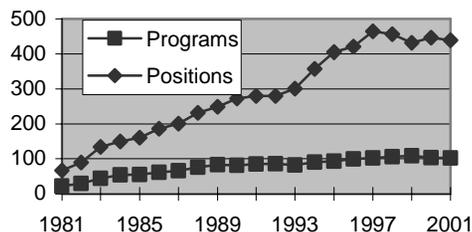


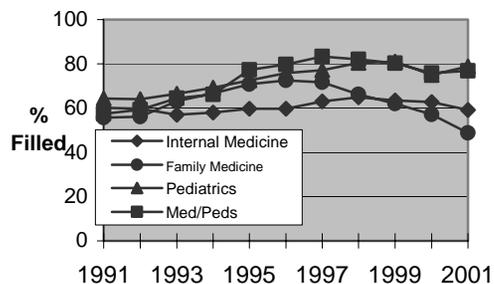
## Our History

Internal Medicine-Pediatrics, known as Med-Peds, began as a combined residency training option in 1967. Since our inception Med-Peds, positions and programs have grown dramatically (Figure 1).



Number of positions and programs (NRMP Data 2000).

Med-Peds continues its rapid growth today with over 2000 current practitioners and 1500 Med-Peds residents. Med-Peds currently ties with Pediatrics for the highest percent filled by US graduates of any primary care residency (Figure 2).

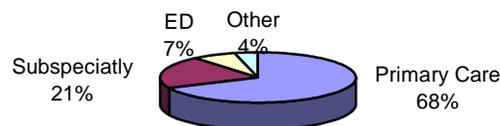


% of med-peds residency positions filled (NRMP Data 2000).

Because our connection in both internal medicine and pediatrics is maintained we fill a unique niche in general and specialty (>12 specialties) pediatric care, general and specialty (>12 specialties) internal medicine care, adolescents and older patients with chronic "pediatric" problems (such as cystic fibrosis).

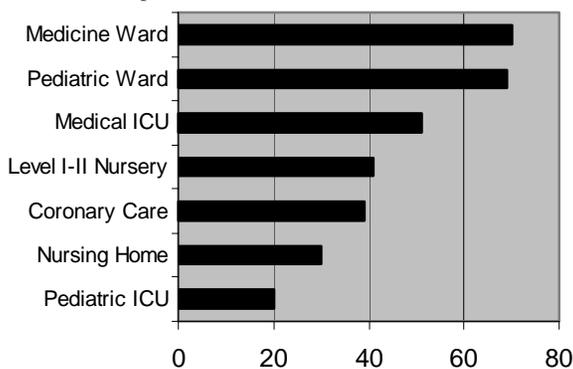
## Our Practice Style

Med-Peds practitioners enjoy a wide range of practice opportunities and settings (Figures 3&4).



Med-Peds career choices (overview) (Onady 2000).

- Approximately 80% of Med-Peds practitioners treat pediatric and adult patients.
- Approximately 10% of Med-Peds practitioners work in academic positions.



Spectrum of Med-Peds care (Tunnessen 1998).

## How We Do

The average board passing rate for Med-Peds practitioners is equal to or greater than that of categorical pediatric or internal medicine physicians (Figure 5).

Residency Types	ABP	ABIM
Categorical Pediatrics	90%	-
Categorical Internal Medicine	-	87%
Combined Med-Peds	91%	87%

Overall board pass rates (Onady 1999).

Med-Peds practitioners are also in high demand, receiving an average of 5.9 job offers, compared to 3.3 and 4.0 job offers for general pediatrics and internal medicine respectively (AMA 1998).

## Our Curriculum

Med-Peds residents fulfill all the requirements of both internal medicine (Figure 6) and pediatric residents (Figure 7).

	ER	ICU	Ambulatory	Subspecialty
PGY 1-2	1 mo	1 mo	33% of 24 mo	4 mo min.
PGY 3-4		1 mo*		

\*may also be in PGY 2 year

- Must obtain 20 months of meaningful patient responsibility
- Must provide supervisory responsibility for at least 6 months
- Significant exposure to cardiology is necessary
- Residents must regularly attend conferences

Internal medicine residency requirements (ABIM).

Subspecialty	Ambulatory	Inpatient	ICU
≥ 4 mo	≥ 50%	≥ 5 mo	4 mo max.
1 mo Adol <sup>1</sup>	1 mo ER	≥ 2 mo Super	3 mo
1 mo Behav	2 mo Acute	1 mo Newborn	NICU <sup>2</sup>

1 - Must address psychosocial problems in structured month  
2 - Option of 200 hr call equivalent = 1 mo on non-NICU rotation

- Time at PGY 1 level should not exceed 9 months
- At least 4 months of supervisory responsibility
- Continuity clinic must be maintained throughout 4 years (must be weekly or every other week and must have sufficient population and adequate variety of patients)
- Rotations must be supervised by pediatric faculty (exception - Adolescent Medicine)

Pediatric residency requirements (ABP).

In addition, other program characteristics include:

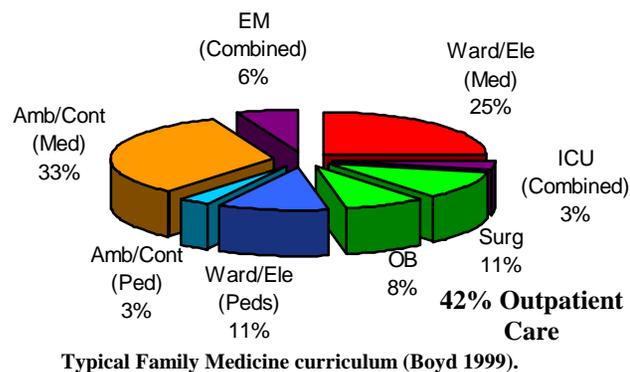
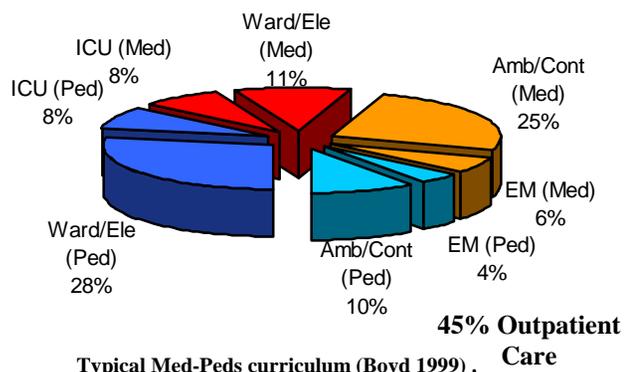
- Independently accredited Internal Medicine and Pediatrics Programs in the same health system and located geographically close together.
- Health maintenance, prevention, illness, treatment, rehab, socioeconomic, ethics, and team approach as part of training program.
- Spend 24 months training in each specialty.
- Includes a one month experience in adolescent medicine.
- Do not have total intensive care unit experience exceeding 8 months.
- Joint medicine-pediatric experiences.
- Continuous assignments between 3 and 6 months in each discipline.

## Med-Peds and Family Medicine

Some overlap between Med-Peds and Family Medicine training exists; however, they are significantly different (Figure 8&9).

Med-Peds does not contain formal obstetrical or surgical training. Also, the 4-year Med-Peds residency, when compared to the 3-year family practice residency, provides residents more thorough training in adult and pediatric care in this time of increasing medical complexity.

Overall, Med-Peds physicians have 19 months of additional medicine and pediatric training.



Both Med-Peds and Family Medicine residencies contain approximately the same percentage of outpatient medicine (45% for Med-Peds and 42% for Family Medicine).

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## For Additional Information

- National Med-Peds Residents' Association (NMPRA) (<http://www.medpeds.org>)
- Guidelines for Combined Internal Medicine/Pediatrics Residency Training (<http://www.abp.org/certinfo/genpeds/medped.htm>)
- American Academy of Pediatrics (AAP) Med-Peds Section (<http://www.aap.org/sections/med-peds/>)
- Medicine-Pediatrics Program Directors Association (<http://apdim.med.edu/medpeds/index.htm>)
- List of Med-Peds Residency Programs (<http://www.acponline.org/residency/index.html>)
- The Medical Student's Guide to the Evaluation of Combined Med-Peds Programs (a ZIP file for MS Word) (<http://apdim.med.edu/medpeds/mpguide.zip>)

## Internal Medicine-Pediatrics

### Specialists for children and Specialists for adults



*Introducing Internal Medicine-Pediatrics,  
The Med-Peds Physician*

## Who We Are

Med-Peds are physicians who complete a 4-year residency program alternating between internal medicine and pediatric training. Over the 4 years 24 months of training are received in each specialty.

At the end of the four-year residency Med-Peds physicians are board eligible in both Internal Medicine and Pediatrics through the American Board of Internal Medicine (ABIM) and the American Board of Pediatrics (ABP).



*This pamphlet was prepared by the  
National Med-Peds Residents' Association (NMPRA).*