**MEDICAL STUDENT FAQS ABOUT COMBINED TRAINING**

**What is combined training?**

Combined training is a residency program that partners psychiatry with another specialty (i.e., family medicine-psychiatry, internal medicine-psychiatry, psychiatry-neurology, pediatrics-psychiatry-child psychiatry). At the completion of a combined training program trainees are eligible for boards in each of the specialties they received training in (board eligible for 2-3 specialties depending on the program).

**What do combined-trained doctors end up doing?**

Combined physicians occupy a wide variety of positions. As a dually-trained physician, you are very attractive in the job market and can market yourself in several ways. Some of the common positions taken are the following:

* Outpatient setting serving as patients’ PCP and psychiatrist
* Outpatient setting serving as a consultant psychiatrist within a primary care office
* Outpatient setting providing primary care for patients with severe mental illness
* Healthcare administration and academics
* Inpatient setting as psychiatrist and internist on Med/Psych unit
* Inpatient setting as Medicine hospitalist
* Inpatient or outpatient setting working with geriatric patients
* Inpatient Consult/Liaison Psychiatry service (act as a consultant to teams who need assistance with Psychiatric issues; combined physicians are ideal for this role as a strong knowledge base in both Psychiatry and Medicine is essential)
* Inpatient setting acting as a psychiatrist while also tending to patients’ medical needs
* Emergency psychiatry (requires strong medical knowledge base)
* More specialized training (some combined physicians go onto fellowships post-combined training)
  + ID fellowship (focusing on medical and psychiatric care for HIV patients)
  + GI fellowship (focusing on functional bowel disorders)
  + Hem/Onc fellowship (emphasizing psychological aspects of Hem/Onc)
  + Pain fellowship
  + Eating disorders fellowship
  + Forensic fellowship (knowledge of medical comorbidities is helpful when testifying in court)

**I hear that combined doctors end up practicing one field or the other. Is that true?**

While it certainly can be true that combined physicians eventually lateralize to one field or the other, it is less likely to occur in physicians with combined training in Psychiatry. In fact, a survey done of combined grads showed that >75% practice both specialties. The vast majority of patients encountered have comorbid Medicine and Psychiatric illnesses; in fact, 70% of all psychiatric patients also have a medical diagnosis and 30% of all medical patients have a psychiatric diagnosis. Thus, regardless of the job position you hold (be it more on the medical side or more psychiatric side), your knowledge in the other field will be utilized. Additionally, it is easier to find positions that allow you to fully practice both fields given that there are so many patients with comorbid illnesses.

**What are some of the difficulties of combined training?**

There are some difficulties that are unique to combined training. First, while in residency, there is often an adjustment period when switching between your Medicine rotations and Psychiatric rotations. The mindsets and patient approaches of Medicine and Psychiatry are different, and it can take a few weeks to get back into the “Medicine” approach to patients compared to Psych and vice versa. Additionally, because you are trying to master two different fields at once, you may feel behind in your knowledge base while in residency compared to your peers. However, you will catch up! Given that your residency training is longer than that of your non-combined peers, you will have time to catch up and feel competent in your knowledge base at the end of residency.

**What do combined training programs look for when looking for applicants?**

Each program will have different specifics that they look for in applicants based on the nature of their program. Overall, though, programs are founded on the belief that patients require care of both their body and mind, and programs desire applicants that are committed to this belief. We want to make sure that applicants are committed to combined training and its mission – beyond just liking each discipline separately.

**How do I choose the right program for me?**

Selecting a residency is a difficult task. While it often may feel like you are trying to sell yourself to the residency program, you need to make sure that the residency program is also a good fit for you and not simply vice versa. On your interviews, you should be also interviewing the residency program to see if they align with your goals and needs. Consider the patient population you want to serve, the colleagues you would work with (do you get along with the residents?), your main goals of residency (do you want a strong base in psychotherapy? more hands-on procedures? more clinic time than inpatient? strong research facilities?), the location (community hospital, rural, urban? close to your family? a new location away from family? climate?), the activities outside of work, and your lifestyle. Giving weights to these different factors can also help you rank what programs best align with your goals.

**Given the small number of programs, do most residents apply to the individual specialties in addition to the combined programs?**

Given the limited number of residency programs and spots, most applicants do apply to some categorical programs in addition to the combined programs. It is not a requirement to apply to both categorical and combined programs, but some applicants feel more comfortable with their ranking chances if they do so.

**What are the rotation requirements for combined training?**

In order to be boarded in both Internal or Family Medicine and Psychiatry, residents have to complete the requirements of both boards. In order to compress 7 years of training into 5, residents do not have as many elective rotations as categorical residents. Residents’ time will be split evenly throughout the 5 years between Medicine and Psychiatry; each residency program arranges that time differently (some switching between the two specialties every 6 months, some every 3 months, etc).

**What is the extent of exposure to psychotherapy?**

Given that combined residents must satisfy the certification requirements of both Medicine and Psychiatry boards, each combined resident is required to have a minimum of 12 consecutive months of supervised outpatient psychotherapy. Categorical Psychiatry residents typically perform this outpatient psychotherapy during both their 3rd and 4th years of residencies. Each individual combined program has a different schedule, but most combined residents undergo their 12 consecutive therapy months at some point during their 4th and 5th years. The exact makeup of those months varies among programs, but typically involves exposure to several therapy modalities.

**Are combined programs open to having DO residents?**

DO residents offer a perspective and knowledge base that is consistent with the mission of integrated Medicine and Psychiatry, and thus they are certainly welcome and appreciated in combined programs.

**Are the combined internal medicine/Psychiatry, Family Medicine/Psychiatry, and Neurology/Psychiatry programs ACGME accredited?**

As you will notice on ACGME website, accreditation for Internal Medicine/Psych and Family Medicine/Psychiatry are not currently AGCME accredited. However, the individual programs making up the combined programs are ACGME accredited. Combined programs are recognized by the individual boards allowing combined trained residents to be board eligible upon completion of residency (i.e. a combined Internal Medicine/Psychiatry resident is eligible for Internal Medicine boards ABIM and Psychiatry boards ABPN thus allowing them to be board-certified in both specialties.

**Are combined residents allowed to do fellowships?**

Yes! Combined residents are certainly allowed to do fellowships post-residency. They are eligible for the same fellowships available to graduates of their individual program components. For example, graduates of a combined Internal Medicine/Psychiatry program are eligible for fellowships available to Internal Medicine residency graduates and that of Psychiatry residency graduates.

**Do many combined residents do fellowships?**

Some combined residents do complete fellowship training post-residency. Residents are eligible for fellowships in either Medicine or Psychiatric areas, thus broadening fellowship possibilities. Some of the most common fellowships undertaken by combined residents are Gastroenterology, Hematology-Oncology, Infectious Disease, Pain, Eating disorders, and Forensics.