

**Frequently Asked Questions: Internal Medicine-Pediatrics
(effective July 1, 2018)
Review Committees for Internal Medicine and Pediatrics
ACGME**

Question	Answer
Institutions	
<p>Are Program Letters of Agreement (PLAs) required for all off-site rotations, even those used by the core programs?</p> <p><i>[Program Requirement: I.B.1.]</i></p>	<p>No. If an internal medicine-pediatrics program uses a site that has been approved for use by one of its sponsoring categorical programs, it does not need a separate PLA for that site. PLAs are only needed for sites that are unique to the internal medicine-pediatrics program.</p>
Program Personnel and Resources	
<p>Is there a date by which all program directors must be dually certified?</p> <p><i>[Program Requirements: II.A.1. and II.A.3.b)]</i></p>	<p>After July 1, 2018, any newly appointed program directors of existing or new programs must be certified in both internal medicine and pediatrics.</p>
<p>Can an internal medicine or a pediatric resident transfer into an internal medicine-pediatrics program?</p> <p><i>[Program Requirement: III.A.1.e.)]</i></p>	<p>Transfers from a categorical internal medicine or categorical pediatrics residency program into an internal medicine-pediatrics program are permitted if the transfer occurs prior to the start of the PGY-2. The program directors must ensure that a transferring resident will meet all applicable requirements, and the transfer process should follow that outlined in the ACGME Common Program Requirements. Transfers from preliminary programs into internal medicine-pediatrics programs require prior review by the American Board of Internal Medicine and American Board of Pediatrics. These may be allowed if the preliminary year is identical to the categorical PGY-1, including attendance at continuity clinic. Transfers from others programs are not generally allowed. Questions regarding credit for prior training should be directed to the appropriate certifying board. Questions related to transfers for those seeking osteopathic certification should consult the American Osteopathic Board of Internal Medicine and the American Osteopathic Board of Pediatrics.</p>
Educational Program	
<p>What is the definition of a medical home and what are the essential components expected by the Review Committee?</p>	<p>The definition of a patient-centered medical home continues to evolve. A current definition can be found on the American Academy of Pediatrics-sponsored website, www.medicalhomeinfo.org.</p>

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<p><i>[Program Requirement: IV.A.7.b).(4).(a)]</i></p>	<p>A medical home contains the following elements: family-centered care; team-based care with health professionals from different specialties and disciplines; an identified Care Coordinator; a registry so that there is a focus on the health of a population of patients; and, a connection to the community, e.g., schools, foster care, etc.</p>
<p>Can patient visits from a second continuity clinic count toward meeting the minimum required number of patient visits, and what are the requirements for combined continuity clinics with respect to volume and balance?</p> <p><i>[Program Requirements: IV.A.7.b).(6).(a)-(d)]</i></p>	<p>Programs may count patients seen by residents in a second continuity clinic if the second clinic is a regularly scheduled continuity clinic during both medicine and pediatric rotations, allowing for the same flexibility in scheduling as the continuity clinic experience for categorical internal medicine and categorical pediatrics (e.g., one clinic per week during ward rotations or interruptions during medical ICU months).</p>
<p>How should residents follow their continuity patients during a hospitalization?</p> <p><i>[Program Requirement: IV.A.7.b).(8)]</i></p>	<p>The Review Committee expects that residents be informed about the details of their patients' hospitalizations. This may be accomplished through electronic or telephonic patient updates, review of the patient's records, or visiting the patient.</p>
<p>What are the expectations related to residents writing orders for patients?</p> <p><i>[Program Requirement: IV.A.9.c).(3).(g)]</i></p>	<p>The intent of this requirement is to clarify that residents and the health care team as a whole have primary care responsibilities for patients on the teaching service, and as such, are expected to write orders for these patients. Attending physicians should not write substantive orders without engaging the resident and team. This requirement is not intended to imply that residents continue to manage patients after hours. Appropriate transitions of care are expected and cross coverage with night float or call teams is allowed. Likewise, residents are allowed to participate in rapid response and code teams, and are expected to join initial emergency care for any patient in need.</p>
<p>What is meant by "routinely provide care" with respect to the teaching service?</p> <p><i>[Program Requirement: IV.A.9.c).(3).(j)]</i></p>	<p>The intent of this requirement is to protect residents from service demands of non-teaching patients. Residents should not regularly provide care for patients for whom they do not have diagnostic and therapeutic responsibility. This does not preclude residents from serving on a rapid response team or caring for patients in emergency circumstances.</p>
<p>Can an adolescent medicine experience completed in the internal</p>	<p>No. The requirement is under the pediatrics curriculum and therefore must be completed as part of the pediatrics component of the program. The expectation is that the pediatrics</p>

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<p>medicine component of the program count toward the requirement for one educational unit of adolescent medicine?</p> <p><i>[Program Requirement: IV.A.10.b).(2).(b).(i)]</i></p>	<p>educational experiences for internal medicine-pediatrics residents are the same as those for the residents in the categorical pediatrics program.</p>
Evaluation	
<p>Is the internal medicine-pediatrics program required to have a separate Clinical Competency Committee from the categorical internal medicine and pediatrics programs?</p> <p><i>[Program Requirement: V.A.1.]</i></p>	<p>Internal medicine-pediatrics programs are not required to have a unique Clinical Competency Committee from the categorical programs.</p>
<p>How often must internal medicine-pediatrics programs report on the Milestones to the ACGME?</p> <p><i>[Program Requirement: V.A.1.b).(1).(b)]</i></p>	<p>Internal medicine-pediatrics programs are required to report on the Internal Medicine and Pediatrics Milestones annually, at the end of each academic year. Although formal reports will be submitted to the ACGME once per year, programs must continue to provide each internal medicine-pediatrics resident with documented semi-annual evaluation of performance with feedback, per the Common Program Requirements.</p>