it is expected that a program aiming to prepare physician- scientists will have a different curriculum from one focusing on community health.		Section 4: Educational Program The ACGME accreditation system is and innovation in graduate medical e organizational affiliation, size, or loca The educational program must suppo knowledgeable, skillful physicians w It is recognized that programs may p leadership, public health, etc. It is ex reflect the nuanced program-specific example, it is expected that a program scientists will have a different currice community health.
	Educational Components		Educational Components
IV.A. IV.A.1.	The curriculum must contain the following educational components:a set of program aims consistent with the Sponsoring Institution's mission,the needs of the community it serves, and the desired distinctivecapabilities of its graduates, which must be made available to programapplicants, fellows, and faculty members; (Core)	4.2. 4.2.a.	The curriculum must contain the follo a set of program aims consistent with mission, the needs of the community capabilities of its graduates, which m applicants, fellows, and faculty mem

rogram may accept an exceptionally dicant who does not satisfy the , but who does meet all of the following

ions: (Core)

and fellowship selection committee of he program, based on prior training and ns of training in the core specialty; and,

nt's exceptional qualifications by the

ssion for Foreign Medical Graduates

exception must have an evaluation of ompetency Committee within 12 weeks

ooint more fellows than approved by the

on of previous educational experiences ed performance evaluation prior to , and Milestones evaluations upon

is designed to encourage excellence I education regardless of the ocation of the program.

port the development of who provide compassionate care.

Place different emphasis on research, expected that the program aims will fic goals for it and its graduates; for ram aiming to prepare physicianiculum from one focusing on

llowing educational components:

vith the Sponsoring Institution's ity it serves, and the desired distinctive must be made available to program mbers; (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
	competency-based goals and objectives for each educational experience		competency-based goals and objecti
	designed to promote progress on a trajectory to autonomous practice in		designed to promote progress on a tr
	their subspecialty. These must be distributed, reviewed, and available to		their subspecialty. These must be dis
IV.A.2.	fellows and faculty members; (Core)	4.2.b.	fellows and faculty members; (Core)
IV.A.3.	delineation of fellow responsibilities for patient care, progressive responsibility for patient management, and graded supervision in their subspecialty; (Core)	4.2.c.	delineation of fellow responsibilities responsibility for patient managemen subspecialty; (Core)
IV.A.4.	structured educational activities beyond direct patient care; and, (Core)	4.2.d.	structured educational activities beyo
IV.A.4.a)	Fellows must be provided with protected time to participate in core didactic activities. (Core)	4.11.	Curriculum Organization and Fellow I Experiences Fellows must be provided with protec didactic activities. (Core)
- ·	formal educational activities that promote patient safety-related goals,		formal educational activities that pro
IV.A.5.	tools, and techniques. (Core)	4.2.e.	tools, and techniques. (Core)
IV.B.	ACGME Competencies	[None]	ACGME Competencies The Competencies provide a concept required domains for a trusted physic These Competencies are core to the the specifics are further defined by ea trajectories in each of the Competence Milestones for each subspecialty. The subspecialty-specific patient care and refining the other competencies acquired
	The program must integrate the following ACGME Competencies into the		
IV.B.1.	curriculum:	[None]	The program must integrate all ACGM
IV.B.1.a)	Professionalism Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core)	4.3.	ACGME Competencies – Professiona Fellows must demonstrate a commitr adherence to ethical principles. (Core
IV.B.1.b)	Patient Care and Procedural Skills	[None]	
IV.B.1.b).(1)	Fellows must be able to provide patient care that is patient- and family- centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. (Core)	4.4.	ACGME Competencies – Patient Care Fellows must be able to provide patie centered, compassionate, equitable, a treatment of health problems and the
IV.B.1.b).(1).(a)	Fellows must demonstrate competence in:	[None]	
IV.B.1.b).(1).(a).(i)	determining neurological level and completeness of injury based on comprehensive neurologic assessment consistent with recognized standards; (Core)	4.4.a.	Fellows must demonstrate competence completeness of injury based on compre consistent with recognized standards. (C
IV.B.1.b).(1).(a).(ii)	completing a functional assessment based on neurological, musculoskeletal and cardiopulmonary examinations and psychosocial and pre-vocational evaluations; (Core)		Fellows must demonstrate competence based on neurological, musculoskeletal psychosocial and pre-vocational evaluat
IV.B.1.b).(1).(a).(iii)	evaluating the stability of the spine; (Core)	4.4.c.	Fellows must demonstrate competence (Core)
IV.B.1.b).(1).(a).(iv)	coordinating and managing the transition from acute care to rehabilitation; (Core)	4.4.d.	Fellows must demonstrate competence transition from acute care to rehabilitation

tives for each educational experience trajectory to autonomous practice in listributed, reviewed, and available to

s for patient care, progressive ent, and graded supervision in their

yond direct patient care; and, (Core) v Experiences – Didactic and Clinical

ected time to participate in core

omote patient safety-related goals,

ptual framework describing the sician to enter autonomous practice. e practice of all physicians, although each subspecialty. The developmental ncies are articulated through the The focus in fellowship is on and medical knowledge, as well as quired in residency.

GME Competencies into the curriculum.

nalism

itment to professionalism and an pre)

re

tient care that is patient- and familye, appropriate, and effective for the ne promotion of health. (Core)

e in determining neurological level and prehensive neurologic assessment (Core)

e in completing a functional assessment al and cardiopulmonary examinations and ations. (Core)

e in evaluating the stability of the spine.

e in coordinating and managing the tion. (Core)

Spinal Cord Injury Medicine Crosswalk

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
	establishing short- and long-term rehabilitation goals based on the level and		Fellows must demonstrate competence
	completeness of the lesion, including goals for self-care and mobility, and		rehabilitation goals based on the level a
	coordinating the implementation of the rehabilitation program to meet such goals;		goals for self-care and mobility, and co
IV.B.1.b).(1).(a).(v)	(Core)	4.4.e.	rehabilitation program to meet such goa
			Fellows must demonstrate competence
	referring and collaborating with programs of vocational rehabilitation, therapeutic		programs of vocational rehabilitation, th
IV.B.1.b).(1).(a).(vi)	recreation, and adaptive sports; (Core)	4.4.f.	sports. (Core)
	prescribing appropriate vehicle modifications and motor retraining and		Fellows must demonstrate competence
	conditioning activities in order to promote independence in mobility and		modifications and motor retraining and
	transportation, orthoses, and the adaptive equipment needed to meet the		independence in mobility and transporta
IV.B.1.b).(1).(a).(vii)	rehabilitation goals; (Core)	4.4.g.	equipment needed to meet the rehabilit
	managing and evaluating assistive equipment, including manual, power-assisted		Fellows must demonstrate competence
	or power wheelchairs, environmental control systems, and home modifications;		equipment, including manual, power-as
IV.B.1.b).(1).(a).(viii)	and, (Core)	4.4.h.	environmental control systems, and hor
	determining when the rehabilitation goals have been achieved, finalizing the		Fellows must demonstrate competence
$I \setminus D (1 h) (1) (a) (b)$	discharge plan, and arranging for the appropriate level of care to match the	4.4.i.	goals have been achieved, finalizing the appropriate level of care to match the particular sector of the particular secto
IV.B.1.b).(1).(a).(ix)	patient's needs. (Core)	4.4.1.	
IV.B.1.b).(1).(b)	Fellows must demonstrate competence in the appropriate use of consultation and referral in: (Core)	[None]	
			Fellows must demonstrate competence
	coordinating treatment of infections, including the judicious use of antimicrobials;		and referral in coordinating treatment of
IV.B.1.b).(1).(b).(i)	(Core)	4.4.j.	antimicrobials. (Core)
			Fellows must demonstrate competence
	evaluating and managing the sequelae of associated illnesses and pre-existing		and referral in evaluating and managing
IV.B.1.b).(1).(b).(ii)	diseases; (Core)	4.4.k.	and pre-existing diseases. (Core)
			Fellows must demonstrate competence
	selecting appropriate surgical procedures for skin problems, including		and referral in selecting appropriate sur
	debridement, resection of soft tissue and bone, and the use of flaps for soft tissue coverage, and providing pre- and post-operative management of patients		including debridement, resection of soft soft tissue coverage, and providing pre-
IV.B.1.b).(1).(b).(iii)		4.4.1.	patients following these procedures. (Co
······································			Fellows must demonstrate competence
l	evaluating and managing sexual dysfunction and reproductive health following		and referral in evaluating and managing
IV.B.1.b).(1).(b).(iv)	spinal cord injury; and, (Core)	4.4.m.	health following spinal cord injury. (Core
			Fellows must demonstrate competence
l	coordinating assessment and management of behavioral and mental health		and referral in coordinating assessment
	disorders, including depression, suicide risk, substance use disorder, and Opioid		mental health disorders, including depre
IV.B.1.b).(1).(b).(v)	Use Disorder. (Core)	4.4.n.	disorder, and Opioid Use Disorder. (Co
IV.B.1.b).(1).(c)	Fellows must demonstrate competence in evaluating and managing: (Core)	[None]	
			Fellows must demonstrate competence
	abnormalities in the various body systems resulting from spinal cord dysfunction,		abnormalities in the various body syster
	including pulmonary, genitourinary, endocrine, metabolic, vascular, cardiac,		dysfunction, including pulmonary, genito
IV.B.1.b).(1).(c).(i)	gastrointestinal, and integumentary; (Core)	4.4.o.	cardiac, gastrointestinal, and integumer
	modioations for paragons with animal cord injuny including charges in		Followo must domonstrate competence
	medications for persons with spinal cord injury, including changes in pharmacokinetics, pharmacodynamics, drug interactions, over-medication, and		Fellows must demonstrate competence for persons with spinal cord injury, inclu
IV.B.1.b).(1).(c).(ii)	compliance; (Core)	4.4.p.	pharmacodynamics, drug interactions, d
······································		ייידיא.	phannaoodynamios, arug interactions, t

ent Language

ce in establishing short- and long-term I and completeness of the lesion, including coordinating the implementation of the oals. (Core)

ce in referring and collaborating with therapeutic recreation, and adaptive

ce in prescribing appropriate vehicle d conditioning activities in order to promote rtation, orthoses, and the adaptive ilitation goals. (Core)

ce in managing and evaluating assistive assisted or power wheelchairs, ome modifications. (Core)

ce in determining when the rehabilitation the discharge plan, and arranging for the patient's needs. (Core)

ce in the appropriate use of consultation of infections, including the judicious use of

ce in the appropriate use of consultation ng the sequelae of associated illnesses

ce in the appropriate use of consultation urgical procedures for skin problems, oft tissue and bone, and the use of flaps for re- and post-operative management of Core)

ce in the appropriate use of consultation ng sexual dysfunction and reproductive pre)

ce in the appropriate use of consultation ent and management of behavioral and pression, suicide risk, substance use Core)

ce in evaluating and managing tems resulting from spinal cord hitourinary, endocrine, metabolic, vascular, entary. (Core)

ce in evaluating and managing medications luding changes in pharmacokinetics, , over-medication, and compliance. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
IV.B.1.b).(1).(c).(iii)	musculoskeletal disorders associated with spinal cord dysfunction, including shoulder pain or subluxation, overuse syndromes, back or neck pain, and heterotopic ossification; (Core)	4.4.q.	Fellows must demonstrate competence musculoskeletal disorders associated w shoulder pain or subluxation, overuse sy heterotopic ossification. (Core)
IV.B.1.b).(1).(c).(iv)	neurogenic bladder dysfunction, including urinary tract infection and urinary	4.4.r.	Fellows must demonstrate competence bladder dysfunction, including urinary tra
IV.B.1.b).(1).(c).(v)	neurogenic bowel dysfunction; (Core)	4.4.s.	Fellows must demonstrate competence bowel dysfunction. (Core)
IV.B.1.b).(1).(c).(vi)	orthostatic hypotension, autonomic dysreflexia, venous thromboembolism, and other cardiovascular or autonomic dysfunction following spinal cord injury; (Core)	4.4.t.	Fellows must demonstrate competence hypotension, autonomic dysreflexia, ven cardiovascular or autonomic dysfunction
IV.B.1.b).(1).(c).(vii)	osteoporosis and pathological fractures; (Core)	4.4.u.	Fellows must demonstrate competence osteoporosis and pathological fractures.
IV.B.1.b).(1).(c).(viii)	post-acute medical care of persons with medical causes of spinal cord dysfunction, including multiple sclerosis, motor neuron disease, transverse myelitis, and other disorders affecting the spinal cord, to include degenerative and arthritic disorders, infectious disorders, inflammatory and auto-immune disorders, neoplastic disease, vascular disorders, toxic/metabolic disorders, and congenital/developmental disorders; (Core)	4.4.v.	Fellows must demonstrate competence medical care of persons with medical ca including multiple sclerosis, motor neuro other disorders affecting the spinal cord disorders, infectious disorders, inflamma neoplastic disease, vascular disorders, f congenital/developmental disorders. (Co
IV.B.1.b).(1).(c).(ix)	post-traumatic syringomyelia, entrapment neuropathies and other causes of neurological decline following spinal cord injury; (Core)	4.4.w.	Fellows must demonstrate competence traumatic syringomyelia, entrapment ner neurological decline following spinal cor
IV.B.1.b).(1).(c).(x)	pressure injuries, including appropriate use of specialized beds, cushions, wheelchairs, and pressure mapping; (Core)	4.4.x.	Fellows must demonstrate competence injuries, including appropriate use of spe and pressure mapping. (Core)
IV.B.1.b).(1).(c).(xi)	respiratory complications, including airway management, atelectasis, and pneumonia, ventilator management and weaning, sleep-disordered breathing, and progressive respiratory decline after spinal cord injury; and, (Core)	4.4.y.	Fellows must demonstrate competence complications, including airway manage ventilator management and weaning, sle progressive respiratory decline after spir
IV.B.1.b).(1).(c).(xii)	spasticity and pain disorders associated with spinal cord dysfunction. (Core)	4.4.z.	Fellows must demonstrate competence and pain disorders associated with spina
IV.B.1.b).(1).(d)	Fellows must demonstrate competence in counseling and educating patients and families about prognosis and the effects of spinal cord injury. (Core)	4.4.aa.	Fellows must demonstrate competence and families about prognosis and the eff
IV.B.1.b).(1).(e)	Fellows must demonstrate competence in providing ongoing follow-up and preventive health care to optimize health and function, and in coordinating this care with the patient's primary care physician. (Core)	4.4.ab.	Fellows must demonstrate competence preventive health care to optimize health care with the patient's primary care physic
IV.B.1.b).(1).(f)	Fellows must demonstrate competence in implementing, over the course of the individual patient's lifetime, a health maintenance and disease prevention program with early recognition and effective treatment of complications related to spinal cord dysfunction. (Core)	4.4.ac.	Fellows must demonstrate competence individual patient's lifetime, a health mai program with early recognition and effec to spinal cord dysfunction. (Core)
IV.B.1.b).(1).(g)	Fellows must demonstrate competence in monitoring the evolution of neural dysfunction in order to recognize conditions that may require additional evaluation, consultation, or modification of treatment. (Core)	4.4.ad.	Fellows must demonstrate competence dysfunction in order to recognize conditi evaluation, consultation, or modification

e in evaluating and managing with spinal cord dysfunction, including syndromes, back or neck pain, and

e in evaluating and managing neurogenic tract infection and urinary calculi. (Core) is in evaluating and managing neurogenic

e in evaluating and managing orthostatic enous thromboembolism, and other on following spinal cord injury. (Core) e in evaluating and managing es. (Core)

e in evaluating and managing post-acute causes of spinal cord dysfunction, iron disease, transverse myelitis, and rd, to include degenerative and arthritic matory and auto-immune disorders, s, toxic/metabolic disorders, and Core)

e in evaluating and managing postneuropathies and other causes of ord injury. (Core)

e in evaluating and managing pressure pecialized beds, cushions, wheelchairs,

e in evaluating and managing respiratory gement, atelectasis, and pneumonia, sleep-disordered breathing, and

binal cord injury. (Core)

e in evaluating and managing spasticity inal cord dysfunction. (Core)

e in counseling and educating patients effects of spinal cord injury. (Core)

e in providing ongoing follow-up and Ith and function, and in coordinating this sysician. (Core)

e in implementing, over the course of the aintenance and disease prevention ective treatment of complications related

e in monitoring the evolution of neural litions that may require additional on of treatment. (Core)

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IV.B.1.b).(1).(h)	Fellows must demonstrate competence in the use and interpretation of diagnostic studies related to spinal cord injury medicine, including radiographic imaging, laboratory data, urodynamic studies, and clinical neurophysiologic testing to assess nerve and spinal cord function. (Core)	4.4.ae.	Fellows must demonstrate competence diagnostic studies related to spinal cord imaging, laboratory data, urodynamic st testing to assess nerve and spinal cord
IV.B.1.b).(2)	Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (Core)	4.5.	ACGME Competencies – Procedural Fellows must be able to perform all n procedures considered essential for
IV.B.1.b).(2).(a)	Fellows must demonstrate competence in performing or directing the performance of interventions for managing spasticity, such as chemo- denervation and intrathecal drug delivery systems, and understanding their indications, precautions, and associated risks. (Core)	4.5.a.	Fellows must demonstrate competence performance of interventions for manage denervation and intrathecal drug deliver indications, precautions, and associated
IV.B.1.c)	Medical Knowledge Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, including scientific inquiry, as well as the application of this knowledge to patient care. (Core)	4.6.	ACGME Competencies – Medical Kno Fellows must demonstrate knowledge biomedical, clinical, epidemiological, including scientific inquiry, as well as patient care. (Core)
IV.B.1.c).(1)	Fellows must demonstrate competence in their knowledge of:	[None]	
IV.B.1.c).(1).(a)	the organization and interdisciplinary practices of the emergency medical services system relating to the pre-hospital and initial emergency department care of persons with spinal cord injury and associated injuries; (Core)	4.6.a.	Fellows must demonstrate competence and interdisciplinary practices of the em- relating to the pre-hospital and initial em with spinal cord injury and associated in
IV.B.1.c).(1).(b)	the supportive role of spinal cord injury medicine to emergency medicine, neurological surgery, orthopaedic surgery, and other appropriate physicians in initial acute care sites, including intensive care units; (Core)	4.6.b.	Fellows must demonstrate competence of spinal cord injury medicine to emerge orthopaedic surgery, and other appropri including intensive care units. (Core)
IV.B.1.c).(1).(c)	the relationship between the extent and level of spinal cord injury on the ultimate residual functional capacity; (Core)	4.6.c.	Fellows must demonstrate competence between the extent and level of spinal co functional capacity. (Core)
IV.B.1.c).(1).(d)	research and clinical trials in neuroprotection, regeneration, and repair of the injured spinal cord; (Core)	4.6.d.	Fellows must demonstrate competence clinical trials in neuroprotection, regener cord. (Core)
IV.B.1.c).(1).(e)	the management of the neurogenic bladder and sexual dysfunction, and the role of the urologist in assisting with the diagnosis and management of bladder dysfunction, urinary tract infection, urinary calculi, sexual dysfunction, obstructive uropathy with or without stones, infertility, and problems of ejaculation; (Core)	4.6.e.	Fellows must demonstrate competence of the neurogenic bladder and sexual dy assisting with the diagnosis and manage tract infection, urinary calculi, sexual dys without stones, infertility, and problems of
IV.B.1.c).(1).(f)	the kinesiology of upper extremity function and the use of muscle substitution patterns in retraining; (Core)	4.6.f.	Fellows must demonstrate competence upper extremity function and the use of retraining. (Core)
IV.B.1.c).(1).(g)	the value, indications, contraindications, and pre- and post-operative care of tendon and muscle transfers and other operative procedures that would enhance function; (Core)	4.6.g.	Fellows must demonstrate competence indications, contraindications, and pre-a muscle transfers and other operative pro (Core)

e in the use and interpretation of rd injury medicine, including radiographic studies, and clinical neurophysiologic d function. (Core)

al Skills I medical, diagnostic, and surgical or the area of practice. (Core)

e in performing or directing the aging spasticity, such as chemoery systems, and understanding their ed risks. (Core)

nowledge

ge of established and evolving II, and social-behavioral sciences, as the application of this knowledge to

e in their knowledge of the organization mergency medical services system emergency department care of persons injuries. (Core)

e in their knowledge of the supportive role gency medicine, neurological surgery, priate physicians in initial acute care sites,

e in their knowledge of the relationship cord injury on the ultimate residual

e in their knowledge of research and eration, and repair of the injured spinal

e in their knowledge of the management dysfunction, and the role of the urologist in gement of bladder dysfunction, urinary lysfunction, obstructive uropathy with or s of ejaculation. (Core)

e in their knowledge of the kinesiology of of muscle substitution patterns in

e in their knowledge of the value, - and post-operative care of tendon and procedures that would enhance function.

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IV.B.1.c).(1).(h)	indications and contraindications of phrenic nerve and diaphragm pacing, as well as invasive (i.e., tracheostomy) and non-invasive (i.e., oral/nasal interfaces) ventilatory techniques; (Core)		Fellows must demonstrate competence contraindications of phrenic nerve and c (i.e., tracheostomy) and non-invasive (i. techniques. (Core)
IV.B.1.c).(1).(i)	indications for personal care attendants, types of architectural modifications to accommodate patient needs, and community resources for follow-up care; (Core)	4.6.i.	Fellows must demonstrate competence personal care attendants, types of archi patient needs, and community resource
IV.B.1.c).(1).(j)	the prevention and management of complications associated with longstanding disability, the effects of aging with a disability, and the provision of long-term follow-up services; (Core)	4.6.j.	Fellows must demonstrate competence management of complications associate effects of aging with a disability, and the services. (Core)
IV.B.1.c).(1).(k)	the techniques of appropriate spinal immobilization required to protect patients from additional neurological damage; (Core)	4.6.k.	Fellows must demonstrate competence appropriate spinal immobilization require neurological damage. (Core)
IV.B.1.c).(1).(I)	the various options for treatment of fractures and dislocations at all vertebral levels; (Core)	4.6.I.	Fellows must demonstrate competence for treatment of fractures and dislocatior
IV.B.1.c).(1).(m)	the indications and use of functional electrical stimulation (FES) as applied to the management of spinal cord impairment; (Core)	4.6.m.	Fellows must demonstrate competence use of functional electrical stimulation (F spinal cord impairment. (Core)
IV.B.1.c).(1).(n)	the special needs of children and adolescents with spinal cord injury; and, (Core)	4.6.n.	Fellows must demonstrate competence of children and adolescents with spinal of
IV.B.1.c).(1).(o)	the professional role and contributions of the various health professions individually and collectively. (Core)	4.6.0.	Fellows must demonstrate competence role and contributions of the various hea collectively. (Core)
IV.B.1.d)	Practice-based Learning and Improvement Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. (Core)	4.7.	ACGME Competencies – Practice-Bas Fellows must demonstrate the ability of patients, to appraise and assimilat continuously improve patient care ba lifelong learning. (Core)
IV.B.1.e)	Interpersonal and Communication Skills Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. (Core)	4.8.	ACGME Competencies – Interpersona Fellows must demonstrate interperso result in the effective exchange of inf patients, their families, and health pro
IV.B.1.f)	Systems-based Practice Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. (Core)	4.9.	ACGME Competencies – Systems-Ba Fellows must demonstrate an awaren larger context and system of health c social determinants of health, as well other resources to provide optimal he

e in their knowledge of indications and I diaphragm pacing, as well as invasive (i.e., oral/nasal interfaces) ventilatory

e in their knowledge of indications for hitectural modifications to accommodate ces for follow-up care. (Core)

e in their knowledge of the prevention and ated with longstanding disability, the ne provision of long-term follow-up

e in their knowledge of the techniques of ired to protect patients from additional

e in their knowledge of the various options ons at all vertebral levels. (Core)

e in their knowledge of the indications and (FES) as applied to the management of

e in their knowledge of the special needs Il cord injury. (Core)

e in their knowledge of the professional ealth professions individually and

ased Learning and Improvement ty to investigate and evaluate their care ate scientific evidence, and to based on constant self-evaluation and

nal and Communication Skills sonal and communication skills that nformation and collaboration with professionals. (Core)

Based Practice

eness of and responsiveness to the care, including the structural and ell as the ability to call effectively on health care. (Core)

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Number	Requirement Language	Requirement Number	Requiremer
			4.10. Curriculum Organization and Fe Structure The curriculum must be structured to experiences, the length of the experi These educational experiences inclu patient care responsibilities, clinical events. (Core)
			 4.11. Curriculum Organization and Fe Clinical Experiences Fellows must be provided with prote didactic activities. (Core) 4.12. Curriculum Organization and Fe The program must provide instruction
IV.C.	Curriculum Organization and Fellow Experiences	4.10 4.12.	management if applicable for the sub the signs of substance use disorder.
IV.C.1.	The curriculum must be structured to optimize fellow educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core)	4.10.	Curriculum Organization and Fellow The curriculum must be structured to experiences, the length of the experi- These educational experiences inclu patient care responsibilities, clinical events. (Core)
IV.C.1.a)	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)	4.10.a.	Assignment of rotations must be structurotational transitions, and rotations must quality educational experience, defined supervision, longitudinal relationships wassessment and feedback. (Core)
IV.C.1.b)	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)	4.10.b.	Clinical experiences should be structure allows fellows to function as part of an e works together longitudinally with share improvement. (Core)
IV.C.2.	The program must provide instruction and experience in pain management if applicable for the subspecialty, including recognition of the signs of substance use disorder. (Core)	4.12.	Curriculum Organization and Fellow The program must provide instructio management if applicable for the sub the signs of substance use disorder.
	Fellows must have inpatient and outpatient spinal cord injury experience,		
IV.C.3.	including: (Core)	4.11.a.	Fellows must have inpatient and outpati Fellows must have a minimum of three
IV.C.3.a)	a minimum of three months of inpatient spinal cord injury rehabilitation; (Detail)	4.11.b.	rehabilitation. (Detail)
IV.C.3.b)	a minimum of three months of outpatient spinal cord injury medicine; (Detail)	4.11.c.	Fellows must have a minimum of three medicine. (Detail)
IV.C.3.c)	provision of care (directly or in a direct supervisory role) for a minimum average case load of six hospitalized patients when on an inpatient rotation; and, (Detail)	4.11.d.	Fellows must provide care (directly or in average case load of six hospitalized pa (Detail)

Fellow Experiences – Curriculum to optimize fellow educational eriences, and the supervisory continuity. lude an appropriate blend of supervised al teaching, and didactic educational Fellow Experiences – Didactic and tected time to participate in core Fellow Experiences – Pain Management tion and experience in pain ubspecialty, including recognition of er. (Core) w Experiences – Curriculum Structure to optimize fellow educational eriences, and the supervisory continuity. lude an appropriate blend of supervised al teaching, and didactic educational ctured to minimize the frequency of

ust be of sufficient length to provide a ed by continuity of patient care, ongoing with faculty members, and meaningful

ured to facilitate learning in a manner that n effective interprofessional team that red goals of patient safety and quality

w Experiences – Pain Management tion and experience in pain ubspecialty, including recognition of er. (Core)

atient spinal cord injury experience. (Core) e months of inpatient spinal cord injury

e months of outpatient spinal cord injury

in a direct supervisory role) for a minimum patients when on an inpatient rotation.

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IV.C.3.d)	management of the psychological effects of patients' impairments in concert with appropriate disciplines and other team members to prevent their interference with a patient's reintegration and re-entry to the community. (Detail)	4.11.e.	Fellows must have experience in the ma of patients' impairments in concert with members to prevent their interference w to the community. (Detail)
IV.C.4.	Fellows must participate in prescribing a home-care plan for spinal cord injury patients, as appropriate. (Detail)	4.11.f.	Fellows must participate in prescribing a patients, as appropriate. (Detail)
IV.C.5.	Fellows must interact with occupational therapists, orthotists, physical therapists, prosthetists, psychologists, recreational and vocational therapists, rehabilitation nurses, social workers, speech/language pathologists, and in-patient care management through daily rounds, consultations, patient care conferences, and patient and family educational sessions. (Detail)	4.11.g.	Fellows must interact with occupational therapists, prosthetists, psychologists, r rehabilitation nurses, social workers, sp patient care management through daily conferences, and patient and family edu
IV.C.6.	Didactic Curriculum The program must have a minimum of twice-monthly conferences, including didactic lectures, case-oriented multidisciplinary conferences, journal club, and quality improvement seminars relevant to clinical care within the spinal cord injury medicine program. (Core)	4.11.h.	Didactic Curriculum The program must have a minimum of t didactic lectures, case-oriented multidis quality improvement seminars relevant injury medicine program. (Core)
IV.C.6.a)	Quality improvement seminars must include discussion of functional outcomes of persons served, as well as other practice improvement activities that will help engage fellows in lifelong learning. (Detail)	4.11.h.1.	Quality improvement seminars must inc of persons served, as well as other prac engage fellows in lifelong learning. (Det
IV.D.	Scholarship Medicine is both an art and a science. The physician is a humanistic scientist who cares for patients. This requires the ability to think critically, evaluate the literature, appropriately assimilate new knowledge, and practice lifelong learning. The program and faculty must create an environment that fosters the acquisition of such skills through fellow participation in scholarly activities as defined in the subspecialty-specific Program Requirements. Scholarly activities may include discovery, integration, application, and teaching. The ACGME recognizes the diversity of fellowships and anticipates that programs prepare physicians for a variety of roles, including clinicians, scientists, and educators. It is expected that the program's scholarship will reflect its mission(s) and aims, and the needs of the community it serves. For example, some programs may concentrate their scholarly activity on quality improvement, population health, and/or teaching, while other programs might choose to utilize more classic forms of biomedical research as the focus for scholarship.	[None]	Scholarship Medicine is both an art and a science scientist who cares for patients. This evaluate the literature, appropriately practice lifelong learning. The progra environment that fosters the acquisin participation in scholarly activities as Program Requirements. Scholarly ac integration, application, and teaching The ACGME recognizes the diversity programs prepare physicians for a va scientists, and educators. It is expect will reflect its mission(s) and aims, a serves. For example, some programs activity on quality improvement, pop other programs might choose to utili research as the focus for scholarship
IV.D.1.	Program Responsibilities	4.13.	Program Responsibilities The program must demonstrate evid consistent with its mission(s) and air
IV.D.1.a)	The program must demonstrate evidence of scholarly activities, consistent with its mission(s) and aims. (Core)	4.13.	Program Responsibilities The program must demonstrate evid consistent with its mission(s) and air

management of the psychological effects h appropriate disciplines and other team with a patient's reintegration and re-entry

a home-care plan for spinal cord injury

al therapists, orthotists, physical recreational and vocational therapists, speech/language pathologists, and inly rounds, consultations, patient care ducational sessions. (Detail)

f twice-monthly conferences, including isciplinary conferences, journal club, and t to clinical care within the spinal cord

nclude discussion of functional outcomes actice improvement activities that will help etail)

ce. The physician is a humanistic is requires the ability to think critically, y assimilate new knowledge, and ram and faculty must create an sition of such skills through fellow as defined in the subspecialty-specific activities may include discovery, ng.

ty of fellowships and anticipates that variety of roles, including clinicians, ected that the program's scholarship and the needs of the community it ns may concentrate their scholarly pulation health, and/or teaching, while ilize more classic forms of biomedical nip.

dence of scholarly activities, iims. (Core)

dence of scholarly activities, aims. (Core)

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IV.D.1.b)	The program in partnership with its Sponsoring Institution, must allocate adequate resources to facilitate fellow and faculty involvement in scholarly activities. (Core)	4.13.a.	The program in partnership with its S adequate resources to facilitate fellow scholarly activities. (Core)
IV.D.2.	Faculty Scholarly Activity	4.14.	Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of •Research in basic science, education or population health •Peer-reviewed grants •Quality improvement and/or patient s •Systematic reviews, meta-analyses, textbooks, or case reports •Creation of curricula, evaluation tool electronic educational materials •Contribution to professional commit editorial boards •Innovations in education
IV.D.2.a)	 Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core) Research in basic science, education, translational science, patient care, or population health Peer-reviewed grants Quality improvement and/or patient safety initiatives Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials Contribution to professional committees, educational organizations, or editorial boards Innovations in education 	4.14.	Faculty Scholarly Activity Among their scholarly activity, progra accomplishments in at least three of •Research in basic science, education or population health •Peer-reviewed grants •Quality improvement and/or patient s •Systematic reviews, meta-analyses, textbooks, or case reports •Creation of curricula, evaluation tool electronic educational materials •Contribution to professional commit editorial boards •Innovations in education
IV.D.2.b)	The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:	4.14.a.	The program must demonstrate disse and external to the program by the fo
IV.D.2.b).(1)	faculty participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non- peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor; (Outcome)	4.14.a.1.	faculty participation in grand rounds, improvement presentations, podium peer-reviewed print/electronic resour chapters, textbooks, webinars, servic serving as a journal reviewer, journal (Outcome)
IV.D.2.b).(2)	peer-reviewed publication. (Outcome)	4.14.a.2.	peer-reviewed publication. (Outcome
			Fellow Scholarly Activity The curriculum must advance fellows' ki research, including how research is con
IV.D.3.	Fellow Scholarly Activity	4.15.	and applied to patient care. (Core)

s Sponsoring Institution, must allocate low and faculty involvement in

grams must demonstrate of the following domains: (Core) ion, translational science, patient care,

nt safety initiatives s, review articles, chapters in medical

ools, didactic educational activities, or

nittees, educational organizations, or

grams must demonstrate of the following domains: (Core) ion, translational science, patient care,

nt safety initiatives s, review articles, chapters in medical

ools, didactic educational activities, or

nittees, educational organizations, or

ssemination of scholarly activity within following methods:

ds, posters, workshops, quality m presentations, grant leadership, nonpurces, articles or publications, book vice on professional committees, or nal editorial board member, or editor;

ne)

knowledge of the basic principles of onducted, evaluated, explained to patients,

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
			Fellow Scholarly Activity
	The curriculum must advance fellows' knowledge of the basic principles of		The curriculum must advance fellows' ki
	research, including how research is conducted, evaluated, explained to patients,		research, including how research is con
IV.D.3.a)	and applied to patient care. (Core)	4.15.	and applied to patient care. (Core)
	Fellows should have assigned time to conduct research or other scholarly		Fellows should have assigned time to co
IV.D.3.b)	activities. (Detail)	4.15.a.	activities. (Detail)
	Each fellow should demonstrate scholarship through at least one scientific		Each fellow should demonstrate scholar
IV.D.3.c)	presentation, abstract, or publication. (Outcome)	4.15.b. Section 5	presentation, abstract, or publication. (O Section 5: Evaluation
V.	Evaluation	Section 5	
			Fellow Evaluation: Feedback and Eva
			Faculty members must directly obser feedback on fellow performance durin
			educational assignment. (Core)
V.A.	Fellow Evaluation	5.1.	educational assignment. (Oore)
			Fellow Evaluation: Feedback and Eva
			Faculty members must directly obser
			feedback on fellow performance durin
V.A.1.	Feedback and Evaluation	5.1.	educational assignment. (Core)
	Faculty members must directly observe, evaluate, and frequently provide		Fellow Evaluation: Feedback and Eva
	feedback on fellow performance during each rotation or similar educational		Faculty members must directly obser
	assignment. (Core)		feedback on fellow performance durin
V.A.1.a)		5.1.	educational assignment. (Core)
	Evaluation must be documented at the completion of the assignment.		Evaluation must be documented at th
V.A.1.b)	(Core)	5.1.a.	(Core)
	For block rotations of greater than three months in duration, evaluation		For block rotations of greater than the
V.A.1.b).(1)	must be documented at least every three months. (Core)	5.1.a.1.	must be documented at least every th
	Longitudinal experiences such as continuity clinic in the context of other		Longitudinal experiences such as con
	clinical responsibilities must be evaluated at least every three months and		clinical responsibilities must be evalu
V.A.1.b).(2)	at completion. (Core)	5.1.a.2.	at completion. (Core)
	The program must provide an objective performance evaluation based on		The program must provide an objecti
	the Competencies and the subspecialty-specific Milestones, and must:	5 4 h	the Competencies and the subspecial
V.A.1.c)	(Core)	5.1.b.	(Core)
V.A.1.c).(1)	use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, (Core)	5.1.b.1.	use multiple evaluators (e.g., faculty i other professional staff members); ar
	provide that information to the Clinical Competency Committee for its	0.1.0.1.	provide that information to the Clinica
	synthesis of progressive fellow performance and improvement toward		synthesis of progressive fellow perfo
V.A.1.c).(2)	unsupervised practice. (Core)	5.1.b.2.	unsupervised practice. (Core)
	The program director or their designee, with input from the Clinical		
V.A.1.d)	Competency Committee, must:	[None]	
			The program director or their designe
	meet with and review with each fellow their documented semi-annual		Competency Committee, must meet w
	evaluation of performance, including progress along the subspecialty-		documented semi-annual evaluation
V.A.1.d).(1)	specific Milestones; (Core)	5.1.c.	along the subspecialty-specific Miles
			The program director or their designe
			Competency Committee, must assist
	assist fellows in developing individualized learning plans to capitalize on		learning plans to capitalize on their st
V.A.1.d).(2)	their strengths and identify areas for growth; and, (Core)	5.1.d.	growth. (Core)

knowledge of the basic principles of onducted, evaluated, explained to patients,

conduct research or other scholarly

arship through at least one scientific (Outcome)

valuation

erve, evaluate, and frequently provide ring each rotation or similar

valuation

erve, evaluate, and frequently provide ring each rotation or similar

valuation

erve, evaluate, and frequently provide ring each rotation or similar

the completion of the assignment.

three months in duration, evaluation three months. (Core)

continuity clinic in the context of other aluated at least every three months and

tive performance evaluation based on ialty-specific Milestones, and must:

y members, peers, patients, self, and and, (Core)

ical Competency Committee for its formance and improvement toward

nee, with input from the Clinical t with and review with each fellow their n of performance, including progress estones. (Core)

nee, with input from the Clinical st fellows in developing individualized strengths and identify areas for

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Number	Requirement Language	Requirement Number	Requiremen
V.A.1.d).(3)	develop plans for fellows failing to progress, following institutional policies and procedures. (Core)	5.1.e.	The program director or their designe Competency Committee, must develo progress, following institutional polic
	At least annually, there must be a summative evaluation of each fellow that includes their readiness to progress to the next year of the program, if		At least annually, there must be a sur that includes their readiness to progr
V.A.1.e)	applicable. (Core)	5.1.f.	applicable. (Core)
V.A.1.f)	The evaluations of a fellow's performance must be accessible for review by the fellow. (Core)	5.1.g.	The evaluations of a fellow's perform by the fellow. (Core)
V.A.2.	Final Evaluation	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)
V.A.2.a)	The program director must provide a final evaluation for each fellow upon completion of the program. (Core)	5.2.	Fellow Evaluation: Final Evaluation The program director must provide a completion of the program. (Core)
	The subspecialty-specific Milestones, and when applicable the subspecialty-specific Case Logs, must be used as tools to ensure fellows are able to engage in autonomous practice upon completion of the		The subspecialty-specific Milestones subspecialty-specific Case Logs, mus are able to engage in autonomous pr
V.A.2.a).(1)	program. (Core)	5.2.a.	program. (Core)
V.A.2.a).(2)	The final evaluation must:	[None]	
V.A.2.a).(2).(a)	become part of the fellow's permanent record maintained by the institution, and must be accessible for review by the fellow in accordance with institutional policy; (Core)	5.2.b.	The final evaluation must become para maintained by the institution, and mu fellow in accordance with institutiona
V.A.2.a).(2).(b)	verify that the fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; and, (Core)	5.2.c.	The final evaluation must verify that t knowledge, skills, and behaviors nec (Core)
V.A.2.a).(2).(c)	be shared with the fellow upon completion of the program. (Core)	5.2.d.	The final evaluation must be shared v program. (Core)
V.A.3.	A Clinical Competency Committee must be appointed by the program director. (Core)	5.3.	Clinical Competency Committee A Clinical Competency Committee m director. (Core)
V.A.3.a)	At a minimum the Clinical Competency Committee must include three members, at least one of whom is a core faculty member. Members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's fellows. (Core)	5.3.a.	At a minimum the Clinical Competend members, at least one of whom is a c be faculty members from the same pu health professionals who have extens program's fellows. (Core)
V.A.3.b)	The Clinical Competency Committee must:	[None]	
· · ·			The Clinical Competency Committee
V.A.3.b).(1)	review all fellow evaluations at least semi-annually; (Core)	5.3.b.	least semi-annually. (Core)
V A 2 b) (2)	determine each fellow's progress on achievement of the subspecialty-	5.2.0	The Clinical Competency Committee
V.A.3.b).(2)	specific Milestones; and, (Core) meet prior to the fellows' semi-annual evaluations and advise the program	5.3.c.	progress on achievement of the subs The Clinical Competency Committee annual evaluations and advise the pro-
V.A.3.b).(3) V.B.	director regarding each fellow's progress. (Core)	5.3.d. 5.4.	fellow's progress. (Core) Faculty Evaluation The program must have a process to performance as it relates to the educa (Core)

nee, with input from the Clinical elop plans for fellows failing to licies and procedures. (Core)

ummative evaluation of each fellow gress to the next year of the program, if

mance must be accessible for review

a final evaluation for each fellow upon

a final evaluation for each fellow upon

es, and when applicable the just be used as tools to ensure fellows practice upon completion of the

part of the fellow's permanent record nust be accessible for review by the nal policy. (Core)

t the fellow has demonstrated the eccessary to enter autonomous practice.

with the fellow upon completion of the

nust be appointed by the program

ncy Committee must include three core faculty member. Members must program or other programs, or other nsive contact and experience with the

ee must review all fellow evaluations at

e must determine each fellow's bspecialty-specific Milestones. (Core) e must meet prior to the fellows' semiprogram director regarding each

to evaluate each faculty member's actional program at least annually.

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V.B.1.	Requirement Language The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. (Core)	5.4.	Requiremen Faculty Evaluation The program must have a process to performance as it relates to the educt (Core)
V.B.1.a)	This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities. (Core)	5.4.a.	This evaluation must include a review teaching abilities, engagement with t in faculty development related to the performance, professionalism, and se
V.B.1.b)	This evaluation must include written, confidential evaluations by the fellows. (Core)	5.4.b.	This evaluation must include written, fellows. (Core)
V.B.2.	Faculty members must receive feedback on their evaluations at least annually. (Core)	5.4.c.	Faculty members must receive feedba annually. (Core)
V.B.3.	Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans. (Core)	5.4.d.	Results of the faculty educational eva program-wide faculty development pl
V.C.	Program Evaluation and Improvement	5.5.	Program Evaluation and Improvemen The program director must appoint th conduct and document the Annual Pr program's continuous improvement p
V.C.1	The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)	5.5.	Program Evaluation and Improvemen The program director must appoint th conduct and document the Annual Pr program's continuous improvement
V.C.1.a)	The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one fellow. (Core)	5.5.a.	The Program Evaluation Committee n program faculty members, at least on and at least one fellow. (Core)
V.C.1.b)	Program Evaluation Committee responsibilities must include:	[None]	
V.C.1.b).(1)	review of the program's self-determined goals and progress toward meeting them; (Core)	5.5.b.	Program Evaluation Committee response program's self-determined goals and (Core)
V.C.1.b).(2)	guiding ongoing program improvement, including development of new goals, based upon outcomes; and, (Core)	5.5.c.	Program Evaluation Committee response ongoing program improvement, inclu based upon outcomes. (Core)
V.C.1.b).(3)	review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)	5.5.d.	Program Evaluation Committee response current operating environment to idea opportunities, and threats as related to (Core)
V.C.1.c)	The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate fellow and faculty written evaluations of the program, and other relevant data in its assessment of the program. (Core)	5.5.e.	The Program Evaluation Committee s prior Annual Program Evaluation(s), a evaluations of the program, and other the program. (Core)
	The Program Evaluation Committee must evaluate the program's mission		The Program Evaluation Committee n
V.C.1.d)	and aims, strengths, areas for improvement, and threats. (Core)	5.5.f.	and aims, strengths, areas for improv
V.C.1.e)	The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the fellows and the members of the teaching faculty, and be submitted to the DIO. (Core)	5.5.g.	The Annual Program Evaluation, includistributed to and discussed with the teaching faculty, and be submitted to
V.C.2.	The program must participate in a Self-Study and submit it to the DIO. (Core)	5.5.h.	The program must participate in a Se (Core)

o evaluate each faculty member's cational program at least annually.

ew of the faculty member's clinical the educational program, participation eir skills as an educator, clinical scholarly activities. (Core)

n, confidential evaluations by the

back on their evaluations at least

valuations should be incorporated into plans. (Core)

ent

the Program Evaluation Committee to Program Evaluation as part of the t process. (Core)

ent

the Program Evaluation Committee to Program Evaluation as part of the t process. (Core)

must be composed of at least two one of whom is a core faculty member,

ponsibilities must include review of the d progress toward meeting them.

ponsibilities must include guiding luding development of new goals,

ponsibilities must include review of the lentify strengths, challenges, d to the program's mission and aims.

should consider the outcomes from , aggregate fellow and faculty written er relevant data in its assessment of

must evaluate the program's mission ovement, and threats. (Core)

cluding the action plan, must be ne fellows and the members of the to the DIO. (Core)

Self-Study and submit it to the DIO.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	. Requiremen
	One goal of ACGME-accredited education is to educate physicians who seek and achieve board certification. One measure of the effectiveness of the educational program is the ultimate pass rate.		Board Certification One goal of ACGME-accredited educa seek and achieve board certification. the educational program is the ultima
V.C.3.	The program director should encourage all eligible program graduates to take the certifying examination offered by the applicable American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board.	[None]	The program director should encoura take the certifying examination offere of Medical Specialties (ABMS) membe Association (AOA) certifying board.
V.C.3.a)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual written exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.	Board Certification For subspecialties in which the ABMS certifying board offer(s) an annual wr years, the program's aggregate pass for the first time must be higher than programs in that subspecialty. (Outco
V.C.3.b)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial written exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.a.	For subspecialties in which the ABMS certifying board offer(s) a biennial wri years, the program's aggregate pass for the first time must be higher than programs in that subspecialty. (Outco
V.C.3.c)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) an annual oral exam, in the preceding three years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)	5.6.b.	For subspecialties in which the ABMS certifying board offer(s) an annual ora the program's aggregate pass rate of first time must be higher than the both that subspecialty. (Outcome)
V.C.3.d)	For subspecialties in which the ABMS member board and/or AOA certifying board offer(s) a biennial oral exam, in the preceding six years, the program's aggregate pass rate of those taking the examination for the first time must be higher than the bottom fifth percentile of programs in that subspecialty. (Outcome)		For subspecialties in which the ABMS certifying board offer(s) a biennial ora the program's aggregate pass rate of first time must be higher than the both that subspecialty. (Outcome)
V.C.3.e)	For each of the exams referenced in V.C.3.a)-d), any program whose graduates over the time period specified in the requirement have achieved an 80 percent pass rate will have met this requirement, no matter the percentile rank of the program for pass rate in that subspecialty. (Outcome)	5.6.d.	For each of the exams referenced in 5 graduates over the time period specif an 80 percent pass rate will have met percentile rank of the program for pas (Outcome)
V.C.3.f)	Programs must report, in ADS, board certification status annually for the cohort of board-eligible fellows that graduated seven years earlier. (Core)	5.6.e.	Programs must report, in ADS, board cohort of board-eligible fellows that g

cation is to educate physicians who n. One measure of the effectiveness of nate pass rate.

rage all eligible program graduates to red by the applicable American Board ber board or American Osteopathic

MS member board and/or AOA written exam, in the preceding three is rate of those taking the examination in the bottom fifth percentile of come)

MS member board and/or AOA written exam, in the preceding six as rate of those taking the examination in the bottom fifth percentile of acome)

MS member board and/or AOA oral exam, in the preceding three years, of those taking the examination for the ottom fifth percentile of programs in

MS member board and/or AOA oral exam, in the preceding six years, of those taking the examination for the ottom fifth percentile of programs in

n 5.6. – 5.6.c., any program whose cified in the requirement have achieved et this requirement, no matter the ass rate in that subspecialty.

rd certification status annually for the transformed seven years earlier. (Core)

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremer
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			Section 6: The Learning and Working
	The Learning and Working Environment		The Learning and Working Environm
	Fellowship education must occur in the context of a learning and working environment that emphasizes the following principles:		Fellowship education must occur in a environment that emphasizes the fol
	•Excellence in the safety and quality of care rendered to patients by fellows today		•Excellence in the safety and quality fellows today
	•Excellence in the safety and quality of care rendered to patients by today's fellows in their future practice		•Excellence in the safety and quality today's fellows in their future practic
	•Excellence in professionalism		•Excellence in professionalism
	•Appreciation for the privilege of providing care for patients		•Appreciation for the privilege of prov
	•Commitment to the well-being of the students, residents, fellows, faculty		•Commitment to the well-being of the
	members, and all members of the health care team		members, and all members of the hea
VI.		Section 6	
VI.A.	Patient Safety, Quality Improvement, Supervision, and Accountability	[None]	
VI.A.1.	Patient Safety and Quality Improvement	[None]	
VI.A.1.a)	Patient Safety	[None]	
VI.A.1.a).(1)	Culture of Safety A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.	[None]	Culture of Safety A culture of safety requires continuo and a willingness to transparently de organization has formal mechanisms attitudes of its personnel toward safe improvement.
	The program, its faculty, residents, and fellows must actively participate in		The program, its faculty, residents, a
VI.A.1.a).(1).(a)	patient safety systems and contribute to a culture of safety. (Core)	6.1.	patient safety systems and contribute
VI.A.1.a).(2)	Patient Safety Events Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.	[None]	Patient Safety Events Reporting, investigation, and follow-u unsafe conditions are pivotal mechai and are essential for the success of a and experiential learning are essentia the ability to identify causes and inst changes to ameliorate patient safety
	Residents, fellows, faculty members, and other clinical staff members		
VI.A.1.a).(2).(a)	must:	[None]	
VI.A.1.a).(2).(a).(i)	know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; and, (Core)	6.2.	Residents, fellows, faculty members, must know their responsibilities in re unsafe conditions at the clinical site, (Core)

ng Environment

ment the context of a learning and working pllowing principles:

y of care rendered to patients by

y of care rendered to patients by ice

roviding care for patients

he students, residents, fellows, faculty ealth care team

ous identification of vulnerabilities leal with them. An effective ns to assess the knowledge, skills, and fety in order to identify areas for

and fellows must actively participate in ute to a culture of safety. (Core)

y-up of safety events, near misses, and anisms for improving patient safety, f any patient safety program. Feedback tial to developing true competence in stitute sustainable systems-based y vulnerabilities.

s, and other clinical staff members reporting patient safety events and e, including how to report such events.

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	
VI.A.1.a).(2).(a).(ii)	be provided with summary information of their institution's patient safety reports. (Core)	6.2.a.	Residents, fellows, faculty members, must be provided with summary infor safety reports. (Core)
	Fellows must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as		Fellows must participate as team men interprofessional clinical patient safe such as root cause analyses or other
VI.A.1.a).(2).(b)	well as formulation and implementation of actions. (Core)	6.3.	well as formulation and implementation
VI.A.1.a).(3)	Quality Metrics Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts.	[None]	Quality Metrics Access to data is essential to prioritiz and evaluating success of improveme
VI.A.1.a).(3).(a)	Fellows and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core)	6.4.	Fellows and faculty members must re benchmarks related to their patient p
VI.A.2.	Supervision and Accountability	[None]	Supervision and Accountability Although the attending physician is u the patient, every physician shares in accountability for their efforts in the p in partnership with their Sponsoring I communicate, and monitor a structur accountability as it relates to the supe Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes professional growth.
	Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care. Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each fellow's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued		Supervision and Accountability Although the attending physician is u the patient, every physician shares in accountability for their efforts in the p in partnership with their Sponsoring I communicate, and monitor a structur accountability as it relates to the sup Supervision in the setting of graduate and effective care to patients; ensure skills, knowledge, and attitudes requi practice of medicine; and establishes
VI.A.2.a)	professional growth.	[None]	professional growth.
VI.A.2.a).(1)	Fellows and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care. (Core)	6.5.	Fellows and faculty members must in roles in that patient's care when prov information must be available to fello of the health care team, and patients.
VI.A.2.a).(1).(a)	This information must be available to fellows, faculty members, other members of the health care team, and patients. (Core)	6.5.	Fellows and faculty members must in roles in that patient's care when prov information must be available to fello of the health care team, and patients.

ent Language s, and other clinical staff members formation of their institution's patient

embers in real and/or simulated fety and quality improvement activities, er activities that include analysis, as ition of actions. (Core)

tizing activities for care improvement nent efforts.

receive data on quality metrics and populations. (Core)

a ultimately responsible for the care of in the responsibility and e provision of care. Effective programs, g Institutions, define, widely ured chain of responsibility and upervision of all patient care.

ate medical education provides safe res each fellow's development of the uired to enter the unsupervised es a foundation for continued

a ultimately responsible for the care of in the responsibility and e provision of care. Effective programs, g Institutions, define, widely ured chain of responsibility and upervision of all patient care.

nte medical education provides safe res each fellow's development of the uired to enter the unsupervised es a foundation for continued

inform each patient of their respective oviding direct patient care. This lows, faculty members, other members s. (Core)

inform each patient of their respective oviding direct patient care. This lows, faculty members, other members s. (Core)

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requiremen
VI.A.2.a).(2)	The program must demonstrate that the appropriate level of supervision in place for all fellows is based on each fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core)	6.6.	The program must demonstrate that t place for all fellows is based on each as well as patient complexity and acu through a variety of methods, as app
VI.A.2.b)	Levels of Supervision To promote appropriate fellow supervision while providing for graded authority and responsibility, the program must use the following classification of supervision:	[None]	Levels of Supervision To promote appropriate fellow superv authority and responsibility, the prog classification of supervision.
VI.A.2.b).(1)	Direct Supervision:	6.7.	Direct Supervision The supervising physician is physical key portions of the patient interaction The supervising physician and/or pat the fellow and the supervising physic patient care through appropriate teled
VI.A.2.b).(1).(a)	the supervising physician is physically present with the fellow during the key portions of the patient interaction; or,	6.7.	Direct Supervision The supervising physician is physical key portions of the patient interaction The supervising physician and/or pat the fellow and the supervising physic patient care through appropriate teled
VI.A.2.b).(1).(b)	the supervising physician and/or patient is not physically present with the fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.	6.7.	Direct Supervision The supervising physician is physical key portions of the patient interaction The supervising physician and/or pat the fellow and the supervising physic patient care through appropriate teled
VI.A.2.b).(2)	Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision.	[None]	Indirect Supervision The supervising physician is not prov or audio supervision but is immediate guidance and is available to provide a
	Oversight – the supervising physician is available to provide review of		Oversight The supervising physician is available
VI.A.2.b).(3)	procedures/encounters with feedback provided after care is delivered. The program must define when physical presence of a supervising	[None]	procedures/encounters with feedback
VI.A.2.c)	physician is required. (Core)	6.8.	The program must define when physi physician is required. (Core)
VI.A.2.d)	The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members. (Core)	6.9.	The privilege of progressive authority independence, and a supervisory role fellow must be assigned by the progra (Core)
VI.A.2.d).(1)	The program director must evaluate each fellow's abilities based on specific criteria, guided by the Milestones. (Core)	6.9.a.	The program director must evaluate e specific criteria, guided by the Milesto

t the appropriate level of supervision in th fellow's level of training and ability, cuity. Supervision may be exercised propriate to the situation. (Core)

ervision while providing for graded ogram must use the following

cally present with the fellow during the on.

atient is not physically present with ician is concurrently monitoring the lecommunication technology.

cally present with the fellow during the on.

atient is not physically present with sician is concurrently monitoring the lecommunication technology.

cally present with the fellow during the on.

atient is not physically present with ician is concurrently monitoring the ecommunication technology.

oviding physical or concurrent visual ately available to the fellow for e appropriate direct supervision.

ble to provide review of ack provided after care is delivered. vsical presence of a supervising

ity and responsibility, conditional ble in patient care delegated to each gram director and faculty members.

e each fellow's abilities based on stones. (Core)

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	•
	Faculty members functioning as supervising physicians must delegate		Faculty members functioning as sup
	portions of care to fellows based on the needs of the patient and the skills	C O h	portions of care to fellows based on t
VI.A.2.d).(2)	of each fellow. (Core)	6.9.b.	of each fellow. (Core)
	Fellows should serve in a supervisory role to junior fellows and residents in recognition of their progress toward independence, based on the needs		Fellows should serve in a supervisor in recognition of their progress toward
VI.A.2.d).(3)	of each patient and the skills of the individual resident or fellow. (Detail)	6.9.c.	of each patient and the skills of the ir
VI.A.2.0).(0)	Programs must set guidelines for circumstances and events in which	0.0.0.	Programs must set guidelines for circ
VI.A.2.e)	fellows must communicate with the supervising faculty member(s). (Core)	6.10.	fellows must communicate with the s
	Each fellow must know the limits of their scope of authority, and the		Each fellow must know the limits of t
	circumstances under which the fellow is permitted to act with conditional		circumstances under which the fellow
VI.A.2.e).(1)	independence. (Outcome)	6.10.a.	independence. (Outcome)
	Faculty supervision assignments must be of sufficient duration to assess		Faculty supervision assignments mu
	the knowledge and skills of each fellow and to delegate to the fellow the		the knowledge and skills of each fello
VI.A.2.f)	appropriate level of patient care authority and responsibility. (Core)	6.11.	appropriate level of patient care author
			Professionalism
			Programs, in partnership with their S
			fellows and faculty members concern
			responsibilities of physicians, includi
			to be appropriately rested and fit to p
VI.B.	Professionalism	6.12.	patients. (Core)
			Professionalism
	Programs, in partnership with their Sponsoring Institutions, must educate		Programs, in partnership with their S
	fellows and faculty members concerning the professional and ethical		fellows and faculty members concern
	responsibilities of physicians, including but not limited to their obligation		responsibilities of physicians, includi
VI.B.1.	to be appropriately rested and fit to provide the care required by their patients. (Core)	6.12.	to be appropriately rested and fit to p patients. (Core)
VI.B.2.	The learning objectives of the program must:	[None]	patients. (Core)
VI.D.Z.	be accomplished without excessive reliance on fellows to fulfill non-		The learning objectives of the program
VI.B.2.a)	physician obligations; (Core)	6.12.a.	excessive reliance on fellows to fulfil
			The learning objectives of the progra
VI.B.2.b)	ensure manageable patient care responsibilities; and, (Core)	6.12.b.	care responsibilities. (Core)
/			The learning objectives of the progra
	include efforts to enhance the meaning that each fellow finds in the		the meaning that each fellow finds in
	experience of being a physician, including protecting time with patients,		including protecting time with patient
	providing administrative support, promoting progressive independence		promoting progressive independence
VI.B.2.c)	and flexibility, and enhancing professional relationships. (Core)	6.12.c.	professional relationships. (Core)
	The program director, in partnership with the Sponsoring Institution, must		The program director, in partnership
	provide a culture of professionalism that supports patient safety and		provide a culture of professionalism
VI.B.3.	personal responsibility. (Core)	6.12.d.	personal responsibility. (Core)
	Fellows and faculty members must demonstrate an understanding of their		Fellows and faculty members must de
	personal role in the safety and welfare of patients entrusted to their care,		personal role in the safety and welfar
VI.B.4.	including the ability to report unsafe conditions and safety events. (Core)	6.12.e.	including the ability to report unsafe
	Programs, in partnership with their Sponsoring Institutions, must provide a		Programs, in partnership with their S
	professional, equitable, respectful, and civil environment that is		a professional, equitable, respectful,
	psychologically safe and that is free from discrimination, sexual and other		psychologically safe and that is free f
	forms of harassment, mistreatment, abuse, or coercion of students,	6 12 f	forms of harassment, mistreatment, a
VI.B.5.	fellows, faculty, and staff. (Core)	6.12.f.	fellows, faculty, and staff. (Core)

pervising physicians must delegate n the needs of the patient and the skills

ory role to junior fellows and residents ard independence, based on the needs individual resident or fellow. (Detail) ircumstances and events in which supervising faculty member(s). (Core) their scope of authority, and the ow is permitted to act with conditional

ust be of sufficient duration to assess llow and to delegate to the fellow the hority and responsibility. (Core)

Sponsoring Institutions, must educate rning the professional and ethical iding but not limited to their obligation provide the care required by their

Sponsoring Institutions, must educate rning the professional and ethical ding but not limited to their obligation provide the care required by their

ram must be accomplished without fill non-physician obligations. (Core) ram must ensure manageable patient

ram must include efforts to enhance in the experience of being a physician, ents, providing administrative support, ce and flexibility, and enhancing

p with the Sponsoring Institution, must n that supports patient safety and

demonstrate an understanding of their are of patients entrusted to their care, e conditions and safety events. (Core)

Sponsoring Institutions, must provide I, and civil environment that is from discrimination, sexual and other , abuse, or coercion of students,

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requiremen
VI.B.6.	Programs, in partnership with their Sponsoring Institutions, should have a process for education of fellows and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. (Core)	6.12.g.	Programs, in partnership with their S process for education of fellows and behavior and a confidential process f addressing such concerns. (Core)
	Well-Being Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician and require proactive attention to life inside and outside of medicine. Well-being requires that physicians retain the joy in medicine while managing their own real-life stresses. Self-care and responsibility to support other members of the health care team are important components of professionalism; they are also skills that must be modeled, learned, and nurtured in the context of other aspects of fellowship training.		Well-Being Psychological, emotional, and physic development of the competent, caring proactive attention to life inside and o requires that physicians retain the joy own real-life stresses. Self-care and r members of the health care team are professionalism; they are also skills to nurtured in the context of other aspect
VI.C.	Fellows and faculty members are at risk for burnout and depression. Programs, in partnership with their Sponsoring Institutions, have the same responsibility to address well-being as other aspects of resident competence. Physicians and all members of the health care team share responsibility for the well-being of each other. A positive culture in a clinical learning environment models constructive behaviors, and prepares fellows with the skills and attitudes needed to thrive throughout their careers.		Fellows and faculty members are at r Programs, in partnership with their S same responsibility to address well-b competence. Physicians and all mem responsibility for the well-being of ea clinical learning environment models prepares fellows with the skills and a their careers.
1.0.	The responsibility of the program, in partnership with the Sponsoring		The responsibility of the program, in
VI.C.1.	Institution, must include:	6.13.	Institution, must include:
VI.C.1.a)	attention to scheduling, work intensity, and work compression that impacts fellow well-being; (Core)	6.13.a.	attention to scheduling, work intensit impacts fellow well-being; (Core)
VI.C.1.b)	evaluating workplace safety data and addressing the safety of fellows and faculty members; (Core)	6.13.b.	evaluating workplace safety data and faculty members; (Core)
VI.C.1.c)	policies and programs that encourage optimal fellow and faculty member well-being; and, (Core)	6.13.c.	policies and programs that encourage well-being; and, (Core)
VI.C.1.c).(1)	Fellows must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. (Core)	6.13.c.1.	Fellows must be given the opportunit and dental care appointments, includ working hours. (Core)
VI.C.1.d)	education of fellows and faculty members in:	6.13.d.	education of fellows and faculty mem
VI.C.1.d).(1)	identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions; (Core)	6.13.d.1.	identification of the symptoms of bur disorders, suicidal ideation, or potent assist those who experience these co
VI.C.1.d).(2)	recognition of these symptoms in themselves and how to seek appropriate care; and, (Core)		recognition of these symptoms in the appropriate care; and, (Core)
VI.C.1.d).(3)	access to appropriate tools for self-screening. (Core)	6.13.d.3.	access to appropriate tools for self-se
	providing access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care		providing access to confidential, affo counseling, and treatment, including
VI.C.1.e)	24 hours a day, seven days a week. (Core)	6.13.e.	24 hours a day, seven days a week. (0

Sponsoring Institutions, should have a d faculty regarding unprofessional s for reporting, investigating, and

sical well-being are critical in the ing, and resilient physician and require d outside of medicine. Well-being ioy in medicine while managing their d responsibility to support other re important components of s that must be modeled, learned, and bects of fellowship training.

t risk for burnout and depression. Sponsoring Institutions, have the being as other aspects of resident mbers of the health care team share each other. A positive culture in a Is constructive behaviors, and attitudes needed to thrive throughout

n partnership with the Sponsoring

sity, and work compression that

nd addressing the safety of fellows and

ge optimal fellow and faculty member

nity to attend medical, mental health, Iding those scheduled during their

mbers in:

urnout, depression, and substance use ntial for violence, including means to conditions; (Core)

nemselves and how to seek

screening. (Core)

fordable mental health assessment, g access to urgent and emergent care (Core)

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VI.C.2.	There are circumstances in which fellows may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and medical, parental, or caregiver leave. Each program must allow an appropriate length of absence for fellows unable to perform their patient care responsibilities. (Core)	6.14.	There are circumstances in which fell including but not limited to fatigue, ill medical, parental, or caregiver leave. appropriate length of absence for fell care responsibilities. (Core)
VI.C.2.a)	The program must have policies and procedures in place to ensure coverage of patient care and ensure continuity of patient care. (Core)	6.14.a.	The program must have policies and coverage of patient care and ensure of
VI.C.2.b)	These policies must be implemented without fear of negative consequences for the fellow who is or was unable to provide the clinical work. (Core)	6.14.b.	These policies must be implemented consequences for the fellow who is o work. (Core)
VI.D.	Fatigue Mitigation	6.15.	Fatigue Mitigation Programs must educate all fellows an the signs of fatigue and sleep depriva fatigue mitigation processes. (Detail)
VI.D.1.	Programs must educate all fellows and faculty members in recognition of the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes. (Detail)	6.15.	Fatigue Mitigation Programs must educate all fellows an the signs of fatigue and sleep depriva fatigue mitigation processes. (Detail)
VI.D.2. VI.E.	The program, in partnership with its Sponsoring Institution, must ensure adequate sleep facilities and safe transportation options for fellows who may be too fatigued to safely return home. (Core) Clinical Responsibilities, Teamwork, and Transitions of Care	6.16. [None]	The program, in partnership with its S adequate sleep facilities and safe trar may be too fatigued to safely return h
VI.E.1.	Clinical Responsibilities The clinical responsibilities for each fellow must be based on PGY level, patient safety, fellow ability, severity and complexity of patient illness/condition, and available support services. (Core)	6.17.	Clinical Responsibilities The clinical responsibilities for each f patient safety, fellow ability, severity a illness/condition, and available suppo
VI.E.2.	Teamwork Fellows must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the subspecialty and larger health system. (Core)	6.18.	Teamwork Fellows must care for patients in an e communication and promotes safe, ir the subspecialty and larger health sys
VI.E.3.	Transitions of Care	6.19.	Transitions of Care Programs must design clinical assigr patient care, including their safety, fre
VI.E.3.a)	Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core)	6.19.	Transitions of Care Programs must design clinical assigr patient care, including their safety, fre
VI.E.3.b)	Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety. (Core)	6.19.a.	Programs, in partnership with their S and monitor effective, structured han continuity of care and patient safety.
VI.E.3.c)	Programs must ensure that fellows are competent in communicating with team members in the hand-off process. (Outcome)	6.19.b.	Programs must ensure that fellows an team members in the hand-off proces

ellows may be unable to attend work, illness, family emergencies, and e. Each program must allow an ellows unable to perform their patient

d procedures in place to ensure e continuity of patient care. (Core) d without fear of negative or was unable to provide the clinical

and faculty members in recognition of vation, alertness management, and il)

and faculty members in recognition of vation, alertness management, and il)

s Sponsoring Institution, must ensure ransportation options for fellows who home. (Core)

h fellow must be based on PGY level, y and complexity of patient port services. (Core)

n environment that maximizes interprofessional, team-based care in system. (Core)

gnments to optimize transitions in frequency, and structure. (Core)

gnments to optimize transitions in frequency, and structure. (Core)

Sponsoring Institutions, must ensure and-off processes to facilitate both y. (Core)

are competent in communicating with ess. (Outcome)

Roman Numeral Requirement		Reformatted	
Number	Requirement Language	Requirement Number	Requiremen
VI.F.	Clinical Experience and Education Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide fellows with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.	[None]	Clinical Experience and Education Programs, in partnership with their S an effective program structure that is educational and clinical experience of opportunities for rest and personal a
VI.F.1.	Maximum Hours of Clinical and Educational Work per Week Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting. (Core)	6.20.	Maximum Hours of Clinical and Educ Clinical and educational work hours hours per week, averaged over a four house clinical and educational activit and all moonlighting. (Core)
VI.F.2.	Mandatory Time Free of Clinical Work and Education	6.21.	Mandatory Time Free of Clinical Worl Fellows should have eight hours off I education periods. (Detail)
VI.F.2.a)	Fellows should have eight hours off between scheduled clinical work and education periods. (Detail)	6.21.	Mandatory Time Free of Clinical Worl Fellows should have eight hours off l education periods. (Detail)
VI.F.2.b)	Fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)	6.21.a.	Fellows must have at least 14 hours fafter 24 hours of in-house call. (Core)
VI.F.2.c)	Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). Athome call cannot be assigned on these free days. (Core)	6.21.b.	Fellows must be scheduled for a minical work and required education home call cannot be assigned on the
VI.F.3.	Maximum Clinical Work and Education Period Length	6.22.	Maximum Clinical Work and Educatio Clinical and educational work periods hours of continuous scheduled clinic
VI.F.3.a)	Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments. (Core)	6.22.	Maximum Clinical Work and Education Clinical and educational work periods hours of continuous scheduled clinic
VI.F.3.a).(1)	Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or fellow education. Additional patient care responsibilities must not be assigned to a fellow during this time. (Core)	6.22.a.	Up to four hours of additional time mapatient safety, such as providing effe fellow education. Additional patient c assigned to a fellow during this time.
VI.F.4.	Clinical and Educational Work Hour Exceptions	6.23.	Clinical and Educational Work Hour E In rare circumstances, after handing o on their own initiative, may elect to re the following circumstances: to conti severely ill or unstable patient; to giv of a patient or patient's family; or to a (Detail)
VI.F.4.a)	In rare circumstances, after handing off all other responsibilities, a fellow, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; to give humanistic attention to the needs of a patient or patient's family; or to attend unique educational events. (Detail)		Clinical and Educational Work Hour E In rare circumstances, after handing o on their own initiative, may elect to re the following circumstances: to conti severely ill or unstable patient; to give of a patient or patient's family; or to a (Detail)

Sponsoring Institutions, must design is configured to provide fellows with opportunities, as well as reasonable activities.

acational Work per Week s must be limited to no more than 80 ur-week period, inclusive of all invities, clinical work done from home,

ork and Education f between scheduled clinical work and

ork and Education f between scheduled clinical work and

s free of clinical work and education e)

inimum of one day in seven free of n (when averaged over four weeks). Atnese free days. (Core)

ion Period Length

ds for fellows must not exceed 24 lical assignments. (Core)

ion Period Length

ds for fellows must not exceed 24 lical assignments. (Core)

may be used for activities related to fective transitions of care, and/or care responsibilities must not be e. (Core)

Exceptions

g off all other responsibilities, a fellow, remain or return to the clinical site in atinue to provide care to a single ive humanistic attention to the needs attend unique educational events.

[•] Exceptions

g off all other responsibilities, a fellow, remain or return to the clinical site in ntinue to provide care to a single ive humanistic attention to the needs attend unique educational events.

Roman Numeral Requirement Number	Requirement Language	Reformatted Requirement Number	Requiremen
VI.F.4.b)	These additional hours of care or education must be counted toward the 80 hour weekly limit. (Detail)		These additional hours of care or edu 80-hour weekly limit. (Detail)
	A Review Committee may grant rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs based on a sound educational rationale.		A Review Committee may grant rotati percent or a maximum of 88 clinical a individual programs based on a soun
VI.F.4.c)	The Review Committee for Physical Medicine and Rehabilitation will not consider requests for exceptions to the 80-hour limit to the fellows' work week.	6.24.	The Review Committee for Physical Med consider requests for exceptions to the 8
VI.F.5.	Moonlighting	6.25.	Moonlighting Moonlighting must not interfere with goals and objectives of the education with the fellow's fitness for work nor
VI.F.5.a)	Moonlighting must not interfere with the ability of the fellow to achieve the goals and objectives of the educational program, and must not interfere with the fellow's fitness for work nor compromise patient safety. (Core)	6.25.	Moonlighting Moonlighting must not interfere with t goals and objectives of the education with the fellow's fitness for work nor o
VI.F.5.b)	Time spent by fellows in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit. (Core)	6.25.a.	Time spent by fellows in internal and the ACGME Glossary of Terms) must maximum weekly limit. (Core)
VI.F.6.	In-House Night Float Night float must occur within the context of the 80-hour and one-day-off-in- seven requirements. (Core)	6.26.	In-House Night Float Night float must occur within the cont seven requirements. (Core)
VI.F.7.	Maximum In-House On-Call Frequency Fellows must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). (Core)	6.27.	Maximum In-House On-Call Frequenc Fellows must be scheduled for in-hou every third night (when averaged over
VI.F.8.	At-Home Call	6.28.	At-Home Call Time spent on patient care activities to count toward the 80-hour maximum w home call is not subject to the every-to the requirement for one day in seven when averaged over four weeks. (Core
	Time spent on patient care activities by fellows on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when		At-Home Call Time spent on patient care activities b count toward the 80-hour maximum w home call is not subject to the every-t the requirement for one day in seven
VI.F.8.a)	averaged over four weeks. (Core) At-home call must not be so frequent or taxing as to preclude rest or	6.28.	when averaged over four weeks. (Cor At-home call must not be so frequent
VI.F.8.a).(1)	reasonable personal time for each fellow. (Core)	6.28.a.	reasonable personal time for each fell

ent Language ducation must be counted toward the

ation-specific exceptions for up to 10 I and educational work hours to und educational rationale.

edicine and Rehabilitation will not e 80-hour limit to the fellows' work week.

h the ability of the fellow to achieve the onal program, and must not interfere r compromise patient safety. (Core)

h the ability of the fellow to achieve the onal program, and must not interfere or compromise patient safety. (Core) id external moonlighting (as defined in st be counted toward the 80-hour

ontext of the 80-hour and one-day-off-in-

ıcy

ouse call no more frequently than /er a four-week period). (Core)

s by fellows on at-home call must n weekly limit. The frequency of aty-third-night limitation, but must satisfy en free of clinical work and education, ore)

s by fellows on at-home call must a weekly limit. The frequency of aty-third-night limitation, but must satisfy on free of clinical work and education, ore)

nt or taxing as to preclude rest or fellow. (Core)