

A Modification in the Training Requirements in Anesthesiology: Requirements for the Third Clinical Anesthesia Year

American Board of Anesthesiology

Preamble

Eleven years ago the American Board of Anesthesiology (ABA) increased the training requirements in anesthesiology from a minimum of two years after completion of the PGY-1 (or Clinical Base) year to a minimum of three years. The requirement for an additional year of training could be met in one of two ways: either as a Specialized Year, consisting of research training, clinical anesthesia training that is more advanced and specialized than the usual experience gained during the conventional 24 months of clinical anesthesia, or training in a related basic science or clinical discipline other than anesthesiology; or through one of three Alternate Pathways. These include two years of clinical practice in anesthesiology, training in a medical specialty related to anesthesiology, or receipt of a Ph.D. degree in a scientific discipline related to anesthesiology.

With the passage of time, it has become apparent to the ABA and to many of those responsible for the training of residents in anesthesiology that there is a distinct need to redefine how the 3 years of clinical training in anesthesia are to be structured. This document, prepared by a subcommittee of the ABA consisting of Robert M. Epstein, M.D., Richard J. Kitz, M.D., C. Philip Larson, Jr., M.D., and Robert K. Stoelting, M.D., and assisted by the other Directors, does that. With this communication, the American Board of Anesthesiology announces a modification in its requirements for entry into its examination and certification process. This change will begin May 1, 1984, and will be fully implemented May 1, 1986. The change restructures the form and content of the 4-year Continuum of Education in Anesthesiology which, at present, consists of a nonanesthesia year, two years of Clinical Anesthesia training, and the Specialized Year or the Alternate Pathways. When fully implemented, this change substitutes a third

year of clinical training in anesthesia in place of the Specialized Year and the Alternate Pathways.

With this modification, the total training time is not increased, but the amount of time devoted to advanced or specialty-oriented anesthesia under medical supervision is. Flexibility continues to be a prominent feature of the training requirements. The success of this modification will depend upon the willingness and ability of faculty and program directors, within the constraints of hospital and medical delivery systems, to develop a graded curriculum of increasing difficulty and learning that challenges the minds and skills of future generations who enter our training programs. The ABA is confident that our faculties and program directors will provide the innovation and direction that are needed.

Background

The ABA is responsible for establishing standards for specialists and for examining and certifying those who demonstrate their skills at a level appropriate to that of a consultant in anesthesiology. The ABA defines a consultant anesthesiologist as possessing adequate measures of knowledge, judgment, and skills for assuming independent responsibility for maintaining the highest level of patient care in anesthesia and for serving as the leader of the anesthesia care team. The examination and certification process of the ABA is based on the belief that a high degree of competence will minimize morbidity and mortality from anesthesia.

The ABA has described the model of anesthesia practice that is expected to be extant in the ensuing quarter century and a process to prepare practitioners to participate in the new health care environment.¹ In planning the future role of the consultant anesthesiologist, three concepts emerged. First, there has been growth in the knowledge base of the specialty, and this will continue. Second, there has been an increase in the variety and complexity of the clinical demands placed upon anesthesiologists, and this also will continue. Anesthesiologists must not only be highly knowledgeable and skilled in basic clinical anesthesia but also must possess advanced knowledge and skills in critical care medicine, regional anesthesia, and pain management, and the

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specialized aspects of anesthesia care for such disciplines as cardiovascular, neurologic, pediatric, and obstetric anesthesia and other anesthetic specialties. And third, the training program in clinical anesthesia must be so planned that the resident becomes skilled in all of these aspects of the specialty.

The ABA is persuaded by its own observation, and from extensive consultation and discussion with residency program directors, anesthesia faculty and others, that the opportunities for adequate grounding and experience in the basics of the specialty are not keeping pace with the advance of the specialty. Modifications in training requirements are needed if candidates are to meet the objectives described in the ABA model of quality care. Therefore, the ABA announces a modification in training requirements that restructures the 4-year Continuum of Education in Anesthesiology so as to assure the development of necessary skills in clinical anesthesia while in a medically directed teaching environment. The clinical anesthesia curriculum is designed to provide flexibility in meeting the present and future needs of the consultant in anesthesiology as well as providing an opportunity to emphasize a particular aspect of the specialty in education and practice.

The intention of the ABA is to provide a program that allows adequate experience in the many anesthetic subdisciplines in order to permit the development of basic clinical skills in each following the development of the skills central to overall anesthetic practice. Emphasis is intended not only on the need for additional time for didactic education of the resident but also on the coexisting needs to respond to the expanded scope of the specialty and to enhance the quality, intensity, and sophistication of the clinical instruction and experience provided. Increased emphasis on the relationship of clinical work to the scientific foundations of the specialty, rather than simple emphasis on technical skills, should occur. To accomplish this presents a significant challenge and added responsibility to each program and its faculty.

Future Requirements

There will continue to be a 4-year Continuum of Education in Anesthesiology. It will include 1 year of nonanesthesia clinical training (Clinical Base Year) and 3 years of Clinical Anesthesia training (CA-1, CA-2, and CA-3).

As currently described,² the Clinical Base Year will continue to be earned in programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) or, in Canada, in an institution approved by the Royal College of Physicians and Surgeons.

Residents beginning the CA-1 year on or after May 1, 1986, will be required to complete 3 years of Clinical Anesthesia training (CA 1-3) as a condition of acceptance

into the examination system of the ABA. In contrast to the present, credit toward eligibility for acceptance into the examination system will only be given for time spent in accredited residency programs or in graduate education. There will be no credit for an Alternate Pathway based on practice experience. Entrance into the written examination will occur upon completion of the Continuum (and fulfillment of the other existing criteria for entry into the examination system), and the oral examination will occur no less than 6 months after successful completion of the written examination.

The three year Clinical Anesthesia Curriculum (CA 1-3) will consist of experience in 1) Basic Anesthesia Training; 2) Subspecialty Anesthesia Training; and 3) Advanced Anesthesia Training. The totality of all clinical anesthesia experiences is encompassed in the phrase "comprehensive anesthesia assignments." The comprehensive anesthesia assignments cannot be completed in more than two ACGME accredited programs in anesthesiology and their affiliates. When the duration of a specific component of training is specified (see numbers 1-3 below), at least this length of time must be spent on that component in one program.

1. BASIC ANESTHESIA TRAINING

Experience in Basic Anesthesia Training is intended to emphasize basic and fundamental aspects of the management of anesthesia. It is recommended that at least 12 months of the CA-1 and CA-2 years be spent in Basic Anesthesia Training, with a majority of this time occurring during the CA-1 year.

2. SUBSPECIALTY ANESTHESIA TRAINING

Subspecialty anesthesia experiences are required in order to emphasize the theoretic background, subject material, and practice of subdisciplines of anesthesiology. These subdisciplines include obstetric anesthesia, pediatric anesthesia, cardiothoracic anesthesia, neuroanesthesia, anesthesia for outpatient surgery, recovery room care, regional anesthesia, and pain management. It is recommended that these experiences be in the form of subspecialty rotations and that they occupy 7-12 months of the CA-1 and CA-2 years. The sequencing of these rotations in the CA-1 and CA-2 years is left to the discretion of the Program Director.

In addition to the above requirements for subspecialty experiences, two months of training in the subspecialty of critical care medicine are required at some time during the Clinical Anesthesia years.

3. ADVANCED ANESTHESIA TRAINING

Experience in Advanced Anesthesia Training constitutes the CA-3 year. The resident and Program Director

in collaboration will select one of the three tracks designated as the a) Advanced Clinical Track; b) Subspecialty Clinical Track; or c) Clinical Scientist Track. Regardless of the track selected, residents in the CA-3 year should expect to be assigned to the more difficult or complex anesthetic procedures or to the most seriously ill patients.

a. Advanced Clinical Track: Residents in this track will be expected to complete a minimum of 6 months of experience in advanced and complex comprehensive anesthesia assignments. The remaining 6 months may be spent in one to three selected subspecialty rotations or, alternatively, additional advanced experience in comprehensive anesthesia assignments may be selected.

b. Subspecialty Clinical Track: Residents in this track will be expected to complete 9–12 months experience in one subspecialty rotation along with up to 3 months of advanced experience in comprehensive anesthesia assignments. Alternatively, 6 months experience in each of two subspecialty rotations may be selected. Such rotations may include some time assigned to medical or surgical activities directly related to the anesthetic subspecialty.

c. Clinical Scientist Track: Residents in this track will be expected to complete 6 months of advanced experience in comprehensive anesthesia assignments or, alternatively, in one selected anesthesia subspecialty rotation. The remaining 6 months will be devoted to laboratory or clinical investigation.

Credit for Nonanesthesia Training

Credit for 6 months toward the CA-3 year may be granted for Board certification in a specialty recognized by the American Board of Medical Specialties, or for a Ph.D. degree in appropriate disciplines of relevance to anesthesiology.

Requests for approval of CA-3 year credit for nonanesthesia training will be considered on an individual basis by the Credentials Committee of the ABA following 1) written request of the resident for such credit; 2) verification of Board certification or of the Ph.D. degree and its discipline; and 3) recommendation by letter from the current anesthesiology Program Director. The Program Director may recommend only partial credit, thus

preserving the alternative of requiring more than 6 months of clinical anesthesia training in the CA-3 year.

The maximum amount of credit granted toward the CA-3 year for nonanesthesia training occurring prior to the CA-1 year or during the CA-3 year is 6 months. Residents seeking such credit may pursue the Advanced Clinical Track, the Subspecialty Clinical Track, or the clinical component, but not the laboratory or clinical investigation component of the Clinical Scientist Track, for the remaining portion of the CA-3 year.

Transition Period

The ABA recognizes the need for a period of transition to permit a nondisruptive implementation of the new requirements of the CA-3 year and therefore will initiate a 2-year transition period that will begin May 1, 1984. Effective May 1, 1984, Program Directors will be free to implement any portion of the new program appropriate to their individual institutions. The full implementation of the program will be in effect for residents beginning the CA-1 year on or after May 1, 1986. Questions regarding the transition period circumstances of specific applicants or programs should be reviewed and approved by the Credentials Committee of the ABA in advance of their implementation.

Summary

In order to continue to enhance the educational quality of residency training in anesthesiology and ultimately to improve patient care, the American Board of Anesthesiology has adopted a modification in the curriculum for the 4-year Continuum of Education in Anesthesiology to provide for a CA-3 year replacing the Specialized Year and the Alternate Pathways. This CA-3 year will be required for residents beginning their CA-1 year of training on or after May 1, 1986. There will be a 2-year transition period beginning May 1, 1984, to facilitate its implementation.

References

1. American Board of Anesthesiology: Quality anesthesia care: A model of future practice in anesthesiology. *ANESTHESIOLOGY* 47:488–489, 1977
2. Booklet of Information, American Board of Anesthesiology, 1984