

**ACGME Program Requirements for Graduate Medical Education
in Child and Adolescent Psychiatry
Summary and Impact of Major Requirement Revisions**

Requirement #: **III.B.1.**

Requirement Revision (significant change only):

~~III.B.1. There should be at least two fellows appointed at each level of education at all times in the two-year FTE program.~~ ^(Detail)

1. Describe the Review Committee's rationale for this revision:
This requirement was deleted to provide programs with more flexibility in the fellow recruitment process.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
This change should improve fellow education, patient safety, and patient care quality as it will allow smaller fellowships to continue with a smaller fellow complement given the need for flexibility because of recruitment issues within Child and Adolescent Psychiatry programs.
3. How will the proposed requirement or revision impact continuity of patient care?
No impact is expected.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
No impact is expected.
5. How will the proposed revision impact other accredited programs?
The proposed revision will not impact other accredited programs.

Requirement #: **IV.B.1.b).(1).(b)**

Requirement Revision (significant change only):

IV.B.1.b).(1).(b) Fellows must effectively integrate telehealth and electronic health records into patient assessment and treatment, including communication with other health care practitioners. ^(Core)

1. Describe the Review Committee's rationale for this revision:
This requirement was added to enhance fellows' experience and skills with assessing and treating children and adolescents via telehealth that is generally integrated with the electronic health record (EHR). This includes communicating with other health care practitioners. During the COVID-19 pandemic and the Emergency Medical Act, it was crucial for programs and health care institutions to implement telehealth on a large scale. This quick expansion of telehealth provided necessary mental health services. The mental health crisis continues, and so continuing the integration of telehealth and EHRs into patient care will provide services to many

and improve access to mental health services, especially for those in underserved areas. In addition, this requirement expands career opportunities for fellows.

2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

This change should improve fellow education, patient safety, and patient care quality because telehealth is a recognized part of the care of children and adolescents.

3. How will the proposed requirement or revision impact continuity of patient care?

This change may improve continuity of patient care by increasing access.

4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?

There should be no impact as telehealth was widely implemented by institutions during the COVID-19 pandemic.

5. How will the proposed revision impact other accredited programs?

There should be no impact on other accredited programs.

Requirement #: **IV.B.1.c).(2)-(3)**

Requirement Revision (significant change only):

IV.B.1.c).(1).(f) [Fellows must demonstrate competence in their knowledge of:] ~~diversity and cultural issues pertinent to children, adolescents, and their families and,~~^(Core)

IV.B.1.c).(2) Fellows must demonstrate a depth of understanding in their knowledge of US society and subcultures and a willingness to engage in a process of continuous learning and self-evaluation in this process.^(Core)

Subspecialty-Specific Background and Intent: Areas of socio-cultural and structural understanding should include that of immigrant populations; individuals from historically marginalized backgrounds by race, ethnicity, sexual orientation, gender identity, and ability status; individuals of low socioeconomic status; and those with English as a non-primary language. The identities, culture, and socio-economic positions of those found in the patient community associated with the educational program should be particularly emphasized, with specific focus on the elements of the relationship between fellow and patient, including the dynamics of differences in culture, identity, values, preferences, and power, as well as the patient's current perceived needs and expectation for help.

IV.B.1.c).(3) Fellows should apply principles of humility in the process of developing an understanding of their patients.^(Core)

1. Describe the Review Committee's rationale for this revision:
IV.B.1.c).(1).(f) was updated to address more current and descriptive language reflecting US society and subcultures.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?

This change should improve fellow education, patient safety, and patient care quality because it ensures fellows understand the diverse array of patients that present in child and adolescent psychiatry.

3. How will the proposed requirement or revision impact continuity of patient care?
No impact is expected.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
No impact is expected.
5. How will the proposed revision impact other accredited programs?
The proposed revision will not impact other accredited programs.

Requirement #: **IV.C.17. and IV.C.18.**

Requirement Revision (significant change only):

IV.C.17 Fellows must have experience cCaring for outpatients, including child and adolescent patients from each developmental age group, continuously over time and, whenever possible, for one year's duration or more. must include work with some child and adolescent patients from each developmental age group, continuously over time, and whenever possible, for one year's duration or more.^(Core)

IV.C.18 Fellows must have clinical experiences in evidence-informed psychotherapies across ages (preschoolers, school-aged children, and adolescents) in order to obtain basic skills in individual, family, and group settings. ^(Core)

1. Describe the Review Committee's rationale for this revision:
These requirements were added to provide fellows with adequate time within rotation sites to learn and practice psychotherapy. It is critical for child and adolescent psychiatry fellows to learn not just the theories of psychotherapy, but how to successfully utilize psychotherapeutic techniques.
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?
This change should improve fellow education, patient safety, and patient care quality by allowing the fellows to appreciate the differences in the care provided in different settings and to more appropriately triage patients.
3. How will the proposed requirement or revision impact continuity of patient care?
No impact is expected.
4. Will the proposed requirement or revision necessitate additional institutional resources (e.g., facilities, organization of other services, addition of faculty members, financial support; volume and variety of patients), if so, how?
No impact is expected.
5. How will the proposed revision impact other accredited programs?

The proposed revision will not impact other accredited programs.