GUIDELINES FOR COMBINED TRAINING IN EMERGENCY MEDICINE AND FAMILY MEDICINE

INTRODUCTION

The American Board of Emergency Medicine (ABEM) and the American Board of Family Medicine (ABFM) offer dual certification in Emergency Medicine and Family Medicine. A combined residency consists of a balanced education in the two disciplines completed simultaneously, not separately or sequentially. Upon completing this combined program, physicians will have met the training criteria for initial certification in Family Medicine and in Emergency Medicine.

OBJECTIVES

Combined training includes the components of independent Emergency Medicine and Family Medicine residencies, which are accredited respectively by the Residency Review Committee for Emergency Medicine (RRC-EM) and by the Residency Review Committee for Family Medicine (RRC-FM), both of which function under the auspices of the Accreditation Council for Graduate Medical Education (ACGME).

Every program that wishes to offer this combined training must be approved by both ABEM and ABFM before residents are recruited. In addition, both Boards, and RRCs 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. The duration of training would be increased to 72 months if the combined program involves either an EM 1-4 program or an FM 1-4 program. Residents, who choose to end their training in the combined program prior to completion, should verify with ABEM or ABFM regarding their eligibility requirements for certification in EM or FM. The Boards will not accept training in a newly-established, combined program if the accreditation status of the residency in either discipline is probationary. If the residency in either discipline receives probationary accreditation after initiation of the combined training, new residents should not be appointed to the combined training.

The objectives of the combined training in EM/FM include the training of physicians for practice or academic careers that address the spectrum of patient illness, and injury from the emergent through the total health care of the individual and the family. Graduates of the combined training program may function as generalists, practice either or both disciplines, enter subspecialty training programs approved by either Board, or undertake research. Within an institution, their perspective spanning two specialties has the potential to increase communication and understanding.

Combined training in Emergency Medicine and Family Medicine should promote the development of physicians who are fully qualified in both specialties. Physicians completing this training should be competent emergency physicians and family physicians, capable of

professional activity in either discipline. The strengths of the residencies in Emergency Medicine and Family Medicine 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 RRC-EM and by the RRC-FM. While combined training will not be independently accredited by the RRCs and the ACGME, the continued approved accreditation status of the parent Emergency Medicine and Family Medicine programs is essential for the stability and continued approval of the combined training program in Emergency Medicine and Family Medicine. 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 ABFM before a candidate can be accepted into this joint training. The EM and FM residencies must be ACGME accredited and in good standing when the application for a combined residency program is submitted.

GENERAL REQUIREMENTS

Combined training in Family Medicine and Emergency Medicine must include at least five (or six) years of coherent training, integral to residencies in the two disciplines, that meets the Program Requirements for accreditation by the RRC-EM and the RRC-FM.

It is strongly recommended that combined training 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 five years will no longer be approved. ABFM 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.

If the residency in either discipline receives probationary accreditation after initiation of the combined training, new residents should not be appointed to the combined training program. And, for training that occurs during a period of probationary accreditation, the eligibility criteria that ABEM and ABFM have in place for residents in categorical residency training will likewise apply to residents in the combined program.

Characteristics of Eligible Combined Residencies

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

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, but only after approval by both the ABFM and ABEM upon receiving a written request by the accepting program director. 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. A transitional year of training will provide no credit toward the requirements of ABEM eligibility criteria. Combined program directors should check with ABFM regarding credit for selected FM curricular elements.

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

THE TRAINING DIRECTOR(S)

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. 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 two directors should embrace similar values and goals for their program.

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 ABFM. 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 Family Medicine is the responsibility of the Family Medicine 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.

Family Medicine faculty must be certified by ABFM or have equivalent educational qualifications in Family Medicine.

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 (72 months if the combined program involves an EM 1-4 program or an FM 1-4 program). 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 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.

Training in each discipline must incorporate graded responsibility throughout the training period. Each resident must have supervisory responsibility for at least six months in each discipline.

CURRICULAR REQUIREMENTS

A clearly described, written curriculum must be available for residents, faculty, ABEM, ABFM, and the RRCs of both Emergency Medicine and Family Medicine. The curricular components must conform to the program requirements for accreditation in Emergency Medicine and Family Medicine. 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. There must be 30 months of training under the direct supervision of each specialty. The curriculum must assure a cohesive, planned educational experience and not simply comprise a series of rotations between the two specialties. 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. Six months of training should be spent under the direction of each specialty in the first year. During the final 48 months, continuous assignments to one specialty or the other should be not less than three or more than six months in duration.

Joint educational conferences involving residents from Emergency Medicine and Family Medicine 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 and variety of patients.

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.
e) Thirty months of training is provided under the direction of Emergency Medicine. Should the core Emergency Medicine training be in a PGY-1-4 program, then the resident must complete a minimum of seven months of Emergency Medicine in the additional sixth year of combined training. The other five months may be Emergency Medicine rotations or electives, including possible Family Medicine rotations, as determined by the combined program. Alternatively, Family Medicine rotations may be distributed between the PGY3-6 years of training to allow exposure to both specialties during this final, additional year, provided that the seven months of added Emergency Medicine have likewise been incorporated into the entire curriculum.

REQUIREMENTS FOR FAMILY MEDICINE

Unless otherwise specified, all program and curricular requirements as described in the ACGME Program Requirements for Graduate Medical Education in Family Medicine must be met, including those related to the education and evaluation of residents under the ACGME Milestones for Family Medicine.

Training in Family Medicine must include the following experiences:

a) The Family Medicine residency has full ACGME accreditation.
b) A letter signed by the department chair documents institutional and faculty commitment to combined training.
c) Thirty months of training is provided under the direction of Family Medicine.
d) 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.

e) 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.
f) 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.
g) 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.
h) Residents are provided the training required to achieve competency in performing the clinical procedures determined by the Program Director 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.
i) 200 hours or two months of Emergency Medicine training is provided.
j) One month of structured experience in Gynecology is provided, including well woman care, contraception, family planning, and options counseling for unintended pregnancy.
k) Experiences in the diagnosis and management of common dermatologic conditions are provided.
l) Two months experience in care of patients with orthopedic & musculoskeletal problems including a structured experience in Sports Medicine.
m) A structured curriculum is provided in which residents address population health, including the evaluation of health problems of the community.
n) A structured experience in Diagnostic Imaging and Nuclear Medicine is provided.
o) 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.
p) 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.
q) A minimum of three months (or 300 hours) dedicated to elective experiences is provided.
r) A three-year Family Medicine center/continuity clinic experience is provided in which each resident must have a documented total of at least 1,650 patient visits. Residents 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 Family Medicine clinic 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.

s) Should the core Family Medicine program be a PGY 1-4 program, then an additional sixth year of combined training will be necessary in order to fulfill the additional Family Medicine requirements.

EVALUATION

The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment, and document this evaluation at completion of the assignment. The evaluations must be accessible for review by the resident, as well as the RRC 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. Both ABEM and ABFM require documentation that candidates for certification are competent in (a) patient care and procedural skills, (b) medical knowledge, (c) practice-based learning and improvement, (d) interpersonal and communication skills, (e) professionalism, and (f) systems-based practice.

The Program Director must appoint a Clinical Competency Committee. At a minimum, the Clinical Competency Committee must be composed of three members of the program faculty from each core program. There must be a written description of the responsibilities of the Clinical Competency Committee. Each Clinical Competency Committee should (a) review all resident evaluations semi-annually, and (b) 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 RRCs in Emergency Medicine and Family Medicine, ABEM, ABFM, 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 ABFM. 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 Family Medicine training program must satisfactorily complete 60 (or 72) months of combined training that fulfills the specific

requirements of both ABEM and ABFM to be eligible for the examination by both Boards. However, residents who choose to end their training in the combined program prior to completion should verify with ABEM or ABFM regarding their eligibility requirements for certification in EM or FM.

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 36 months of training in either a fully-ACGME–accredited residency program in Emergency Medicine or Family Medicine.

Upon successful completion of all requirements of the combined training program, a resident meets the training criteria for initial certification of both ABEM and ABFM. 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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