Developing Perioperative Physicians

To the Editor:

In their call for action, Kain et al. advocate for changing the name of the specialty of Anesthesiology to Anesthesiology and Perioperative Medicine. In addition, they propose modifying the structure of training in this field to increase the number of out-of-the-operating room rotations and lengthening the duration of residency training in order to better prepare individuals to provide high-quality care before and after, as well as during, administration of anesthesia.

However, an additional option already exists in this regard. Medical school graduates can enter programs that offer combined training in internal medicine or pediatrics, as well as anesthesiology, leading to eligibility for certification by the American Board of Internal Medicine or the American Board of Pediatrics. This can be accomplished in 5 yr, rather than taking 6 yr, which would be necessary if a residency in internal medicine or pediatrics was completed separately before training in anesthesiology commenced. A limited number of programs currently offer this combined training, but more would undoubtedly develop should the demand exist. Interestingly, the first individual to enter one of these combined programs (in pediatrics and anesthesiology) graduated this June and has begun fellowship training (in pediatric anesthesiology). Several other individuals are currently in various stages of combined training programs around the country.

Training in a primary care specialty addresses several of the competencies proposed for the Perioperative Surgical Home. Combined residency training could help anesthesiologists become more comfortable and skilled in caring for patients, frequently with chronic and complex medical conditions, preoperatively in clinics and postoperatively in recovery areas, hospital wards, and even after discharge, as well as during anesthesia. Graduates of these programs should also be well prepared to serve as leaders of the Perioperative Surgical Home.

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Competing Interests

The author was a Director of the American Board of Anesthesiology (Raleigh, North Carolina) from 2000 to 2012 and the author's viewpoint and not that of the American Board of Anesthesiology. The author was a Director of the American Board of Anesthesiology (Raleigh, North Carolina) from 2000 to 2012 and the author's viewpoint and not that of the American Board of Anesthesiology. However, the opinions expressed in this letter reflect solely the author's viewpoint and not that of the American Board of Anesthesiology.

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References


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