

RESIDENT Eligibility and Selection 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 the GME Eligibility and Selection Policy. All prospective residents should review this policy on the UW GME website.

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. Applications are 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 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 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 must be eligible to work in the United States.

Interview Process

Applicants are invited to interview between October and January 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 interviews 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 formal presentations about the training program, formal individual conversations with members of the recruitment committee, and informal meetings with current residents. The chief residents are included as members of the recruitment committee. They 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 faculty members with similar interests. Complete information about the program is available on the department website.

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

DESCRIPTION: 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).

INTENT: 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 coursework 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 level 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, and 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 of an airway, providing bag mask ventilation, holding a laryngoscope, intubating a patient, placing 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 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 judgment 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.