

New Program Application

Combined Training in Emergency Medicine – Pediatrics

Effective Date July 20, 2016



The American Board of Pediatrics
Attn: Director, Credentialing
lcurrin@abpeds.org
111 Silver Cedar Court
Chapel Hill, NC 27514
www.abp.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 Form should be downloaded from either the American Board of Pediatrics (ABP) 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 ABP-ABEM 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. ABP and ABEM will send a confirmation acknowledging receipt of the application.

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If either the program in Pediatrics or Emergency Medicine loses accreditation, approval of the combined program will be withdrawn.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

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 ABP and ABEM in conjunction with their respective Review Committees (RCs) when applicable. These numbers will be in addition to the number of trainees in the independent categorical programs of Pediatrics and Emergency Medicine.

**AMERICAN BOARD OF PEDIATRICS (ABP) –
AMERICAN BOARD OF EMERGENCY MEDICINE (ABEM)
COMBINED RESIDENCY TRAINING PROGRAM
AUDIT FORM**

Program Name: _____

Date Completed: _____

<i>SPONSORING INSTITUTION:</i> 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)-	Ped1 -	Ped2 -	Ped3 -
<i># of Current Positions</i>	PedEM1 -	PedEM2 -	PedEM3 -		PedEM4 -	PedEM5 -	

<i>ACCREDITED RESIDENCY PROGRAMS:</i> 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 Pediatrics		
Department of Emergency Medicine		

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

Yes ✓	No ✓	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 RC 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. Also, any items marked with a (*), please enclose.
		The Pediatrics residency has full ACGME accreditation.
		The Emergency Medicine residency has full ACGME accreditation.
		The program informs Pediatrics/Emergency 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 ABP and ABEM of Pediatrics/Emergency Medicine residents leaving the program, transferring to another combined program, or entering a categorical residency.
		The vacation/leave policy is on file and time off is equally distributed between Pediatrics and Emergency Medicine.
		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.
		<ul style="list-style-type: none"> 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. *Enclose list of CCC members. 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.

		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 as per ACGME requirements.
		All Pediatrics/Emergency Medicine residents participate in ABP's In-training Examination.
		All Pediatrics/Emergency Medicine residents participate in ABEM's In-training Examination.
		Letters of support signed by the department chairs of Pediatrics and Emergency Medicine are on file. *Enclose
		A letter of support signed by the Designated Institutional Official is on file. *Enclose
		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 Pediatrics and Emergency 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 ✓	CORE CURRICULAR REQUIREMENTS: 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 Pediatrics
		Thirty months of training under the direct supervision of Emergency Medicine
		Six months of training in the first year under the direction of Pediatrics
		Six months of training in the first year under the direction of Emergency Medicine

Yes ✓	No ✓	PEDIATRICS GUIDELINES: Indicate (✓) that the program includes each of the following requirements for approved training in pediatrics. Resident rotations and evaluations must be reported to both the ABP and ABEM according to current policies of the respective Boards. Educational Unit (EU) = four weeks or one month block OR outpatient longitudinal experience of 32 half-day sessions OR inpatient longitudinal experience of 200 hours.
		Three EUs of Pediatric Emergency Medicine and Acute Illness (two months in emergency department minimum)
		One EU of behavioral/developmental pediatrics
		One EU of adolescent medicine
		One EU of term newborn
		Five EUs of inpatient rotations as per RC requirements
		Two EUs ambulatory experiences (to include community pediatrics and child advocacy)
		Two EUs NICU
		Two EUs PICU
		Seven EUs RRC required subspecialty rotations with a mix of inpatient and outpatient experience (see combined program requirements for lists)
		At least five EUs of supervisory experience with at least one EU leading inpatient team
		A minimum of 108 half-day sessions of a longitudinal outpatient experience in a continuity clinic over 30 months of pediatrics. Refer to the Guidelines for Combined training for full details

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.

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. Electronic signatures will not be accepted. Original signatures are required.			
	<i>Print Name</i>	<i>Signature</i>	<i>Date</i>
Pediatrics/Emergency Medicine Director or Co-Director			
Pediatrics/Emergency Medicine Co-Director			
Pediatrics Program Director			
Emergency 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 Pediatrics.

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

Column 5: Indicate (✓) if rotation counts for **both** Pediatrics and Emergency Medicine (combined rotation).

Column 6: Indicate (✓) if the combined residents interact with categorical Pediatrics or Emergency Medicine residents during this rotation.

Use these abbreviations for the pediatric rotations:

P-ADOL	Adolescent Medicine	P-RS	Required Subspecialty (required by program or chosen by resident to fulfill the requirement for 4 subspecialty EUs from list 1 in RC requirements) Designate % inpatient and outpatient
P-AI	Acute Illness	P-SP	Subspecialty Experience (subspecialty experience used to fulfill the additional 3 EUs of required subspecialty experiences from list 1 or 2.) Designate % inpatient and outpatient
P-DB	Developmental/Behavioral	P-TN	Term Newborn
P-EM	Pediatric Emergency Medicine	Elec/IC	Experiences chosen for individualized curriculum or electives
P-IP	Inpatient (no more than 1 EU in a single subspecialty)	PICU	Pediatric Intensive Care
NICU	Neonatal Intensive Care	VAC	Vacation
AMBU	Ambulatory Experiences (to include community pediatrics and child advocacy)		

PGY-1 Rotation Outline

		Indicate (✓) if rotation counts as Pediatrics.	Indicate (✓) if rotation counts as Emergency Medicine.	Indicate (✓) if rotation counts for both Pediatrics and Emergency Medicine.	Indicate (✓) if the combined residents interact with categorical Pediatrics or Emergency Medicine residents during this rotation.
1	2	3	4	5	6
	ROTATION NAME AND HOSPITAL/ LOCATION OF ROTATION				
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

PGY-2 Rotation Outline

		Indicate (✓) if rotation counts as Pediatrics.	Indicate (✓) if rotation counts as Emergency Medicine.	Indicate (✓) if rotation counts for both Pediatrics and Emergency Medicine.	Indicate (✓) if the combined residents interact with categorical Pediatrics or Emergency Medicine residents during this rotation.
1	2	3	4	5	6
	ROTATION NAME AND HOSPITAL/ LOCATION OF ROTATION				
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

PGY-3 Rotation Outline

		Indicate (✓) if rotation counts as Pediatrics.	Indicate (✓) if rotation counts as Emergency Medicine.	Indicate (✓) if rotation counts for both Pediatrics and Emergency Medicine.	Indicate (✓) if the combined residents interact with categorical Pediatrics or Emergency Medicine residents during this rotation.
1	2	3	4	5	6
	ROTATION NAME AND HOSPITAL/ LOCATION OF ROTATION				
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

PGY-4 Rotation Outline

		Indicate (✓) if rotation counts as Pediatrics.	Indicate (✓) if rotation counts as Emergency Medicine.	Indicate (✓) if rotation counts for both Pediatrics and Emergency Medicine.	Indicate (✓) if the combined residents interact with categorical Pediatrics or Emergency Medicine residents during this rotation.
1	2	3	4	5	6
	ROTATION NAME AND HOSPITAL/ LOCATION OF ROTATION				
1					
2					
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12					

PGY-5 Rotation Outline					
		Indicate (✓) if rotation counts as Pediatrics.	Indicate (✓) if rotation counts as Emergency Medicine.	Indicate (✓) if rotation counts for both Pediatrics and Emergency Medicine.	Indicate (✓) if the combined residents interact with categorical Pediatrics or Emergency Medicine residents during this rotation.
1	2	3	4	5	6
ROTATION NAME AND HOSPITAL/ LOCATION OF ROTATION					
1					
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