

will be approved by the ABEM and the ABFM, with each categorical program being accredited by its respective RRC. Combined training in EM/FM is the sole recognized pathway for EM residents to train in family medicine and the sole recognized pathway for FM residents to train in emergency medicine, other than completion of both categorical EM and FM residency programs accredited by the ACGME.

After completion of a combined EM/FM residency program, the graduate will be eligible to sit for certification in each specialty. The Boards will not accept training in a combined program if the accreditation status of the residency in either primary discipline is probationary. If the residency in either discipline receives probationary accreditation after initiation of the combined training program, new residents may not be appointed to the combined training program until such time as the residency in the primary discipline is restored to full accreditation.

### General Requirements

A combined EM/FM residency consists of 5 years of balanced training in the two disciplines that meets the ACGME Common Program Requirements, the Program Requirements for Residency Education in Emergency Medicine, and the Program Requirements for Residency Education in Family Medicine.

It is strongly recommended that the participating residencies be in the same academic health center, and documentation of hospital and university commitment to the program, where applicable, must be available in signed agreements. Such agreements must include institutional goals for the combined program. Participating institutions must be located close enough to facilitate cohesion among the program's house staff, attendance at weekly conferences, continuity clinics and integrated conferences, and faculty exchanges over curriculum, evaluations, administration, and related matters.

Ideally, at least two residents should be enrolled in each year of the 5-year program to ensure peer interaction. The total number of residents in combined programs may not exceed the number of residents in the categorical program of either specialty.

The training of residents while on EM rotations is the responsibility of the faculty of emergency medicine. Likewise, the training of residents while on FM rotations is the responsibility of the family medicine faculty. Prior to the completion of training, each resident must demonstrate some form of acceptable scholarly activity. Scholarly activity may include original research, comprehensive case reports, or review of assigned clinical and research topics.

Vacations, sick leave, and leave for meetings must

be shared equally by both training programs. Absences from the training program exceeding five months in the 60 months must be made up.

### Application for Combined Training in EM/FM

ACGME-accredited EM and FM residencies interested in developing an Emergency Medicine/Family Medicine combined training program should contact either the ABEM or the ABFM for an application packet. The completed application materials must be submitted to both Boards for review, and both Boards must approve the program before it enrolls residents.

Upon successful completion of the combined training program, a resident must submit the appropriate applications to the ABEM and the ABFM to enter the certification process.

More information for this combined residency training program in emergency medicine and family medicine is available at the ABFM Web site, <http://www.theabfm.org>.

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American Board of Family Medicine



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## STFM NEW PARTNERS INITIATIVE: A PRODUCTIVE FIRST YEAR!

The Society of Teachers of Family Medicine (STFM) established the New Partners Initiative (NPI) as a way to develop the people and mechanisms to enhance the long-term support and viability of family medicine programs. By emphasizing the importance of building relationships and identifying mutual interests with private, public, governmental, and foundation partners, the NPI is intended to help STFM lead academic family medicine in recognizing the need for combining financial development and sustainability with program quality and success. Ultimately important is the outcome of optimistic attitudes, ownership, and skills among family medicine organizations, faculty, and administration who appreciate the issues of long-term support for our efforts and understand how to incorporate the financial aspects at the forefront of planning.

The NPI is composed of 3 parts: the New Partners Think Tank, which provides overall guidance and direction for the project; the New Partners Academic Fund-raising Fellowship (AFF), which offers workshops,

seminars, and a year-long tutorial program, and a New Partners Task Force, which will be introduced during the 2006-2007 academic year.

During the first year, the Think Tank outlined the structure and emphasis for the program. There were 2 Academic Fund-raising Fellowship Workshops, one in Indianapolis (December 2005) and the other in San Francisco (April 2006). The AFF attracted a total of 62 participants who attended the 2-day offerings and received guidance in topics such as understanding philanthropy, creating funding magnets, identifying funders, network building, managing organizational issues, and writing proposals, among others.

In addition, AFF and Think Tank faculty presented special sessions at the STFM Annual Spring Conference in San Francisco, titled "The Academic Fund-Raising Project" and a "Discussion Forum on the New Partners Initiative," which attracted approximately 100 attendees, combined. These sessions focused on the process of the fellowship, the need for fund-raising, and small-group discussions of participants' skills and needs regarding academic fund-raising. Five program fellows, involved in the year-long tutorial, also presented on their work and growth.

Michael Rosenthal, MD, Thomas Jefferson University, and Bill Mygdal, EdD, Fort Collins Family Medicine Residency, Fort Collins Colo, serve as cochairs of the NPI Think Tank. Other members include Macaran

Baird, MD, MS, University of Minnesota; Larry Bauer, MSW, MEd, Family Medicine Education Consortium, Dayton, Ohio; Stephen Bogdewic, PhD, Indiana University; Roland Goertz, MD, McLennan County Family Practice, Waco, Tex; William Hueston, MD, Medical University of South Carolina; Susan Kaye, MD, Atlantic Health System/Overlook Hospital FPR, Summit, NJ; David Lanier, MD, Agency for Healthcare Research and Quality; Evelyn Lewis & Clark, MD, MA, Pfizer, Bowie Md; Steven Schroeder, MD, University of California, San Francisco; and Roger Sherwood, CAE, Society of Teachers of Family Medicine, Leawood, Kan.

Evaluations and reactions to the NPI and its programs to date have been overwhelmingly positive. Fund-raising workshop attendees and fellowship participants have felt that the programs provide instruction and build confidence in areas that have been needed but are not incorporated in faculty or career development. In increasingly difficult budgetary times, the NPI offers the opportunity to develop the skills, approaches, and strategies that will be needed for program funding and success. As the NPI presents new offerings during the coming year, STFM encourages its members to bring a willingness to grow and become part of this important investment in our future.

*Michael Rosenthal, MD, and Bill Mygdal, EdD,  
NPI Think Tank Cochairs*