**New Application: Internal Medicine and Pediatrics**

**Review Committees for Internal Medicine and Pediatrics**

**ACGME**

**Oversight**

**Participating Sites**

1. Explain how the program directors will demonstrate coordination and collaboration between departments. [PR I.B.1.a).(4)]

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1. Will the program directors for the core programs meet with the combined program director to collaborate and coordinate the curriculum and rotations? [PR I.B.1.a).(4).(a)] [ ]  YES [ ]  NO
2. How frequently will these meetings occur? [PR I.B.1.a).(4).(a)] [Frequency]
3. Will the meetings involve consultation with faculty members and residents from the internal medicine-pediatrics, internal medicine, and pediatrics programs? [PR I.B.1.a).(4).(a)]
 [ ]  YES [ ]  NO

 Explain any “NO” responses.

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**Personnel**

**Program Director**

1. How much support will the Sponsoring Institution provide the program director for the administrative activities of the program? [PR II.A.2.a)]

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**Educational Program**

**Patient Care and Procedural Skills**

1. Describe the mechanism that will be used to determine residents’ procedural competence. On the day of the site visit provide it to the Field Representative. [PR IV.B.1.b).(2).(d)]

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1. Explain the process that will be used to remediate residents when deficiencies in procedural competence are identified. [PR IV.B.1.b).(2).(d)]

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**Curriculum Organization and Resident Experiences**

1. Describe how residents will attend joint conferences in each of the specialties, or internal medicine-pediatrics-only. [PR IV.C.3.c)]

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1. Explain how the curriculum will provide a cohesive planned educational experience and not simply a series of rotations between the two specialties. [PR IV.C.5.b)]

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1. Provide a narrative description of any experiences that differ from the educational program in the internal medicine or pediatrics residencies and experiences that are unique to the internal medicine-pediatrics program. [PR I)]

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**Continuity Clinics [PR IV.C.6.a) – IV.C.6.b).(8)]**

For each continuity site used by the program (i.e., combined, internal medicine, and pediatrics) provide the name of the clinic site, the duration and frequency of the experience, the number of residents assigned to each clinic, whether on-site faculty member supervision will be available, and the total number of adult and pediatric patients seen. Add rows as necessary.

Combined Continuity Clinics

| **Continuity Clinic Sites** | **Duration of Experience****(weeks/year)** | **Frequency of Experience****(# of 1/2 days/week)** | **Number of residents assigned to this clinic** | **On-site Faculty Member Supervision** | **Total # of Adult Patients Seen** | **Total # of Peds Patients Seen** |
| --- | --- | --- | --- | --- | --- | --- |
| **PGY-1** | **PGY-2** | **PGY-3** | **PGY-4** |
| 1. Site | Duration | Frequency | # | # | # | # | Choose an item. | # | # |
| 2. Site | Duration | Frequency | # | # | # | # | Choose an item. | # | # |
| 3. Site | Duration | Frequency | # | # | # | # | Choose an item. | # | # |

Medicine Continuity Clinics

| **Continuity Clinic Sites** | **Duration of Experience****(weeks/year)** | **Frequency of Experience****(# of 1/2 days/week)** | **Number of residents assigned to this clinic** | **On-site Faculty Member Supervision** | **Total # of Adult Patients Seen** |
| --- | --- | --- | --- | --- | --- |
| **PGY-1** | **PGY-2** | **PGY-3** | **PGY-4** |
| 1. Site | Duration | Frequency | # | # | # | # | Choose an item. | # |
| 2. Site | Duration | Frequency | # | # | # | # | Choose an item. | # |
| 3. Site | Duration | Frequency | # | # | # | # | Choose an item. | # |

Pediatrics Continuity Clinics

| **Continuity Clinic Sites** | **Duration of Experience****(weeks/year)** | **Frequency of Experience****(# of 1/2 days/week)** | **Number of residents assigned to this clinic** | **On-site Faculty Member Supervision** | **Total # of Peds Patients Seen** |
| --- | --- | --- | --- | --- | --- |
| **PGY-1** | **PGY-2** | **PGY-3** | **PGY-4** |
| 1. Site | Duration | Frequency | # | # | # | # | Choose an item. | # |
| 2. Site | Duration | Frequency | # | # | # | # | Choose an item. | # |
| 3. Site | Duration | Frequency | # | # | # | # | Choose an item. | # |

1. How will the program ensure continuity of patient care for the combined residents? [PRs IV.C.6.a) – IV.C.6.b).(8)]

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1. If residents are assigned to different continuity sites during the course of the program, explain how continuity will be maintained throughout the four years of the educational program. [PRs IV.C.6.a) – IV.C.6.b).(8)]

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**Internal Medicine Experiences**

|  |  |
| --- | --- |
|  | **Medicine** |
| 1. | Indicate the total number of months of direct patient care responsibility [PR IV.C.8.a)] | # |
| 2. | Indicate the total number of months spent in a supervisory role [PR IV.C.8.a)] | # |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Year 1** | **Year 2** | **Year 3** | **Year 4** |
| 3. | Indicate the total number of months spent on internal medicine night float [PR IV.C.8.g)] | # | # | # | # |
| 4. | If the program requires night experiences, describe how these are structured to provide educational experiences. [PRs IV.C.5.f)] | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Geriatric Medicine**

1. If there is not a separate geriatric medicine rotation, explain how residents will obtain clinical experience in geriatrics. [PR IV.C.8.f).(1)]

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**Pediatric Experiences**

**Life Support Skills [PR IV.B.1.b).(2).(e)]**

1. Will all residents be required to complete training and maintain certification in Pediatric Advanced Life Support? [ ]  YES [ ]  NO
2. Will all residents be required to complete training and maintain certification in Neonatal Resuscitation? [ ]  YES [ ]  NO
3. Will all residents be required to complete training in simulated placement of an intraosseous line? [ ]  YES [ ]  NO

**Individualized Curriculum**

1. Will each resident have two educational units of an individualized curriculum determined by his/her learning needs and career plans? [PRs IV.C.9.b).(4)-(4).(a)] [ ]  YES [ ]  NO
2. If YES above, describe how subspecialty experiences will be chosen to support each resident’s learning needs and career plans. [PRs IV.C.9.b).(4)-(4).(a)]

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1. Describe: (a) how the individualized curriculum will be implemented; (b) how a faculty mentor will guide the development of the curriculum; and (c) in what post-graduate years these experiences will occur. Also (d) identify any of the experiences that will occur longitudinally. [PRs IV.C.9.b).(4)-(4).(a)]

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| a) Click here to enter text.b) Click here to enter text.c) Click here to enter text.d) Click here to enter text. |

**Block Diagram**

Following the instructions and format below, upload the block diagram to ADS:

1. Provide a rotation schedule that shows the rotations in chronological order for a typical internal medicine-pediatrics resident for each year of the educational program.
2. Use a distinct title for each rotation (e.g., Geriatric Medicine, General Medicine, General Pediatrics, and Neonatal Intensive Care). Do not use local terminology (e.g., Blue I). The rotation name should clearly indicate the nature of the rotation. Define all required experiences.
3. For combined internal medicine-pediatrics rotations, indicate whether this month counts towards internal medicine or pediatrics time.
4. For the required pediatric subspecialty experiences, use “RS” for those subspecialties that come from List 1 in the Program Requirements. Do not list as an elective. [PR IV.C.9.b).(2)]
5. Indicate elective rotations with the term “elective.”
6. Indicate the duration of the rotations in weeks or months.
7. Indicate in bold type any experiences that differ from the educational program in the internal medicine or pediatrics residencies and experiences that are unique to the internal medicine-pediatrics program.
8. Refer to ADS for additional instructions and guidance regarding the block diagram.

**Year 1**

| **Rotation Name** | **Site****(i.e., Hosp. 1)** | **Duration of Experience****(Indicate weeks or months)** | **Service** | **Inpatient (IP), Outpatient (OP) or Both** | **% of Ambulatory Time** | **Avg. Clinical Experience and Education Hours/Week** | **Freq. of Nights On-call** | **Number of Full Days off Per Week** | **Resident Supervisory Role****(Yes/No)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **IM** | **Peds** | **Comb.****Med-Peds** |  |  |  |  |  |  |
| Name | Site | Duration |[ ] [ ] [ ]  Choose an item. | #% | # | Frequency | # | Choose an item. |

**Year 2**

| **Rotation Name** | **Site****(i.e., Hosp. 1)** | **Duration of Experience****(Indicate weeks or months)** | **Service** | **Inpatient (IP), Outpatient (OP) or Both** | **% of Ambulatory Time** | **Avg. Clinical Experience and Education Hours/Week** | **Freq. of Nights On-call** | **Number of Full Days off Per Week** | **Resident Supervisory Role****(Yes/No)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **IM** | **Peds** | **Comb.****Med-Peds** |  |  |  |  |  |  |
| Name | Site | Duration |[ ] [ ] [ ]  Choose an item. | #% | # | Frequency | # | Choose an item. |

**Year 3**

| **Rotation Name** | **Site****(i.e., Hosp. 1)** | **Duration of Experience****(Indicate weeks or months)** | **Service** | **Inpatient (IP), Outpatient (OP) or Both** | **% of Ambulatory Time** | **Avg. Clinical Experience and Education Hours/Week** | **Freq. of Nights On-call** | **Number of Full Days off Per Week** | **Resident Supervisory Role****(Yes/No)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **IM** | **Peds** | **Comb.****Med-Peds** |  |  |  |  |  |  |
| Name | Site | Duration |[ ] [ ] [ ]  Choose an item. | #% | # | Frequency | # | Choose an item. |

**Year 4**

| **Rotation Name** | **Site****(i.e., Hosp. 1)** | **Duration of Experience****(Indicate weeks or months)** | **Service** | **Inpatient (IP), Outpatient (OP) or Both** | **% of Ambulatory Time** | **Avg. Clinical Experience and Education Hours/Week** | **Freq. of Nights On-call** | **Number of Full Days off Per Week** | **Resident Supervisory Role****(Yes/No)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **IM** | **Peds** | **Comb.****Med-Peds** |  |  |  |  |  |  |
| Name | Site | Duration |[ ] [ ] [ ]  Choose an item. | #% | # | Frequency | # | Choose an item. |