



ACGME International

**Advanced Specialty Program Requirements for
Graduate Medical Education
in the Transitional Year**

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I. Introduction

I.A. Definition and Scope of Specialty

The objective of the transitional year is to provide a well-balanced program of graduate medical education in multiple clinical disciplines designed to facilitate the choice of and preparation for a specific specialty. The transitional year must be designed to fulfill the educational needs of medical school graduates who:

- I.A.1. have chosen a career specialty for which the categorical program in graduate medical education has, as a prerequisite, one year of fundamental clinical education (this education may also contain certain specific experiences for development of desired skills);
- I.A.2. desire a broad-based year to assist them in making a career choice or specialty selection decision;
- I.A.3. are planning to serve in public health organizations or on active duty in the military as general medical officers or primary flight/undersea medicine physicians; or,
- I.A.4. desire or need to acquire at least one year of fundamental clinical education before entering administrative medicine or non-clinical research.

I.B. Duration of Education

- I.B.1. The education in the transitional year must be 12 months in length.

II. Institutions

II.A. Sponsoring Institution

- II.A.1. The transitional year program must be offered by an institution conducting two or more residency programs accredited by and in good standing with the Accreditation Council for Graduate Medical Education International (ACGME-I).
 - II.A.1.a) One of the ACGME-I residency programs must be in a discipline that provides fundamental clinical skills training in emergency medicine, family medicine, internal medicine, obstetrics and gynecology, pediatrics, or general surgery.

II.B. Participating Sites

See International Foundational Requirements, Section I.B.

III. Program Personnel and Resources

III.A. Program Director

III.A.1. The program director must forward performance evaluations of residents accepted into an advanced specialty residency to the specialty program director following completion of the transitional year.

III.A.2. The program director must verify the resident has demonstrated sufficient competence and has successfully completed the transitional year residency.

III.B. Faculty

See International Foundational Requirements, Section II.B.

III.C. Other Program Personnel

III.C.1. The Transitional Year Education Committee (TYEC) must be appointed and have major responsibility for conducting and monitoring the activities of the transitional year program.

III.C.1.a) The TYEC must be convened by the Sponsoring Institution at least four times in an academic year.

III.C.1.b) The membership of this committee should include:

III.C.1.b).(1) the transitional year program director;

III.C.1.b).(2) program directors (or designees) of disciplines regularly included in the curriculum;

III.C.1.b).(3) the Chief Executive Officer (CEO) (or designee in hospital administration) of the Sponsoring Institution; and,

III.C.1.b).(3).(a) The CEO or the designee must not be the transitional year program director.

III.C.1.b).(4) peer-selected residents, one of whom must be a current transitional year resident.

III.C.2. The TYEC must:

III.C.2.a) ensure adequate resources for the didactic and clinical curriculum prescribed. This includes monitoring the adequacy in number of patients, variety of illnesses, educational materials, teaching/attending physicians, and financial support;

- III.C.2.b) ensure residents are educated in high-quality medical care based on scientific knowledge, evidence-based medicine, and sound teaching by qualified educators;
- III.C.2.c) ensure educational opportunities are equivalent to those provided to first-year residents in the categorical programs in which transitional year residents participate;
- III.C.2.d) review the residents' assessments of each rotation on a bi-annual basis;
- III.C.2.e) review the curriculum each academic year to ensure the educational program is current and relevant;
- III.C.2.f) review ACGME-I letters of accreditation for residency programs through which TY residents rotate, and monitor areas of non-compliance;
- III.C.2.g) review the responsibilities of the TYEC at least one a year; and,
- III.C.2.h) maintain a record of those in attendance and actions taken.

III.D. Resources

- III.D.1. Pathology, radiology, and nuclear medicine facilities must exist at the primary clinical site.
 - III.D.1.a) These facilities must be directed by qualified physicians who are committed to medical education and to providing competent instruction to the transitional year residents when patients require these diagnostic and/or therapeutic modalities.

IV. Resident Appointments

IV.A. Eligibility Criteria

See International Foundational Requirements, Section III.A.

IV.B. Number of Residents

- IV.B.1. The program must have at least four residents in training.

V. Specialty-Specific Educational Program

V.A. Regularly Scheduled Didactic Sessions

- V.A.1. The teaching and supervision of transitional year residents must be the same as that provided residents in the participating categorical programs.

- V.A.1.a) The planned educational experiences may be part of the curriculum for categorical residents, as long as the content is applicable to the transitional year residents' learning needs.
- V.A.1.b) On those rotations not providing clinical experience in fundamental clinical skills, such as electives and subspecialty rotations, residents should participate in planned didactic experiences that correspond to the clinical experience.
- V.A.2. Residents must have planned educational experiences that occur on each block rotation throughout the academic year, and in which all didactic curriculum disciplines must participate.
- V.A.3. Rotations designated as providing fundamental clinical skills should have planned educational experiences that complement and enhance the clinical experience.

V.B. Clinical Experiences

- V.B.1. All required rotations must be taken in an ACGME-I-accredited program.
- V.B.2. Residents should have rotations offering fundamental clinical skills that are at least four continuous weeks in duration to ensure reasonable continuity of education and patient care.
- V.B.3. No more than eight weeks of transitional year rotations may be taken away from the institution and its affiliates.
- V.B.4. Residents must have at least a four week rotation (minimum of 140 hours) in emergency medicine under the supervision of qualified faculty within the sponsoring institution or an affiliated site.
- V.B.5. All residents should have a structured ambulatory clinical experience within a primary care specialty's ambulatory settings at the Sponsoring Institution or participating sites.
- V.B.5.a) The ambulatory experience should provide at least 140 hours of documented experience and may consist of a four week block or be divided into lesser periods of time, no shorter than half-day sessions.
- V.B.5.b) Faculty physicians' offices, walk-in/urgent care clinics, and neighborhood health clinics may be used for these experiences.
- V.B.5.c) During the ambulatory clinic sessions, arrangements should be made to minimize interruptions of the residents' experiences by duties with inpatient services.
- V.B.6. Residents must have at least 24 weeks of their curriculum in a discipline or disciplines that offer fundamental clinical skills in the primary

specialties of emergency medicine, family medicine, internal medicine, obstetrics and gynecology, pediatrics, or general surgery.

V.B.6.a) Subspecialty experiences, with the exception of critical care unit (CCU) experiences, do not meet fundamental clinical skills curriculum requirements.

V.B.6.b) Residents must have no more than eight weeks of training designated to nonclinical patient care experience, such as research, administration, and computer science.

V.B.7. Residents must have at least eight weeks of electives, which may not include vacation time. Elective rotations should be determined by the educational needs of the individual resident.

V.B.8. Residents must have the opportunity to participate in the evaluation and management of the care of all types and acuity levels of patients who present to an institution's emergency department. The transitional year residents must have first-contact responsibility for these patients.

V.C. Residents' Scholarly Activities

See International Foundational Requirements, Section IV.B.

V.D. Duty Hour and Work Limitations

See International Foundational Requirements, Section VI.

VI. ACGME-I Competencies

VI.A. Patient Care

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents must demonstrate proficiency in:

VI.A.1. obtaining a comprehensive medical history;

VI.A.2. performing a comprehensive physical examination;

VI.A.3. assessing patient problems;

VI.A.4. making appropriate use of diagnostic studies and tests;

VI.A.5. integrating information to develop a differential diagnosis; and,

VI.A.6. implementing a treatment plan.

VI.B. Medical Knowledge

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.

- VI.B.1 Residents must demonstrate knowledge of the scientific method of problem solving and evidence-based decision making.

VI.C. Practice-based Learning and Improvement

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. Residents are expected to develop skills and habits to be able to meet the following goals:

- VI.C.1. identify strengths, deficiencies, and limits in one's knowledge and expertise;
- VI.C.2. set learning and improvement goals;
- VI.C.3. identify and perform appropriate learning activities;
- VI.C.4. systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;
- VI.C.5. incorporate formative evaluation feedback into daily practice;
- VI.C.6. locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;
- VI.C.7. use information technology to optimize learning; and,
- VI.C.8. participate in the education of patients, families, students, residents, and other health professionals.

VI.D. Interpersonal and Communication Skills

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to:

- VI.D.1. communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
- VI.D.2. communicate effectively with physicians, other health professionals, and health-related agencies;

- VI.D.3. work effectively as a member or leader of a health care team or other professional group;
- VI.D.4. act in a consultative role to other physicians and health professionals; and,
- VI.D.5. maintain comprehensive, timely, and legible medical records, if applicable.

VI.E. Professionalism

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

- VI.E.1. compassion, integrity, and respect for others;
- VI.E.2. responsiveness to patient needs that supersedes self-interest;
- VI.E.3. respect for patient privacy and autonomy;
- VI.E.4. accountability to patients, society, and the profession; and,
- VI.E.5. sensitivity and responsiveness to a diverse patient population, including to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

VI.F. Systems-based Practice

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:

- VI.F.1. work effectively in various health care delivery settings and systems relevant to their clinical specialty;
- VI.F.2. coordinate patient care within the health care system relevant to their clinical specialty;
- VI.F.3. incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;
- VI.F.4. advocate for quality patient care and optimal patient care systems;
- VI.F.5. work in interprofessional teams to enhance patient safety and improve patient care quality; and,
- VI.F.6. participate in identifying system errors and implementing potential systems solutions.