

MEDICINE-PEDIATRICS



Medical Student Guide to Combined Internal Medicine and Pediatrics Residency Training

Introduction

Combined Internal Medicine and Pediatrics (Med-Peds) residency training is a unique and exciting way to become a well-trained physician. As program directors, we find students eager for more information about the nature and possibilities of such training. In compiling this manual, our goal was to provide up-to-date information about the history, mechanics, training, and career opportunities available to the future Med-Peds physician.

As with any decision, careful consideration of your personal goals is the foundation of the process. The selection of a specific residency program happens only after a well-researched decision on what specialty to pursue, followed by examination of individual program strengths and weaknesses. This is a process in evolution; each encounter during training is an opportunity to focus on how best to achieve your goals.

Good decisions get better with information from the best sources, and this guide is meant to assist in that process. Communicating with those who have already followed a given path is important, and we strongly encourage you to seek out Med-Peds physicians in your community. There is no substitute for the expertise of one who has already been through residency and successfully practices his or her art every day.

Specific information about individual programs is best found by direct contact with that program. Other sources of information about Med-Peds and Med-Peds programs will be listed throughout the manual. Thank you for your interest in Med-Peds and best of luck in following your career path.

History Of Combined Internal Medicine Pediatrics

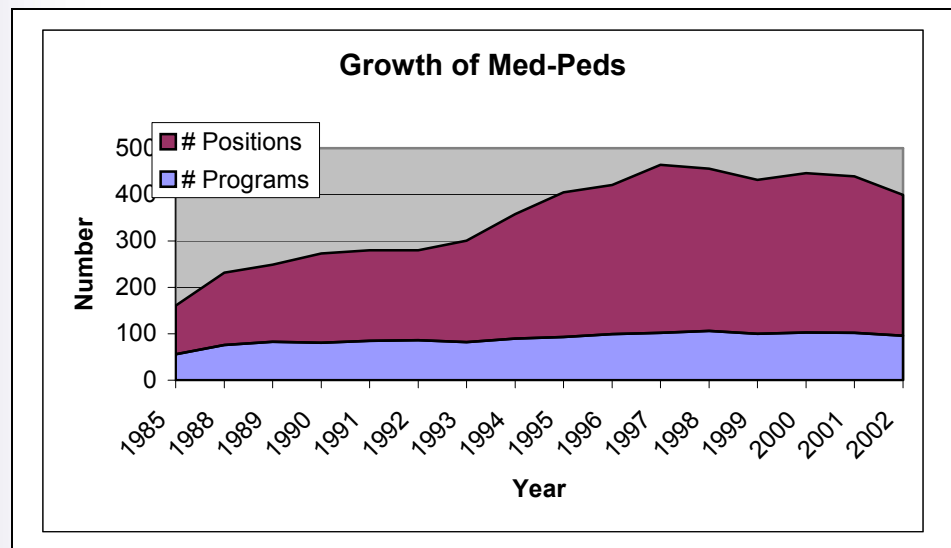
“Med-Peds programs consistently attracted the greatest proportion of US Medical School Graduates among the primary care specialties

Birth of Primary Care

Prior to the late 1960’s, there were no comprehensive training programs that prioritized a comprehensive primary care curriculum that spanned across all ages. The American Board of Internal Medicine (ABIM) and the American Board of Pediatrics (ABP) first recognized the four-year Combined Internal Medicine-Pediatrics (Med-Peds) training program as an avenue for postgraduate education in 1967. That same year, a three-year curriculum in general practice was organized that ultimately developed into the Family Medicine specialty. These programs represented the first formalized primary care curricula to include the spectrum of health care for families

A Changing Medical Environment

The medical managed care environment that rapidly evolved through the 1980’s and 1990’s led to many changes, ultimately resulting in the decline in services offered by traditional generalist physicians. The spectrum of care provided by primary care specialists was becoming more similar. Ambulatory training became increasingly important in general internal medicine. Medicine and Pediatric Departments increasingly received funding for the combined generalist curriculum of Medicine-Pediatrics. Lifestyle issues and perceptions regarding the medical practice environment have increasingly impacted medical students’ choices regarding residency training. All of these factors fed the rapid growth of Med-Peds programs which expanded from nine intern positions in four programs in 1980 to 400 positions in 100 programs in 2002, while consistently attracting the greatest proportion of US Medical School Graduates among the primary care specialties throughout the 1990’s.



The Formation of Med-Peds Professional Organization

“The Med-Peds physician has achieved national recognition as a collaborative physician, meeting the needs and taking a leading role in an evolving managed care market. “

MPPDA

The first organized meeting of Med-Peds physicians occurred in 1987 through residency program directors associations. This collaboration of associations and their specialty Boards led to the Combined Med-Peds Training Guidelines published in 1989. By 1991, the Medicine-Pediatrics Program Directors Association (MPPDA) formally organized with the mission to foster collaborative interactions and maintain high training standards that addressed the spectrum of comprehensive health and illness care for all ages.

AAP-MED-PEDS SECTION

Within MPPDA, a second organization was launched as a graduate network. The graduate network soon evolved under separate leadership into the Med-Peds Section within the American Academy of Pediatrics.

NMPRA

The National Med-Peds Residents' Association (NMPRA) was formed in 1997 as a resident driven organization dedicated to providing information, opportunities and programs to Med-Peds residents.

AAP AND ACP-ASIM

All three of these Med-Peds organizations collaborate through the American Academy of Pediatrics (AAP) and the American College of Physicians-American Society of Internal Medicine (ACP-ASIM). Through the efforts of these organizations, Med-Peds physicians are now recognized as internists, as pediatricians and as unique specialist who provide care to families. Med-Peds physicians have a separate specialty voice on national committees among their internal medicine, pediatrics, and family medicine colleagues to help direct primary care policy for the nation.

Solid Future is Assured for the Med-Peds Specialist

The Med-Peds physician has achieved national recognition as a collaborative physician; meeting the needs and taking a leading role in an evolving managed care market. Outcome data have now demonstrated that Med-Peds has enhanced practice efficiency in collaborative practices with Family Physicians, further optimizing the managed care environment. From the standpoint of health care policy, both Houses of Congress have recognized the primary care training potential of the Med-Peds physician by protecting continued funding of these programs through the Primary Care Promotion Act, incorporated into the Balanced Budget Act of 1997. Thirty years after its inception, the specialty of Med-Peds has secured and established a role in providing health care to families.

What can I do when I finish my training in a Med-Peds residency?

A Med-Peds residency may be the most versatile residency available. Med-Peds physicians have a wide range of opportunities available to them following graduation including private practice, academic medicine, hospital medicine, research, public health, international medicine and other variations and combinations of clinical activities. Med-Peds graduates are qualified for and are routinely accepted into fellowship training programs in subspecialties in internal medicine, pediatrics or both. Upon graduation most Med-Peds physicians continue to provide care for both adults and children in outpatient and/or inpatient settings.

What do the majority of Med-Peds trained physicians do after training?

According to a recent study, the majority of Med-Peds graduates are practicing general internal medicine and general pediatrics in primary care settings. It is interesting to note that more Med-Peds residents choose to pursue primary care careers than either categorical internal medicine or categorical pediatric residents despite having the widest variety of subspecialties available to them.

Can Med-Peds trained physicians pursue sub-specialty training?

Yes, training in Med-Peds is a great launching pad for many subspecialties. Many subspecialty fellowship programs offer combined adult and pediatric training.

What Combined Med-Peds fellowships are available?

Med-Peds graduates have entered virtually every subspecialty. Fellowship programs will often combine training for interested Med-Peds graduates. Examples include infectious diseases, allergy immunology, critical care, cardiology, endocrinology, rheumatology, pulmonary, nephrology, gastroenterology and others. Med-Peds graduates are also eligible for generalist fellowships in medical informatics, health policy and general internal medicine-pediatrics

What are the advantages to Combined Med-Peds fellowships?

In addition to the enjoyment of being able to continue to care for adults and children, graduates of Combined Med-Peds fellowships can fill unique niches. For example, a Med-Peds nephrologist can provide pediatric nephrology care to a smaller community that might not have the patient population to support a full-time pediatric nephrologist. A Med-Peds sub-specialist can serve in specialized centers caring for adults and children with congenital heart disease, cystic fibrosis, or other transitional illnesses.

Facts and FAQ's

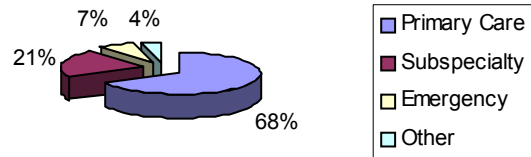
“Med-Peds physicians practice in a variety of environments. In most areas of the country, Med-Peds physicians are considered extremely valuable and they have many job opportunities.”

What kind of practices do Med-Peds physicians enter?

Med-Peds physicians practice in a variety of environments. In most areas of the country, Med-Peds physicians are considered extremely valuable and they have many job opportunities. One-third of Med-Peds physicians work with other dual-trained physicians either exclusively or in multi-specialty

practices. Ninety percent of Med-Peds physicians work in practices that combine pediatricians, internists, and/or family physicians in multi-specialty group settings. Med-Peds physicians specializing in the care of hospitalized patients, “hospitalists,” have become increasingly popular in the last decade. Fifteen percent of Med-Peds graduates choose full-time careers in academic medicine and over half of graduates maintain some academic affiliation.

Med-Peds Career Choices



How are combined Med-Peds residency programs regulated?

The American Board of Internal Medicine (ABIM) and the American Board of Pediatrics (ABP) must approve Med-Peds residency programs. The ABIM and the ABP have agreed on guidelines for combined programs. One of the most important of these guidelines states that a Med-Peds program can only exist within an institution with a Residency Review Committee (RRC)-accredited Internal Medicine residency program and a RRC-accredited Pediatrics residency program. The two Boards regulate Med-Peds programs together.

Aren't Med-Peds Programs more difficult?

Because Med-Peds training incorporates all of the important elements of two three-year training programs into one four-year program, Med-Peds residencies are indeed more rigorous. In most programs, Med-Peds residents have less flexibility than their categorical counterparts. Typically, they have less elective time. However, a good understanding of one specialty enhances the understanding of the other specialty. Residency programs often take advantage of this by offering combined adult and pediatric elective rotations. Combined elective rotations also allow residents to increase their exposure to a variety of subspecialties. Since the establishment of the Med-Peds guidelines, the attrition rate for Med-Peds programs has dropped to a level that is among the lowest of all residency programs.

Facts and FAQ's

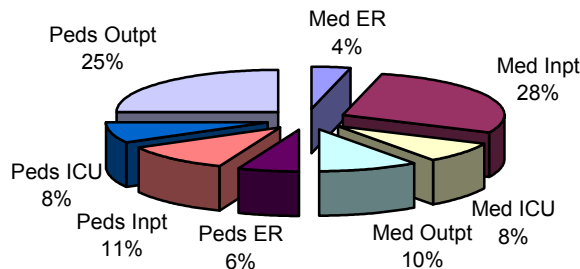
“Med-Peds residents experience more in-depth exposure to the medical care of adults and children, incorporating the essential elements of both Internal Medicine and Pediatrics.”

How does Med-Peds training differ from Family Medicine training?

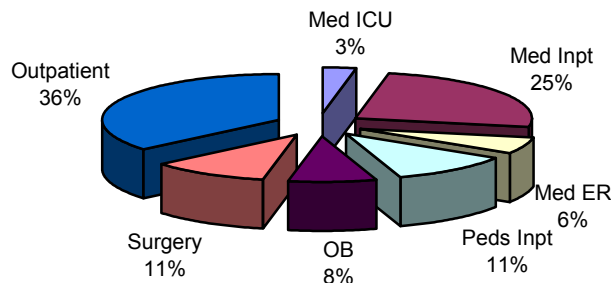
Much of the difference between Med-Peds training and Family Medicine training depends on your perspective and your personal career goals. Med-Peds is a four-year curriculum that focuses on two specialty areas, which overlap. Family medicine has a broader scope, which may be advantageous in practice settings where physicians are expected to handle wide-ranging problems without the availability of physicians in certain specialties such as obstetrics and surgery.

Med-Peds residents experience more in-depth exposure to the medical care of adults and children, incorporating the essential elements of both Internal Medicine and Pediatrics. Med-Peds physicians are recognized as both internists and pediatricians. Med-Peds generally involves care for more complicated patients both in the outpatient and inpatient setting. Therefore, Med-Peds programs require more critical care and inpatient experience. However, this does not equate to less ambulatory training. The current Med-Peds guidelines require 45 percent of training over four years in the outpatient setting which compares to the 42 percent average over three years that the Family Medicine curriculum devotes to ambulatory training.

Med-Peds Curriculum (48 months)



Family Medicine Curriculum (36 months)



Facts and FAQ's

“As a group, Med-Peds graduates actually score at equal or slightly higher levels than categorical graduates on the certifying exams for both Internal Medicine and Pediatrics.”

“Med-Peds residents make up almost 10 percent of the internal medicine and more than 20 percent of pediatric residents in training.”

How do I decide whether Med-Peds or Family Medicine is right for me?

More than anything else, this depends on the individual and his/her ultimate practice plans. Below are some useful questions to consider:

- Would you prefer a career that narrows your practice to Internal Medicine and Pediatrics or has broader scope?
- Do you desire training that involves greater depth?
- Do you enjoy multiple and complicated problems or prefer to work with less complex diseases and problems?
- What level of training are you comfortable with to prepare you for your career?

Will I be able to pass both boards when I graduate?

As a group, Med-Peds graduates actually score at equal or slightly higher levels than categorical graduates on the certifying exams for both Internal Medicine and Pediatrics. This may be due, in part, to the fact that training in one area enhances knowledge in the other area.

Don't most graduates choose one field or the other after they graduate?

A recent survey of 708 Med-Peds graduates completed by the Medicine-Pediatrics Program Directors Association revealed that 86% of Med-Peds physicians in private practice care for both adults and children.

Is it possible to keep up with both fields of internal medicine and pediatrics after I graduate?

Although it is more challenging, it can be done. In fact, being familiar with the advances of one area enhances your practice of the other area. Most Med-Peds physicians feel that the extra effort to keep up with two fields is well worth the trade-off for the ability to care for patients of all ages, including families and patients with complex medical problems.

How many Med-Peds programs are there?

Currently, there are approximately 105 Med-Peds programs offering around 400 first-year resident positions. This makes up almost 10 percent of the internal medicine and around 15 percent of the pediatric residency positions.

Aren't Med-Peds programs extremely competitive?

Because of the relatively limited number of Med-Peds positions nationally, Med-Peds programs are generally more competitive than their parent categorical programs. The competitive nature will vary, however, from one program to the next. Most determined applicants obtain a Med-Peds position.

“Remember that a Med-Peds program cannot stand alone, but relies upon both the departments of Internal Medicine and Pediatrics to provide the resources for training.”

Should I rank “back-up” categorical programs?

Ranking a back-up categorical program is usually not necessary. Almost any motivated student should be able to match in a Med-Peds program if the student does not place too many restrictions on his or her match list and realistically evaluates how competitive his or her application is with the individual programs.

How do I judge the relative strengths of Med-Peds programs?

This can be done in many ways. Remember that a Med-Peds program cannot stand alone, but relies upon both the departments of Internal Medicine and Pediatrics to provide the resources for training. Therefore, in evaluating the quality of a Med-Peds program, one should carefully evaluate the two categorical programs. Applicants should also look at specific Med-Peds portions of the program. Coordination, communication and cooperation between the departments are essential. A well-coordinated Med-Peds program with good communication and cooperation with the categorical programs can work synergistically, enhancing the quality of all three programs.

Is it important for a Med-Peds program to have a combined Med-Peds continuity clinic?

There are advantages to a combined clinic and advantages to attending separate Internal Medicine and Pediatrics clinics in alternating weeks. A combined clinic offers residents the opportunity to treat whole families, to see children and adults in the same setting on the same day and to follow-up patients at the resident’s next clinic day if needed. Many combined clinics also have Med-Peds faculty who can serve as role models. On the other hand, concentrating on one area or the other with a categorical preceptor may also offer advantages.

Is it important for a Med-Peds program to have a Med-Peds-trained director?

A dual-trained director may be better equipped to coordinate a Med-Peds program as well as act as a mentor or role model. However, there are many excellent programs without a dual-trained director and many superb program directors that are trained in one field or the other.

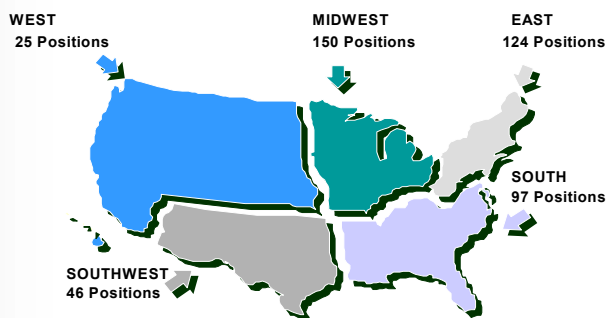
Should the program I choose have many Med-Peds-trained faculty?

Regardless of how many Med-Peds faculty a program has, faculty in the categorical programs will do the majority of the teaching. Be sure to evaluate the categorical faculty in both departments. Med-Peds trained physicians on faculty or in the community can serve as role models and mentors, but the number is not as critical as their level of involvement with the residents.

Are there geographic differences in Med-Peds programs?

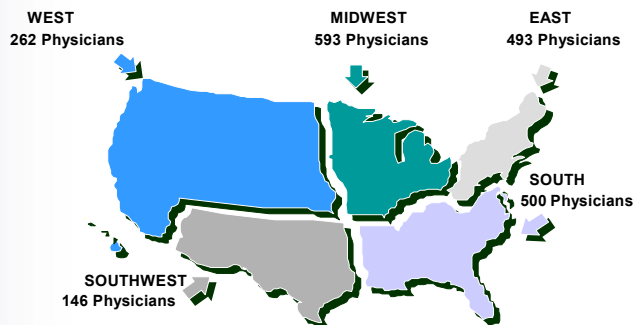
For the most part, Med-Peds has become well established with physicians practicing in every region of the country. However, Med-Peds residency programs and positions are not evenly distributed throughout the country. Applicants may need to consider training in a region other than where they ultimately plan to practice.

Med-Peds First Year Residency Positions Offered



“Med-Peds has become well established with physicians practicing in every region of the country.”

Med-Peds Practitioners Nationwide



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Web Sites

American Academy of Pediatrics (AAP)- Section on Med-Peds
<http://www.aap.org/sections/med-peds/>

American Association of Medical Colleges (AAMC)
<http://www.aamc.org/>

American Board of Internal Medicine (ABIM)
<http://www.abim.org/>

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American College of Graduate Medical Education (ACGME)
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American College of Physicians-American Society of Internal Medicine
<http://www.acponline.org/>

American Medical Association (AMA) FRIEDA Online
<http://www.ama-assn.org/ama/pub/category/2997.html>

Association of Pediatric Program Directors (APPD)
<http://www.appd.org/>

Association of Program Directors in Internal Medicine (APDIM)
<http://apdim.med.edu/>

Electronic Residency Application Service (ERAS)
<http://www.aamc.org/audienceeras.htm>

Medicine-Pediatrics Program Directors Association (MPPDA)
<http://apdim.med.edu/medpeds/>

Med-Peds Guidelines
<http://www.abp.org/certinfo/genpeds/medped.htm>

National Med-Peds Residents Association (NMPRA)
<http://www.medpeds.org/>

National Residency Matching Program (NRMP)
<http://www.nrmp.org/>

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