

# Combined Training in Emergency Medicine – Internal Medicine

## Applicaton for New Program

Effective July 10, 2016



The American Board of Internal Medicine  
Attn: Credentials Administrator  
[jjones@ABIM.ORG](mailto:jjones@ABIM.ORG)  
510 Walnut Street, Suite 1700  
Philadelphia, PA 19106-3699  
[www.abim.org](http://www.abim.org)



The American Board of Emergency Medicine  
Attn: Director of Medical Affairs  
[mbarton@abem.org](mailto:mbarton@abem.org)  
3000 Coolidge Road  
East Lansing, MI 48823  
[www.abem.org](http://www.abem.org)

Program Name:

## INSTRUCTIONS:

The Combined Residency Training Program Application Form should be downloaded from either the American Board of Internal Medicine (ABIM) or American Board of Emergency Medicine (ABEM) website. Please complete the entire fillable PDF application electronically, except for the fields requiring a signature. Electronic signatures will not be accepted, as original signatures are required. Once completed, scan and email a copy of the entire form and requested documentation to both Boards at the below email addresses.



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Attn: Credentials Administrator S  
[jjones@ABIM.ORG](mailto:jjones@ABIM.ORG)  
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Submission of the ABEM-ABIM Combined Residency Training Program Audit of Existing Program Form will require a commitment on the part of both categorical programs and their respective institutions to meet all the program requirements. The application form must be signed by the designated Program Director, Associate Program Director, both of their respective Department Chairs, and the Designated Institutional Official at each of their institutions, if they are not in the same institution. ABEM and ABIM will send a confirmation acknowledging receipt of the application.

Both the categorical programs in Emergency Medicine and Internal Medicine must have Accreditation Council for Graduate Medical Education (ACGME) accreditation. If either the program in Emergency Medicine or Internal Medicine loses accreditation, approval of the combined program will be withdrawn. If either categorical program is on probation, the combined program may not accept additional trainees until this is corrected.

All programs must receive prospective approval from both ABEM and ABIM before any trainees are accepted into the combined program.

Residents who do not complete the combined program in the required amount of time or wish to transfer to another accredited, combined program must have the prospective approval of both Boards.

Please indicate the annual number of trainees in the combined residency training program on the application form. There should be verification that these additional trainees will not compromise the training of residents in either of the categorical residency programs. The number of positions permitted in these combined programs will be approved for each program by ABEM and ABIM in conjunction with their respective Residency Review Committees (RRCs) when applicable. These numbers will be in addition to the number of trainees in the independent categorical programs of Emergency Medicine and Internal Medicine.

**AMERICAN BOARD OF EMERGENCY MEDICINE (ABEM) –  
 AMERICAN BOARD OF INTERNAL MEDICINE (ABIM)  
 COMBINED RESIDENCY TRAINING PROGRAM  
 NEW PROGRAM APPLICATION**

**Program Name:** \_\_\_\_\_

**Date Completed:** \_\_\_\_\_

<b>SPONSORING INSTITUTION:</b> Indicate the sponsoring institution of the combined program. This should be the institution where the Director of the combined program primarily functions.							
<i>Institution</i>	<i>City</i>			<i>State</i>			
<i># of Categorical Residents</i>	EM1 -	EM2 -	EM3 -	EM4 (if applicable)-	IM1 -	IM2 -	IM3 -
<i># of Current Positions</i>	EM/IM1 -	EM/IM2 -	EM/IM3 -		EM/IM4 -	EM/IM5 -	

<b>ACCREDITED RESIDENCY PROGRAMS:</b> Indicate the name and the ACGME program number for the programs offering the combined training.		
<i>Program</i>	<i>ACGME #</i>	<i>Primary Training Site</i>
Department of Emergency Medicine		
Department of Internal Medicine		

COMBINED TRAINING DIRECTOR(S) AND POSITIONS:					
Name	Director	Co-Director	Associate Director (Choose one)	Board Certification	Date Current Board Certification Expires

Yes ✓	No ✓	<b>GENERAL PROGRAM POLICIES AND DOCUMENTS:</b> The following are issues on which the program should develop policy statements that are distributed to residents and faculty, and are on file for RRC or Board review. Indicate (✓) if each issue has been addressed by the program. If you answer “no,” please include an explanation on a separate sheet. <b>Please enclose copies of any items marked with (*) and if applicable, any additional explanation sheets.</b>
		<p>The Emergency Medicine residency has full ACGME accreditation and is in good standing at the time when the application for a combined residency training program is submitted.</p> <ul style="list-style-type: none"> <li>If the residency in either discipline receives probationary accreditation after initiation of the combined training, new residents should not be appointed to the combined training program. And, for training that occurs during a period of probationary accreditation, the eligibility criteria that ABEM and ABIM have in place for residents in categorical residency training will likewise apply to residents in the combined program.</li> </ul>
		<p>The Internal Medicine residency has full ACGME accreditation and is in good standing at the time when the application for a combined residency training program is submitted.</p> <ul style="list-style-type: none"> <li>If the residency in either discipline receives probationary accreditation after initiation of the combined training, new residents should not be appointed to the combined training program. And, for training that occurs during a period of probationary accreditation, the eligibility criteria that ABEM and ABIM have in place for residents in categorical residency training will likewise apply to residents in the combined program.</li> </ul>
		The program informs Emergency Medicine/Internal Medicine residents leaving the program of the need to request Board approval to receive credit for training completed if transferring to another residency program.
		The program will inform ABEM and ABIM of Emergency Medicine/Internal Medicine residents leaving the program, transferring to another combined program, or entering a categorical residency.
		The program is based on a written curriculum of planned educational experiences in both specialties, and is not simply a listing of rotations between two specialties.

		The program must document a formal evaluation of the curriculum annually. This evaluation must include the respective categorical program directors, two additional faculty members, and one resident from each core program.
		The program director must appoint the Clinical Competency Committee (CCC). At a minimum, the CCC must be composed of three members of the faculty from each core program. <b>(*Enclose list of CCC members.)</b> <ul style="list-style-type: none"> <li>Each CCC should review all resident evaluations semi-annually and advise the program director regarding resident progress, including promotion, remediation, and dismissal. This evaluation must be provided to each resident.</li> </ul>
		There must be a method to document procedures that are performed by residents. Each resident must maintain in an accurate and timely manner, a written record of all major resuscitations and procedures performed throughout the entire education program.
		The specialty-specific ACGME milestones must be used as one of the tools to ensure residents are able to practice core professional activities without supervision upon program completion.
		Prior to completion of combined training, each resident must demonstrate acceptable scholarly activity.
		All Emergency Medicine/Internal Medicine residents participate in ABIM's In-training Examination.
		All Emergency Medicine/Internal Medicine residents participate in ABEM's In-training Examination.
		Letters of support signed by the current department chairs of Emergency Medicine and Internal Medicine are on file. <b>(*Enclose letters)</b>
		A letter of support signed by the current Designated Institutional Official is on file. <b>(*Enclose letter)</b>
		Any significant change in institutional support or rotation location requires notification to both Boards.
		During the final three years, each resident will have 18 months of training in each specialty.
		Joint educational conferences involving residents from Emergency Medicine and Internal Medicine are desirable, and should include participation of all residents in the combined residency whenever possible. A brief curriculum summary of such educational activities should be available for review.

Yes ✓	No ✓	<b>CORE CURRICULAR REQUIREMENTS:</b> Indicate (✓) if the program includes each of the following core curricular requirements.
		A clearly described, written curriculum available for residents, faculty, and both Residency Review Committees
		Thirty months of training under the direct supervision of Emergency Medicine
		Thirty months of training under the direct supervision of Internal Medicine
		Six months of training in the first year under the direction of Emergency Medicine
		Six months of training in the first year under the direction of Internal Medicine

Yes ✓	No ✓	<b>EMERGENCY MEDICINE GUIDELINES:</b> Indicate (✓) if the program includes each of the following requirements for approved training in Emergency Medicine.
		At least three percent of the patient population must present with critical illness or injury. The curriculum must include four months of dedicated critical care experiences, including critical care of infants and children. At least two months of these experiences must be at the PGY-2 level or above.
		A pediatric experience, defined as care of patients less than 18 years of age, should be provided consisting of five full-time equivalent months, or 20 percent of all emergency department encounters. At least 50 percent of the five months should be in an emergency setting. This experience should include the critical care of infants and children.
		Experience in performing invasive procedures, monitoring unstable patients, and directing major resuscitations of all types, in all age groups, must be provided. Each resident must maintain, in an accurate and timely manner, a record of all major resuscitations and procedures performed throughout the entire educational program.
		Residents must have experience in Emergency Medical Services (EMS), emergency preparedness, and disaster management. EMS experiences must include ground unit runs and should include direct medical command. This should include participation in multi-casualty incident drills. Residents should have experience teaching out-of-hospital emergency personnel.

Yes ✓	No ✓	<b>INTERNAL MEDICINE GUIDELINES:</b> Indicate (✓) that the program includes each of the following requirements for approved training in Internal Medicine. Resident rotations and evaluations must be reported to both the ABIM and ABEM according to current policies of the respective Boards.
		During the 30 months of Internal Medicine training, each resident must obtain 20 months of experience with direct responsibility for patients with illnesses in the domain of Internal Medicine. These 20 months must include three months in intensive care units, and at least seven months on non-intensive inpatient rotations. The resident should have significant exposure to cardiology. Both general medical and specialized (i.e., oncology) units are acceptable assignments. A maximum of three months of Emergency Medicine experience can be applied to 20 months of meaningful patient responsibility requirements for Internal Medicine.
		At least 33 percent of the 30 months of Internal Medicine experience must involve non-hospitalized patients. This must include a continuity experience for each resident in a half-day per week continuity-care clinic during the 30 months of Internal Medicine training, and block experience in ambulatory medicine for at least two months. These experiences may include work in subspecialty clinics and walk-in clinics, and brief rotations for appropriate interdisciplinary experience in areas such as dermatology, office gynecology, and orthopedics. All residents must gain significant exposure to the disciplines of psychiatry and neurology
		Residents are to be encouraged to follow their outpatients during the course of the patient's hospitalizations. The resident need not be scheduled in the continuity-care clinic during emergency department and intensive care unit rotations. Health maintenance, prevention, and rehabilitation should be emphasized. Residents should work in the clinics with other professionals, such as social workers, nurse practitioners, physician assistants, behavioral scientists, and dietitians.
		Internal Medicine subspecialty experiences must be provided to every resident for at least four months. Some of this must include experience as a consultant. In addition, all residents must be given experience as a general medical consultant to other services in the institution. Residents must have formal and regular supervised clinical experience in geriatric medicine. This may occur on geriatric inpatient units, geriatric consultation services, long-term facilities, geriatric ambulatory clinics, and/or home care settings.
		Residents must regularly attend morning report, medical grand rounds, work rounds, and mortality and morbidity conferences when on Internal Medicine rotations.

**SIGNATURES:** Indicate by signing below that the information contained in this application is correct and that the hospital and faculty of each department are committed to supporting the combined program. **Original signatures are required. Electronic signatures will not be accepted.**

	<i>Print Name</i>	<i>Signature</i>	<i>Date</i>
Emergency/Internal Medicine Director or Co-Director			
Emergency/Internal Medicine Co-Director			
Emergency Medicine Program Director			
Internal Medicine Program Director			

Directions for completing the attached Rotation Outline:

Column 1: Represents a month or 4-week block for a particular year

Column 2: Insert name of rotation, as well as hospital/location of rotation.

Column 3: Indicate (✓) if rotation counts as Emergency Medicine.

Column 4: Indicate (✓) if rotation counts as Internal Medicine.

Column 5: Enter number of continuity clinic sessions (1/2 days) for this rotation.

Column 6: Indicate (✓) if rotation counts for **both** Emergency Medicine and Internal Medicine (combined rotation).

Column 7: Indicate (✓) if the combined residents interact with categorical Emergency Medicine or Internal Medicine residents during this rotation.



**PGY-1 Rotation Outline**

		Indicate (✓) if rotation counts as Emergency Medicine.	Indicate (✓) if rotation counts as Internal Medicine.	Enter number of continuity clinic sessions (1/2 days) for this rotation.	Indicate (✓) if rotation counts for <b>both</b> Emergency Medicine and Internal Medicine.	Indicate (✓) if the combined residents interact with categorical Emergency Medicine or Internal Medicine residents during this rotation.
1	2	3	4	5	6	7
	ROTATION NAME AND HOSPITAL/ LOCATION OF ROTATION					
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**PGY-2 Rotation Outline**

		Indicate (✓) if rotation counts as Emergency Medicine.	Indicate (✓) if rotation counts as Internal Medicine.	Enter number of continuity clinic sessions (1/2 days) for this rotation.	Indicate (✓) if rotation counts for <b>both</b> Emergency Medicine and Internal Medicine.	Indicate (✓) if the combined residents interact with categorical Emergency Medicine or Internal Medicine residents during this rotation.
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
	<b>ROTATION NAME AND HOSPITAL/ LOCATION OF ROTATION</b>					
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**PGY-3 Rotation Outline**

		Indicate (✓) if rotation counts as Emergency Medicine.	Indicate (✓) if rotation counts as Internal Medicine.	Enter number of continuity clinic sessions (1/2 days) for this rotation.	Indicate (✓) if rotation counts for <b>both</b> Emergency Medicine and Internal Medicine.	Indicate (✓) if the combined residents interact with categorical Emergency Medicine or Internal Medicine residents during this rotation.
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
	<b>ROTATION NAME AND HOSPITAL/ LOCATION OF ROTATION</b>					
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**PGY-4 Rotation Outline**

		Indicate (✓) if rotation counts as Emergency Medicine.	Indicate (✓) if rotation counts as Internal Medicine.	Enter number of continuity clinic sessions (1/2 days) for this rotation.	Indicate (✓) if rotation counts for <b>both</b> Emergency Medicine and Internal Medicine.	Indicate (✓) if the combined residents interact with categorical Emergency Medicine or Internal Medicine residents during this rotation.
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
	<b>ROTATION NAME AND HOSPITAL/ LOCATION OF ROTATION</b>					
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**PGY-5 Rotation Outline**

		Indicate (✓) if rotation counts as Emergency Medicine.	Indicate (✓) if rotation counts as Internal Medicine.	Enter number of continuity clinic sessions (1/2 days) for this rotation.	Indicate (✓) if rotation counts for <b>both</b> Emergency Medicine and Internal Medicine.	Indicate (✓) if the combined residents interact with categorical Emergency Medicine or Internal Medicine residents during this rotation.
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
	<b>ROTATION NAME AND HOSPITAL/ LOCATION OF ROTATION</b>					
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