PSYCHIATRY / 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. 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 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 ensure both integration of the training and supervision of each discipline. The two directors should embrace similar values and goals for their program. 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 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 program.

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 ☐	No ☐

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 ☐ No ☐		

D. Attestation

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.
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 PSYCHIATRY 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.

Psychiatry

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.

Positions	**P/IM Year 1**	**P/IM Year 2**	**P/IM Year 3**	**P/IM Year 4**	**P/IM Year 5**	**Total**
Number of Positions Requested:						0

SECTION 5: INSTITUTIONS

Letters of Support

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

Chief of Service for Psychiatry	Name:
Chief of Service for Internal Medicine	Name:

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

Yes	No	
X	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.
☐	☐	A combined residency in internal medicine and psychiatry 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-Psychiatry, respectively.
☐	☐	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.
☐	☐	Ideally, at least two residents 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.
☐	☐	At the conclusion of sixty (60) months of training in internal medicine and psychiatry, residents should have had experience and instruction in the prevention, detection, and treatment of acute and chronic medical and psychiatric illness presenting in bother inpatient and ambulatory settings. Trainees should be exposed to the psychiatric and medical problems and patients from adolescence to old age and receive training in socioeconomics of illness, the ethical care of patients, and in the team approach to the provision of patient care.
☐	☐	The training of residents while on internal medicine rotations is the responsibility of the internal medicine faculty; and while on psychiatry rotations, the responsibility of the psychiatry faculty.
☐	☐	The program will inform ABPN and ABIM of residents leaving the program, transferring to another program, or entering a categorical residency.
☐	☐	The program informs ABPN/ABIM residents leaving the program of the need to request Board approval to receive credit for previous training experience.
☐	☐	Vacation, leave, and meeting time will be shared equitably by both training programs.

		Except for the following provisions, combined residencies must conform to the Program Requirements for accreditation of residencies in internal medicine and psychiatry.
☐	☐	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. Entry after completion of an R-1 year in psychiatry which involved less than eight months of internal medicine training requires prospective approval of each Board. Residents may not enter a combined training program 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 program. In a transfer between combined programs, residents must be offered and complete a fully integrated curriculum. A resident transferring from combined training to categorical internal medicine or psychiatry training 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 training 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.
☐	☐	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. 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 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.
☐	☐	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 psychiatry training. Likewise, the thirty-six (36) months psychiatry training requirements is met by thirty (30) months psychiatry training with six (6) months credit for training appropriate to psychiatry obtained during the thirty (30) months internal medicine training.

☐	☐	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 Psychiatry Program Requirements and include documentation of milestones achieved in each parent discipline.
☐	☐	The program must formally conduct clinical skills examinations that conform to the requirements set forth in the document "Requirements for Clinical Skills Evaluation in Psychiatry." In at least three evaluations with any patient type, in any clinical setting, and at any time during the program, residents must demonstrate satisfactory competence in establishing an appropriate doctor/patient relationship; psychiatric interviewing, including the mental status examination; and case presentation. The three required evaluations must be conducted by at least two different ABPN-certified psychiatrists. Satisfactory demonstration of the competencies during the three evaluations is required prior to completing the program.
☐	☐	Residents should be advanced to positions of higher responsibility only on the basis of evidence of their satisfactory performance 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. This final evaluation should be part of the resident's permanent record maintained by the institution.
☐	☐	All Psychiatry residents participate in an in-training cognitive examination such as American College of Psychiatry (ACP)'s In-training examination.
☐	☐	All Internal Medicine residents participate in ABIM's In-training examination.
☐	☐	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 by both training directors. The written certifying examinations may not be taken until all the required training in the relevant specialties is satisfactorily completed.

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Section 6, continued

Yes X	No X	CORE CURRICULAR REQUIREMENTS: *Indicate (X) if the program includes each of the following core curricular requirements.*
☐	☐	A clearly described, written curriculum available for residents, faculty, and both 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 program directors from both departments and consultation with faculty and residents from both departments.
☐	☐	Each year of the residency should include both internal medicine rotations and psychiatry residency rotations.
☐	☐	Except where stated in the Program Requirements for each specialty, specific rotations must be at least four (4) weeks long.
☐	☐	Care must be exercised to avoid unnecessary duplication of educational experiences, in order to provide as many clinical/educational opportunities as possible. In each of the five years, no less than two months FTE should be spent in each specialty.
☐	☐	Joint educational conferences involving residents from internal medicine and psychiatry are recommended and should specifically include the participation of all residents in the combined training program. Availability of faculty from both specialties for consultation during clinical rotations, especially during continuity clinic, is encouraged.

Section 6, continued

Yes X	No X	PSYCHIATRY GUIDELINES: *Indicate (X) if the program includes each of the following requirements for approved training in Psychiatry*
☐	☐	Thirty months of training is provided under the direction of Psychiatry.
☐	☐	Neurology: two FTE months of supervised clinical experience in the diagnosis and treatment of patients with neurological disorders/conditions. At least one month should occur in the first or second year of the program.
☐	☐	Inpatient Psychiatry: at least six months, but no more than 16 months FTE of inpatient psychiatry of which there must be a minimum of six months of significant responsibility for the assessment, diagnosis, and treatment of general psychiatric patients who are admitted to traditional psychiatry units, day hospital programs, research units, residential treatment programs, and other settings where: - the patient population is acutely ill and represents a diverse clinical spectrum of diagnoses, ages, and gender; and - patient services are comprehensive and continuous and allied medical and ancillary staff are available for backup support at all times.
☐	☐	Outpatient Psychiatry: 12 months FTE of organized, continuous, and supervised clinical experience in the assessment, diagnosis, and treatment of outpatients with a wide variety of disorders and treatment modalities, with experience in both brief and long-term care of patients. Each resident must have significant experience treating outpatients longitudinally for at least one year. This longitudinal experience should include: - evaluation and treatment of ongoing individual psychotherapy patients, some of whom should be seen weekly under supervision; - exposure to multiple treatment modalities that emphasize developmental, biological, psychological, and social approaches to outpatient treatment; - opportunities to apply psychosocial rehabilitation techniques, and to evaluate and treat differing disorders in a chronically-ill patient population; and, - no more than 20 percent of child and adolescent patients. This portion of education may be used to fulfill the two-month child and adolescent psychiatry requirements, so long as this component meets the requirements for child and adolescent psychiatry below.
☐	☐	Child and Adolescent Psychiatry: two months FTE of organized clinical experience in which the residents are: - supervised by child and adolescent psychiatrists who are certified by the ABPN or who are judged by the Review Committee to have equivalent qualifications; and - provided opportunities to assess development and to evaluate and treat a variety of diagnoses in male and female children and adolescents and their families, using a variety of interventional modalities.
☐	☐	Consultation/Liaison: two months FTE in which residents consult under supervision on other medical and surgical services.

☐	☐	Geriatric Psychiatry: one month FTE of organized experience focused on the specific competencies in areas that are unique to the care of the elderly. These include the diagnosis and management of mental disorders in patients with multiple comorbid medical disorders, familiarity with the differential diagnosis and management (including management of the cognitive component) of the degenerative disorders, and understanding of neuropsychological testing as it relates to cognitive functioning in the elderly, and the unique pharmacokinetic and pharmacodynamic considerations encountered in the elderly, including drug interactions.
☐	☐	Addiction Psychiatry: one month FTE of organized experience focused on the evaluation and clinical management of patients with substance abuse/dependency problems, including dual diagnosis. Treatment modalities should include detoxification, management of overdose, maintenance pharmacotherapy, the use of psychological and social consequences of addiction in confronting and intervening in chronic addiction rehabilitation used in recovery stages from pre-contemplation to maintenance, and the use of self-help groups.
☐	☐	Forensic Psychiatry: This experience must expose residents to the evaluation of forensic issues such as patients facing criminal charges, establishing competency to stand train, criminal responsibility, commitment, and an assessment of their potential to harm themselves or others. This experience should include writing a forensic report. Where feasible, giving testimony in court is highly desirable.
☐	☐	Emergency Psychiatry: This experience must be conducted in an organized 24-hour psychiatric emergency service, a portion of which may occur in ambulatory urgent-care settings, but not as part of the 12-month outpatient requirement. Residents must be provided experiences in evaluation, crisis evaluation and management, and triage of psychiatric patients; On-call experiences may be part of this experience, but no more than 50 percent
☐	☐	Community Psychiatry: This experience must expose residents to persistently and chronically-ill patient in the public sector, (e.g., community mental health centers, public hospitals and agencies, and other community-based settings). The program should provide residents the opportunity to consult with, learn about, and use community resources and services in planning patient care, as well as to consult and work collaboratively with case managers, crisis teams, and other mental health professionals.
☐	☐	Addiction, community, forensic, and geriatric psychiatry requirements can be met as part of the inpatient requirements above the minimum six months, and/or as part of the outpatient requirement.
☐	☐	The Committee will take into consideration the information provided by the ABPN regarding resident performance on the certifying examinations during the most recent five years. The expectation is that 70% of those who complete the program will take the certifying examination; and the rate of those passing the psychiatry examination on their first attempt is 50%.

Section 6, continued

Yes X	No X	INTERNAL MEDICINE GUIDELINES: *Indicate (X) if the program includes each of the following requirements for approved training in Internal Medicine*
☐	☐	Thirty months of training is provided under the direction of 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 for adults. The resident's responsibility must include direct participation in reaching decisions about admissions.
☐	☐	Each resident will be assigned to the care of patients with various illnesses in critical care units (e.g., intensive care units, cardiac care units, respiratory care units) for 3-4 weeks during years R-1 or R-2 and again during years R-3, R-4 or R-5 during the 30 months of internal medicine training.
☐	☐	At least 33% of the 30 months in internal medicine must involve ambulatory experiences. Continuity clinic should occur during the entire 30 months of internal medicine training. Continuity clinic may be in internal medicine every week (10% ambulatory time), every other week if alternating with a psychiatry continuity clinic (5% ambulatory time), or every week as a combined medicine/psychiatry clinic (5% ambulatory time). Each resident should have at least two months of block ambulatory experience (7%), which might include additional continuity clinic, walk-in-clinics, subspecialty clinics, or brief experiences in appropriate interdisciplinary areas such as dermatology, office gynecology, orthopedics, otorhinolaryngology, or ophthalmology. The remaining ambulatory time can be obtained through additional continuity clinics, subspecialty clinics, emergency department rotations and other ambulatory experiences scheduled as partial or full months rotations. A month of ambulatory experience counts as 3.5%; one-half day a week during a month-long rotation counts as 0.4%. Some arrangement should be made to allow residents to follow their patients while on psychiatry rotations. Health maintenance, prevention and rehabilitation should be emphasized. Residents should work with other professionals such as social workers, nurse practitioners, physician assistants, behavioral scientists, and dietitians in the clinics.
☐	☐	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.
☐	☐	Residents must regularly attend morning report, medical grand rounds, work rounds, and mortality and morbidity conferences when on internal medicine rotations.

INTERNAL MEDICINE-PSYCHIATRY ROTATION CHARTS

R-1 DESIGNATE IF USING WEEKS, MONTHS, OR BLOCKS TO COUNT ROTATIONS: _____

Rotation #	Rotation Name	Duration (months/ blocks)	FTE Credit Toward 30 months IM	FTE Credit Toward 30 months Psych	Combined rotation (Must still designate rotation as psych or med FTE credit in previous columns)	Comments (use this space if needed for clarification)	# Medicine Continuity Clinic Half-day Sessions	# Outpatient Psychiatry Clinic Half-day Sessions
			If dividing a timed rotation to count toward both specialties, the sum of FTE credit may NOT exceed rotation length					OR list outpatient psych clinic rotations in column 2 if not done as half day sessions
R1-1								
R1-2								
R1-3								
R1-4								
R1-5								
R1-6								
R1-7								
R1-8								
R1-9								
R1-10								
R1-11								
R1-12								
R1-13								
R1-14								
TOTALS	**Total in column A must = sum of B+C (must be 12 months or 13 blocks)**	**A** 0	**B** 0	**C** 0			**Total Medicine Clinics** 0	**Total Outpt Psych FTE** 0

R-2 DESIGNATE IF USING WEEKS, MONTHS, OR BLOCKS TO COUNT ROTATIONS: _____

Rotation #	Rotation Name	Duration (months/ blocks)	FTE Credit Toward 30 months IM	FTE Credit Toward 30 months Psych	Combined rotation (Must still designate rotation as psych or med FTE credit in previous columns)	Comments (use this space if needed for clarification)	# Medicine Continuity Clinic Half-day Sessions	# Outpatient Psychiatry Clinic Half-day Sessions
			If dividing a timed rotation to count toward both specialties, the sum of FTE credit may NOT exceed rotation length					OR list outpatient psych clinic rotations in column 2 if not done as half day sessions
R2-1								
R2-2								
R2-3								
R2-4								
R2-5								
R2-6								
R2-7								
R2-8								
R2-9								
R2-10								
R2-11								
R2-12								
R2-13								
R2-14								
TOTALS	**Total in column A must = sum of B+C (must be 12 months or 13 blocks)**	**A** 0	**B** 0	**C** 0			**Total Medicine Clinics**___ 0	**Total Outpt Psych FTE**____ 0

R-3 DESIGNATE IF USING WEEKS, MONTHS, OR BLOCKS TO COUNT ROTATIONS: _____

Rotation #	Rotation Name	Duration (months/ blocks)	FTE Credit Toward 30 months IM	FTE Credit Toward 30 months Psych	Combined rotation (Must still designate rotation as psych or med FTE credit in previous columns)	Comments (use this space if needed for clarification)	# Medicine Continuity Clinic Half-day Sessions	# Outpatient Psychiatry Clinic Half-day Sessions
			If dividing a timed rotation to count toward both specialties, the sum of FTE credit may NOT exceed rotation length					OR list outpatient psych clinic rotations in column 2 if not done as half day sessions
R3-1								
R3-2								
R3-3								
R3-4								
R3-5								
R3-6								
R3-7								
R3-8								
R3-9								
R3-10								
R3-11								
R3-12								
R3-13								
R3-14								
TOTALS	**Total in column A must = sum of B+C (must be 12 months or 13 blocks)**	**A** 0	**B** 0	**C** 0			**Total Medicine Clinics** 0	**Total Outpt Psych FTE** 0

R-4 DESIGNATE IF USING WEEKS, MONTHS, OR BLOCKS TO COUNT ROTATIONS: _____

Rotation #	Rotation Name	Duration (months/ blocks)	FTE Credit Toward 30 months IM	FTE Credit Toward 30 months Psych	Combined rotation (Must still designate rotation as psych or med FTE credit in previous columns)	Comments (use this space if needed for clarification)	# Medicine Continuity Clinic Half-day Sessions	# Outpatient Psychiatry Clinic Half-day Sessions
			If dividing a timed rotation to count toward both specialties, the sum of FTE credit may NOT exceed rotation length					OR list outpatient psych clinic rotations in column 2 if not done as half day sessions
R4-1								
R4-2								
R4-3								
R4-4								
R4-5								
R4-6								
R4-7								
R4-8								
R4-9								
R4-10								
R4-11								
R4-12								
R4-13								
R4-14								
TOTALS	**Total in column A must = sum of B+C (must be 12 months or 13 blocks)**	**A** 0	**B** 0	**C** 0			**Total Medicine Clinics** 0	**Total Outpt Psych FTE** 0

R-5 DESIGNATE IF USING WEEKS, MONTHS, OR BLOCKS TO COUNT ROTATIONS: _____

Rotation #	Rotation Name	Duration (months/ blocks)	FTE Credit Toward 30 months IM	FTE Credit Toward 30 months Psych	Combined rotation (Must still designate rotation as psych or med FTE credit in previous columns)	Comments (use this space if needed for clarification)	# Medicine Continuity Clinic Half-day Sessions	# Outpatient Psychiatry Clinic Half-day Sessions
			If dividing a timed rotation to count toward both specialties, the sum of FTE credit may NOT exceed rotation length					OR list outpatient psych clinic rotations in column 2 if not done as half day sessions
R5-1								
R5-2								
R5-3								
R5-4								
R5-5								
R5-6								
R5-7								
R5-8								
R5-9								
R5-10								
R5-11								
R5-12								
R5-13								
R5-14								
TOTALS	**Total in column A must = sum of B+C (must be 12 months or 13 blocks)**	**A** 0	**B** 0	**C** 0			**Total Medicine Clinics** 0	**Total Outpt Psych FTE** 0

Please use this sheet to explain which rotations meet each requirement

Specialty	**Requirement**	**Rotation number(s)**	**# of months or blocks**
(EXAMPLE)	Ambulatory Med Blocks	R2-8, R2-9	2 blocks
PSYCHIATRY	Neurology 2 months		
PSYCHIATRY	Inpatient Psych (6-16 months)		
PSYCHIATRY	Outpatient 12 mo FTE		
PSYCHIATRY	Child Psych 2 mo FTE		
PSYCHIATRY	Consultation Psych 2 mo FTE		
PSYCHIATRY	Geriatric pych 1 mo FTE		
PSYCHIATRY	Addiction Psych 1 mo FTE		
PSYCHIATRY	Emergency Psych (dedicated experience)		
PSYCHIATRY	Forensic Psych (experience)		
PSYCHIATRY	Community Psych (experience)		
MEDICINE	Geriatric Medicine (experience)		
MEDICINE	Emergency Med 1 month in R1 or R2		
MEDICINE	ICU/CCU/RCU 3-4 wks in R1 or R2		
MEDICINE	ICU/CCU/RCU in R3,4,5		
MEDICINE	Ambulatory Medicine 10 months FTE		
MEDICINE	Medicine Continuity Clinic – 130 half-day sessions in the same primary care clinic		
MEDICINE	Ambulatory Medicine 1 month		
MEDICINE	Medicine Subspecialties 4 months FTE		
MEDICINE	Inpatient cardiology (during med specialties)		

Use this space for further explanation if needed to understand why the above experiences are being counted toward the requirement indicated

Print Form

Clear Form