

Combined Anesthesiology-Internal Medicine Curricular Requirements

This document enumerates the **minimum** curricular requirements for combined ACGME-accredited programs in anesthesiology and internal medicine, as approved by the American Board of Anesthesiology (ABA), American Board of Internal Medicine (ABIM), American Osteopathic Board of Anesthesiology (AOBA), and American Osteopathic Board of Internal Medicine (AOBIM). This information was collated on December 2, 2025 and will be updated as needed.

1. Total duration: five years (60 months)
 - a. Education and training in each discipline must incorporate graded responsibilities throughout the program

Anesthesiology curricular components must include the following:

2. Anesthesiology:
 - a. 12.5 months, either general or subspecialty
 - b. No more than six of these months in one specialty
 - c. This is in addition to the subspecialty requirements below
3. Obstetric anesthesiology: two months
4. Cardiothoracic anesthesiology: two months
5. Neuroanesthesiology: two months
6. Pediatric anesthesiology: two months
7. Pain medicine:
 - a. Three months
 - b. This includes one month of acute pain, one month of chronic pain, and one month of regional anesthesiology
8. Post-anesthesia care unit: 0.5 months
9. Preoperative medicine: 0.5 months
10. Non-operative room anesthesiology: 0.5 months
11. Critical care medicine:
 - a. At least four months in medical or cardiac intensive care unit (ICU); no more than six months may be used toward internal medicine requirements
 - b. One month in surgical ICU
12. PGY-1:

- a. One month of emergency medicine
- b. One month of critical care medicine
- c. At least six months with direct responsibility for patients with illnesses in the domain of internal medicine
- d. Additional rotations in specialties germane to the practice of anesthesiology and internal medicine

Internal medicine curricular components must include the following:

13. 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
- b. Each resident must assume supervisory responsibilities for at least six months during this period (indicate in block diagram)

14. Ambulatory medicine:

- a. 10 months
- b. Must include exposure to the internal medicine subspecialties* that take place in ambulatory settings, including geriatric medicine and neurology

15. Longitudinal, team-based continuity experience for the duration of the program (describe in block diagram notes)

* For the purposes of this document, internal medicine subspecialties are cardiovascular disease; critical care medicine; endocrinology, diabetes, and metabolism; gastroenterology; hematology; infectious disease; medical oncology; nephrology; pulmonary disease; and rheumatology.