

Combined Emergency Medicine-Internal Medicine Curricular Requirements

This document enumerates the **minimum** curricular requirements for combined ACGME-accredited programs in emergency medicine and internal medicine, as approved by the American Board of Emergency Medicine (ABEM), American Board of Internal Medicine (ABIM), American Osteopathic Board of Emergency Medicine (AOBEM), and American Osteopathic Board of Internal Medicine (AOBIM). This information was collated on August 8, 2025 and will be updated as needed.

1. Total duration:
 - a. 60 months
 - b. Time in emergency medicine and internal medicine must be allocated equally during each academic year
 - c. Residents must have supervisory responsibility for at least six months in each participating specialty (indicate in block diagram)
2. Critical care:
 - a. Four months, including care of infants and children (neonatal-only critical care is not sufficient); at least two of these months should be in the care of adult patients
 - b. Three of these months must be at the PGY-2 level or above
 - c. At least three percent of the emergency department patient population must present with critical illness or injury (specify in block diagram notes)
3. Emergency medicine:
 - a. 22 months (including experiences dedicated to the care of pediatric patients in the pediatric emergency department) caring for patients in an emergency department if the participating emergency medicine program is in a three-year format, or 29 months if the participating emergency medicine program is in a four-year format
 - b. Residents must be supervised by ABEM- or AOBEM-certified physicians
4. Pediatric emergency medicine:
 - a. Five full-time equivalent (FTE) months or 20 percent of all emergency department encounters
 - b. 50 percent should be in an emergency setting
5. Emergency medical services (describe in block diagram notes if not obvious):

- a. Must have experience in emergency medical services, emergency preparedness, and disaster management
 - b. Must include ground unit runs and direct medical command
 - c. Should include participation in multi-casualty incident drills
 - d. Residents should have experience teaching out-of-hospital emergency personnel
6. Internal medicine curricular components must be 30 months, including the following:
- a. 20 months with direct responsibility for patients with illnesses in the domain of internal medicine, including geriatric medicine
 - a) This may include up to three months of emergency medicine
 - b) Seven months of non-intensive care unit inpatient rotations
 - b. Ambulatory medicine
 - a) 10 months
 - b) Must include exposure to the internal medicine subspecialties* that take place in ambulatory settings, including geriatrics and neurology
 - c. Longitudinal, team-based continuity experience for the duration of the program (describe in block diagram notes)
 - d. Internal medicine subspecialty* experiences:
 - a) Four months
 - b) Must include experience as a consultant

Important Additional Considerations

- ABEM may deny board eligibility to a resident who enters a combined program in which the participating emergency medicine program is on probationary accreditation when that resident was recruited for (or potentially enters) the program.
- Residents may not enter a combined program beyond the PGY-1 level or transfer between combined programs in different institutions without prior approval from ABEM and ABIM.
- Physicians cannot take the ABEM or ABIM certifying examination until they have successfully completed all five years of the program.
- ABEM may choose not to recognize board eligibility for graduates of combined programs that have had no residents for a period of five years or more.

* For the purposes of this document, internal medicine subspecialties are cardiovascular disease; critical care medicine; endocrinology, diabetes, and metabolism; gastroenterology; hematology; infectious disease; medical oncology; nephrology; pulmonary disease; and rheumatology.