ELIGIBILITY AND SELECTION POLICIES

RESIDENT RECRUITMENT POLICY

Aim
The aim of the University of Washington Anesthesiology Department Resident Recruitment Policy is to recruit physicians who have the ability to become competent anesthesiologists and who want to become skilled in the care of perioperative patients with a focus on critical care, pain medicine, patient safety and research.

The Department follows to the GME Eligibility and Selection Policy all prospective residents should review this policy which can be reviewed at:


The Resident Recruitment Committee
The Resident Recruitment Committee (RRC) coordinates the Recruitment of medical students and other suitably trained individuals for the anesthesiology training program. The Program receives upwards of 1200 hundred applications every year. Applications are only accepted via the ERAS system.

Members of the RRC screen applications in September and October each year, and invitations to interview are sent out in October and early November for the main interview season. The Department of Anesthesiology is a full participant in the National Residency Match Process (NRMP). All of the training positions are filled through the NRMP.

International Medical Graduates
The program accepts applications from International medical graduates provided they have the ECFMG qualification and they have undertaken active clinical practice in the USA. Evaluations of performance during their US clinical experience will be required. International medical graduates who apply to the program are required to have the appropriate visas, per GME policy.

Interview Process
Approximately 200 applicants are invited for interview between October and February each year.
To determine which applicants are invited for interview, members of the RRC review all the completed application files in the ERAS system. Applicants are selected for interview based on their academic and non-academic achievements, their Medical School Performance Evaluation letter, their personal statement, curriculum vitae and letters of recommendation from other individuals.

The interview process includes individual conversations with two members of the recruitment committee. Each interviewer assigns the applicant a score based on a number of objective characteristics. The average of this interview score determines the final ranking of the applicants. The chief residents are included as members of the recruitment committee and provide important information about the program to the interviewees and valuable insights about candidates to the committee. The chief residents host a welcome reception the evening before the interviews for current residents, interviewees and their partners. This is an excellent opportunity for candidates to learn more about the program in a relaxed and informal manner. Applicants expressing an interest in subspecialty training and research activity can arrange to meet particular faculty members with similar interests. Complete
information about the program is available on the department website or from Louena Goodwin in the anesthesiology residency office, 206 543 2773.

**Appointment to the Residency Program**
Residents must meet all the requirements outlined in the UW Anesthesiology Department’s “Essential Requirements” to be eligible for initial appointment and annual reappointment to the residency program.
ESSENTIAL REQUIREMENTS

The UW Anesthesiology Residency Program has defined “Essential Requirements” for the more technical areas of anesthetic practice. These requirements are in addition to are the ABA and program academic standards and the ACGME competencies and Milestones. These include: intellectual, sensory, motor, behavioral and social aspects of physician performance. The resident must be able to function independently in his/her care and interactions with patients, i.e. without the use of a surrogate (communication with patients and their families via an interpreter would be the only exception to the need for a surrogate).

A resident must be able to meet all the “essential requirements” to participate in the training program and to care for patients. If necessary a formal medical evaluation may be required to determine whether or not the resident can meet these requirements.

Intellectual Standards
These include conceptual, interactive, and quantitative abilities for problem solving and diagnosis.

1. The resident must demonstrate abilities in information acquisition and be able to master information presented in course work through lectures, written material, projected images, and other forms of medial and web-based presentations.
2. The resident must have the cognitive abilities necessary to master relevant content in basic science and clinical courses at a level deemed appropriate by the faculty. These skills may be described as the ability to comprehend, memorize, analyze and synthesize material.
3. The resident must be able to discern and comprehend dimensional and spatial relationships of structures, and be able to develop reasoning and decision-making skills appropriate to the practice of medicine.
4. The resident must have the ability to take a medical history and perform a physical examination; such tasks require the ability to communicate with the patient.

Sensory Standards
The resident must be capable of:

1. Perceiving the signs of disease as manifested through the physical examination. Such information is derived from images of the body surfaces, palpable changes in various organs, and auditory information (patient voice, heart tones, bowel and lung sounds).
2. Discerning skin, subcutaneous masses, muscles, joints, lymph nodes, and intra-abdominal organs (for example, liver and spleen).
3. Perceiving the presence or absence of densities in the chest and masses in the abdomen.
4. Assimilating information from radiological and other imaging modalities.
5. Discriminating information displayed on patient monitors from a distance of up to 6-8 feet.
6. Detecting, understanding and responding to spoken words and requests from patients or other care providers.
7. Detecting, understanding and responding to spoken words and commands in the operating rooms, clinics, wards and critical care units during routine, urgent and emergent situations.
8. Detecting, discriminating and understanding patient monitor alarms in a moderately noisy operating room, clinic, ward or critical care unit.

**Motor Standards**
The practice of anesthesiology requires a certain levels of physical ability. Residents must be able to perform the following activities independently.

1. Take “in-house” call every third night for a limited period, every fourth night for more prolonged periods and/or night shift for a period of up to 6 consecutive nights. The maximum continuous in-house shifts maybe up to 28 hours.
2. Perform modest lifting at the height of a typical operating room stretcher including (but not limited to) controlling a patient’s head during patient transfer, lifting bags of intravenous fluid and blood to the top of an IV pole, lifting and carrying infusion pumps, portable ventilators and other transport equipment).
3. Make sudden and rapid unanticipated movements to protect a patient including (but not limited to) reaching to support a patient’s limb that is sliding from a stretcher).
4. Stand for prolonged periods at a time to carry out a variety of anesthesia-related tasks including (but not limited to) inducing anesthesia, observing procedures over the surgical drapes at critical points in the surgery, participating in ward rounds.
5. Walk, pushing a patient stretcher for long distances (e.g. moving patients from patient holding areas to the operating rooms and back to the post-anesthesia care facility, moving patients to and from critical care units which may be distant from the OR).
6. Kneel, bend, stoop, crouch and reach to a height of 6-7 feet to carry out a variety of anesthesia related tasks including (but not limited to) check IV and monitoring lines below the level of the operating room table, to place intravenous fluid bags on IV poles).
7. Respond to cardiac arrests and urgent calls in a timely fashion (e.g. running or walking quickly to any floor in the hospital, at times, without the aid of the elevators).
8. Assume unusual positions while caring for patients in operating rooms, wards or in the ICUs (e.g. lying on the floor to intubate patients who have experienced cardiac arrest,
leaning over equipment at the head of the patient beds to intubate a patient or place a central line).

9. Possess sufficient strength and manual dexterity to carry out a variety of anesthesia related tasks including (but not limited to) support an airway, provide bag mask ventilation, hold a laryngoscope, intubate a patient, place intravenous, intra-arterial and central venous catheters, perform epidural, spinal and regional anesthetic techniques with competence and due care for patient safety.

Behavioral and Social Standards
Residents must:

1. Be able to arrive at their work location ready and prepared for work by 6:30 am daily and in some circumstances earlier to attend academic conferences or prepare rooms for more complex procedures (e.g. cardiothoracic or neuro anesthesia).

2. Residents must be able to remain at their work location until at least 17:00 pm daily and later as call or patient care duties require. (Residents should refer to the ACGME duty hours policy for the maximum expected work hour requirements).

3. Be able to provide patient care for prolonged periods with the understanding that patient care requirements may mean that they might not be able to be take a break from their duties exactly when they require it. (Residents will be provided with appropriate breaks for refreshment and other activities during the course of a working day; however patient care requirements may mean that breaks are not provided at exactly the same time each day or when is convenient to the resident).

4. Possess the emotional stability to function effectively under stress and to adapt to an environment that may change rapidly without warning and/or in unpredictable ways.

5. Understand the basis and content of medical ethics within the settings in which he/she is caring for patients. He/she must possess attributes, which include compassion, empathy, altruism, integrity, responsibility, and tolerance.

6. Respond to all pager or telephone calls promptly during a period of duty.

7. Provide contact telephone numbers and a contact address for use in emergencies, including failure of a resident to report for duty when expected. (This information will be kept confidential).

8. Refrain from the use of alcohol, sedatives, narcotics and any other substances that may impede clinical care and judgement within 8 hours of reporting to work and throughout the clinical shift.

9. Maintain standards of dress and personal hygiene that are appropriate and respectful towards the patients and staff with whom they interact.
EXAMINATION POLICIES

One of the goals of the UW Anesthesiology Residency Program is to provide residents with opportunities to study for and pass the American Board of Anesthesiology certification examinations. To facilitate this process the program requires that residents undertake and pass the following examinations.

USMLE STEPS 1, 2 & CS
All residents accepted into the program at either the Clinical Base year or the CA1 stage must have passed the USMLE steps 1 and 2 and the clinical skills examination. All applicants for residency training must submit their USMLE step 2 scores (if not already in ERAS) to the program prior to the match -or notify the program if they are still to take the step 2 examination at the time of the match. The COMLEX examination may be taken instead of the USMLE examination. Residents must notify the program if they fail any of these examinations prior to starting residency.

USMLE Step 3
All residents should attempt the USMLE Step 3 (or COMLEX equivalence) before they enter the CA-1 year. All residents are expected to have passed USMLE Step 3 by December 31, of their CA-1 year (6 months before they enter the CA2 year).
In compliance with the Anesthesiology Medical knowledge Milestone #1, residents cannot advance to the mid-level (CA2) training year until they have passed USMLE / COMLEX step 3.
Residents are responsible for submitting their USMLE results to the program coordinator to provide documentation that they have passed their examinations.
The UW GME policy requires that all residents PASS the USMLE step 3 by December 31, of the PGY3 (R3) (CA2) year. (or at least 6 months before the beginning of the CA3/R4 year). Residents who do not pass the Step 3 by December 31 of the CA2/R3 year will not be promoted to the next level of training, and may risk non-renewal of their residency position.
The Department of Anesthesiology does NOT grant residents extra time off to take the USMLE examinations, this must be done during residents’ own vacation time.

Anesthesia Knowledge Test (AKT)
The AKT examinations are taken at 1, and 24 months of training. The time for taking these examinations is flexible. Residents are required to take the examinations as an indication of progress being made in medical knowledge. There is no minimum performance standard for this exam: rather, residents are expected to use their performance on the AKT to help them plan their approach to studying for the ITE and Basic Exams.

ABA In-training Examination (ITE)
The ITE is held annually in Feb. ALL residents including the CBY residents (interns) are required to take the In-training examination. The examination is not repeated. All residents will be given time off from clinical duties the evening before and on the day of the examination. Residents will report for duty again once they have completed the examination.
In compliance with the Anesthesiology Medical knowledge Milestone #1 residents need to achieve a program-defined score on the ABA-In-training Examination to progress to the next training level.
For ALL residents this is at or above the 10th percentile.
Residents who do not achieve these performance milestones will be presented for review at the next CCC meeting, and will be required to undertake formal remediation as defined by the CCC.
Failure to achieve an ITE score above the 10th percentile in two consecutive years:
   A. May be placed on “academic probation”
   B. May not be promoted to the next level of training
   C. Will risk NOT having their residency position agreement (RPA) renewed for the next training year (i.e. for the CA3 year)
      a. RPA non-renewal for consecutive unsatisfactory performances on the ITE examination will be determined on an individual basis by the CCC. The resident’s performance in other competency areas, any unusual personal circumstances and the resident’s willingness to participate in the required remediation process will all be taken into account when the “renew /non-renew” decision (for unsatisfactory ITE performance) is made.

ABA Staged Examination System
The ABA certification examination is a “staged” examination. This will include:
   · BASIC examination (previously Part 1) - administered at the end of the CA1 year (June) and six monthly thereafter
   · ADVANCED Examination, administered after graduation from training
   · APPLIED Examination (previously Part 2 “oral”) which will include 2 components the Standard Oral Exam (SOE) and an Objective Structured Clinical Exam (OSCE), taken after graduation and once the advanced exam is passed.
ABA candidates who complete residency on or after June 30, 2016 will be in the new Staged Examination system
   · Residents who have completed 18 months of satisfactory training are eligible to take the BASIC Examination.
   · A resident may continue taking the BASIC examination as long as s/he is enrolled in an ACGME-approved anesthesia residency training program.
(BOI-Staged exams-2016- 2.02 C(3) pg 13.)

Program Policy Regarding Study for the ABA Basic Exam
The ABA places the Basic Examination part way through residency to ensure that residents develop a deep, broad knowledge of anesthesia at the same time as they are developing clinical skills. This is what is required of a “consultant” in anesthesia. The ability to practice clinically and maintain the knowledge base required to become certified by the American Board of Anesthesiology (ABA) is an aspect of professionalism that the program expects of it’s residents. It is also an expectation of the ABA that their diplomates maintain an expert knowledge base throughout their professional careers. This knowledge is assessed in the Maintenance of Certification process. Part of residency training is learning how to maintain a strong knowledge base at the same time as practicing clinically. The program therefore expects residents to pass the Basic exam whilst engaged in clinical practice and to develop appropriate study habits to do this.
The program does not grant study leave to residents in order to study for the Basic exam. In the case of a resident who needs to re-take the examination the program will work with the individual to optimize the balance of clinical work and study time but long blocks of study leave will not be granted.

Resources to Assist Study for the Basic Exam
A number of resources including “the Learnly” web-based daily curriculum, Open Anesthesia question bank, the program’s own resources of questions and reading material linked to the basic exam syllabus and consultation with GME Learning specialist (Accessible via the GME Wellness program)

ABA requirements state that “A resident who fails the BASIC Examination for the first time may take the Examination again at the next opportunity. A resident who fails the BASIC Examination a second time will automatically receive an unsatisfactory for the Clinical Competence Committee (CCC) reporting period during which the examination was taken. After a third failed attempt at the BASIC Examination, a resident will be
required to complete 6 months of additional training. After a fourth failed attempt a resident will be required to complete an additional 12 months of residency training. Continuation of residency training is at the discretion of the individual training program."

A resident may take the BASIC Examination every six months when the examination is offered (June and December). A resident cannot graduate from residency training without passing the BASIC Examination.

UW Anesthesiology Program Policy for Residents failing the BASIC Examination
The UW program will comply with ABA reporting requirements for residents who fail the BASIC examination as described above, however, the ABA states “that continuation of training is at discretion of the individual program” and therefore the UW training program will take the following actions:

A. Residents who fail the BASIC examination on the first attempt will be required to undertake formal remediation and will be automatically placed on a “focus of Concern” by the CCC. Residents are expected to be proactive about the remediation process
B. Residents who fail the BASIC examination on the second attempt or who fail to take the examination at the next available opportunity (except in extenuating circumstance-usually medical reasons):
   a. Will automatically be placed on “academic probation”
   b. May not be promoted to the next level of training
   c. Will risk NOT having their residency position agreement (RPA) renewed for the next training year (i.e. for the CA3 year)
      i. RPA non-renewal for failure of the BASIC examination on the second attempt will be determined on an individual basis by the CCC. The resident’s performance in other competency areas, any unusual personal circumstances and the resident’s willingness to participate in the required remediation process will all be taken into account when the “renew/non-renew” decision (for BASIC examination failure) is made.
      ii. If the RPA is renewed after a second BASIC examination failure the period of RPA renewal will be for 6 months only and continuation in the program will be contingent on the resident passing the BASIC examination at the third attempt.

Residents should review the ABA booklet of information about the staged examinations http://www.theaba.org/pdf/StagedExaminations-BOI.pdf
and the ACGME Milestones for full details of the ABA examinations and Milestone requirements. http://www.acgme.org/acgmeweb/Portals/0/PDFs/Milestones/AnesthesiologyMilestones.pdf