

CHAPTER 10**Transitional/Preliminary Year****Gerard Costello, M.D.**Program Director, Transitional Year Residency
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The following is based on information provided in the Graduate Medical Education Directory 2005–2006 published by the American Medical Association.

The ultimate goal of a graduating medical student entering a program in graduate medical education in anesthesiology is (or should ultimately be) board certification by the American Board of Anesthesiology. A review of documents by the American Board of Anesthesiology includes the following statement from its Booklet of Information: “It is crucial that the resident know the requirements described in this document, since the resident ultimately bears responsibility for compliance with the requirements and bears the consequences if one or more aspects of training prove unacceptable.” Further in the document it describes an entrance requirement into the certification process being “fulfilling all the requirements of the continuum of education in anesthesiology.” The continuum of education in anesthesiology consists of a clinical base year (CBY). It is described as follows: “During the CBY, the physician must be enrolled and training as a resident in a transitional year or primary specialty training program in the United States or its territories, that is accredited by the ACGME or approved by the American Osteopathic Association, or outside the United States and its territories in institutions affiliated with medical schools approved by the Liaison Committee on Medical Education. Acceptable clinical base experiences include training in internal

or emergency medicine, pediatrics, surgery or any of the surgical specialties, obstetrics and gynecology, neurology, family practice, critical care medicine, or any combination of these as approved for the individual resident by the director of his or her training program in anesthesiology. The CBY must include at least 10 months of clinical rotations during which the resident has responsibility for the diagnosis and treatment of patients with a variety of medical and surgical problems, of which at most 1 month may involve the administration of anesthesia. At most, 2 months of the CBY may involve training in specialties or subspecialties that do not meet the aforementioned criteria.”

The Program Requirements for Graduate Medical Education in Anesthesiology as put forth by the ACGME describes the CBY as follows: one year of the total training must be the CBY, which should provide the resident with 12 months of broad education in medical disciplines relevant to the practice of anesthesiology. It repeats the board requirement that the CBY must include at least 10 months of clinical rotations of which at most one month may involve training in anesthesiology.

From a practical standpoint, the graduate medical student is given two choices: 1) To enter into a CBY affiliated with an anesthesiology residency program, or 2) To enter an independent CBY program.

In the 2006 NRMP match, 77 anesthesiology programs offered 552 CBY spots affiliated with their programs. Of these spots, 539, or 97.6 percent, were filled in the match. There were 759 spots available at the PGY-2 level in the match in anesthesiology residencies.

The second option is to match in an independent first year program. If a student chooses this option they have two choices. The first is to enter a transitional year residency program. The other is to complete one year of a residency in another acceptable specialty. Most commonly these are referred to as preliminary medicine, preliminary surgery, or one year of a family practice, obstetrics and gynecology, or pediatrics residency.

Of these two choices, the Transitional Year Residency is the only independently accredited program by the ACGME. The purpose of the Transitional Year is to provide a well-balanced program of graduate medical education to a number of medical students. Most commonly these students have chosen a career specialty that requires one year of fundamental clinical skill education and which may also contain certain specific experiences or the development of desired skills. Students entering Transitional Year programs have most commonly chosen a career specialty in anesthesiology, radiology, ophthalmology, physical medicine and rehabilitation, or are planning to serve in active duty in the military as a general medical officer or flight surgeon.



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The content of the Transitional Year program is specifically stipulated by the ACGME in the program requirements for the Transitional Year. During the 12 months of the program, at least 24 weeks of the curriculum must be in disciplines that offer fundamental clinical skills, that is, emergency medicine, family practice, internal medicine, obstetrics and gynecology, pediatrics or surgery. Fundamental clinical skills are further defined as developing competencies in obtaining a complete medical history, performing a complete physical examination, the ability to define a patient's problems, the ability to develop a rational plan for diagnosis, and the implementation of therapy based on the etiology, pathogenesis and clinical manifestations of various diseases.

In addition, Transitional Year programs are required to provide no fewer than eight weeks of electives. Transitional Year programs must also have at least a 4-week rotation in emergency medicine and a 4-week experience in ambulatory care.

As stated previously, Transitional Year residency programs are independently accredited by the ACGME. This is of some importance to the resident in that any program so accredited will have to meet minimum standards in order to maintain accreditation.

The other option, completion of one year of a residency in another acceptable specialty residency, is not independently accredited by an external organization, and consequently provides a more variable experience. The quality of these experiences can be and in many cases is exceptional. The quality, however, is more dependent on the underlying quality of the parent program and the integrity of the institution where the parent program is located. For example, there is no defined curriculum for one year of an internal medicine program. While this could include a variety of experiences, even including electives in such rotations as surgery and pediatrics, it is equally possible that it could include only ward medicine and intensive care unit opportunities.

The decision to enter a particular CBY program is frequently predicated on a number of issues. Geography is frequently important, as residents wish to minimize their potential number of moving experiences, or wish to remain close to a significant other, spouse, or family. Frequently, residents will also choose to match a first-year program close to their ultimate categorical program choice. For those residents who are not confined by these constraints, there are a number of good choices available. In the 2006 NRMP match the following positions were available. The 2006 NRMP match offered designated positions in transitional year, preliminary surgery, and preliminary medicine. It is unknown how many students opted for a single year in other programs. Ninety-four Transitional Year programs offered 759 positions, with 748 or 98.6 percent filling. Two hundred seventy-nine preliminary surgery programs offered 1,234 positions with 748 or 60.6 percent filling. Two hundred eighty-five preliminary medicine programs offered 1,943 positions with 1,749 or

90 percent filling. As you can clearly see there are a variety of available choices.

Numerous sources are available on the web to assist the student in making his/her choice. An incomplete but useful list follows:

1. <http://www.ahme.org/councils/ctypd.html>
2. Search Google for "preliminary medicine" and "preliminary surgery"
3. <http://www.ama-assn.org/ama/pub/category/2997.html>
4. www.scutwork.com

CHAPTER 11

ERAS: The Application Process

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The Electronic Residency Application Service (ERAS), provided by the American Association of American Medical Colleges (AAMC), allows applicants, Deans' offices, and other credentialing organizations to submit materials electronically to residency programs and program directors. It allows for electronic transmission of medical school records, letters of reference and other credentials, such as USMLE/COMLEX scores, for application to fellowship, osteopathic internship and residency programs. Anesthesiology residency programs began using ERAS in 2001. Use of ERAS is not mandatory and is independent of the National Residency Matching Program ("match") process. However, it is the preferred method of application by most programs. Few programs in the country still accept "paper" applications.

Prior to using the ERAS system, students can research programs and contact them for information regarding requirements and processes. It is important to note that ERAS does not set program application deadlines. These are set by the individual residency programs.

Fees for applications are based on the number of programs selected per specialty. The fee schedule can be found on the ERAS website. The system can automatically calculate fees. Payments may be made online.