



Pediatrics/Physical Medicine & Rehabilitation Combined Residency Training Program Description

**American Board of Pediatrics (ABP)
American Board of Physical Medicine and Rehabilitation (ABPMR)**

COMBINED RESIDENCY TRAINING PROGRAM APPLICATION FORM

Instructions

The Combined Residency Training Program Application Form may be downloaded from either the ABP or ABPMR website. Once completed, scan and return by email.

Submission of an ABP/ABPMR Combined Residency Training Program Application Form 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 their respective Department Chairs, and the Designated Institutional Official at each of their institutions, if they are not in the same institution. The ABP and the ABPMR will send a confirmation acknowledging receipt of the application.

Both the categorical programs in pediatrics and physical medicine must have ACGME accreditation. If either the program in pediatrics or physical medicine loses accreditation, approval of the combined program will be withdrawn.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 ABP and the ABPMR 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 form. 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 ABP and ABPMR in conjunction with their respective RRC's when applicable. These numbers will be in addition to the number of trainees in the independent categorical programs of pediatrics and physical medicine.

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 pediatrics and physical medicine.



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SPONSORING INSTITUTION: It is required that combined training be in the same institution. Please write the name of the sponsoring institution of the combined program.

Institution	City	State

ACCREDITED RESIDENCY PROGRAMS: Please give the name and the ACGME program number for the programs offering the combined training.

Program	ACGME #	Primary Training Site
Pediatrics		
PM&R		

PROGRAM DIRECTOR: Select the administrative structure for program directorship

<input checked="" type="checkbox"/>	Board Certification of Program Director	Name	Director	Co-Director	Associate Director
<input type="checkbox"/>	Combined Pediatrics/PM&R				
<input type="checkbox"/>	Pediatrics				
<input type="checkbox"/>	PM&R				

NUMBER OF RESIDENTS: Ideally at least one resident should be enrolled in the combined program each year. Record the actual number of residents in the program. For a new application, ignore “last year” and record “this year” as the proposed number.

	Year	R-1	R-2	R-3	R-4	R-5	Total
Last Year							
This Year							
Next Year							

ADDITIONAL PROGRAM SITES: Record here the site(s) not used in the categorical pediatrics or categorical PM&R programs which are used in the combined programs

Name of Site	Used By (%)		Distance from Main Site in Travel Time	% Letter of Agreement
	Peds	PM&R		

ROTATIONS BETWEEN SPECIALTIES: After 12 months as a PGY I on Pediatrics, continuous assignment to Pediatrics or PM&R should be no less than 3 nor more than 6 months in duration each year (except for the one consecutive 12-month assignment which may be spent in PM&R). Select the rotation schedule which best describes your program:

	Change specialties every _____ month(s).
	Change varies from year to year (attach description).
Indicate (%) if the program includes each of the following guidelines for the combined curriculum.	
	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.

GENERAL PROGRAM POLICIES AND DOCUMENTS: The following is a checklist for the policies your program should develop, distribute to residents and faculty, and have on file for review. Please enclose only those documents marked "ENCLOSED." Check (Y) if the guideline has been met in the program.

On file	The program informs Pediatrics/PM&R residents leaving the program that the receiving program will need to request Board approval to receive credit for applicable training within each specialty.
On file	The program will inform ABPeds and ABPMR of Pediatrics/PM&R residents leaving program, transferring to another program, or entering from a categorical residency.
On file	The vacation/leave policy is on file and time-off is equally distributed between Pediatrics and PM&R.
On file	A schedule of at least quarterly meetings between co-directors or with the respective categorical program directors in programs with a Pediatrics/PM&R 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 Pediatrics and PM&R faculty and residents.

	Enclosed	The description of the process for periodic resident evaluation and feedback.
	Enclosed	The description of plans for quarterly meetings between co-program directors.
	Enclosed	The description of any combined education experiences, including a brief curriculum summary, site of activity, and whether an activity is shared with categorical residents.

PEDIATRICS GUIDELINES: This checklist lets you indicate (Y) that your program includes each of the following requirements for approved training in Pediatrics.

	The Pediatrics residency has full ACGME accreditation
	A letter signed by the department chair documents institutional and faculty commitment to combined training
	3 months of acute care/emergency medicine (with at least 2 in the ED)
	1 month of behavioral/developmental pediatrics
	1 month of adolescent medicine
	1 month of term newborn
	5 months of general inpatient pediatrics (non-ICU)
	2 months of ambulatory experiences (to include community pediatrics and child advocacy)
	2 months NICU
	2 months PICU
	7 months additional subspecialty rotations
	5 months of supervisory experience
	6 additional months of pediatric elective experiences
	CONTINUITY CLINIC: A minimum of 108 half day sessions of a longitudinal pediatric outpatient experience. It is desirable that residents also experience an equivalent of a two-year longitudinal pediatric rehabilitation clinic.

PM&R GUIDELINES: This checklist lets you indicate (T) that your program includes each of the following requirements for approved training in PM&R.

	The PM&R residency has full ACGME accreditation
	A letter signed by the department chair documents institutional and faculty commitment to combined training
	12 months of inpatient training (adult or pediatric) with an average daily patient load of eight patients over the 12-month inpatient experience
	3 months of pediatric rehabilitation outpatient experience
	A minimum of 12 months of outpatient experience (adult or pediatric), excluding time spent in EMG training
	3 months of pediatric rehabilitation inpatient experience
	Maximum of 12 months of pediatric rehabilitation experience
	Adequate training to achieve basic qualification in eletromyography and eletrodiagnosis
	Opportunities to achieve understanding of special aspects of rehabilitation of patients in geriatric age groups.

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 (Y) if rotation counts as Pediatrics.
- Column 4: Indicate (Y) if rotation counts as PM&R.
- Column 5: Indicate (Y) if rotation counts as Pediatric PM&R.
- Column 6: Indicate (Y) if rotation counts for **both** Pediatrics and PM&R (combined rotation).
- Column 7: Enter number of Continuity Clinic sessions (1/2 days) for this rotation.
- Column 8: Indicate (Y) if rotation counts toward the Meaningful Patient Responsibility (MPR).
- Column 9: Enter the percentage of time the rotation is dedicated to Ambulatory Care:
Examples: 100% = Full time
 50% = 5 ½ days
 20% = 1 full day
 10% = ½ day
 5% = Every other week for ½ day
- Column 10: Enter percentage of time the rotation is dedicated to Inpatient Bed Service:
Examples:
- Column 11: Enter percentage of time the rotation is dedicated to Inpatient Consultation:
Examples:
- Column 12: Indicate (Y) if rotation includes supervision of more junior residents.
- Column 13: Indicate (Y) if the combined residents interact with categorical pediatric or PM&R residents during this rotation.

Describe the plan for meeting the requirement for pediatric and physical medicine continuity clinics.

A large, empty rectangular box with a thin black border, intended for the user to write their response to the question above. The box is currently blank.

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
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 Combined Director (if applicable) .			
Chair of the Physical Medicine department where core physical medicine training occurs			
Chair of the Pediatrics department where core pediatrics training occurs			
*Primary Designated Institutional Official			
Other Designated Institutional Official (when applicable) (If there are two separate free-standing institutions, both DIO's should sign)			

* The Primary DIO is the DIO of the institution where the Designated Program Director primarily functions.