

Combined Internal Medicine-Neurology Curricular Requirements

This document enumerates the **minimum** curricular requirements for combined ACGME-accredited programs in internal medicine and neurology, as approved by the American Board of Internal Medicine (ABIM), American Board of Psychiatry and Neurology (ABPN), American Osteopathic Board of Internal Medicine (AOBIM), and American Osteopathic Board of Neurology and Psychiatry (AOBNP). This information was collated from the certifying boards on June 18, 2025 and will be updated as needed.

1. Total duration:
 - a) Five years (60 months) of education and training in combined internal medicine-neurology.
 - b) Additional time outside of the minimum requirements must be customized per the mission of the program and the individual needs of each resident.
 - c) This time must be equitably allocated between the participating specialties such that the resident acquires the knowledge, skills, and behaviors necessary to enter autonomous practice in each of the participating specialties.
 - d) PGY-1 rotations may not be used to meet neurology requirements specified below.

Internal medicine curricular components must include:

2. 30 months of educational experience in internal medicine:
 - a) 20 of these months must include direct responsibility for patients with illnesses in the domain of internal medicine, including geriatric medicine.
3. Two months of care of patients with various illnesses in critical care:
 - a) One month must occur during PGY-1-2.
 - b) One month must occur during PGY-3-5.
4. Ambulatory medicine:
 - a) 10 months.
 - b) Must include exposure to the internal medicine subspecialties* that take place in ambulatory settings, as well as geriatric medicine.
5. Longitudinal, team-based continuity experience for the duration of the program (describe in block diagram notes)
6. Internal medicine subspecialty* experiences:
 - a) Four months.
 - b) Must include experience as a consultant.

7. Emergency medicine:

- a) Must include education and training in emergency medicine.
- b) Residents must have first-contact responsibility for the diagnosis and management of adults, including direct participation in reaching decisions about admissions.

Neurology curricular components must be 30 months, including the following:

8. Clinical adult neurology:

- a) Eighteen months with direct management responsibility of adult patients with neurological illness in either the inpatient or outpatient setting.
- b) This must include six months of inpatient experience with clinical teaching rounds five days per week.
- c) This must include six months of outpatient experience.

9. Longitudinal/continuity outpatient neurology:

- a) This experience must occur throughout at least 30 months of the program.

10. Electives:

- a) Three months of electives in fields related to neurology.

11. Clinical child neurology:

- a) Three months, which must be under the supervision of a child neurologist with corresponding ABPN/AOBNP certification.

12. Clinical psychiatry:

- a) One month, including cognition and behavior, which must be under the supervision of a psychiatrist with ABPN/AOBNP certification.

13. Settings:

- a) Residents must have exposure to and understanding of evaluation and management of patients with neurological disorders in various settings, including an intensive care unit and an emergency department, and for patients requiring acute neurosurgical management (describe in block diagram notes if not evident).

14. Neuroimaging:

- a) Residents must have experience in neuroimaging including, but not limited to, magnetic resonance imaging, computerized tomography, and neurosonology (describe in block diagram notes if not evident).

* For the purposes of this document, internal medicine subspecialties are cardiovascular disease; critical care medicine; endocrinology, diabetes, and metabolism; gastroenterology;

hematology; infectious disease; nephrology; medical oncology; pulmonary disease; and rheumatology.