

MPPDA

Medicine-Pediatrics Program Directors Association



Combined Internal Medicine & Pediatrics

Introducing *Med-Peds*

Versatile training for the 21st
century physician

Created by Allen Friedland, MD in conjunction with the Med-Peds Program Directors Association
and National Med-Peds Residents' Association

Residency Programs

Program Type	Training Length	Type
Pediatrics	3 years	Medical
Internal Medicine	3 years	Medical
Family Medicine	3 years	Medical
Med-Peds	4 years	Medical
Ob-Gyn	4 years	Surgical
General Surgery	5 years	Surgical

What is a Pediatrician and What is an Internist?

Pediatrician

- A physician who specializes in the development, care and diseases of children
- Infants, children, adolescents and young adults from birth to age 21
- Focuses on prevention, detection and management of physical, behavioral, developmental and social problems
- Developmentally oriented

Internist

- Doctors who focus on adult medicine- the prevention and treatment of adult diseases
- Specially trained to solve puzzling diagnostic problems
- Equipped to deal with all problems rare or common, simple or complex
 - ❖ Handle severe chronic illnesses
 - ❖ Situations where several different illnesses may strike at the same time

What is Med-Peds / Who We Are

- Physicians for children (pediatrics)
- Board Certified Pediatrician (children)
- 2 years of training instead of 3
- Physicians for adults (internal medicine)
- Board Certified Internist (adults)
- 2 years of training instead of 3



History of Med-Peds

- 1949 Two year rotating internship at University of Rochester
- 1960's One year combined internship at North Carolina Memorial Hospital
- 1967 Boards approve combined training
- 1977 North Carolina formalizes training
- 1982 University of Rochester formalizes training

History of Med-Peds

- 1989 First formal training guidelines
- 1991 Program Director's Association formed
Med-Peds section of AAP created
- 1997 National Med-Peds Residents' Association is created
- 1997 Congress supports med-peds training pay
AAP/AMA/ACP support dual listing
- 2006 Accreditation of med-peds programs
Med-Peds program requirements

Versatile Med-Peds Physician



Survivors of chronic health conditions
from childhood



Treat common diseases



Global Health

Versatile Med-Peds Physician

Prevent disease in families



Adolescents have special needs



ICU settings

The Changing Epidemic

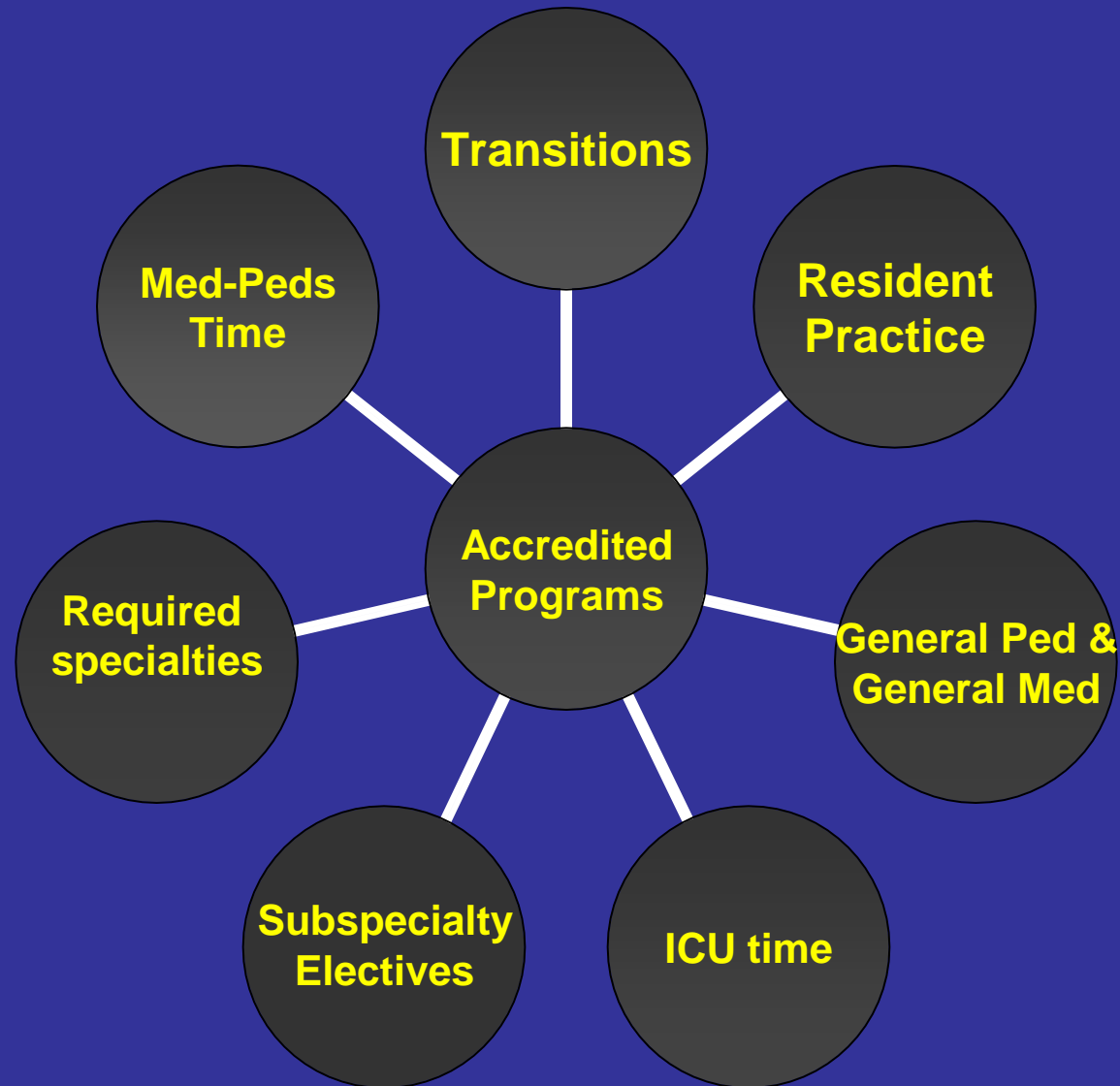
Child diseases in adulthood

1. Congenital heart disease
2. Cystic fibrosis
3. Sickle cell disease
4. Childhood malignancies
5. Spina Bifida
6. Autism

Adult diseases in childhood

1. Diabetes
2. Obesity
3. Hypertension
4. Sleep apnea
5. Hyperlipidemia

Med-Peds Requirements

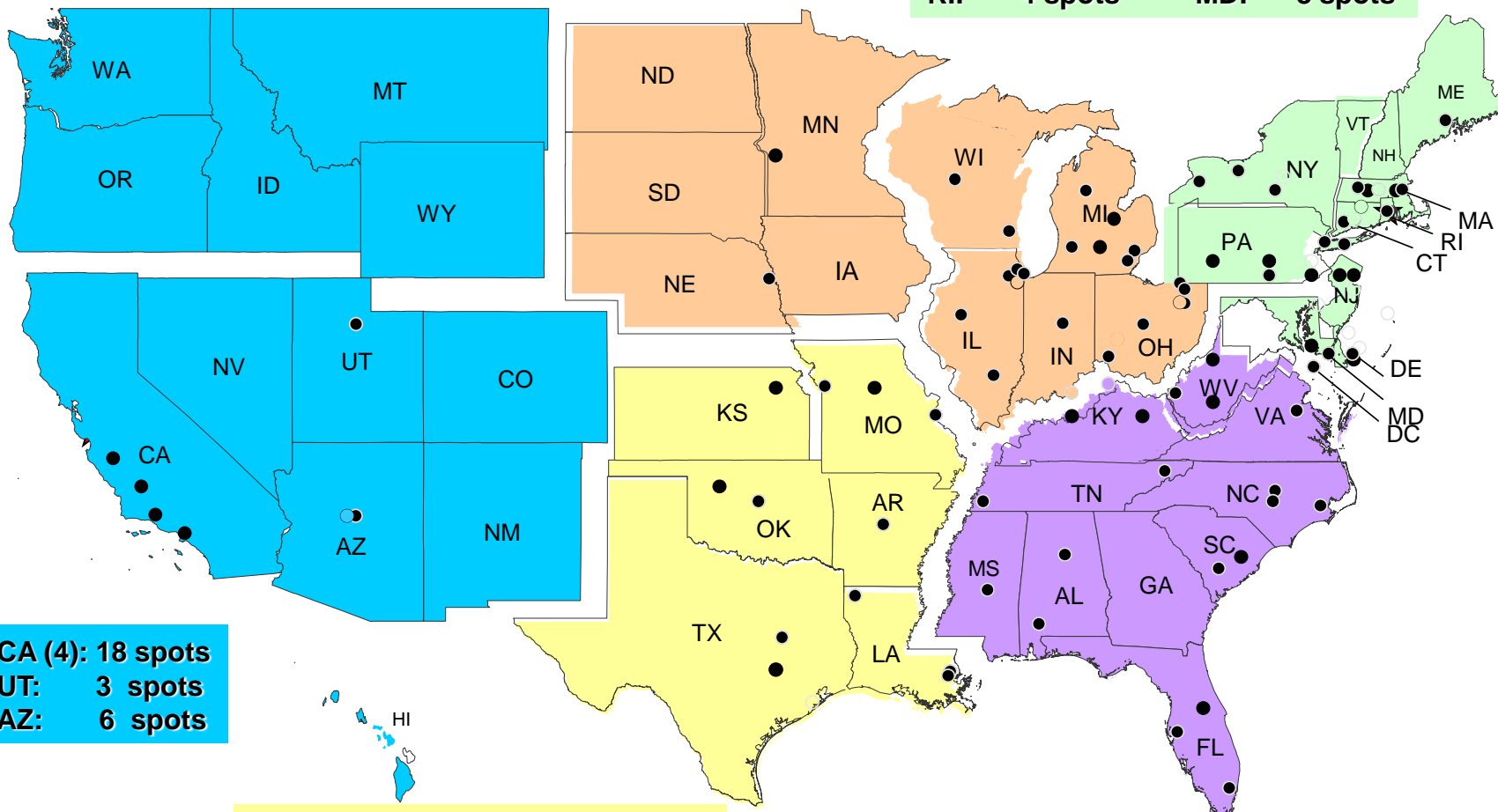


Internal Medicine	Number of months	Pediatrics	Number of months
General Inpatient Medicine	8	General Inpatient Pediatrics	5
Medical Intensive Care Unit	1-2	Pediatric Intensive Care Unit	1-2
Cardiac Intensive Care Unit	1-2	Neonatal Intensive Care Unit	2-3
Geriatrics	1	Newborn Nursery	1
Emergency Medicine	1	Emergency Pediatrics and Acute Illness Pediatrics	3
Outpatient Med-Peds continuity	36 clinics per year	Behavioral-Developmental Adolescent Medicine	2
Subspecialty experience (e.g. Infectious Diseases, Nephrology, etc.)	4	Subspecialty experience (e.g. Infectious Diseases, Nephrology, etc.)	4
Overall Ambulatory Experience (minimum)	33%	Overall Ambulatory Experience (minimum)	40%

Med-Peds Match 2013 (77 programs with 366 positions)

NE: 2 spots IN: 14 spots
 MI(6): 26 spots OH(4): 25 spots
 MN: 12 spots WI (2): 8 spots
 KY(2): 10 spots IL(5): 24 spots

ME: 3 spots PA(4): 16 spots
 NY(4): 18 spots NJ(2): 5 spots
 MA(4): 19 spots DE: 4 spots
 CT: 4 spots DC: 4 spots
 RI: 4 spots MD: 8 spots

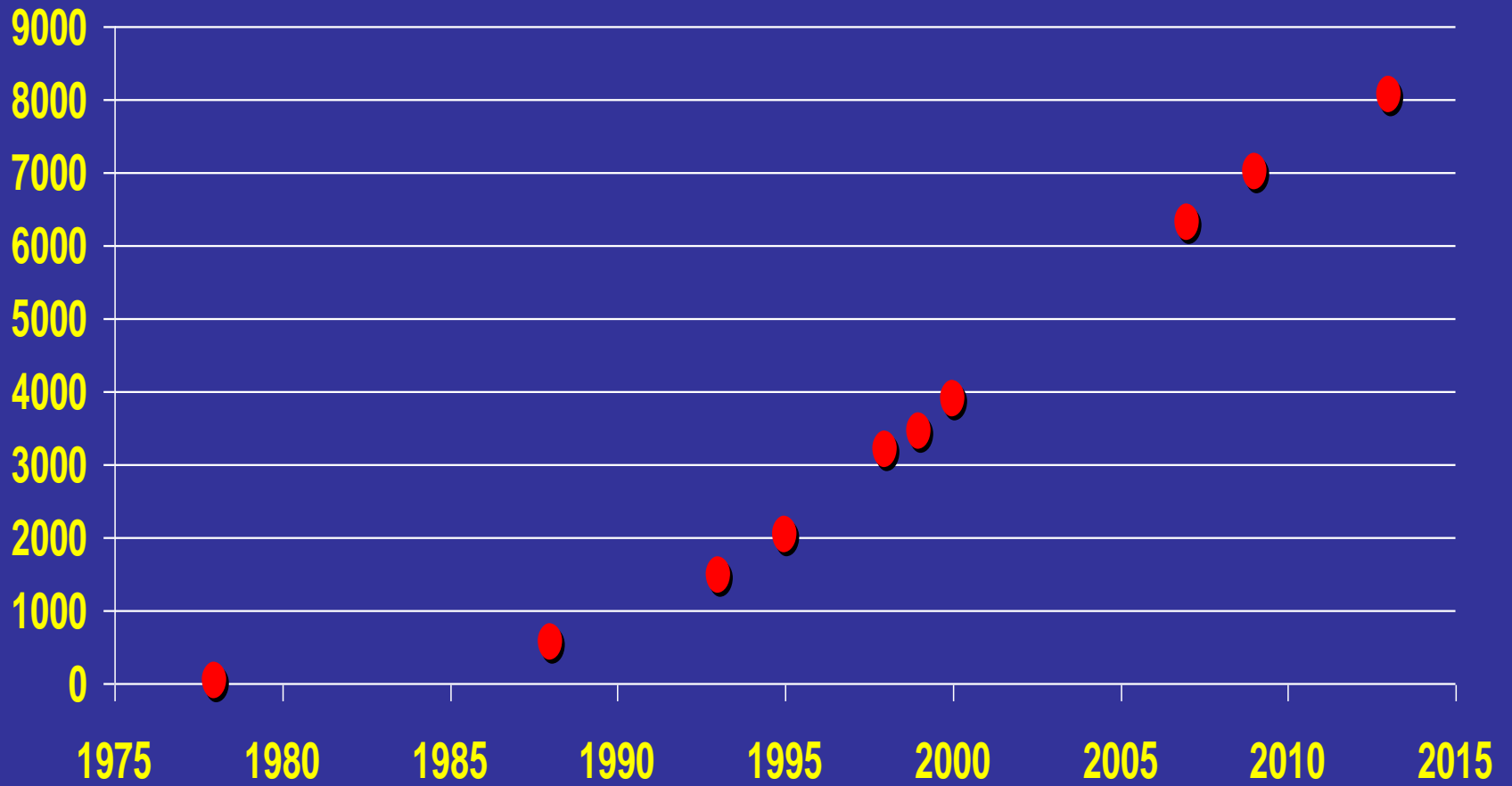


CA (4): 18 spots
 UT: 3 spots
 AZ: 6 spots

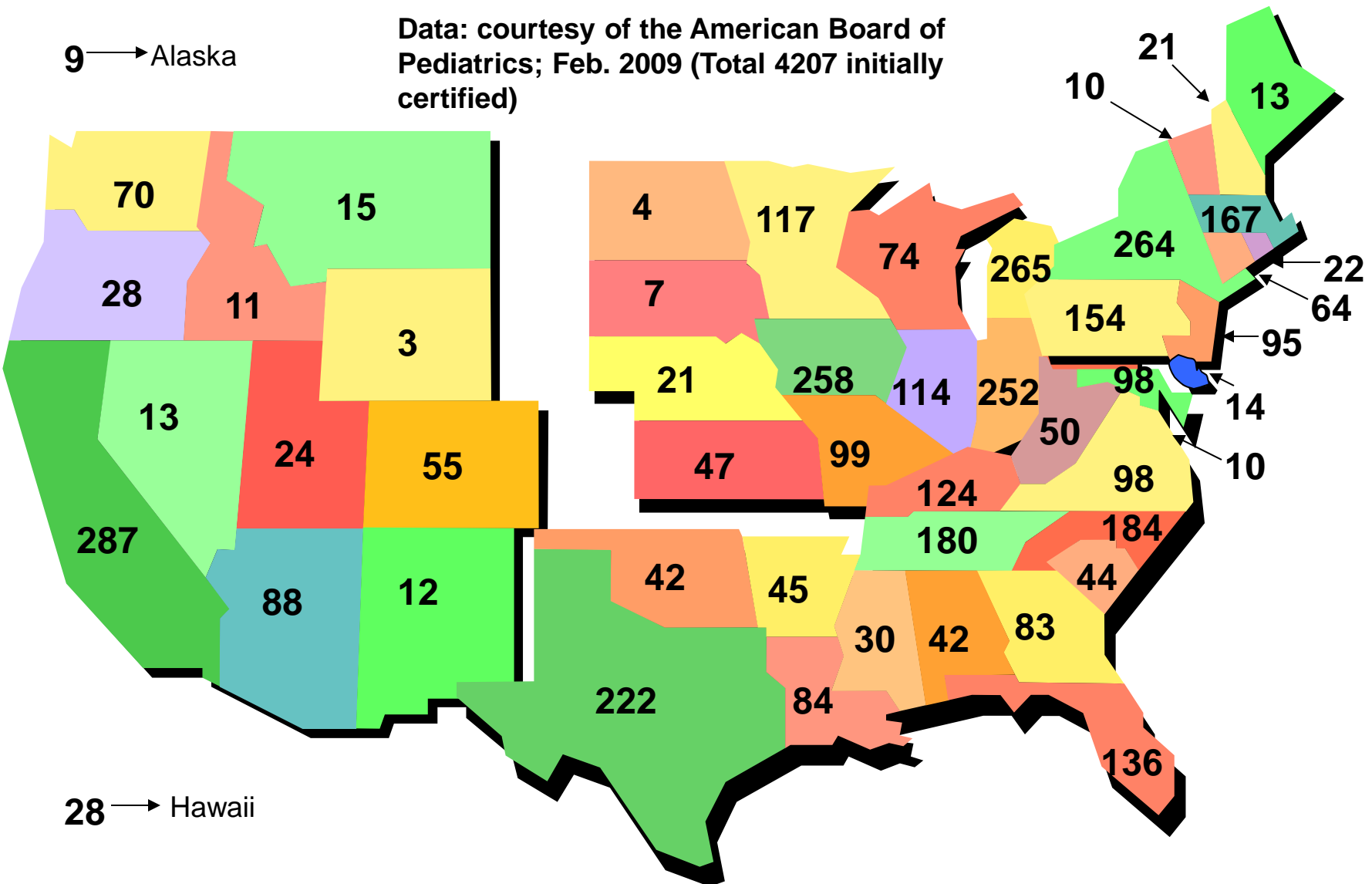
OK(2): 6 spots AR: 6 spots
 TX(2): 14 spots LA(3): 14 spots
 MO (3): 13 spots KS: 2 spots

VA: 6 spots WV(3): 6 spots TN(2): 14 spots
 NC(3): 18 spots MS: 4 spots SC(2): 8 spots
 AL: 7 spots FL(2): 8 spots

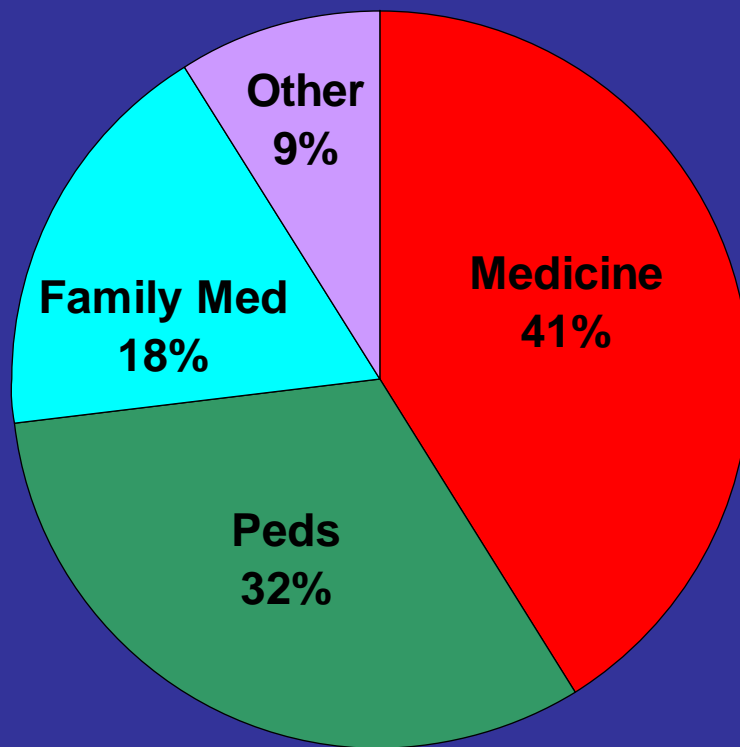
Med-Peds Graduates



Where are the med-peds grads?



Choosing a Career in Combined Internal Medicine and Pediatrics: Insights From Interns



Alternate careers
considered by Med-Peds
interns prior to residency

Choosing a Career in Combined Internal Medicine and Pediatrics: Insights From Interns

	MP	IM	Peds	FM	Other
Considered as a career	86.8%	55.2%	50.7%	33%	19.1%
Contacted programs	93.8%	30.6%	29.9%	20.8%	8.3%
Applied	94.8%	18.4%	17.4%	8.3%	4.2%
Interviewed	94.8%	16.7%	14.2%	5.9%	4.2%
Ranked	94.3%	12.9%	11.4%	3.6%	3.5%

Melgar, T; Frohna JG. "Choosing a Career in Combined Internal Medicine and Pediatrics: Insight From Interns". Family Medicine. 2007;39:326-330

The Effect of Dual Training in Internal Medicine and Pediatrics on the Career Path and Job Search Experience of Pediatric Graduates

Senior Residents	Med-Peds	Pediatrics
Equally prepared for primary care in both specialties	80%	77%
Equally prepared for fellowships in both specialties	90%	87%

Chamberlain, J; Cull W; Melgar T; Kaelber D; Kan B. "The Effect of Dual Training in Internal Medicine and Pediatrics on the Career Path and Job Search Experience of Pediatric Graduates". Journal of Pediatrics.2007; 151: 419-424

The Effect of Dual Training in Internal Medicine and Pediatrics on the Career Path and Job Search Experience of Pediatric Graduates

Senior Residents	Med-Peds	Peds
Would choose same specialty again	90	93
Primary Care Career	55	50
Subspecialty Career	18	31
Hospitalist Career	17	8
Other Career	10	11

Chamberlain, J; Cull W; Melgar T; Kaelber D; Kan B. "The Effect of Dual Training in Internal Medicine and Pediatrics on the Career Path and Job Search Experience of Pediatric Graduates". Journal of Pediatrics.2007; 151: 419-424

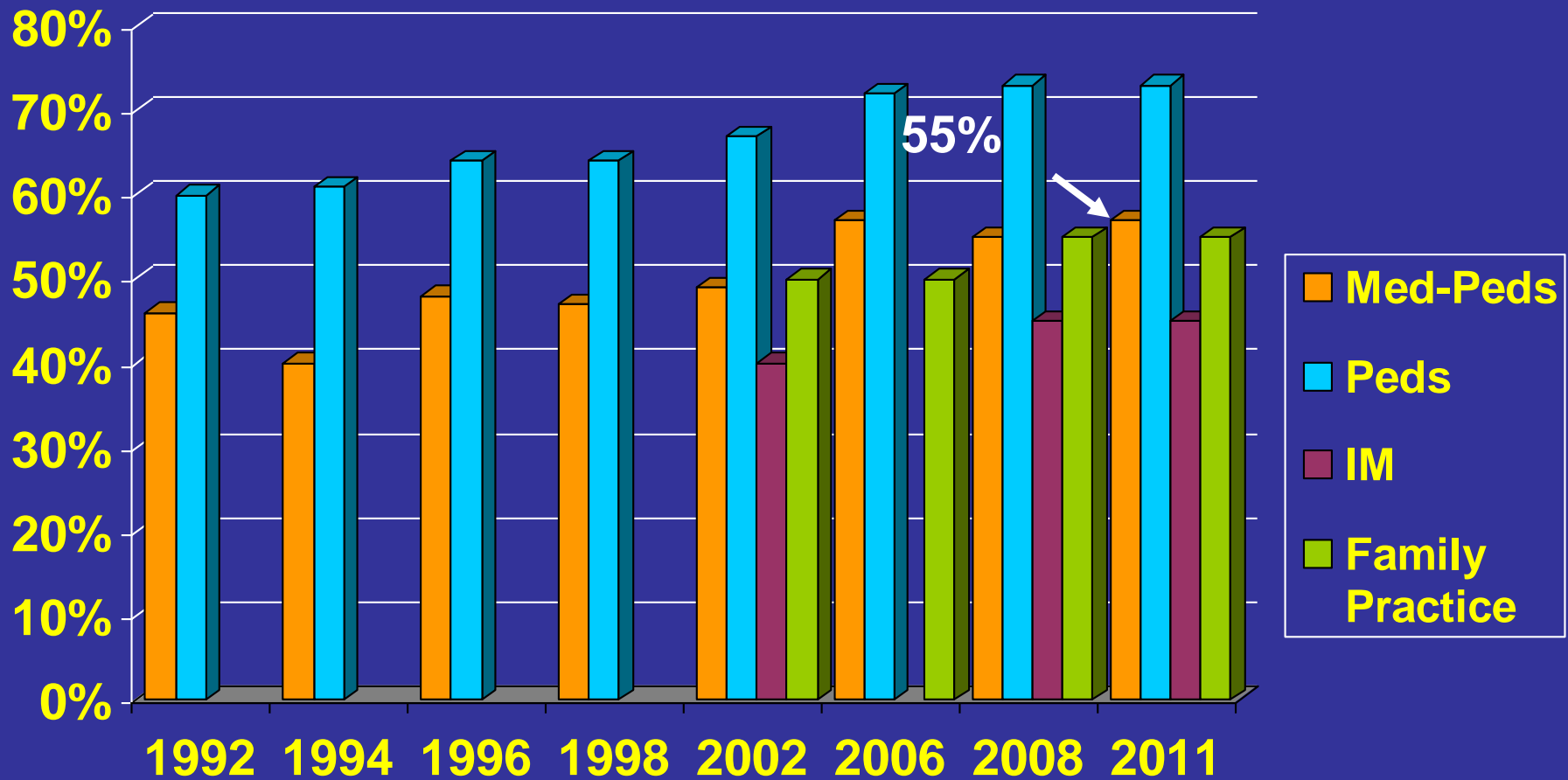
The Role of the Med-Peds Physician in a Changing Medical World

- Editorial on the 40th birthday of med-peds
- Shift in career plans during residency
- Hospitalist
- “... med-peds graduates are well positioned to adapt to a changing medical landscape”.

Impact on Categorical Programs

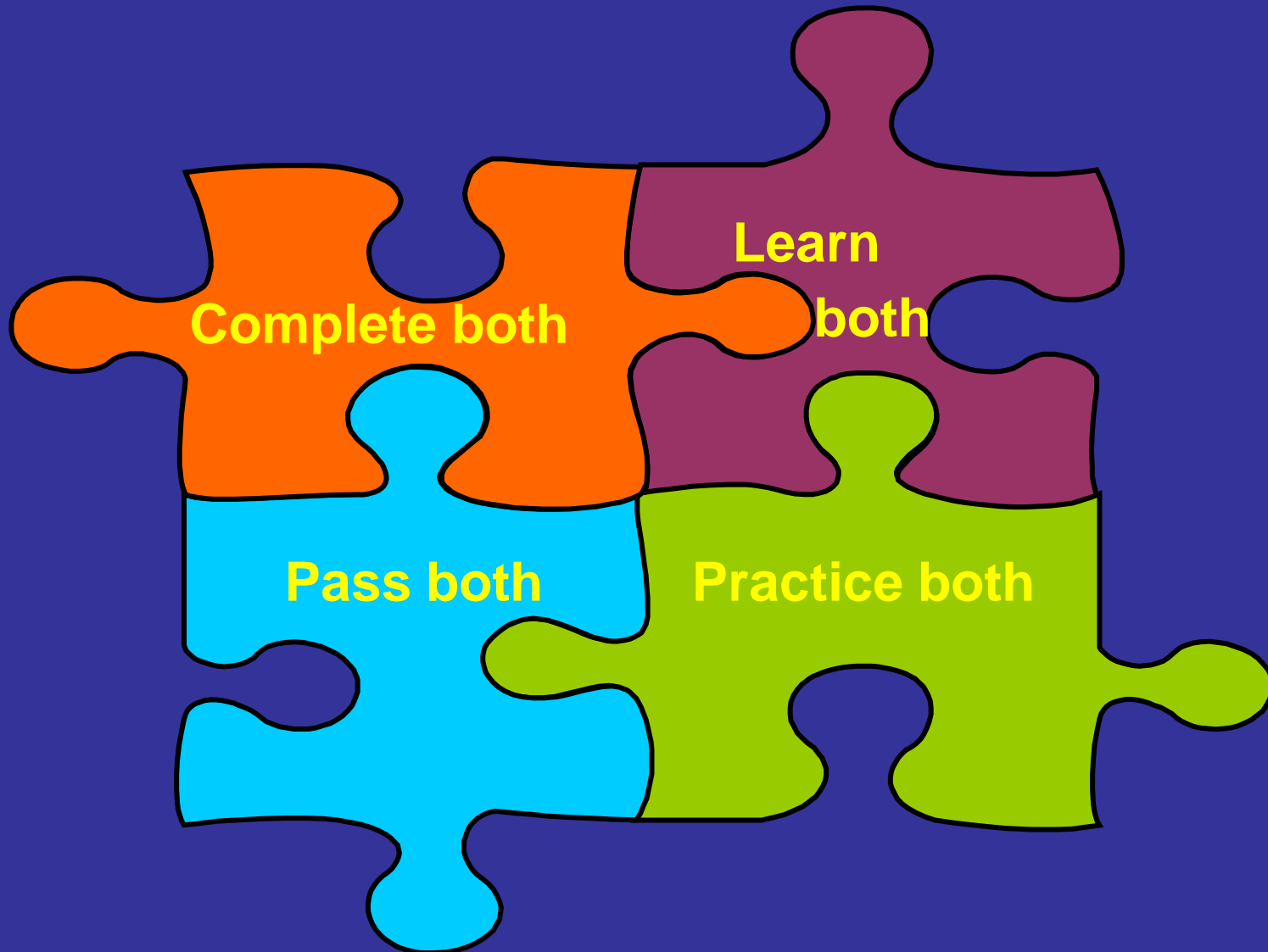
- 40% of pediatrics programs have a med-peds program. Of all pediatric residents, med-peds residents are approximately 14% of the total
- 20% of medicine programs have a med-peds program. Of all categorical medicine residents, med-peds residents are approximately 9% of the total

Women and Med-Peds

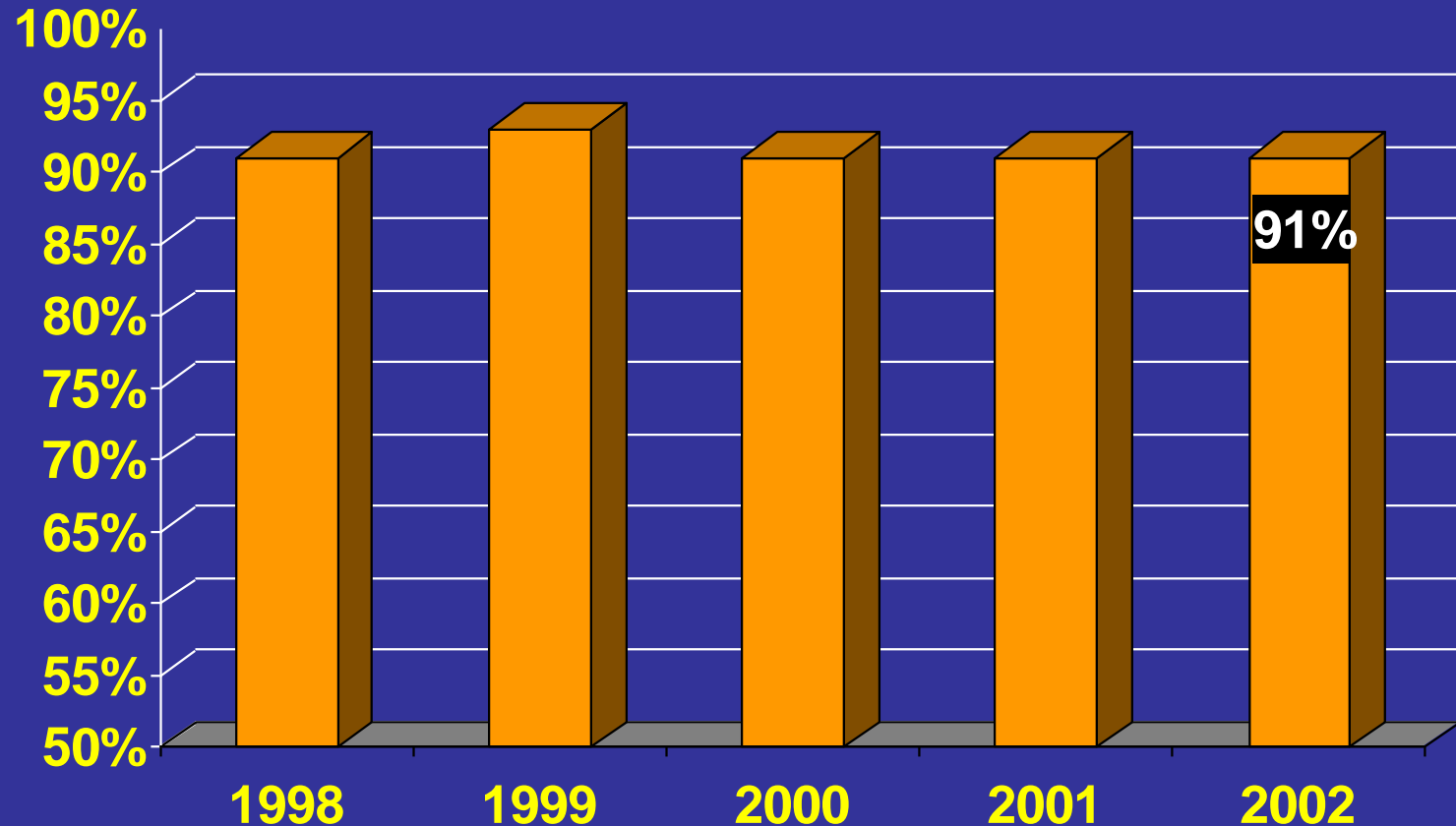


American Board of Pediatrics Annual Report 2007
American Academy of Family Practice web site Jan 2008
National GME Census 2011

The Med-Peds Puzzle



Is It Possible to Complete Both? (1998-2002)



Frohna J, Melgar T, Mueller C, and Borden S. Internal Medicine-Pediatrics Residency Training: Current Trends and Outcomes. Academic Medicine. 2004;79:591-596.

Is it Possible to Learn Both?

- **Fundamental clinical skills** in common:
(history and physical, communication, organization)
- **Advanced clinical skills** in common:
(information processing, reasoning, hypothesis testing, deduction, epidemiology)
- **Some differences**: manifestations/incidence of same conditions at different ages, nuances of treatment, neonatology and first two years of life

Board Pass Rate

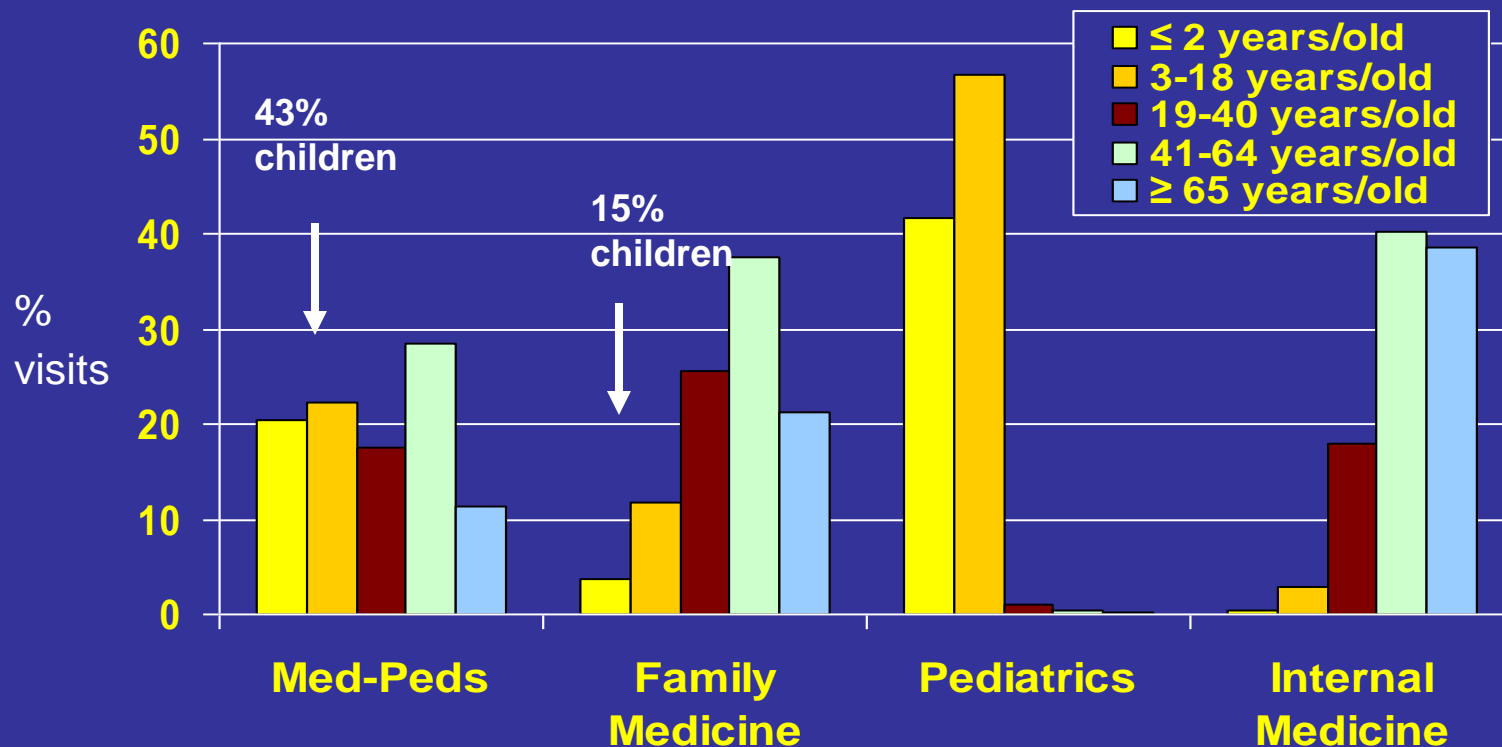
The passage rate for med-peds graduates on the
American Board of Internal Medicine and
American Board of Pediatrics examinations in
2011 and 2012 is equivalent

Is it **Practice** Both?

- About **50-60%** of graduates go into primary care practice. The majority (between 77-93%) provide care for both adults and children.
 - **40%** also have an academic appointment with a medical school
- About **18-25%** of graduates pursue fellowship and **50%** provide care for both adults and children.
 - **60%** also have an academic appointment with a medical school

Results from the National Ambulatory Medical Care Survey

Age Distribution of Patient Visits to Primary Care Providers Recorded in the National Ambulatory Medical Care Survey from 2000-2006



Fortuna, Ting, Kaelber and Simon. Characteristics of Medicine-Pediatrics Practices. Academic Medicine (84) 3; March 2009: 396-401

Fellowships and Subspecialties

- Qualify for ANY IM or Pediatric fellowship.
- Ideal preparation for sub-specialization
- Equally competitive with categorically trained candidates.
- Added maturity derived from an additional year of training and discipline
- Combined fellowships: subject to negotiation.

Fellowships After Med-Peds

1. Adolescent Medicine
2. Allergy-Immunology
3. Cardiology
4. Child Abuse
5. Clinical Cardiac Electrophysiology
6. Critical Care
7. Developmental-Behavioral
8. Emergency Medicine (peds only)
9. Endocrinology
10. Gastroenterology
11. General Medicine
12. General Pediatrics
13. Genetics
14. Geriatrics

15. Hematology-Oncology
16. Hospice and Palliative Care
17. Infectious Disease
18. Interventional Cardiology
19. Medical Informatics
20. Nephrology
21. Neurodevelopmental Pediatrics
22. Perinatology
23. Pulmonary
24. Rheumatology
25. Sleep Medicine
26. Sports Medicine
27. Toxicology
28. Transplant Hepatology

Fellowship Choices: 1998-2002

Subspecialty	Number	Combined
Cardiology	33	13
Infectious Diseases	29	17
Allergy/Immun	21	
Primary Care	18	
Endocrinology	18	16
Adult Pulm/CC	17	
Peds ICU	17	
Nephrology	17	11
Heme/Oncology	16	11
Adolescent Med	11	N/A
Rheumatology	11	8
Pulmonary	10	8
Unknown	42	
Other	65	

Frohna J, Melgar T, Mueller C, and Borden S. Internal Medicine-Pediatrics Residency Training: Current Trends and Outcomes. Academic Medicine. 2004;79:591–596.

Fellowship Choices: 2003-2004

Med-Peds (91)

Infectious Disease: 19% (17)	Neonatology: 16.3% (32)
Allergy: 11% (10)	Emerg. Med: 11.2% (22)
Critical Care: 9.9% (9)	Heme/Onc: 7.7% (15)
Endocrine: 9.9% (9)	Infect Disease: 7.6% (15)
↓	
Neonatology: 1.1% (1)	
Emergency Med: 3.3% (3)	

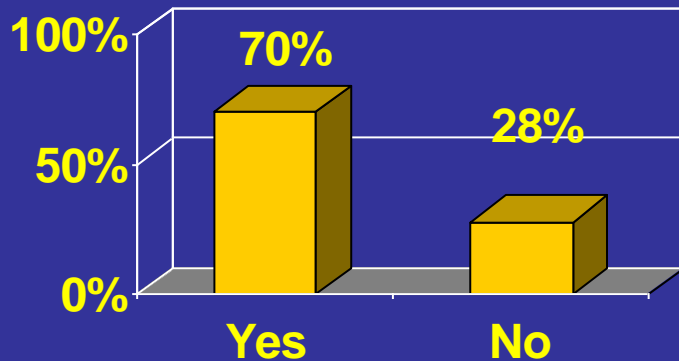
Peds (196)

Why Medical Students Chose Med-Peds?

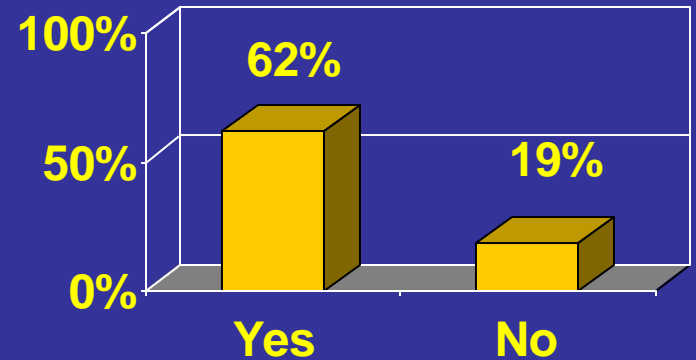
1. Age spectrum
2. Variety & depth of training
3. Liked both
4. Flexible career
5. Primary care focus
6. Ability to specialize
7. Role models
8. Did not want OB/Surg
9. Transition & adolescent
10. More Pediatrics

Medical Students Who Choose Med-Peds

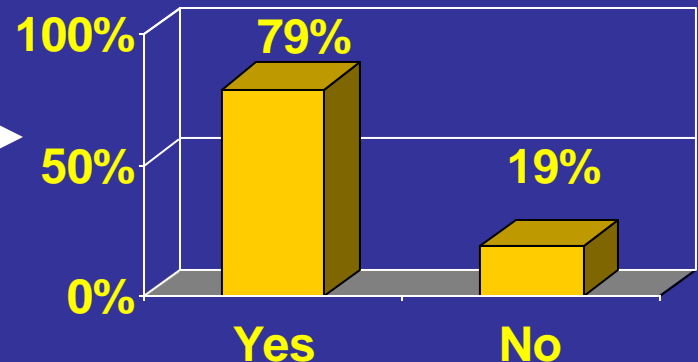
Do you have someone advising you about Med-Peds?



Was your advisor Med-Peds?



Does your school have a Med-Peds affiliated with it?



Robbins BW, Ostrovsky, D, and Melgar, T. Factors in Medical Students' Selection and Ranking of Combined Medicine-Pediatrics Programs. Academic Medicine. 80 (2), February 2005;199

Med-Peds Student Electives (www.med-peds.org)

Arizona:

Banner Good Samaritan

California:

U.C.L.A.

Delaware:

Christiana Care Health System

District of Columbia

Georgetown

Illinois:

Rush & University of Chicago

Kentucky:

University of Kentucky

Louisiana:

Tulane

Maine:

Maine Medical Center

Massachusetts:

Baystate & Univ. of Mass

Michigan:

Michigan State @ Grand Rapids

Michigan State @ Kalamazoo

William Beaumont Hospital

Missouri:

St. Louis University

New York:

Albany

Stony Brook

University of Rochester

North Carolina:

East Carolina University

Univ. of North Carolina

Ohio:

Case Western Reserve

Metro Health

Pennsylvania:

Geisinger Health System

South Carolina:

Greenville Hospital System

Texas:

Baylor

How Students Chose a Med-Peds Program

- Intuitive feel (55%)
- Resident satisfaction (48%)
- Location/family (36%)
- Med-Peds clinic (32%)
- Coordination/cooperation (30%)

Summary of Med-Peds

- Depth and breadth of two disciplines that allows flexible career goals without Surgery and OB training. The perfect “double major”
- Four years of training that is rigorous but humane; gives added maturity to your career
- Wide variety of practice styles and settings; effective with variety of patient problems
- Dual board certification in Internal Medicine and Pediatrics that is unique
- Niches of special populations; cross fertilization of knowledge
- 40 years of rich history in Med-Peds