



THE AMERICAN BOARD OF ANESTHESIOLOGY

*Advancing the Highest Standards of the Practice of Anesthesiology*

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## ABA-ABIM COMBINED RESIDENCY TRAINING PROGRAM APPLICATION

### INSTRUCTIONS

Complete the entire application, print and sign. Then send completed copies to both the American Board of Anesthesiology (ABA) and American Board of Internal Medicine (ABIM) at the following addresses:

American Board of Internal Medicine Attention:  
Simona Solovey  
510 Walnut Street, Suite 1700  
Philadelphia, PA 19106

The American Board of Anesthesiology, Inc.  
Attention: Secretary  
4208 Six Forks Road, Suite 1500  
Raleigh, NC 27609

Submission of an ABA-ABIM combined residency training program application will require a commitment on the part of both categorical programs and their respective institutions to meet all the program requirements. The application form must be signed by the designated program director, associate program director, both department chairs, and the designated institutional official of the involved institutions. The ABIM and the ABA will send a confirmation acknowledging receipt of the application.

Both the internal medicine and anesthesiology programs must have ACGME accreditation. If either program loses accreditation, approval of the combined program will be withdrawn. If either categorical program is on probation, the combined program may not accept additional trainees until this is corrected.

The administrative home for the combined program should be within the department and institution where the director of the combined program primarily functions. All programs must receive prospective approval from both the ABIM and the ABA before any trainees are accepted into the combined program. Residents who do not complete the combined program in the required amount of time or wish to transfer to another accredited combined program must have the prospective approval of both boards.

Please indicate the annual number of trainees requested for the combined residency training program on the application. There should be verification that these additional trainees will not compromise the training of residents in either of the categorical residency programs. The number of positions permitted in these combined programs will be approved for each program by the ABIM and ABA in conjunction with their respective RRCs when applicable. These numbers will be in addition to the number of trainees in the independent categorical programs of internal medicine and anesthesiology.

### ELIGIBILITY

Eligible residents must be graduates of US or Canadian medical schools or be sponsored by the ECFMG for the duration of the combined training. Acceptance will be determined by the directors of both programs in internal medicine and anesthesiology. Senior medical students may apply; internal medicine residents may also apply for this program if they do so before the end of the PGY-1. The time anesthesiology training is to begin must be acceptable to the program directors of both the internal medicine and anesthesiology programs.

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***SPONSORING INSTITUTION:*** Indicate the sponsoring institution of the combined program. This should be the institution where the Director of the combined program primarily functions.

Institution	City	State

***ACCREDITED RESIDENCY PROGRAMS:*** Indicate the name and the ACGME program number for the specialty programs offering the combined training.

Program	ACGME #	Primary Training Site
Internal Medicine		
Anesthesiology		

***ACCREDITED RESIDENCY PROGRAM INFORMATION:*** Indicate the accreditation status of each specialty program.

Program	Date of Last ACGME Accreditation	Date of Next ACGME Review	ACGME Approved Residents per Year (#)
Internal Medicine			
Anesthesiology			

Number of requested positions per year in the combined program: \_\_\_\_\_

***PROGRAM DIRECTOR:*** Indicate the administrative structure for program directorship. The designated director may be the director of either categorical program, and the other categorical director must be the associate director. A single "combined" program director can be designated if that person is certified by both the ABA and the ABIM.

Program Director	Name	Board Certified IM, Anes or Both	IM Categorical Director	Anesthesiology Categorical Director
Designated Program Director				
Associate Program Director				
Combined Director <i>(if applicable)</i>				

<b>GENERAL PROGRAM POLICIES AND DOCUMENTS:</b> The following are policies the program must develop, distribute to residents and faculty, and have on file for ABIM and ABA review. Indicate (Y) if the requirement has been met in the program.		
	On file	The administrative home is within the department and institution where the director of combined program primarily functions.
	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 anesthesiology faculty and residents.
	On file	There is adequate, ongoing evaluation of the knowledge, skills and performance of residents as well as a method of documenting procedures and providing written evaluations following each rotation. A semi-annual formal written evaluation is conducted. Evaluations are permanently maintained by the institution.
	On file	There is a schedule of at least quarterly meetings between the designated director and associate director unless there is a single combined program director.
	On file	Salaries and benefits for trainees in the combined program are arranged in such a way as to minimize difficulties/disparities for residents, regardless of the rotations taken, to protect trainees from the vagaries of different institutional policies.
	On file	The vacation/leave policy is on file and time-off is equally distributed between internal medicine and anesthesiology.
	On file	The program informs residents leaving the program of the need to request Board approval to receive credit for previous experience.
	On file	The program will inform the ABIM and ABA of residents leaving the program, transferring to another program, or entering from a categorical residency.
	On file	The ABIM and ABA will be notified immediately if there is a change in either the designated program director, associate program director or combined director.
	On file	Written agreements exist between all institutions in which training will occur.
	On file	All experiences must conform to experiences accredited by the RRC, which include interactions with categorical residents.

<b>INTERNAL MEDICINE REQUIREMENTS:</b> Indicate (Y) that the program includes each of the following requirements for approved training in internal medicine. Resident rotations and evaluations must be reported to both the ABIM and ABA according to current policies of the respective Boards.	
	The internal medicine residency has full ACGME accreditation.
	A letter signed by the internal medicine department chair documenting institutional and faculty commitment to combined training.
	Delineation of resident responsibilities for patient care, progressive responsibility for patient management, and supervision of residents over the continuum of the program.
	Critical care rotations (MICU, RICU, or CCU) of no fewer than four months or greater than six months with at least one additional month in a surgical or surgical subspecialty ICU.

	At least 1/3 of Internal Medicine Residency training must occur in the ambulatory setting, and at least 1/3 of Internal Medicine Residency training must occur in the inpatient setting.
	A longitudinal continuity clinic consisting of a minimum of 130 one half day sessions over the course of training where the resident serves as the primary physician for a panel of patients, with responsibility for chronic disease management, management of acute health problems, and preventive health care for their patients..
	The continuity clinic experience includes evaluation of performance data for each resident's continuity panel of patients relating to both chronic disease management and preventive health care.
	Residents receive faculty guidance in the continuity clinic for developing a data based action plan and evaluate this plan at least twice a year.
	Exposure to each of the internal medicine subspecialties and neurology.
	An assignment in geriatric medicine.
	An emergency medicine experience of least four weeks of first contact patient care responsibility in blocks of not less than two weeks in the PGY1.
	Opportunities for experience in psychiatry, allergy/immunology, dermatology, medical ophthalmology, office gynecology, otorhinolaryngology, non-operative orthopedics, palliative medicine, sleep medicine, and rehabilitation medicine.
	Opportunities to demonstrate competence in the performance of required procedures as listed by the ABIM.
	Participation in coordination of care across health care settings.
	Internal Medicine experiences (continuity clinic) continue at least once a month during anesthesiology training.

**ANESTHESIOLOGY REQUIREMENTS:** Indicate (Y) that the program includes each of the following requirements for approved training in anesthesiology: Resident rotations and evaluations must be reported to both the ABP and ABA according to current policies of the respective Boards.

	The anesthesiology residency has full ACGME accreditation.
	A letter signed by the anesthesiology department chair documents institutional and faculty commitment to combined training.
	Two identifiable one-month rotations in obstetric anesthesiology, pediatric anesthesiology, neuro anesthesiology, and cardiothoracic anesthesiology.
	A minimum of one-month experience in an adult intensive care unit during each of the last 3 years.
	Three months of pain medicine; this may include one month in an acute perioperative pain management rotation, one month in the assessment and treatment of inpatients and outpatients with chronic pain problems, and one month of regional analgesia experience.
	One month in a preoperative evaluation clinic.
	One-half month in a post anesthesia care unit.
	Advanced experiences can be in additional focused anesthesia subspecialties, related areas, or research.
	No single subspecialty, excluding critical care medicine, exceeds six months total.

	Minimum clinical experiences as defined by the program requirements for anesthesiology are met.
	Anesthesiology experiences continue at least once a month during internal medicine training.

<b>ROTATION OUTLINE:</b> Indicate (Y) that the program meets each of the following requirements for the combined curriculum.	
	Year one consists of 12 months of internal medicine with at most one month of anesthesiology. Year two consists of 12 months of anesthesiology. In years three through five, 6 months is devoted to each specialty and rotations in each specialty are no less than 3 months nor more than 6 months in length, with a total of 18 months completed in each specialty.
	Care has been exercised to avoid unnecessary duplication of educational experiences to provide as many clinical/educational opportunities as possible.

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

	Print Name	Signature	Date	Email Address
Designated Program Director				
Associate Program Director				
A single director who is certified in both specialties and has an academic appointment in each department may be the <b>Combined Director (if applicable)</b> .				
Chair of the Anesthesiology department where core anesthesiology training occurs				
Chair of the Internal Medicine department where core training occurs				





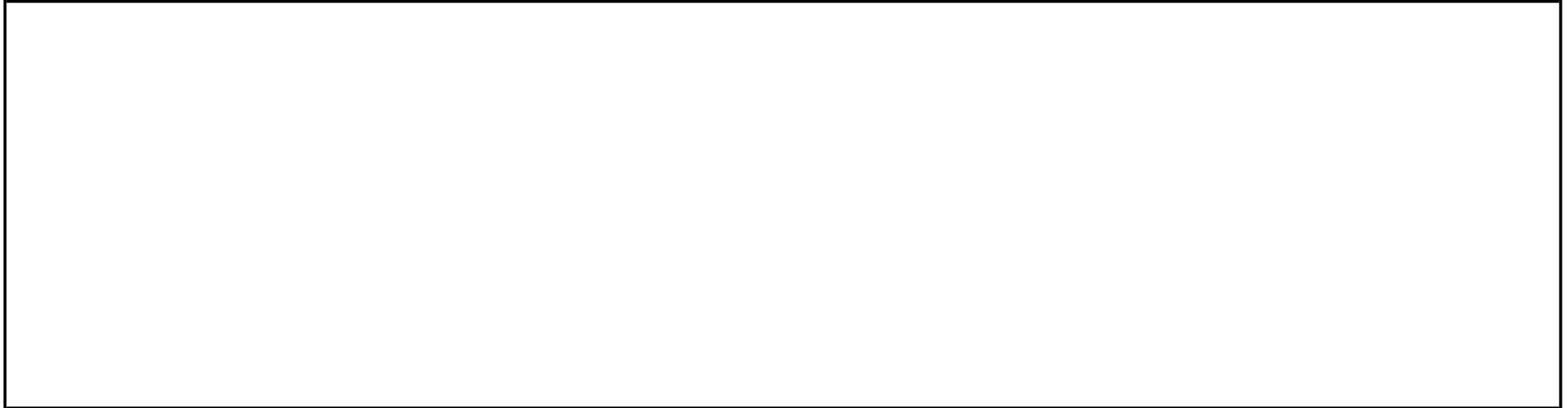








Describe the plan for meeting the requirement for internal medicine continuity clinic. Provide assurance that continuity clinic will continue at least once per month during anesthesiology training.



Describe the plan for continuing anesthesiology experiences, including attendance at anesthesiology conferences, at least once per month during internal medicine training in years 3-5.

