Osteopathic student guide to applying to anesthesiology residency

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Osteopathic students are in a unique and evolving situation as they apply for anesthesiology residency. Currently there are two accrediting bodies for anesthesiology residency programs the American Osteopathic Association (AOA) and the American Council for Graduate Medical Education (ACGME). On February 26, 2014 the ACGME and the AOA created the memorandum of understanding (MOU) outlining a single Graduate Medical Education (GME) system within the U.S.1 This new system will allow U.S. allopathic, international medical graduates, and osteopathic students to begin competing for approximately 140 formerly AOA anesthesiology GME slots. These positions were formerly exclusive to osteopathic students and osteopathic graduates.1,2 AOA GME programs could begin applying for ACGME accreditation April 1, 2015.3 The Deadline for AOA anesthesiology programs to submit their ACGME accreditation application is January 1, 2017. The Deadline for AOA traditional rotating internships to apply for ACGME accreditation is January 1, 2019.4 On June 30, 2020 the AOA will no longer accredit GME. Important considerations must be made for osteopathic students before beginning the process. Despite the planned unification of GME, one of the issues of prime importance for osteopathic students is deciding between AOA or ACGME anesthesiology residencies. This is a difficult decision and is based on multiple factors including geographic location, size of residency desired, career plans, board certification, AOA approval of ACGME internship and residency, separate residency match programs, and licensing exams. All of which can be daunting but well worth the effort.

Geographic location is an important decision based on family, cost of living, or metropolitan versus rural location. There are 13 osteopathic anesthesiology programs located in seven states, including California, Florida, Missouri, Michigan, Ohio, Oklahoma and Pennsylvania.2 As there are 33 osteopathic schools in 31 states with approximately 5,300 graduates per year. This leaves relatively few osteopathic anesthesiology residencies to meet the demand by osteopathic students.2,4 It is a challenging dilemma for osteopathic students when looking for an osteopathic anesthesiology residency because of the limited geographic locations and the limited number of positions at each site. Due to the small number of osteopathic anesthesiology slots, it is likely that an interested applicant seeking an osteopathic anesthesiology residency may not be granted the opportunity nor desire to relocate for such an opportunity. There are more than 130 allopathic anesthesiology programs that exist throughout the United States today, in every state but Hawaii, Alaska, Idaho, Rhode Island, Wyoming, Delaware, Montana and South Dakota.5

Size of anesthesiology residency is important to many osteopathic student applicants. The benefits of small and large programs must be weighed. The largest osteopathic anesthesiology programs have a total of 20 residents compared to allopathic programs that can carry over 100 anesthesiology residents.2,5 Possible benefits of training at a smaller program include greater personal attention by instructors, greater investment in each resident as a reflection of the program, greater emphasis on private practice anesthesiology, and the programs are usually community hospital-based. Potential benefits of larger anesthesiology programs include larger number of faculty, a greater emphasis on didactics, more research opportunities, and less need to rotate away at loosely affiliated hospitals to gain subspecialty training.

The data to support what the typical career plan a D.O. pursues after osteopathic anesthesiology residency versus allopathic anesthesiology residency is difficult to gather (academic versus private practice). In general, it is assumed most would follow the trend of M.D. residents and enter into private practice at a greater rate. Traditionally it was important for the
osteopathic students to know in order to become a program
director or director of medical education at an Osteopathic
institution, the individual must have completed an osteopathic
anesthesiology residency this trend is changing with the GME
unification. It is also important for osteopathic anesthesiology
students to know that they are eligible for board certification
by both the American Board of Anesthesiologists (ABA) and
American Board of Osteopathic Anesthesiologists (ABOA).

The ABA is the certification organization for physicians,
both M.D. and D.O., who have completed ACGME-approved
anesthesiology residency training. The ABA time dated certifi-
cation requires passing the Basic, the Advanced, and the
Applied Examinations. The Basic exam is administered at
the beginning of the CA-2 (PGY-3) year this is a written
examination with both summer and fall Exam dates. The Advanced examination is administered after the CA-3
(PGY-4). Also starting in March of 2018 there will be an
applied examination that is an Objective Structured Clinical
Examination administered in Raleigh North Carolina.

The primary certification organization for osteopathic
physicians who have completed an AOA approved anesthesi-
ology residency is the ABOA. The time dated certification
process requires completion of a Written, Oral and Clinical
Examination. The clinical examination requires submission of
patient cases cared for over a specific period of time, and involves
an ABOA examiner reviewing selected patient charts, and
observing anesthetics performed by the examinee during a visit to
the applicant’s clinical practice.

A new consideration for Osteopathic Physicians who have
graduated from an ACGME residency program and are board
certified by the ABA is whether or not to pursue AOA/ABOA
board certification. Enter AOA resolution 56 addressing AOA
Certification Eligibility for ABMS-Certified D.O.’s. In order to
be eligible, the ACGME-trained, ABA-Boarded Anesthesiologist
D.O. must meet the following additional requirements: Be a
dues-paying AOA member in good standing at the time of the
application process, be subject to additional requirements set by
the ABOA including AOA CME requirements, applicants will
be subject to fees as designated by the ABOA and be subject
to the AOA and Osteopathic Continuous Certification CME
requirements.

Under the current AOA rules if an osteopathic student
matches into an allopathic anesthesiology residency, it is
advisable to either complete an AOA internship, or ensure that
the AOA will recognize and credit training completed at the
intended ACGME internship. Osteopathic medical students
are encouraged to contact the AOA and inform them of the
intended ACGME program/institution and the internship
rotations it provides. The reason to go through this process is
that osteopathic physicians are required to have completed an
AOA approved internship in order to receive a medical license in
the states of Florida, Oklahoma, and Pennsylvania (West Virginia
and Michigan recently removed this requirement for licensure). Sometimes there are ways around this stipulation, e.g., practicing
at a Veterans Affairs Hospital. An AOA approved internship is
required for application to an AOA approved anesthesiology
residency, and for entrance into the ABOA board eligibility and
certification process. Between January 2002 and December 2010
under AOA Resolution 42, a total of 2,181 osteopathic physicians
petitioned the AOA for approval of their first year of ACGME
postgraduate training 2,170 were approved. Finally, there are
a few dually accredited internship programs (AOA/ACGME)
that allow flexibility for entrance into both allopathic and
osteopathic pathways.

Another consideration for internship is the restructuring of
the traditional osteopathic internship. Starting July 1, 2008, all
osteopathic anesthesiology residencies will be four-year residency
positions similar to categorical ACGME programs. This means
osteopathic students will match directly into their residency
programs. The ACGME is also moving towards integrating
internship into the anesthesiology residency continuum. Although
this will be gradual, it will force change to the AOA internship
requirements or mean more D.O. anesthesiologists may not
have AOA approval and they will face geographic practice
restraints as previously mentioned.

Currently, there are separate matches for osteopathic
anesthesiology residencies (AOA Match) and allopathic anes-
thesiology residencies (NRMP). According to the D.O.-
online website, it is important for osteopathic students to know if
they are matched through the AOA match and have also
registered to participate in the NRMP in the same year they
will be withdrawn from the allopathic match program for
concurrent programs.
Osteopathic medical students applying for ACGME-approved residencies may want to consider taking the USMLE Step 1 (United States Medical Licensing Exam). Taking the USMLE is not required; however, osteopathic medical students are essentially prepared for the USMLE when they have studied for COMLEX. If an applicant performs well on standardized exams, taking the USMLE may well serve as an advantage. Allopathic program directors may be largely unfamiliar with the reputation of each specific osteopathic medical school; therefore, the USMLE provides them with a consistent measure to compare their osteopathic and allopathic student applicants. The converse of this argument is that COMLEX is the only exam to license an osteopathic graduate and if an allopathic program does not accept or understand COMLEX they are unlikely to take a D.O. applicant.

This article is not meant to be a comprehensive guide to making the decision on whether to choose an osteopathic or allopathic anesthesiology residency, especially in light of the rapidly evolving GME unification, but rather a tool to bring up some of the issues that each applicant should consider. To make a final decision on anesthesiology path an individual should consult his or her college advisors, the AOA, ACGME, NRMP, NMS (AOA Match), ABA and AOBA to find out the current rules and regulations. If one is considering an allopathic residency, contacting the anesthesiology program directors at the specific training programs of interest to find out how they accommodate their osteopathic residents. It is important to speak with D.O.’s in the states of interest who have completed training at an allopathic or osteopathic anesthesiology residency and discuss any issues they have faced. It is the authors’ hope that they have helped you in your decision-making process and invite you to become involved with the American Society of Anesthesiologists. Even as a student there are opportunities to help lead and shape the future of our specialty.

References and Resources:
1. www.acgme.org search Single GME Accreditation System
2. AOA Residency Programs: http://opportunities.osteopathic.org/index.htm
3. www.osteopathic.org search Program Accreditation Deadlines Charts
10. AOA match: www.natmatch.com/aoairp
11. NRMP: www.nrmp.org

American Society of Anesthesiologists: www.asahq.org
ASA Resident Component: www.asahq.org/asarc
Medical Student Delegation: www.asahq.org/msd
2006 May 5;252-302.
American Osteopathic College of Anesthesiologists: www.aocaonline.org
AMA residency programs: www.ama-assn.org/ama/pub/category/2997.html
D.O.-Online: www.do-online.org
[American Osteopathic Association website].

CHAPTER 14
A Day in the Life of an Anesthesiology Resident

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Hello. I’m Helen, and I’m a fourth-year anesthesiology resident. I’m the team captain tonight, which means I’ll be coordinating the anesthesia service in our hospital. I can sleep as late as I want this morning because my day won’t begin until 4 p.m. Nights can be busy, which is why I’m going to need the extra rest. When I arrive at the hospital, my first tasks are to report to the attending-in-charge, review the board that summarizes all the operating rooms still running and their estimated times for finishing, and to pick up the arrest beeper. There’s always an attending available to help or ask for advice and guidance, but as team captain, I’m in charge. After reviewing the board, I will make rounds in the PACU to receive sign-out from the PACU resident. By 8 or 9 p.m., most of the elective cases are wrapping up, leaving emergencies for the rest of the night.