

How a combined residency program can shape your career

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If your interests in medicine are multifaceted, then when it comes time to choosing a medical specialty you may want to consider a combined residency training program.

Combined residency programs integrate two specialties in a way that creates physicians who are equipped to work in a hybrid capacity with patients across a wider spectrum of circumstances.

“It’s an opportunity to take care of a broader patient population in a way that fits people’s career interest,” said Michael Aylward, MD, director of the combined internal medicine-pediatrics residency program at the University of Minnesota. “That’s the thing that ties all of combined training together. It’s for people who are really looking at taking care of patients in a specific type way.”

The AMA provides a guide for medical students on choosing a medical specialty that presents a clear, approachable overview of specialties and subspecialties and can assist you in choosing a career path.

If you’re looking to find combined programs, you can search for combined programs in combined specialties on FREIDA™, which allows you to search for a residency or fellowship from more than 11,000 programs, all accredited by the Accreditation Council for Graduate Medical Education. Any specialty name with a slash in it—such as internal medicine/pediatrics—is a combined specialty.

If you’re pondering a combined residency program, here’s some key information on what’s out there.

Commonly combined specialties

Specialties that are rooted in internal medicine are the most frequently combined with others. Among combined specialties listed by the National Resident Matching Program (NRMP), medicine-pediatrics programs are far and away the most popular. In 2018, that specialty offered 390 positions in the NRMP's Main Residency Match.

Other specialties that offered a double-digit number of positions in 2018 included internal medicine-emergency medicine, internal medicine-psychiatry and pediatrics-psychiatry-child psychiatry.

Combined programs take longer

Considering that you will be training in two or more fields, there is bound to be more time training in a combined program than in a single specialty. If you look at it another way—how long would it take to train in each program individually?—you're likely to save at least a year of training time over that approach.

Instead of the three years that defines training in either internal medicine or pediatrics, internal medicine-pediatrics programs take four years. Other programs will take longer. Internal medicine-psychiatry, for instance, takes five years. During your stints in a combined program, you will alternate between rotations in each specialty, with rotations typically lasting around three months.

“Combined programs are clinically oriented, so a passion for and commitment to patient care and spending time with patients is critical,” Aylward said. “Not to say you can't do research or other things, but it's a lot to learn over a short time, so the priority needs to be on patient care throughout training.”

Combined program career paths

In most instances, training in a combined program will allow you to become board certified in both specialties. As far as one's career path, there are ample subspecialty opportunities available to physicians who train in combined programs. They can apply to fellowship positions in either of the specialties that were combined.

The unique training of going to a combined program can lead to unique opportunities.

“You can do either of the two specialties or more commonly you can practice in some hybrid combination of the two,” Dr. Aylward said. “So, for [internal medicine-pediatrics] you can go into primary care, hospital medicine or any of the subspecialties in medicine or pediatrics. People also can do combined subspecialties—we've had [residents] do fellowships in adult and child infectious

diseases.”

Succeeding in a combined program

Residents who succeed in combined programs, Dr. Aylward said, will be independently motivated. They also are able to adapt to changing circumstances.

“Being able to move between the worlds of medicine and pediatrics is a cultural shift,” he said. “Being able to navigate that effectively and being comfortable living in different worlds is really important. There’s a lot of ambiguity.

“Personally, the reason that I did a combined program is because that was my worldview of what it meant to be a physician. I wanted to see adults and children with complex diseases in the hospital and outpatient settings. It’s an alignment of identity that is really powerful.”