GUIDELINES FOR COMBINED TRAINING IN EMERGENCY MEDICINE AND PEDIATRICS

PREAMBLE

This document is intended to provide educational guidance to program directors in Emergency Medicine and Pediatrics. All program requirements in both specialties, as defined in the Directory of Graduate Medical Education, published by the Accreditation Council for Graduate Medical Education (ACGME), apply to combined training residencies, unless specifically modified in this document.

INTRODUCTION

The American Board of Emergency Medicine (ABEM) and the American Board of Pediatrics (ABP) offer dual certification in Emergency Medicine and Pediatrics. A combined residency consists of five years of balanced education in the two disciplines, not six years, as would be necessary if these two residency programs were completed separately or sequentially. Upon completing this combined program, physicians will have met the training criteria for initial certification in Pediatrics and in Emergency Medicine.

Combined training includes the components of independent Emergency Medicine and Pediatrics residencies, which are accredited respectively by the Review Committee (RC) for Emergency Medicine and by the RC for Pediatrics, both of which function under the auspices of the ACGME.

Every program that wishes to offer this combined training must be approved by both ABEM and ABP before residents are recruited. In addition, both Boards, and RCs when applicable, will review these training requirements periodically. Both Boards must adhere to these guidelines in administering combined programs and may not alter the guidelines without the written consent of both Boards.

To be eligible for dual certification, the resident must satisfactorily complete 60 months of combined education, which must be verified by the Program Director, and Associate Program Director, if applicable, of both programs. Physicians cannot take final certifying examinations in Emergency Medicine or Pediatrics until they have successfully completed all five years of the program.

OBJECTIVES

Combined training in Emergency Medicine and Pediatrics should promote the development of physicians who are fully qualified in both specialties. Physicians completing this training should be competent emergency physicians and pediatricians, capable of professional activity in either discipline. Their Emergency Medicine competencies should include all adult components of Emergency Medicine, as well as the Pediatric component. Physicians should also be qualified in all the competencies of a general pediatrician. The strengths of the residencies in Emergency Medicine and Pediatrics should complement each other to provide an optimal educational experience to trainees.

Combined training includes components of Emergency Medicine programs that are independently accredited, respectively by the RC for Emergency Medicine and by the RC for Pediatrics. While combined training will not be independently accredited by the RCs and the ACGME, the continued approved accreditation status of the parent Emergency Medicine and Pediatrics programs is essential for the stability and continued approval of the combined training program in Emergency Medicine and Pediatrics. Thus, residents for combined training must not be recruited if the accreditation status of either core program is probationary or provisional. Proposals for combined residency training programs must be submitted to, and approved by, ABEM and ABP before a candidate can be accepted into this joint training.

GENERAL REQUIREMENTS

Combined training in Pediatrics and Emergency Medicine must include at least five years of coherent training, integral to residencies in the two disciplines, that meets the program requirements for accreditation by the RC for Emergency Medicine and the RC for Pediatrics.

Combined training must be conducted under the umbrella of the Committee on Graduate Medical Education within a single institution and its affiliated hospitals. Documentation of hospital, university, and faculty commitment to the program must be available in signed agreements. Affiliated institutions must be located close enough to facilitate cohesion among the house staff, attendance at 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. A combined training program with no trainees for a period of three years will no longer be approved. ABP and ABEM will only approve a combined training program intended to be offered to residents annually, and will not approve a training track for a single resident.

Characteristics of Eligible Combined Residencies

The two participating core residency programs must be accredited by, and in good standing with, the ACGME. Both programs must be located within the same academic medical center. Proximity between rotation locations must be close enough to facilitate cohesion among the residents, attendance at conferences when scheduled, participation in pediatric continuity clinic, and faculty exchanges of curriculum, evaluation, administration, and related matters. The same ACGME sponsoring institution should sponsor both programs.

THE RESIDENT

Residents should enter a combined program at the PGY-1 level. A resident may enter a combined program at the PGY-2 level only if the first residency year was served in an accredited categorical residency in Emergency Medicine or Pediatrics in the same institution. Residents may not enter combined training beyond the PGY-1 level or transfer between combined training programs in different institutions unless prospectively approved by both Boards. If they transfer between combined training programs, residents must be offered, and complete, a fully-integrated curriculum. Transferring between combined residencies means a transfer from an Emergency Medicine/Pediatrics residency in one institution to an Emergency Medicine/Pediatrics residency in another institution. A transitional year of training will provide no credit toward the requirements of either Board.

A resident transferring from a combined training program to a categorical Pediatrics or Emergency Medicine program must have prior approval from the specialty Board whose categorical training program would accept the resident.

The total number of combined training residents may not exceed the number of categorical training residents in the smaller of the two categorical programs.

All residents in the combined residency should participate in the in-training examinations of both specialties.

THE TRAINING DIRECTOR(S)

The combined residency must have one designated Program Director and co-directors who will be responsible for all administrative aspects of the program and who can devote substantial time and effort to the educational program. This individual can be the director of either the categorical residency program in Emergency Medicine or Pediatrics; the Program Director of the other categorical residency program will be designated the Associate Program Director of this combined program. An exception to this requirement would be a single director who is certified in both specialties and has an academic appointment in each department. The supervising directors from both specialties must document meetings with each other at least quarterly to monitor the success of the residency and the progress of each resident.

Well-established communication must occur between the program directors of each discipline, particularly in those areas where the basic concepts in both specialties overlap, to assure that the training of residents is well coordinated.

The Program Director is responsible for ensuring that all aspects of the program requirements are met. This individual, along with the Associate Program Director, should submit the application for the program to both ABEM and ABP. Once the combined program is approved, these individuals should notify both Boards if any significant changes occur in either of the associated categorical residency programs. The Program Director and Associate Program Director are responsible for completing evaluation forms for all trainees in the combined program as required by their respective Boards, and both must verify satisfactory completion of the training program on the resident's final evaluation form.

As a general principle, the training of residents in Emergency Medicine is the responsibility of the Emergency Medicine faculty, and the training of residents in Pediatrics is the responsibility of the Pediatrics faculty.

There should be an adequate number of faculty members who devote sufficient time to provide leadership to the combined residency program and supervision of the residents. It is recommended that some faculty members have completed training in these two specialties. Since each component of the residency must be accredited by its respective discipline, the faculty must meet the requirements for their specialty.

Emergency Medicine faculty must be certified by ABEM or have equivalent educational qualifications in Emergency Medicine.
Pediatrics faculty must be certified by ABP or have equivalent educational qualifications in Pediatrics.

TRAINING

The training requirements for eligibility for the certification process of each Board can be fulfilled by the satisfactory completion of 60 months of approved combined training. A reduction of 12 months over that required for the two separate residencies is possible due to the overlap of curriculum and experience inherent in the training of each discipline. The 36-month Emergency Medicine training requirement is met by 30 months of Emergency Medicine training plus six months credit for training appropriate to Emergency Medicine obtained during the 30 months of Pediatric training. Likewise, the 36-month Pediatric training requirement is met by 30 months of Pediatric training plus six months credit for training appropriate to Pediatrics obtained during the 30 months of Emergency Medicine training. Six months of training in the first year must be spent under the direction of each specialty. During the subsequent 48 months of training, each resident must spend a minimum of three and a maximum of six consecutive months under the direction of one specialty. This ensures an adequate distribution of the Emergency Medicine and Pediatric rotations. The working relationships developed among categorical and combined residency trainees will facilitate communication between the two specialties and increase the exposure of categorical residents to the other discipline.

Vacations must be shared equally by both training programs. Absences from residency training (vacation, maternity/paternity leave, sick leave) should not exceed five months in the 60 months. Absences in excess of this must be made up.

Training in each discipline must incorporate graded responsibility throughout the training period.

CURRICULAR REQUIREMENTS

A clearly described, written curriculum must be available for residents, faculty, ABEM, ABP, and the RCs of both Emergency Medicine and Pediatrics. The curricular components must conform to the program requirements for accreditation in Emergency Medicine and Pediatrics. This should include both the common and specialty-specific program requirements, addressing the six ACGME general competencies, incorporation of the ACGME Milestones for each specialty, and the duty hour and supervision standards. The curriculum must ensure a cohesive, planned, educational experience, and continuum of training, rather than providing an uncoordinated series of rotations in each specialty's program requirements.

Duplication of clinical experiences between the two specialties should be avoided. Periodic review of the residency curriculum must be performed by the Program Director and Associate Program Director in consultation with residents and faculty from both departments. Combined training must not interfere with, or compromise the training of, the categorical residents in either field.

Joint educational conferences involving residents from Emergency Medicine and Pediatrics are desirable, and should specifically include the participation of all residents in the combined residency whenever possible.

REQUIREMENTS FOR EMERGENCY MEDICINE

Unless otherwise specified, all program and curricular requirements as described in the ACGME Program Requirements for Graduate Medical Education in Emergency Medicine must be met, including those related to the education and evaluation of residents under the ACGME Milestones for Emergency Medicine. The emergency department experience must provide the resident the opportunity to manage an adequate number of patients of all ages, and both sexes, with a wide variety of clinical problems.
Training in Emergency Medicine must include the following experiences:

a) 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.
b) 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.
c) Experience in performing invasive procedures, monitoring unstable patients, and directing major resuscitations of all types, in all age groups, must be provided. Each resident must maintain, in an accurate and timely manner, a record of all major resuscitations and procedures performed throughout the entire educational program.
d) Residents must have experience in Emergency Medical Services (EMS), emergency preparedness, and disaster management. EMS experiences must include ground unit runs and direct medical command. This should also include participation in multi-casualty incident drills. Residents should have experience teaching out-of-hospital emergency personnel.

REQUIREMENTS FOR PEDIATRICS

The training should be the same as described in the ACGME Program Requirements for Graduate Medical Education for Pediatrics as outlined in this document with the exceptions that follow.

The curriculum should be organized in educational units. An educational unit should be a block (four weeks or one month) or a longitudinal experience. An outpatient educational unit should be a minimum of 32 half-day sessions. An inpatient educational unit should be a minimum of 200 hours.

The specific curriculum elements are detailed in the following chart.

Program Requirements in General Pediatrics
For Combined Training in Pediatrics-Emergency Medicine

Component	Educational Unit*
Emergency Medicine and Acute Illness	3 (with at least 2 in ED)
Developmental-Behavioral Pediatrics	1
Adolescent Medicine	1
Term Newborn	1
Inpatient Pediatrics (non-ICU)	5 (no maximum)
Ambulatory Experiences (to include community pediatrics and child advocacy)	2
NICU	2
PICU	2
**Additional Subspecialty	7 (minimum)

**Educational Unit = Four weeks or one month block OR outpatient longitudinal experience of 32 half-day sessions OR inpatient longitudinal experience of 200 hours*
**Additional Subspecialty includes four units from four different subspecialties from the following list:

- child abuse
- medical genetics
- pediatric allergy and immunology
- pediatric cardiology
- pediatric dermatology
- pediatric endocrinology
- pediatric gastroenterology
- pediatric hematology-oncology
- pediatric infectious diseases
- pediatric nephrology
- pediatric neurology
- pediatric pulmonology
- pediatric rheumatology

An additional three units of single or combined subspecialties are required from the list above or below:

- child and adolescent psychiatry
- hospice and palliative medicine
- neurodevelopmental disabilities
- pediatric anesthesiology
- pediatric dentistry
- pediatric ophthalmology
- pediatric orthopaedic surgery
- pediatric otolaryngology
- pediatric rehabilitation medicine
- pediatric radiology
- pediatric surgery
- sleep medicine
- sports medicine

<u>Subspecialty Experience</u>
Educational experiences in the subspecialties must emphasize the competencies and skills needed to practice high-quality general pediatrics in the community. They should be a blend of inpatient and outpatient experiences and prepare residents to participate as team members in the care of patients with chronic and complex disorders.

Supervisory Responsibility
At least five months of supervisory responsibility must be provided for each resident during the 30 months of pediatrics training and must include experience leading an inpatient team.

Continuity Clinic
There must be a minimum of 108 half-day sessions of a longitudinal outpatient experience in a continuity clinic over the 30 months of pediatric training. The patients should include those previously cared for in the hospital, well children of various ages, and children of various ages with special healthcare needs and chronic conditions. Residents must have a longitudinal general pediatrics outpatient experience in a setting that provides a medical home for the spectrum of pediatric patients and must care for a panel of patients who identify the resident as their primary care provider.

The medical home model of care must focus on wellness and prevention, coordination of care, longitudinal management of children with special healthcare needs, and provide a patient and family-centered approach to care.

Additional Experiences
To fulfill the additional six months of pediatrics training required in the combined program, the focus of the curriculum should be on providing experiences that will help residents be better prepared for the next step in their career after residency. The curriculum might include additional subspecialty experiences not already used to fulfill the core subspecialty requirement in pediatrics, additional supervisory experiences on an inpatient pediatric service, or other electives.

EVALUATION

There must be adequate, ongoing evaluation of the knowledge, skills, and performance of residents. Entry evaluation assessment, interim testing and periodic reassessment, utilizing appropriate evaluation modalities, including in-training examinations as currently required by both Pediatrics and Emergency Medicine, should be employed. The evaluations must be accessible for review by the resident, as well as the RC site visitors. Written evaluation of each resident's knowledge, skills, professional growth, and performance, using appropriate criteria and procedures, must be accomplished at least semi-annually, and must be communicated to, and discussed with, the resident in a timely manner.

The Program Director must utilize the specialty-specific Clinical Competency Committees within the sponsoring Pediatrics and Emergency Medicine residency programs to provide an evaluation of each resident in the combined training program. There must be a written description of the responsibilities of the Clinical Competency Committee to address residents in the combined training program. Each Clinical Competency Committee should (a) review all resident evaluations semi-annually, and (b) the Committees must advise the Program Director regarding resident progress, including promotion, remediation, and dismissal.

There must be a method of documenting the procedures that are performed by the residents. Such documentation must be maintained by the Program Director and/or Associate Program Director, be available for review by the RCs in Emergency Medicine and Pediatrics, ABEM, ABP, and site visitors, and may be used to provide documentation for application for hospital privileges by graduates of these training programs.

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 Director and Associate Program Director are responsible for the maintenance of a permanent record of each resident, and must enable accessibility to the record by the resident and other authorized personnel. The Program Director, Associate Program Director, and faculty are responsible for provision of a written, final evaluation for each resident who completes the program. This evaluation must include specialty-specific milestones as one of the tools to ensure that residents are able to practice core professional activities without supervision upon completion of the program, and that they are prepared to apply for the certification processes of both ABEM and ABP. This final evaluation should be part of the resident's permanent record, and should be maintained by the institution.

ELIGIBILITY FOR CERTIFICATION

The residents in a combined Emergency Medicine and Pediatrics training program must satisfactorily complete the specific requirements of both ABEM and ABP to be eligible for the examination by each Board. Clinical competency must be verified by both the Program Director and Associate Program Director of the combined program. Lacking this verification, the resident must satisfactorily complete a fully ACGME–accredited residency program in Emergency Medicine or Pediatrics to qualify specifically for the appropriate examination.

Upon successful completion of all requirements of the combined training program, a resident meets the training criteria for initial certification of both ABEM and ABP. Each Board, upon successful completion of its certifying requirements, will certify the candidate. Certification in one specialty will not be contingent upon certification in the other. It is the candidate's responsibility to complete the certification process in each specialty.

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