

**ACGME Program Requirements for Graduate Medical Education  
in Consultation-Liaison Psychiatry  
Summary and Impact of Major Requirement Revisions**

Requirement #: **I.D.1.b)**

Requirement Revision (significant change only):

I.D.1.b) There must be patients of each sex with a variety of clinical problems, including critically ill patients that span the spectrum of psychiatric diagnoses that reflect the diversity of the local community with respect to sexual orientation, gender identity, race, ethnicity, religion, socioeconomic status, and education-level. <sup>(Core)</sup>

1. Describe the Review Committee's rationale for this revision:  
**This requirement was updated to reflect 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 provides greater clarity regarding the patient population to which programs must provide exposure for fellows to consult and treat.**
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?  
**Depending on how narrow the patient population in the current sites is, it could necessitate the addition of a site that is more diverse. That new site would come with the additional psychiatrists who practice consultation-liaison psychiatry there. This would not necessitate additional financial support or an increase in fellows' patient volume.**
5. How will the proposed revision impact other accredited programs?  
**It should not negatively impact other accredited programs and might enhance patient care and teaching in other programs.**

Requirement #: **IV.B.1.b).(1).(a).(i-ii)**

Requirement Revision (significant change only):

IV.B.1.b).(1).(a) [Fellows must demonstrate competence in:]

IV.B.1.b).(1).(a).(i) establishing rapport with all medical patients and their family members in all medical settings, taking into account the role of the historical inequities across race, gender, sexual orientation, gender identity, culture, and other forms of social identity; and, <sup>(Core)</sup>

IV.B.1.b).(1).(a).(ii) ~~Fellows must demonstrate competence in diagnosing and treating psychiatric disturbances that occur among the physically ill in both inpatient and outpatient settings.~~ <sup>(Core)</sup>

1. Describe the Review Committee's rationale for this revision:  
**This requirement was revised to include family members of patients, as often the work of history taking, psychoeducation, etc., is conducted with the families members and includes attention to the socio-cultural aspects of patients and their family members, all of which pertains to establishment of rapport.**
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 consultation-liaison 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.B.1.b).(1).(c) and IV.B.1.b).(1).(c).(i)-(vi)**

Requirement Revision (significant change only):

IV.B.1.b).(1).(c) [Fellows must demonstrate competence in evaluating and managing individuals with:]

IV.B.1.b).(1).(c).(i) acute and chronic pain; <sup>(Core)</sup>

IV.B.1.b).(1).(c).(ii) ~~delirium, dementia, cognitive disorders, such as delirium and dementia,~~ and psychiatric disorders due to medical illness; <sup>(Core)</sup>

IV.B.1.b).(1).(c).(iii) psychiatric disorders related to the perinatal period; <sup>(Core)</sup>

IV.B.1.b).(1).(c).(iv) somatic symptom disorders; <sup>(Core)</sup>

IV.B.1.b).(1).(c).(v) substance use disorders in the general medical setting; <sup>(Core)</sup>

IV.B.1.b).(1).(c).(vi) comorbid psychiatric and other medical illness; <sup>(Core)</sup>

1. Describe the Review Committee's rationale for this revision:  
**This section was revised to expand the number of conditions fellows are required to treat.**

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 vast array of psychiatric disorders that resent in consultation-liaison 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.B.1.b).(1).(d).(v)-(vi)**

Requirement Revision (significant change only):

IV.B.1.b).(1).(d) [Fellows must demonstrate competence in:]

IV.B.1.b).(1).(d).(v) demonstrating the ability to recognize and use appropriate resources to manage ethical dilemmas-; and, (Core)

IV.B.1.b).(1).(d).(vi) effective communication and liaising with other healthcare practitioners, including verbal communication and medical record documentation. (Core)

1. Describe the Review Committee's rationale for this revision:  
**Consultation-liaison psychiatrists are commonly consulted for and encounter ethical dilemmas, so learning to manage such situations is essential, as is demonstration of competence. Likewise, the content, means, and style of communication with health care practitioners in other fields and disciplines is an essential related skill.**
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 have experience in managing ethical dilemmas and communicating with other health care practitioners, as these are skills frequently required of consultation-liaison psychiatrists.**
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).(e)**

Requirement Revision (significant change only):

IV.B.1.b).(1).(e) 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:

**Telehealth is now used within and outside of health care settings and electronic health records provide a documentation of patient visits, as well as an avenue for care and communication regarding care with other health care practitioners.**

**This requirement exists in the current ACGME Program Requirements for Graduate Medical Education in Psychiatry. The Review Committee determined that all psychiatry fellowships must have it included in their Requirements as well, to build upon the education and training in general psychiatry residency for providing patient-centered and equitable care.**

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

**This requirement will enhance a fellow's capacity to see patients under different circumstances (i.e., through telehealth) and utilize what is now the standard means of health care documentation to optimize communication.**

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

**The ability to care for patients via telehealth broadens the ability to provide continuity of patient care by reducing barriers, such as transportation. Use of electronic health records allows for greater opportunity to communicate among different health care practitioners involved in a patient's care.**

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?

**No impact is expected.**

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

Requirement Revision (significant change only):

IV.B.1.c).(1) [Fellows must demonstrate competence in their knowledge of:]

IV.B.1.c.(1).(b) biological, psychological, ~~and social, and cultural factors, including institutional and other forms of racism, such as access to care,~~ that influence the development, course, and outcome of medical and surgical diseases; <sup>(Core)</sup>

1. Describe the Review Committee's rationale for this revision:  
**This revision will ensure fellows' understanding of factors that influence clinical presentation and outcomes for their patients is broader.**
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
**Greater awareness, sensitivity, and knowledge of factors impacting patients will improve quality of patient care and health care outcomes and possibly patient safety.**
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?  
**No impact is expected.**

Requirement #: **IV.B.1.c).(1).(k)-(l)**

Requirement Revision (significant change only):

IV.B.1.c).(1) [Fellows must demonstrate competence in their knowledge of:]

IV.B.1.c).(1).(k) nature and factors that influence the physician-patient relationship in the medical setting, including the role of physician and patient social identities and cultures; and, <sup>(Core)</sup>

IV.B.1.c).(1).(l) organizational and administrative skills needed to finance, staff, and manage a consultation-liaison psychiatry service, including knowledge of integrated, collaborative, and multidisciplinary models of care, as well as an understanding of diversity, equity, and inclusion in such settings; ~~and,~~ <sup>(Core)</sup>

1. Describe the Review Committee's rationale for this revision:  
**The revision will ensure fellows' understanding of factors that influence establishment and fostering of effective patient-physician relationships is broader.**
2. How will the proposed requirement or revision improve resident/fellow education, patient safety, and/or patient care quality?  
**Greater awareness, sensitivity, and knowledge of the impact of diversity, equity, and inclusion factors in patient-physician relationships will enhance the quality of patient care.**

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?  
**No impact is expected.**

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

Requirement Revision (significant change only):

~~IV.B.1.c).(1).(m) [Fellows must demonstrate competence in their knowledge of:] American culture and subcultures, including immigrant populations, particularly those found in the patient community associated with the educational program, with specific focus on the cultural elements of the relationship between the fellow and the patient including the dynamics of differences in cultural identity, values and preferences, and power. (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 individuals 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 fellows and patients, including the dynamics of differences in culture, identity, values, preferences, and power, as well as the patient's current perceived needs and expectations 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:  
**Program Requirements IV.B.1.c).(2)-(3) were 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 consultation-liaison 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.8**

Requirement Revision (significant change only):

~~IV.C.8. Each fellow must maintain a patient log documenting all clinical experiences.~~ (Detail)

1. Describe the Review Committee's rationale for this revision:

**Patient logs are not needed for this subspecialty area.**

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 by reducing fellows' workload.**

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.**