

**INTERNAL MEDICINE/PREVENTIVE MEDICINE
COMBINED RESIDENCY TRAINING DESCRIPTION**

PROGRAM NAME: _____

Date Survey Completed: _____

SPONSORING INSTITUTION: Indicate the sponsoring institution of the combined training		
<i>Institution</i>	<i>City</i>	<i>State</i>

ACCREDITED RESIDENCY PROGRAMS: 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>
Internal Medicine		
Preventive Medicine		

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

Yes U	STRUCTURE OF THE COMBINED TRAINING: Indicate (U) if the training design meets the following guidelines. If the training does not meet the guideline, please explain the exception in writing.
	PGY-1 year is 12 months of internal medicine
	PGY-2 year is 12 months of internal medicine
	PGY-3 and PGY-4 years must provide 12 months of MPH academic work and required practicum work in the field of general preventive medicine, occupational medicine, or aerospace medicine.
	PGY-3 or PGY-4 years are 6 months of internal medicine, which may overlap with the required practicum work as feasible.
	At least 1 position for each year of training
	At least 2 residents enrolled all the time

Yes U	GENERAL TRAINING POLICIES AND DOCUMENTS: Following is a list of integral documents which should be developed, distributed to residents and faculty, and kept on file for RRC review. Also listed are actions related to the distribution of the documents. Indicate (U) if the document has been created and/or if the action has been accomplished, and enclose documents marked AEnclosed.@
	Internal medicine/preventive medicine residents who leave combined training are informed of the need to request Board approval to receive credit for previous training experience. The policy is kept on file.
	The training directors will inform ABIM and ABPM of residents leaving combined training, transferring to another combined training residency, or entering from a categorical residency. Documentation of these activities is kept on file.
	The vacation/leave policy is on file and time off is equally distributed between internal medicine and preventive medicine.
	There is a schedule of at least quarterly meetings between co-directors or with the respective categorical program directors in programs with an internal medicine/preventive medicine training director. Documentation of the quarterly meeting is kept on file.
	The combined training is based on a written curriculum of planned educational experiences in both specialties and is not simply a listing of rotations between the two specialties. The curriculum is kept on file.
	The written curriculum is periodically reviewed by internal medicine and preventive medicine faculty and residents.
	There is a process for periodic resident evaluation and feedback. Documentation of the process as well as results of evaluations and feedback are kept on file.
	Enclosed The description of combined educational experiences, including a brief curriculum summary, site of activity and whether an activity is shared with categorical residents.

CONTINUITY CLINIC: Select the plan that best describes the continuity clinic (only one)	
	Internal Medicine clinics occur at least once per week only on medicine rotations
	Combined internal medicine/preventive medicine clinic at least once each week while on both internal medicine and preventive medicine rotations.
	Internal Medicine clinic occurs at least once per week during both internal medicine and preventive medicine rotations.
	Other (attached)

INTERNAL MEDICINE GUIDELINES: Indicate (U) if the training plan includes each of the following requirements for internal medicine.	
	The Internal Medicine residency has full ACGME accreditation.
	A letter signed by the department chair documents institutional and faculty commitment to combined training.
	6 months of supervision of more junior residents.
	Geriatrics clinical experience
	Emergency department experience of at least four weeks in R-1 or R-2.
	Critical care (MICU/ICU) experience of one month in R-1 or R-2
	Critical care (MICU/ICU) experience of one month in R-2, 3, 4 or 5.
	33% of the time in internal medicine is in ambulatory settings.
	Ambulatory block (general medicine or subspecialties) minimum of 2 months.
	Subspecialty rotations for at least 4 months.

DIRECT PATIENT RESPONSIBILITY (DPR): Of the 30 months of Internal Medicine training, 20 months of DPR is required. Indicate the number of months in each of the following types of rotations. Count each rotation only once. Do not add parts of months together such as continuity clinic half-days, etc.

<i># of Months</i>	<i>Rotation</i>
	In-patient general or subspecialty medicine
	Emergency department
	Critical care units (MICU/ICU)
	Ambulatory block (general or subspecialty)
	Hospitalist primary care (consults) for non-internal medicine patient
	Geriatrics medicine
	Total Months of DPR

TYPE OF PREVENTIVE MEDICINE TRAINING: Indicate (U) the preventive medicine speciality training offered and the primary training site where it is offered.

<i>U</i>	<i>Type of PM Training</i>	<i>Primary Training Site</i>
	Public Health and General Preventive Medicine	
	Occupational Medicine	
	Aerospace Medicine	

PREVENTIVE MEDICINE GUIDELINES: Indicate (U) if the training plan includes each of the following requirements for approved training in preventive medicine.

	The preventive medicine residency has full ACGME accreditation
	A letter signed by the department chair documents institutional and faculty commitment to combined training
	Basic components of preventive medicine common to all fields of practice
	Didactic and applied components during practicum 12 months
	1 month experience in operating a health agency during practicum (PH/GPM only)
	GPM residents have rotation in occupational medicine during practicum
	Occupational medicine practicum includes didactic components required by RRC-PM
	Occupational medicine 4 months of practicum in the real world of work
	Occupational medicine 1 month of practicum in administration

SIGNATURES: Indicate by signing below that the information contained is correct and that the hospital and faculty of each department are committed to supporting the combined training.

	<i>Print Name</i>	<i>Signature</i>	<i>Date</i>
Internal Medicine/ Preventive Medicine Director or Co-director			
Internal Medicine/ Preventive Medicine Co-Director			
IM Program Director			
PM Program Director			

ROTATION OUTLINE

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.
- Column 3: Indicate (U) if rotation counts as Internal Medicine.
- Column 4: Indicate (U) if rotation counts as Preventive medicine.
- Column 5: Indicate (U) if rotation counts for **both** Internal Medicine *and* Preventive medicine (combined rotation).
- Column 6: Enter number of Continuity Clinic sessions (1/2 days) for this rotation.
- Column 7: Indicate (U) if the rotation counts toward Internal Medicine DPR.
- Columns 8: Enter the percentage of time the rotation is dedicated to Ambulatory Care:
Examples: 100% = *Full time*
 50% = *5 2 days*
 20% = *1 full day*
 10% = *2 day*
 5% = *Every other week for 2 day*
- Column 9: Indicate (U) if rotation includes consultation.
- Column 10: Indicate (U) if rotation includes supervision of more junior residents. (Not indicated for PGY-1 residents)
- Column 11: Indicate (U) if the combined residents interact with categorical internal medicine or pediatric residents during this rotation.

CHECK ONE INDICATING LENGTH OF ROTATION: 9 CALENDAR MONTH

9 4-WEEK BLOCK

PGY-1										
1	2	3	4	5	6	7	8	9	10	11
Month/4-week block	ROTATION NAME	Internal Medicine	Preventive Medicine	Internal Medicine & Preventive Medicine	Continuity Clinic	Internal Medicine DPR	IM Ambulatory Time (%)	Internal Medicine Consult	IM or PM Supervisor	Categorical Residents Interaction
		U	U	U	#	U	%	U	U	U
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										

PGY-2										
1	2	3	4	5	6	7	8	9	10	11
Month/4-week block	ROTATION NAME	Internal Medicine	Preventive Medicine	Internal Medicine & Preventive Medicine	Continuity Clinic	Internal Medicine DPR	IM Ambulatory Time (%)	Internal Medicine Consult	IM or PM Supervisor	Categorical Residents Interaction
		U	U	U	#	U	%	U	U	U
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										

PGY-3										
1	2	3	4	5	6	7	8	9	10	11
Month/4-week block	ROTATION NAME	Internal Medicine	Preventive Medicine	Internal Medicine & Preventive Medicine	Continuity Clinic	Internal Medicine DPR	IM Ambulatory Time (%)	Internal Medicine Consult	IM or PM Supervisor	Categorical Residents Interaction
		U	U	U	#	U	%	U	U	U
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										

PGY-4										
1	2	3	4	5	6	7	8	9	10	11
Month/4-week block	ROTATION NAME	Internal Medicine	Preventive Medicine	Internal Medicine & Preventive Medicine	Continuity Clinic	Internal Medicine DPR	IM Ambulatory Time (%)	Internal Medicine Consult	IM or PM Supervisor	Categorical Residents Interaction
		U	U	U	#	U	%	U	U	U
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										