



GUIDELINES FOR COMBINED INTERNAL MEDICINE/NEUROLOGY RESIDENCY TRAINING PROGRAMS

The American Board of Internal Medicine and the American Board of Psychiatry and Neurology have agreed to offer dual certification for candidates who have completed five years of combined accredited training in Internal Medicine and Neurology suitable to both Boards.

OBJECTIVES

The objective of combined residency training in internal medicine and neurology includes the preparation of internists and neurologists for careers in clinical practice or on academic faculties as specialists in the broad spectrum of adult illness shared by internal medicine and neurology. Graduates of combined training may be expected to be involved with clinical practice, teaching, research, or administration in internal medicine and neurology.

The strengths of the residencies in internal medicine and neurology should complement each other to provide an optimal educational experience to trainees.

Combined training includes the components of independent internal medicine and neurology residencies which are accredited respectively by the Residency Review Committee for Internal Medicine and by the Residency Review Committee for Neurology, both of which function under the auspices of the Accreditation Council for Graduate Medical Education. While combined programs are not independently accredited, the accreditation status of the parent internal medicine and neurology programs shall influence a combined program resident's admission to the certifying examinations of each Board. Residents for combined training must not be recruited if either program has probational or provisional status. Proposals for combined residencies must be submitted to and approved by the ABIM and ABPN before a candidate can be accepted into joint training.

GENERAL REQUIREMENTS

Combined training in internal medicine and neurology must include at least five years of coherent training integral to residencies in the two disciplines which meet the Program Requirements for accreditation by the RC-IM and the RC-Neurology, respectively.

It is strongly recommended that combined training be in the same institution. Documentation of hospital and faculty commitment to and institutional goals of the combined training must be available in signed agreements. Affiliated institutions must be located close enough to facilitate cohesion among the housestaff, attendance at weekly continuity clinics and integrated conferences, and faculty exchanges of curriculum, evaluation, administration, and related matters.

Ideally, at least one resident should be enrolled in combined training each year. If no trainees are in a combined program for a period of three years, the program will not be listed as approved.

At the conclusion of 60 months of training in internal medicine and neurology, the residents should have had experience and instruction in the prevention, detection, and treatment of acute and chronic illness, in the rehabilitation of patients, as well as in the socioeconomics of illness, the ethical care of patients, and in the team approach to the provision of medical care.

The training of residents while on internal medicine rotations is the responsibility of the internal medicine faculty, and while on neurology rotations, the responsibility of the neurology faculty. Vacations, leave, and meeting time will be shared equally by both disciplines.

Except for the following provisions, combined residencies must conform to the Program Requirements for accreditation of residencies in internal medicine and neurology.

One measure of the quality of a residency program is the proportion of its residents who take and pass the ABPN certifying examination. This information must be used in the evaluation of the educational effectiveness of the program.

Sixty percent of a program's eligible graduates over the past five years must pass the certifying neurology examination of the ABPN. (Currently in effect)

Graduate pass rates for the ABPN specialty certifying examination must be used in evaluating the educational effectiveness of the program. At least 80 percent of a program's eligible graduates from the preceding five years should take the ABPN certifying examination in neurology. At least 75 percent of a program's eligible graduates from the preceding five years who take the ABPN certifying examination in neurology for the first time should pass. (Effective July 1, 2015)

In those programs with fewer than five graduates over the past five years, at least 50 percent of graduates who take the ABPN certifying examination in neurology for the first time should pass. (Effective July 1, 2015)

THE RESIDENT

Residents should enter combined training at the R-1 level, but may enter as late as the beginning of the R-2 level only if the R-1 year was served in a categorical (or preliminary) residency in internal medicine in the same academic health center. Under unusual circumstances and with the permission of both Boards, the Boards will consider accepting individuals who have trained in other accredited programs. Residents may not enter combined training beyond the R-2 level. Transfer between combined programs must have prospective approval of both Boards, and is allowed only once during the five-year training period. In a transfer between combined programs, residents must be offered and complete a fully integrated curriculum. A resident transferring from combined training to a categorical internal medicine or neurology program must have prospective approval of the receiving Board.

Transitional Year training shall receive no credit toward the requirements of either Board unless eight months or more have been completed under the direction of a program director of an ACGME-accredited sponsoring residency in internal medicine.

Training in each discipline must incorporate graded responsibility for patient care, as well as supervision and teaching of medical students and junior residents throughout the training period.

THE PROGRAM DIRECTOR(S)

The combined residency must be coordinated by a designated director or co-directors who can devote substantial time and effort to the educational program. An overall program director must be appointed from either specialty, or co-directors from both specialties. If a single program director is appointed, an associate director from the other specialty must be named to insure both integration of the training and supervision in the discipline. The training director(s) must be certified by the ABIM or ABPN. An exception to the above requirement would be a single director who is certified in both specialties and has an academic appointment in each department. The two directors must embrace similar values and goals for their training. The supervising directors from both specialties must document meetings with one another at least quarterly to monitor the progress of each resident and the overall success of the training.

DURATION OF TRAINING

Training requirements for credentialing for the certifying examination of each Board will be fulfilled by 60 months of training in an approved combined program. A reduction of 12 months of training compared to that required for two separate residencies is possible due to overlap of curriculum and training requirements. The requirement of 36 months internal medicine training is met by 30 months internal medicine training with six months credit for training appropriate to internal medicine obtained during the 30 months neurology training. Likewise, the 36 months of neurology training requirement is met by 30 months neurology training with six months credit for training appropriate to neurology obtained during the 30 months internal medicine training.

CORE CURRICULAR REQUIREMENTS

A clearly described written curriculum must be available for residents, faculty, and both Residency Review Committees. The curriculum must assure a cohesive, planned educational experience and not simply comprise a series of rotations between the two specialties. Duplication of clinical experiences between the two specialties should be avoided and periodic review of the program curriculum must be performed. This review must include the training directors from both departments, with consultation with faculty and residents from both departments.

The 12 months of training in the R-1 year must be spent in the internal medicine residency. During the final 48 months, continuous assignments to one specialty or the other must be not less than three nor more than six months in duration.

Joint educational conferences involving residents from internal medicine and neurology are desirable and should specifically include the participation of all residents in combined training.

REQUIREMENTS FOR INTERNAL MEDICINE

Among the 30 months of internal medicine, each resident must obtain 20 months of experience with direct responsibility for patients with illnesses in the domain of internal medicine, including geriatric medicine.

Each resident shall have a one-month experience during years 1 or 2 in the emergency room with first-contact responsibility for the diagnosis and management of adults.

Each resident will be assigned to the care of patients in a medical intensive care unit for 3-4 weeks in years 1 or 2 and again during years 2, 3, 4 or 5 during the 30 months of internal medicine training.

At least 33% 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 subspecialty clinics, walk-in clinics, and brief rotations for appropriate interdisciplinary experience in areas such as dermatology, office gynecology, and orthopedics. Health maintenance, prevention and rehabilitation should be emphasized. Residents should work in the clinics with other professionals such as psychiatrists, social workers, nurse practitioners, physician assistants, behavioral scientists, and dietitians. Residents will be encouraged to follow their clinic patients during the course of the patients' hospitalizations.

Subspecialty experience must be provided to every resident for at least four months. Some of this must include experience as a consultant. Significant exposure to inpatient cardiology exclusive of coronary care unit assignments is necessary. Subspecialty experience may be inpatient, outpatient, or a combination thereof.

Residents must regularly attend morning report, medical grand rounds, work rounds, and mortality and morbidity conferences when on internal medicine rotations.

REQUIREMENTS FOR NEUROLOGY

Among the 30 months of neurology, each resident must obtain 18 months (full-time equivalent) of clinical adult neurology with management responsibility for patient care. This must include at least six months (full-time equivalent) of inpatient experience in adult neurology, and at least six months (full-time equivalent) of outpatient experience in clinical adult neurology. The outpatient experience must include a resident longitudinal/continuity clinic with attendance by each resident one-half day weekly throughout the 30 months of training.

Residents must have a minimum of three months of elective time.

Residents must have a minimum of three months FTE in clinical child neurology with management responsibility under the supervision of a child neurologist with ABPN certification.

Residents must have at least one month full-time equivalent experience in clinical psychiatry, including cognition and behavior under the supervision of a psychiatrist certified by the ABPN.

Residents must participate in clinical teaching rounds supervised by faculty occurring at least five days per week.

Residents must have exposure to and understanding of evaluation and management of patients in various settings including an intensive care unit and an emergency department with neurological disorders and for patients requiring acute neurosurgical management.

Residents must have experience in neuroimaging including but not limited to magnetic resonance imaging, computerized tomography, and neurosonology.

The curriculum must advance residents' knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care.

Residents should participate in scholarly activity.

EVALUATION

There must be adequate, ongoing evaluation of the knowledge, skills and performance of the residents. Such evaluations must be in accordance with the IM and Neurology Program Requirements. There must be a method of documenting the procedures that are performed by the residents. Such documentation must be maintained by the program and be available for review by the RRCs, ABIM, and ABPN.

The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment, and document this evaluation at completion of the assignment.

Resident competency must be documented in five areas (critical care, neuromuscular, ambulatory, neurodegenerative, and child patient) by evaluating a minimum of five different patients as specified in the RRC requirements for neurology and the current version of the ABPN document REQUIREMENTS FOR CLINICAL SKILLS EVALUATION IN NEUROLOGY AND CHILD NEUROLOGY, and reported to the ABPN in the manner specified.

Residents should be advanced to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth.

The program must maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel. The program director and faculty are responsible for documenting a final evaluation for each resident who completes the program. This evaluation must include a review of the resident's performance during training and should verify that the resident has performed in a professional manner and is able to practice competently and independently in all relevant components of the Combined Program.

CERTIFICATION

To meet requirements for dual certification the resident must satisfactorily complete 60 months of combined training and this must be verified by the directors of both training programs. The written certifying examinations may not be taken until all required years of training in both specialties are satisfactorily completed.

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