Core Requirements Referencing a Preliminary Year

Anesthesiology

Int.C.1. Length of Program: A minimum of 48 months of graduate medical education is necessary to train a physician in the field of anesthesiology. Thirty-six months of the education must be in clinical anesthesia. The Review Committee and the Accreditation Council for Graduate Medical Education (ACGME) accredit programs only in those institutions that possess the educational resources to provide three years of clinical anesthesia education. The capability to provide the Clinical Base Year within the same institution is desirable but not required for accreditation. (Core)

Int.C.2. Program Design: The continuum of education in anesthesiology consists of four years of training, the Clinical Base Year (CBY) and 36 months of clinical anesthesia training (CA-1, CA-2, and CA-3 years). (Core)

Int.C.2.a) Clinical Base Year

Int.C.2.a).(1) One year of the resident’s total training must be the Clinical Base Year, which should provide the resident with 12 months of broad education in medical disciplines relevant to the practice of anesthesiology. (Core)

Int.C.2.a).(1).(a). These 12 months, which need not be contiguous, must be completed prior to the CA-3 year. (Core)

Int.C.2.a).(1).(b). The CBY usually precedes education in clinical anesthesia and should be completed before the resident begins the CA-2 year. (Detail)

Int.C.2.a).(2) If an accredited anesthesiology program offers this year of training, the Review Committee will verify that the content and oversight for the year are acceptable. If the year is judged to be in substantial compliance with the core requirements for the CBY (as defined below), the Review Committee will accredit the residency as a four-year program. When the CBY is approved as part of the accredited anesthesiology residency program, the program director must maintain oversight for all rotations on the services that are used for the CBY and must approve the rotations for individual residents. (Core)

Int.C.2.a).(3) When the resident obtains the CBY in another accredited program (e.g., a transitional year program or a PGY-1 experience in another specialty), the anesthesiology program director must ensure that the program receives from the CBY program director the resident’s written performance evaluation quarterly during the CBY. Acceptance into the CA-1 year depends on the resident demonstrating satisfactory abilities on these written evaluations. This requirement pertains to the resident who has been accepted into an anesthesiology program before starting the CBY. For information concerning residents who transfer from a residency in another specialty or from another anesthesiology residency, refer to Sec. III.C., Resident Transfers. (Core)

Int.C.2.a).(4) At least six months of the CBY rotations must include experience in caring for inpatients in internal medicine, pediatrics, surgery, or any of the surgical specialties, obstetrics and gynecology, neurology, family medicine, or any combination of these. In addition, there should be rotations in critical care and emergency medicine, with at least one month, but no
more than two months, devoted to each in the first 12 months of the program. Rotations should ensure continuity of teaching and clinical experience. Each month of education may be counted only once. For example, a rotation in a pediatric intensive care unit may count as either a month in pediatrics or a month in critical care medicine. (Core)

Int.C.2.a).(4).(a). As part of the CBY, during the first 12 months of the program up to one month may be taken in anesthesiology. (Detail)

Int.C.2.a).(5) The development of clinical skills and mature clinical judgment requires that residents be given responsibility, under proper supervision and commensurate with their ability, for decision-making and for direct patient care in all settings. The resident’s patient care responsibilities should include the planning of care, and the writing of orders, progress notes and relevant records, subject to review and approval by senior residents and attending physicians. (Core)

Int.C.2.a).(6) The resident should develop the following fundamental clinical skill competencies during the CBY: (Core)

Int.C.2.a).(6).(a) obtain a comprehensive medical history; (Outcome)
Int.C.2.a).(6).(b) perform a comprehensive physical examination; (Outcome)
Int.C.2.a).(6).(c) assess a patient’s medical conditions; (Outcome)
Int.C.2.a).(6).(d) make appropriate use of diagnostic studies and tests; (Outcome)
Int.C.2.a).(6).(e) integrate information to develop a differential diagnosis; and, (Outcome)
Int.C.2.a).(6).(f) implement a treatment plan. (Outcome)

Int.C.2.a).(7) Each clinical service on which the CBY resident rotates must provide written evaluation of the resident’s performance at the end of the rotation. The program director is responsible for reviewing these written evaluations on a quarterly basis. (Core)

Dermatology

III.A.1. Prior to appointment in the program, residents must have successfully completed a broad-based clinical year (PGY-1) in a program, accredited by the ACGME, or in such a program located in Canada and accredited by the Royal College of Physicians and Surgeons of Canada, in emergency medicine, family medicine, general surgery, internal medicine, obstetrics and gynecology, or the transitional year. (Core)

Diagnostic Radiology

Int.C.2. Clinical Year

Int.C.2.a) This year must consist of training accredited by the Accreditation Council for Graduate Medical Education (ACGME), the Royal College of Physicians and Surgeons of Canada (RCPSC), or equivalent organization in internal medicine, pediatrics, surgery or surgical specialties, obstetrics and gynecology, neurology, family medicine, emergency medicine, or any
combination of these. The clinical year may also comprise a transitional year accredited by the ACGME or equivalent organization. (Core)

Int.C.2.b) During the clinical year, elective rotations in diagnostic radiology must occur only in radiology departments with an ACGME-accredited diagnostic radiology residency program and cannot exceed two months. (Core)

Int.C.2.c) If the clinical year is offered by the institution of the core residency, and is not a standalone ACGME-accredited year, the program director will be responsible for ensuring the quality of the year. (Detail)

Int.C.2.d) The program director is responsible for verifying that the resident accepted into the diagnostic radiology program has successfully completed the clinical year. (Detail)

Endovascular Surgical Neuroradiology (NS, N, or DR)

III.A.2. The preliminary year in neuroradiology may be performed in the same institution as the endovascular surgical neuroradiology fellowship or in another institution with ACGME-accredited residencies in radiology, neuroradiology, neurosurgery, and neurology. For fellows who obtain preparatory training in another institution, documentation of completion of training must be provided by the neuroradiology program director for that institution. The endovascular surgical neuroradiology program director has the responsibility and authority to assess the adequacy of the preparatory training and to verify that all preliminary training requirements have been fulfilled. (Detail)

III.A.4.b) Fellows entering from neurosurgery should have completed a preparatory year of neuroradiology training which provides education and clinical experience. The preparatory year may occur during the neurological surgery residency and should include: (Outcome)

III.A.5.b) Fellows entering from neurology should have completed an ACGME-accredited one-year vascular/stroke neurology program that includes at least three months of neurointensive care; (Outcome)

III.A.5.d) Fellows entering from neurology should have completed a preparatory year of neuroradiology training, which provides education and clinical experience. (Outcome)

Nuclear Medicine

III.A.1. To be eligible for appointment to the program at the NM1 level, residents must have satisfactorily completed one year of graduate medical education in a program accredited by the ACGME or a program located in Canada and accredited by the Royal College of Physicians and Surgeons of Canada (RCPSC). (Core)

III.A.1.a) This year must include a minimum of nine months of direct patient care. (Core)
Ophthalmology

III.A.1. Prior to appointment in the program, all residents must have successfully completed a post-graduate clinical year (PGY-1) in an ACGME-accredited program, or in a program located in Canada and accredited by the Royal College of Physicians and Surgeons of Canada. (Core)

III.A.1.a) The PGY-1 must be in one of the following specialties: emergency medicine, family medicine, internal medicine, neurology, obstetrics and gynecology, pediatrics, surgery, or transitional year. (Core)

III.A.1.b) The program director must obtain a summative evaluation of each resident's PGY-1 education upon that resident's entry into the program. (Core)

Physical Medicine and Rehab

III.A.1. Prior to commencing the 36 months of physical medicine and rehabilitation education, a resident must have successfully completed 12 months of either ACGME-accredited education in fundamental clinical skills or Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited education in fundamental clinical skills in a residency program located in Canada. (Core)

Preventive Medicine

III.A.1. Prior to appointment in the program, residents must have successfully completed at least 12 months of clinical education in a residency program accredited by the ACGME, Royal College of Physicians and Surgeons of Canada, or the College of Family Physicians of Canada. (Core)

III.A.1.a) Resident experience must include at least 11 months of direct patient care in both inpatient and outpatient settings. (Core)

III.A.1.b) Residents should develop competency in the following fundamental clinical skills during this experience:

III.A.1.b).(1) obtaining a comprehensive medical history; (Detail)

III.A.1.b).(2) performing a comprehensive physical examination; (Detail)

III.A.1.b).(3) assessing a patient’s medical conditions; (Detail)

III.A.1.b).(4) making appropriate use of diagnostic studies and tests; (Detail)

III.A.1.b).(5) integrating information to develop a differential diagnosis; and, (Detail)

III.A.1.b).(6) developing, implementing, and evaluating a treatment plan. (Detail)
Radiation Oncology

IV.A.6.a) The first year of post-graduate clinical education must be spent in internal medicine, family medicine, obstetrics and gynecology, surgery or surgical specialties, pediatrics, or a transitional year program, and must include at least nine months of direct patient care in medical and/or surgical specialties other than radiation oncology. (Core)

Surgical Critical Care

III.A.2.a) Fellows who have completed an emergency medicine residency must also complete one preparatory year as an advanced preliminary resident in surgery at the institution where they will enroll in the surgical critical care fellowship. The content of this year should be defined jointly by the program directors of the surgery program and the surgical critical care program. It must include clinical experience in the foundations of surgery and the management of complex surgical conditions. At a minimum, this preparatory year of education must include supervised clinical experience in:

III.A.2.a).(1) pre-operative evaluation, including respiratory, cardiovascular, and nutritional evaluation; (Core)

III.A.2.a).(2) pre-operative and post-operative care of surgical patients, including outpatient follow-up care; (Core)

III.A.2.a).(3) advanced care of injured patients; (Core)

III.A.2.a).(4) care of patients requiring abdominal, breast, head and neck, endocrine, transplant, cardiac, thoracic, vascular, and neurosurgical operations; (Core)

III.A.2.a).(5) management of complex wounds; and, (Core)

III.A.2.a).(6) minor operative procedures related to critical care, such as venous access, tube thoracostomy, and tracheostomy. (Core)