

COMBINED TRAINING IN INTERNAL MEDICINE AND DERMATOLOGY

PROGRAM DESCRIPTION FORM



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**COMBINED INTERNAL MEDICINE/DERMATOLOGY
PROGRAM DESCRIPTION FORM**

Please complete all sections of this Program Description Form and send it to both the American Board of Internal Medicine and the American Board of Dermatology at the addresses listed on the front cover (you may send one Board a photocopy of the booklet).

GENERAL PROGRAM INFORMATION

PROGRAM NAME: ADDRESS: TELEPHONE:	
FAX: E-MAIL:	

**INTERNAL MEDICINE/DERMATOLOGY COMBINED RESIDENCY TRAINING
PROGRAM 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		
Dermatology		

COMBINED TRAINING DIRECTOR(S):				
<i>Board Certification of Training Director</i>	<i>Name</i>	<i>Director</i>	<i>Co-Director Director (Choose one)</i>	<i>Associate</i>
Combined Internal Medicine/Dermatology				
Internal Medicine				
Dermatology				

GENERAL PROGRAM POLICIES AND DOCUMENTS

The following are policies the program should develop, distribute to residents and faculty, and have on file for RRC review. Indicate (☐) if the guideline has been met, and enclose documents marked **“enclosed”**.

	On File	The program informs medicine/dermatology residents leaving the program of the need to request Board approval to receive credit for previous training experience.
	On File	The program informs ABIM and ABD of medicine/dermatology residents leaving the combined program, transferring to another program, or entering from a categorical residency.
	On File	Time off is equally distributed between internal medicine and dermatology and the vacation leave policy is on file.
	On File	A schedule of at least quarterly meetings between co-directors or with the respective categorical program directors in programs with an internal medicine/dermatology program director.
	On File	The program 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.
	On File	The written curriculum is periodically reviewed by internal medicine and dermatology faculty and residents.
	On File	There is a process for periodic resident evaluation and feedback.
	Enclosed	The description of any combined educational experiences, including a brief curriculum summary, site of activity and whether an activity is shared with categorical residents.

DIRECT PATIENT RESPONSIBILITY (DPR)

- only once. Do not add parts of months together such as continuity clinic half-days, etc.

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

INTERNAL MEDICINE REQUIREMENTS

Indicate (3) if the program 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
	Attendance at rounds
	Emergency department experience of at least four weeks in R-1 or R-2
	Critical care (MICU/ICU) experience of at least 3-4 weeks in R-1
	Critical care (MICU/ICU) experience of at least one four-week rotation in R-3, 4 or 5
	20% 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 (must include role as consultant). May be outpatient, inpatient, or combination thereof
	Geriatrics clinical experience
	Exposure to Infectious Disease
	Exposure to Rheumatology
	Exposure to Endocrinology
	Consultation experience
	Continuity Clinic consisting of one half-day per week for 36 consecutive weeks

DERMATOLOGY REQUIREMENTS

Indicate (4) if the program includes each of the following requirements for approved training in dermatology.	
	The Dermatology residency has full ACGME accreditation.
	A letter is signed by the department chair documenting institutional and faculty commitment to combined training.
	Twenty-five months of clinical dermatology experience with the primary responsibility in patient care. (Outpatient; inpatient; and consultations)
	Three months of experience in dermatologic surgery.
	Two months of dermatopathology.
	Continuity of dermatopathology experience (follow-up of OP and IP patients; conferences; lectures).
	Must regularly attend seminars and conferences in general dermatology.
	Must attend clinical pathological conferences.
	Must learn about major developments in both the basic and clinical sciences relating to dermatology.

DERMATOLOGY ELECTIVES (<i>Not Required</i>)	
Electives may be substituted for time taken during the 28 months of clinical dermatology. Indicate (<input type="checkbox"/>) if the program includes each of the following	
	Two months of elective time in basic science on which dermatology is founded, including cutaneous pharmacology, molecular biology, genetics, immunology, epidemiology, and statistics.
	Special disease or treatment clinics (pigmented lesion clinic, bullous disease clinic, acne clinic, laser clinic, alopecia clinic, other)

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 program.

	<i>Print Name</i>	<i>Signature</i>	<i>Date</i>
<i>Internal Medicine/ Dermatology Director or Co-Director</i>			
<i>Internal Medicine/ Dermatology Co-Director</i>			
<i>Internal Medicine Program Director</i>			
<i>Dermatology Program Director</i>			

Description of Curriculum	
Indicate (3) if the program includes each of the following guidelines for the combined curriculum	
	In each of the four years, no less than 3 nor more than 6 months should be spent in each specialty.
	Rotations must be at least 4 weeks long.
	The categorical and combined residents must interact at all levels of training.
	Care must be exercised to avoid unnecessary duplication of educational experiences, to provide as many clinical/educational opportunities as possible.

Directions for completing the attached Rotation Outline

- Column 1: Represents various rotations for a particular year.
- Column 2: Insert name of rotation.
- Column 3: Indicate (3) if rotation counts as Internal Medicine.
- Column 4: Indicate (3) if rotation counts as Dermatology.
- Column 5: Indicate (3) if rotation counts for both Internal Medicine *and* Dermatology (combined rotation).
- Column 6: Enter number of Continuity Clinic sessions (1/2 days) for this rotation.
- Column 7: Indicate (3) if the rotation counts toward Internal Medicine direct patient responsibility (DPR).
- Column 8: Enter the percentage of time the rotation occurs in an ambulatory care site:
- Examples:*
- | | | |
|------|---|-----------------------------------|
| 100% | = | Full time |
| 50% | = | Five half-days |
| 20% | = | Two half-days or one full day |
| 10% | = | One half-day |
| 5% | = | Every other week for one half-day |
- Column 9: Enter the percentage of inpatient time.
- Column 10: Indicate (3) if rotation includes consultation experience; mark **IM**, if Internal Medicine or **D**, if Dermatology.
- Column 11: Indicate (3) if rotation includes supervision of more junior residents.
- Column 12: Indicate (3) if the combined residents interact with categorical internal medicine or dermatology residents during this rotation.

[illegible][illegible]

[illegible]

[illegible]

PGY-5											
1	2	3	4	5	6	7	8	9	10	11	12
	<u>Rotation Name</u> (No less than 3 nor more than 6 months should be spent in each specialty)	Medicine	Dermatology	Internal Medicine and Derm	Continuity Clinic	Internal Medicine DPR	IM Ambulatory Time (%)	Inpatient Time (%)	Consultations (Mark as IM or D)	IM or Derm Supervisor	Categorical Resident Interaction
		4	4	4	#	4	%	%	4	4	4
1											
2											
3											
4											
5											
6											
7											
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11											
12											
13											