



## NEUROLOGY / INTERNAL MEDICINE COMBINED RESIDENCY TRAINING PROGRAM APPLICATION

### SECTION 1: GENERAL PROGRAM INFORMATION

#### A. Program Information

Date:
Title of Program:

#### B. Sponsoring Institution Information (Indicate the institution responsible for this combined training program)

Institution:
Address:
City, State, Zip Code:

#### C. Designated Program Director or Co-director Information

Combined residencies 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 may be appointed from either specialty, or co-directors may be appointed from both specialties. If a single program director is appointed, an associate director from the other specialty must be named to ensure both integration of the program and supervision of each discipline. The two director(s) must be certified by the ABIM or ABPN. An exception to the above requirements would be a single director who is board certified in each discipline and has an academic appointment in each department. The two directors must embrace similar values and goals for their program. 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.

Name:		
Title:		
Address:		
City, State, Zip Code:		
Telephone:	Fax:	Email:
Primary Specialty Board Certification:		Most Recent Date:
Secondary Specialty Board Certification:		Most Recent Date:
Do you hold an academic appointment in this department?    Yes <input type="checkbox"/> No <input type="checkbox"/>		

Name:		
Title:		
Address:		
City, State, Zip Code:		
Telephone:	Fax:	Email:
Primary Specialty Board Certification:		Most Recent Date:
Secondary Specialty Board Certification:		Most Recent Date:
Do you hold an academic appointment in this department? Yes <input type="checkbox"/> No <input type="checkbox"/>		

**D. Attestation**

<b>The signatures of the director of the program, the co-director or associate director and the designated institutional official attest to the completeness and accuracy of the information provided on these forms.</b>
Signature of Program Director (and date):
Signature of Co-director or Associate Director (and date):
Signature of Designated Institutional Official (DIO) (and date):

**SECTION 2: SPONSORING NEUROLOGY AND INTERNAL MEDICINE CATEGORICAL RESIDENCY PROGRAMS INFORMATION**

**A. Residency Programs Information**

Indicate the name, the Accreditation Council for Graduate Medical Education (ACGME) program number, and the program director.

**Neurology**

Name of Program:	
ACGME Program Number:	Current ACGME Accreditation Status:
Residency Program Director:	
Address:	City, State, Zip Code:
Email Address:	

**Internal Medicine**

Name of Program:	
ACGME Program Number:	Current ACGME Accreditation Status:
Residency Program Director:	
Address:	City, State, Zip Code:
Email Address:	

### SECTION 3: SPONSORING INSTITUTION

SPONSORING INSTITUTION:	(The university, hospital, or foundation that has ultimate responsibility for this combined program.)
Name of Sponsor:	
City, State, Zip Code:	
Name of Designated Institutional Official:	

### SECTION 4: COMBINED PROGRAM RESIDENTS

#### A. Number of Positions

Ideally at least two residents should be enrolled in each year of the five-year program to ensure peer interaction.

<b>Positions</b>	<b>N/IM Year 1</b>	<b>N/IM Year 2</b>	<b>N/IM Year 3</b>	<b>N/IM Year 4</b>	<b>N/IM Year 5</b>	<b>Total</b>
Number of Positions Requested:						

### SECTION 5: INSTITUTIONS

#### Letters of Support

Submit letters of support from the Chief of Services for the following:

Department Chair for Neurology	Name:
Department Chair for Internal Medicine	Name:

**SECTION 6: PROGRAM POLICIES, DOCUMENTS, REQUIREMENTS, AND GUIDELINES**

Yes X	No X	GENERAL PROGRAM POLICIES AND DOCUMENTS: The following are issues on which the program should develop policy statements that are distributed to residents and faculty and are on file for Board review. Indicate (X) if each issue has been addressed by the program. If you answer "no" please include an explanation on a separate sheet.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	It is strongly recommended that combined training be in the same institution. Documentation of hospital and faculty commitment and institutional goals for the combined program must be available in signed agreements. Affiliated institutions must be located close enough to facilitate cohesion among the program's housestaff, attendance at continuity clinics and integrated conferences, and faculty exchanges of curriculum, evaluation, administration, and related matters.
<input type="checkbox"/>	<input type="checkbox"/>	Ideally, at least one resident should be enrolled in the combined program each year. If no trainees are in a combined program for a period of three (3) years, the program will not be listed as approved.
<input type="checkbox"/>	<input type="checkbox"/>	The program will inform ABPN and ABIM of residents leaving the program, transferring to another program, or entering a categorical residency.
<input type="checkbox"/>	<input type="checkbox"/>	The program informs residents leaving the program of the need to request Board approval to receive credit for previous training experiences.
<input type="checkbox"/>	<input type="checkbox"/>	At the conclusion of sixty (60) months of training in internal medicine and neurology, 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 the team approach to provision of medical care.
<input type="checkbox"/>	<input type="checkbox"/>	The training of residents while on internal medicine rotations is the responsibility of the internal medicine faculty; while on neurology rotations, training is the responsibility of the neurology faculty.
<input type="checkbox"/>	<input type="checkbox"/>	Vacation, leave, and meeting time will be shared equitably 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.		
<input type="checkbox"/>	<input type="checkbox"/>	Residents should enter a combined program 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 a combined training program beyond the R-2 level.

Section 6, continued

<input type="checkbox"/>	<input type="checkbox"/>	Transfer between combined programs must have the 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 also complete a fully-integrated curriculum. A resident transferring from a combined program to a categorical internal medicine or neurology program must have the prospective approval of the receiving Board.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	Combined residencies must be coordinated by a designated full-time director or co-directors who can devote substantial time and effort to the educational program. An overall program director may 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 ensure both integration in the program and supervision of the discipline. The program director(s) must be certified by the ABIM or ABPN. An exception to the above requirements would be a single director who is certified and/or has completed residency training in both specialties and has an academic appointment in each department. The two directors must embrace similar values and goals for their training.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	Training requirements for credentialing for the certifying examination of each Board will be fulfilled by sixty (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 thirty-six (36) months internal medicine training is met by thirty (30) months internal medicine training with six (6) months credit for training appropriate to internal medicine obtained during the thirty (30) months neurology training. Likewise, the thirty-six (36) months neurology training requirements is met by thirty (30) months neurology training with six (6) months credit for training appropriate to neurology obtained during the thirty (30) months internal medicine training.
<input type="checkbox"/>	<input type="checkbox"/>	There must be adequate, ongoing evaluation of the knowledge, skills, and performance of the residents. Such evaluations must be in accordance with the Internal Medicine and Neurology Program Requirements.
<input type="checkbox"/>	<input type="checkbox"/>	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 RCs, ABIM, and ABPN.
<input type="checkbox"/>	<input type="checkbox"/>	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.

Section 6, continued

<input type="checkbox"/>	<input type="checkbox"/>	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 RC 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.
<input type="checkbox"/>	<input type="checkbox"/>	Residents should be advanced to positions of higher responsibility only on the basis of evidence of their satisfactory performance and professional growth.
<input type="checkbox"/>	<input type="checkbox"/>	The program must maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel.
<input type="checkbox"/>	<input type="checkbox"/>	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. This final evaluation should be part of the resident's permanent record maintained by the institution.
<input type="checkbox"/>	<input type="checkbox"/>	All Neurology residents participate in AAN's In-training examination.
<input type="checkbox"/>	<input type="checkbox"/>	All Internal Medicine residents participate in ABIM's In-training examination.
<input type="checkbox"/>	<input type="checkbox"/>	To meet requirements for dual certification, the resident must satisfactorily complete sixty (60) months of combined training and this must be verified by the combined training director or both training directors. The written certifying examinations may not be taken until all the required training in both specialties is satisfactorily completed.

Section 6, continued

Yes X	No X	CORE CURRICULAR REQUIREMENTS: <i>Indicate (X) if the program includes each of the following core curricular requirements.</i>
<input type="checkbox"/>	<input type="checkbox"/>	A clearly described, written curriculum available for residents, faculty, and both Review Committees.
<input type="checkbox"/>	<input type="checkbox"/>	The curriculum must assure a cohesive, planned educational experience and not simply comprise a series of rotations between the two specialties.
<input type="checkbox"/>	<input type="checkbox"/>	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 program directors from both departments and consultation with faculty and residents from both departments.
<input type="checkbox"/>	<input type="checkbox"/>	During the final 48 months, continuous assignment to one specialty or the other must be not less than three nor more than six months in duration.
<input type="checkbox"/>	<input type="checkbox"/>	Thirty months of training under the direct supervision of Neurology.
<input type="checkbox"/>	<input type="checkbox"/>	Thirty months of training under the direct supervision of Internal Medicine.
<input type="checkbox"/>	<input type="checkbox"/>	Joint educational conferences involving residents from internal medicine and neurology are desirable and should specifically include participation of all residents in combined training.

Section 6, continued

Yes X	No X	NEUROLOGY GUIDELINES: <i>Indicate (X) if the program includes each of the following requirements for approved training in Psychiatry</i>
<input type="checkbox"/>	<input type="checkbox"/>	Thirty months of training is provided under the direction of Neurology.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	Residents must have a minimum of three months of elective time.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	Residents must participate in clinical teaching rounds supervised by faculty occurring at least five days per week.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	Residents must have experience in neuroimaging including but not limited to magnetic resonance imaging, computerized tomography, and neurosonology.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	Residents should participate in scholarly activity.
		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.
<input type="checkbox"/>	<input type="checkbox"/>	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)
<input type="checkbox"/>	<input type="checkbox"/>	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)
<input type="checkbox"/>	<input type="checkbox"/>	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)



Section 6, continued

Yes	No	INTERNAL MEDICINE GUIDELINES: <i>Indicate (X) if the program includes each of the following requirements for approved training in Internal Medicine</i>
X	X	
<input type="checkbox"/>	<input type="checkbox"/>	Thirty months of training is provided under the direction of Internal Medicine.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	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 for adults.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	At least 33% of the 30 months of internal medicine 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.
<input type="checkbox"/>	<input type="checkbox"/>	Subspecialty experiences 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.
<input type="checkbox"/>	<input type="checkbox"/>	Residents must regularly attend morning report, medical grand rounds, work rounds, and mortality and morbidity conferences when on internal medicine rotations.