

Combined Training in Family Medicine – Emergency Medicine

Application for New Program

Effective: February 2017



The American Board of Family Medicine
Attn: Senior Advisor to the President
mquan@theabfm.org
1648 McGrathiana Pkwy Suite 550
Lexington, KY 40511
<https://www.theabfm.org>



The American Board of Emergency Medicine
Attn: Director of Medical Affairs
mbarton@abem.org
3000 Coolidge Road
East Lansing, MI 48823
www.abem.org

INSTRUCTIONS:

The Combined Residency Training Program Application should be downloaded from either the American Board of Family Medicine (ABFM) 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 we need to have original signatures provided. Once completed, scan and email a copy of the entire PDF to both Boards at the below email addresses.



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Submission of the ABFM-ABEM Combined Residency Training Program Application 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. ABFM and ABEM will send a confirmation acknowledging receipt of the application.

Both the categorical programs in Family Medicine and Emergency Medicine must have Accreditation Council for Graduate Medical Education (ACGME) accreditation. If either the program in Family Medicine or Emergency Medicine loses accreditation, approval of the combined program will be withdrawn.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 ABFM and ABEM 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 requested for 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 ABFM and ABEM 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 Family Medicine and Emergency Medicine.

FAMILY MEDICINE / EMERGENCY 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 and Co-director Information

The combined training 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 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.

Name:		
Title:		
Address:		
City, State, Zip Code:		
Telephone:	Fax:	Email:
Primary Specialty Board Certification:	Most Recent Date:	
Secondary Specialty Board Certification:	Most Recent Date:	

Name:		
Title:		
Address:		
City, State, Zip Code:		
Telephone:	Fax:	Email:
Primary Specialty Board Certification:	Most Recent Date:	
Secondary Specialty Board Certification:	Most Recent Date:	

D. Attestation

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

SECTION 2: SPONSORING FAMILY MEDICINE AND EMERGENCY MEDICINE CATEGORICAL RESIDENCY PROGRAMS INFORMATION

A. Residency Programs Information

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

Family Medicine

Name of Program:				
ACGME Program Number:		Current ACGME Accreditation Status:		
Residency Program Director:				
Number of Categorical FM Residents:	FM1:	FM2:	FM3:	FM4:

Emergency Medicine

Name of Program:				
ACGME Program Number:		Current ACGME Accreditation Status:		
Residency Program Director:				
Number of Categorical Emergency Medicine Residents:	EM1:	EM2:	EM3:	EM4:

Are these programs in the same academic health center?	YES	NO
Is there a signed agreement to document the hospital's and university's commitment to the program?	YES	NO

SECTION 3: PARTICIPATING INSTITUTIONS

SPONSORING INSTITUTION:		(The university, hospital, or foundation that has ultimate responsibility for this combined program.)	
Name of Sponsor:			
City, State, Zip Code:			
Type of Institution: (e.g., Teaching Hospital, General Hospital, Medical School)			
Name of Designated Institutional Official:			
Name of Chief Executive Officer:			
Does SPONSOR have an affiliation with a medical school (could be the sponsoring institution)?		YES	NO
<i>If yes, name the medical school below and have an affiliation agreement that describes the effect of these arrangements on this program available.</i>			
Name of Medical School #1:			
Name of Medical School #2:			

PRIMARY INSTITUTION (INSTITUTION #1)					
Name:					
Address:					
City, State, Zip Code:					
Type of Relationship with the program:	Sponsor	Major	Clinical	Other	
Type of Rotation: (Select one)	Elective	Required	Both		
Length of Resident Rotation (in months):	Year 1:	Year 2:	Year 3:	Year 4:	Year 5:
CEO/Director/President's Name:	JCAHO Approved?		YES	NO	NA
Type of Institution: (e.g., Teaching Hospital, General Hospital, Medical School)					
Brief Educational Rationale: (attach separate sheet if needed)					

Section 3, continued

PRIMARY INSTITUTION (INSTITUTION #2)				Select one (if applicable):	
Name:				Integrated	
Address:				Affiliated	
City, State, Zip Code:					
Type of Relationship with the program:		Sponsor	Major	Clinical	Other
Does this institution also sponsor its own program in this specialty?					
Does it participate in any other ACGME accredited programs in this specialty?					
Distance between 2 & 1:		Miles:		Minutes:	
Type of Rotation: (Select one)		Elective	Required	Both	
Length of Resident Rotation (in months):	Year 1:	Year 2:	Year 3:	Year 4:	Year 5:
CEO/Director/President's Name:			JCAHO Approved?	YES	NO NA
Type of Institution: (e.g., Teaching Hospital, General Hospital, Medical School)					
Brief Educational Rationale: (attach separate sheet if needed)					

SECTION 4: COMBINED PROGRAM RESIDENTS

A. Number of Positions

Ideally at least one resident should be enrolled in each year of the five-year program to ensure peer interaction. The total number of residents in the combined program may not exceed the number of residents in the categorical program of either specialty.

Positions	FM/EM Year 1	FM/EM Year 2	FM/EM Year 3	FM/EM Year 4	FM/EM Year 5	Total
Number of Positions Requested:						

SECTION 5: INSTITUTIONS

A. Letters of Support

1. Submit letters of support from the following officials:

Designated Institutional Officer	Name:
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Section 5, continued

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

Chief of Service for Family Medicine	Name:
Chief of Service for Emergency Medicine	Name:

B. Affiliation Agreements

1. Rotational experiences

- A. Provide a letter which lists all rotational experiences which are identical to those to which categorical FM or EM residents now rotate. This letter must be signed by the categorical Program Director.
- B. Provide a letter of understanding (or memoranda) signed by the individual responsible for any planned rotational experience that is different from that to which categorical FM or Board residents now rotate. This letter must be signed by the Program Director and include clinical rotation summaries which describe:
 - a. The location, year of training, and duration of the rotation;
 - b. A statement outlining competency-based goals and educational objectives;
 - c. The clinical and didactic experiences used to meet those objectives;
 - d. The feedback mechanisms and methods used to evaluate the performance of the resident;
 - e. A description of the resources and facilities in the institution that will be available to each resident, including but not limited to library and medical records;
 - f. A description of the clinical experiences, duties, and responsibilities the resident will have on the rotation;
 - g. A description of the relationship that will exist between Family Medicine and/or Emergency Medicine residents and the residents and faculty on the service;
 - h. A description of the supervision Family Medicine and/or Emergency Medicine residents will receive on the rotation;
 - i. A description of the work hours that residents will have on the rotation;
 - j. A statement that the rotation summary has been reviewed and agreed to by the service director.

C. Participating Institutions

1. Will more of the total clinical experience occur at the primary clinical site than any other single training site?

YES

NO

If NO, please explain and insert.

2. Will any of the regular planned didactic or laboratory instruction occur outside of the primary clinical site?

YES

NO

If YES, please list on a separate sheet the site(s) and the distance(s) from the primary clinical site (in miles) and the approximate travel time (in minutes). Also list the percent of conferences to be conducted at outside sites.

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

Yes X	No X	GENERAL PROGRAM POLICIES AND DOCUMENTS: <i>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 (X) if each issue has been addressed by the program. If you answer "no" please include an explanation on a separate sheet.</i>
		The program will inform ABFM and ABEM of residents leaving the program, transferring to another program, or entering a categorical residency.
		The program informs Family Medicine/Emergency Medicine residents leaving the program of the need to request Board approval to receive credit for previous training experience.
		The vacation/leave policy is on file and time-off is equally distributed between Family Medicine and Emergency Medicine.
		Meetings are periodically scheduled between co-directors or with the respective categorical program directors in programs with the Family Medicine/Emergency Medicine program director to monitor the success of the program.
		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 written curriculum is periodically reviewed by Family Medicine and Emergency Medicine faculty and residents via a program evaluation process consistent with that outlined in the ACGME common program requirements.
		There is a process for periodic resident and faculty evaluation and feedback via an evaluation process consistent with that outlined in the ACGME common program requirements.
		The description of any combined education experiences, including a brief curriculum summary, site of activity, and whether an activity is shared with categorical residents has been created.
		Prior to completion of combined training, each resident must demonstrate acceptable scholarly activity.
		All Family Medicine/Emergency Medicine residents participate in ABFM's In-training examination.
		All Family Medicine/Emergency Medicine residents participate in ABEM's In-training examination.
		The program is in compliance with current ACGME Common Duty Hour Requirements
		<p>The program director must appoint a Clinical Competency Committee (CCC). At a minimum, the CCC must be composed of three members of the faculty from each core program. *Enclose list of CCC members.</p> <ul style="list-style-type: none"> • 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.

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>
		A clearly described, written curriculum available for residents, faculty, and both Residency Review Committees.
		Thirty months of training under the direct supervision of Family Medicine.
		Thirty months of training under the direct supervision of Emergency Medicine.
		A periodic review of the program curriculum via an evaluation process consistent with that outlined in the ACGME common program requirements.
		Six months of training in the first year under the direction of Family Medicine.
		Six months of training in the first year under the direction of Emergency Medicine.
		During the final 48 months, continuous assignment to one specialty or the other, not less than three months or more than six months in duration.
		A joint educational conference involving residents from Family Medicine and Emergency Medicine, and the combined FM/EM residents.
		If either the Emergency Medicine or Family Medicine is four years in duration, then an additional sixth year of combined training is needed. This additional year must adhere to the EM/FM combined training program guidelines.

Section 6, continued

Yes X	No X	FAMILY MEDICINE GUIDELINES: <i>Indicate (X) if the program includes each of the following requirements for approved training in Family Medicine</i>
		The Family Medicine residency has full ACGME accreditation.
		A letter signed by the department chair documents institutional and faculty commitment to combined training.
		Thirty months of training is provided under the direction of Family Medicine.
		Seven months of Adult Medicine is provided: six months dedicated to the care of the hospitalized adult patient and one month dedicated to the care of the older patient. Residents have at least 100 hours (or one month) dedicated to the care of ICU patients. Residents are also provided exposure to a variety of medical subspecialties throughout the educational program designed to help address the breadth of patients seen in family medicine.
		Four months of care of neonates, infants, children, and adolescents is provided. Residents have at least 200 hours (or two months) and 250 patient encounters dedicated to the care of ill child patients in the hospital and/or emergency setting, including a minimum of 75 patient encounters in the hospital, 75 patient encounters in the emergency room, and 40 newborn patients encounters (including well and ill newborns). Residents have at least 200 hours (or two months) and 250 patient encounters dedicated to the care of children and adolescents in the ambulatory setting including well child care, acute and chronic care.
		One month of the curriculum is dedicated to care of surgical patients including hospitalized surgical patients. Residents are provided an operating room experience. Residents are provided exposure to a variety of surgical subspecialties throughout the educational program designed to help address the breadth of patients seen in family medicine.
		Two months of maternity care is provided, including a structured curriculum in prenatal, intra-partum, and post-partum care. Residents participate in deliveries and provide prenatal and postpartum care with some of the experience involving a continuity patient.
		Residents are provided the training required to achieve competency in performing the clinical procedures determined by the PD and family medicine faculty to be appropriate for their future practices. These procedures are included in a list of procedural competencies required for completion by all residents in the program prior to graduation.
		200 hours or two months of Emergency Medicine training is provided.
		One month of structured experience in Gynecology is provided including well woman care, contraception, family planning, and options counseling for unintended pregnancy.
		Experiences in the diagnosis and management of common dermatologic conditions are provided.
		Two months experience in care of patients with orthopedic & musculoskeletal problems including a structured experience in sports medicine.
		A structured curriculum is provided in which residents address population health, including the evaluation of health problems of the community.

		A structured experience in Diagnostic Imaging and Nuclear Medicine is provided.
		Behavioral science and Psychiatry are integrated with all disciplines throughout the total educational experience. A structured curriculum in which residents are educated in the diagnosis and management of common mental illnesses is provided to all residents.
		100 hours of experience in the management of health systems is provided. Residents attend regular clinic business meetings with staff and faculty members and receive (and taught to analyze) regular reports of individual and practice productivity, financial performance, and clinical quality.
		A minimum of three months (or 300 hours) dedicated to elective experiences is provided.
		A three-year family medicine center/continuity clinic experience is provided in which each resident must have a documented total of at least 1650 patient visits. Resident must provide acute care, chronic care, and wellness care for patients of all ages and must optimize and coordinate care across all settings for a panel of continuity patients. The last two years (104 weeks) of this experience must be continuous and residents must see patients in the FMC a minimum of 40 weeks during each of these two years; other assignments must not interrupt continuity for more than eight weeks in any of these two years.

Section 6, continued

Yes ✓	No ✓	EMERGENCY MEDICINE GUIDELINES: 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.
		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.
		The Emergency Medicine residency has full ACGME accreditation.
		A letter signed by the department chair to document institutional and faculty commitment to combined training.
		30 months of training under the direction of Emergency Medicine

SECTION 7: CURRICULUM AND BLOCK ROTATION CHART

Please attach a copy of the combined training curriculum. The curriculum should comprise a cohesive, planned educational experience and not simply a series of rotations. The curriculum submitted should address the specific requirements in the combined training guidelines. The curriculum must include a block rotation chart demonstrating the maximum and minimum time in each specialty and also the specified critical care rotations.

Directions for completing the attached Rotation Outline:

Use an "X" to indicate *the following*:

Column 1: Insert name of rotation.

Column 2: Use an "X" to indicate if rotation counts as Family Medicine.

Column 3: Use an "X" to indicate if rotation counts as Emergency Medicine

Column 4: Use an "X" to indicate if rotation counts for both Family Medicine and Emergency Medicine (combined rotation).

Column 5: Enter number of weeks spent in Family Medicine/continuity clinic experience.

Column 6: Use an "X" to indicate if rotation includes supervision of more junior residents (six months required in each discipline).

Column 7: Use an "X" to indicate if the combined residents interact with categorical Family Medicine or Emergency Medicine residents during this rotation.

Section 7, continued

FM/EM 5 (Continuous assignments to one specialty or the other should not be less than three or more than six months in duration.)

	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8
	Rotation Name	Duration	FM	EM	FM & EM	FM continuity clinic (number of weeks -continuity sessions)	Includes supervision of more junior residents	Combined residents interact with categorical residents
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								