PROGRAM REQUIREMENTS FOR THE TRANSITIONAL YEAR

COMMON PROGRAM REQUIREMENTS APPEAR IN BOLD. SECTIONS OF TEXT THAT ARE NOT BOLDED ARE SPECIALTY SPECIFIC REQUIREMENTS.

I. Introduction

A. Purpose of a Transitional Year

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/or preparation for a specific specialty. The transitional year is not meant to be a complete graduate education program in preparation for the practice of medicine.

The transitional year must be designed to fulfill the educational needs of medical school graduates who

1. have chosen a career specialty for which the categorical program in graduate medical education has, as a prerequisite, 1 year of fundamental clinical education, which may also contain certain specific experiences for development of desired skills; or
2. have not yet made a career choice or specialty selection and desire a broad-based year to assist them in making that decision; or
3. are planning to serve in organizations such as the public health service or on active duty in the military as general medical officers or primary flight/undersea medicine physicians prior to completing a program in graduate medical education; or
4. desire or need to acquire at least 1 year of fundamental clinical education prior to entering a career path that does not require broad clinical skill, such as administrative medicine or nonclinical research.

The sponsoring institution and the transitional year program must demonstrate substantial compliance with both the Institutional Requirements of the *Essentials of Accredited Residencies* and the Program Requirements that follow.

B. Duration and Content of Program

1. The duration of the transitional year program must be 1 year (12 calendar months).
2. At least 24 weeks of each resident's curriculum must be provided by a discipline or disciplines that offer fundamental clinical skills, that is, emergency medicine, family practice, internal medicine,

obstetrics/gynecology, pediatrics or surgery.

3. Other rotations should be a minimum of 4 weeks in duration to ensure reasonable continuity of education and patient care.

II. Institutional Support

A. Sponsoring institution

One sponsoring institution must assume the ultimate responsibility for the program as described in the Institutional Requirements, and this responsibility extends to resident assignments at all participating institution.

1. The transitional year program must be offered by an institution and its affiliate(s) conducting two or more Accreditation Council for Graduate Medical Education (ACGME)-accredited residency programs, in good standing. Two of these accredited programs must be designated as sponsors of the transitional year program. One of the sponsors must be in a discipline that provides fundamental clinical skills training. Those disciplines considered to provide these experiences are emergency medicine, family practice, internal medicine, obstetrics/gynecology, pediatrics, and surgery. (See V.D.2, Skill Development)
2. Together the sponsors must provide at least 25% of each resident's clinical experience.
3. The program director or a designee from each of the sponsors must participate in the organization of the didactic curriculum components of the program.

B. Participating institutions

1. Assignments to participating institutions must be based on a clear educational rationale, must have clearly stated learning objectives and activities, and should provide resources not otherwise available to the program.

2. Assignments at participating institutions must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. Although the number of participating institutions may vary with the various specialties' needs, all participating institutions must demonstrate the ability to promote the program goals and educational and peer activities. Exceptions must be justified and prior-approved.

3. Program letters of agreement must be developed for each participating institution that provides an educational experience for a resident that is one month in duration or longer. In instances where two or more participating institutions in the program

function as a single unit under the authority of the program director, letters are not necessary. The agreements should

- **a. identify the faculty who will assume the educational and supervisory responsibility for residents and specify the faculty responsibilities for teaching, supervision, and formal evaluation of resident performance per Sections IV.D. and VI.A of the Program Requirements;**
- **b. outline the educational goals and objectives to be attained by the resident during the assignment;**
- **c. specify the period of resident assignment;**
- **d. establish the policies that will govern resident education during the assignment.**

C. Institutional Coordination Committee

1. An institutional coordination committee (ICC) must be appointed and have major responsibility for conducting and monitoring the activities of the transitional year program. The ICC may be a freestanding committee or may be a subcommittee of the Graduate Medical Education Committee (GMEC). The ICC should be convened by the parent institution at least four times a year. The membership of this committee should be composed of but not limited to the transitional year program director, the program directors (or designees) of disciplines regularly included in the curriculum, the program directors (or designees) of each program sponsor, a resident member nominated by his or her peers, and the chief executive officer (CEO) (or designee in hospital administration) of the parent institution. The CEO or the designee must not be the transitional year program director.
2. The responsibilities of the committee must include the following:
   a. To recommend to the governing body of the sponsoring institution policies that establish the educational content of the transitional year and the allocation of resources for the effective conduct of the program.
   b. To ensure that the quality of medical care provided by transitional year residents is equivalent to that expected of first-year residents in other ACGME-accredited programs within the institution.
   c. To monitor the impact of the transitional year program on the categorical residents' programs to ensure that there is no compromise of the educational resources. This includes monitoring the adequacy of the number of patients, variety of illnesses, educational materials, teaching/attending physicians, and financial support.
   d. To review at least twice a year the evaluations of the transitional year residents' performance and the residents' assessment of the

components of the transitional year, including the faculty.

e. To ensure that the educational opportunities provided transitional year residents are within acceptable standards of medical care and are equivalent to those provided first-year residents in the categorical programs in which the transitional year residents participate.

f. To ensure that the quality of education provided by the nonaccredited components of the program is reasonably comparable to that provided to the first-year residents in accredited programs.

g. To approve the curriculum of each transitional year resident, which has been planned with the transitional year program director in accordance with the individual needs of the residents and the Program Requirements of the Transitional Year.

h. To ensure that the transitional year program undergoes a periodic internal review in accordance with the general institutional requirements.

i. To maintain records documenting the committee's activities for each of the above requirements and to have copies of these records available for transmission to the Transitional Year Review Committee.

j. To review ACGME letters of accreditation for program sponsors and to monitor areas of noncompliance.

D. Support Facilities/Departments

1. Pathology, radiology and nuclear medicine facilities must exist in the parent and affiliated institutions. These disciplines 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.

2. Residents must have ready access to a major medical library, either at the institution where the residents are located or through arrangement with convenient nearby institutions. Library services should include the electronic retrieval of information from medical databases. There must be access to an on-site library or to a collection of appropriate texts and journals in each institution participating in a residency program. On-site libraries and/or collections of texts and journals must be readily available during nights and weekends.

III. Resident Appointment

A. Eligibility Criteria

The program director must comply with the criteria for resident eligibility as specified in the Institutional Requirements and select the residents for appointment to the program in accordance with institutional policies and procedures.

B. Number of Residents

The Transitional Year Review Committee will approve the number of residents based upon established written criteria that include the adequacy of resources for resident education such as quality and volume of patients and related clinical material available for education, faculty-resident ratio, institutional funding, and the quality of faculty teaching.

1. A program should have at least four residents in training to foster a sense of identity for the transitional year residents and to provide appropriate peer interaction during all phases of the transitional year program. Program applications will be reviewed for assurance that there is an appropriate balance between the number of transitional year residents in training and the educational resources available to them.
2. Any proposed change in the number of transitional year residents must receive prior approval by the Transitional Year Review Committee. Programs that consistently fail to fill the designated number of approved positions may be asked to reduce the number offered, but to no fewer than four residents.
3. Residents who have successfully completed 12 months of transitional year training are not eligible to receive additional credit for subsequent rotations taken.

C. Resident Transfer

To determine the appropriate level of education for a resident who is transferring from another residency program, the program director must receive written verification of the previous educational experiences and a statement regarding the performance evaluation of the transferring resident, including an assessment of competence in the six areas described in section V.B., prior to acceptance into the program. A program director is required to provide verification of residency education for any residents who may leave the program prior to completion of their education.

D. Appointment of Fellows and Other Students

The appointment of fellows and other specialty residents or students must

not dilute or detract from the educational opportunities of the regularly appointed specialty residents.

IV. Faculty

The program director and faculty are responsible for the general administration of the program and for the establishment and maintenance of a stable educational environment. Adequate lengths of appointment for the program director and faculty are essential to maintaining such an environment. The length of appointment for the program director should provide continuity of leadership for a minimum of 3 years**.**

A. Qualifications of the Program Director

1. **There must be a single program director responsible for the program. The person designated with this authority is accountable for the operation of the program and should be a member of the staff of the sponsoring or integrated institution.** The process by which the program director of the transitional year program is appointed must be consistent with the policies for the appointment of other program directors in the sponsoring institution.
2. **The program director must**
   - **a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in his or her field,** including the ability to devote the time required for program development, implementation, administration, and supervision.
   - **b. be certified by a specialty board or possess qualifications judged to be acceptable by the** Transitional Year Review Committee**.**
   - **c. be appointed in good standing and based at the primary teaching site.**
   - d. be licensed to practice medicine in the state where the institution that sponsors the program is located (Certain federal programs are exempt.)

B. Responsibilities of the Program Director

1. **Overseeing and organizing the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all**

participating institutions.

2. **Preparing an accurate statistical and narrative description of the program as requested by the** Transitional Year Review Committee **as well as updating annually the program and resident records through the ACGME Accreditation Data System (ADS).**
3. **Promptly notifying the executive director of the** Transitional Year Review Committee, **using ADS, of a change in program director** as well as of changes in the accreditation status of sponsoring programs when they occur.
4. **Grievance procedures and due process: The program director must ensure the implementation of fair policies and procedures, as established by the sponsoring institution, to address resident grievances and due process in compliance with the Institutional Requirements.**
5. **Monitoring of resident well-being: The program director is responsible for monitoring resident stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction. Both the program director and faculty should be sensitive to the need for timely provision of confidential counseling and psychological support services to residents. Situations that demand excessive service or that consistently produce undesirable stress on residents must be evaluated and modified.**
6. **Obtaining prior approval of the Transitional Year Review Committee for changes in the program that may significantly alter the educational experience of the residents, for example:**
   a. **The addition or deletion of major participating institution(s) as specified in section II.B. of this document.**
   b. **Change in the approved resident complement for those specialties that approve resident complement.**
   c. **Change in the format of the educational program.**

   On review of a proposal for a major change in a program, the Transitional Year Review Committee may determine that a site visit is necessary.
7. Maintaining records of (1) all residents appointed to the transitional year program; (2) the transitional year objectives, curriculum content offered by the program, and the curriculum undertaken by each resident; (3) the performance evaluations; (4) the residents' subsequent training or other professional activities. Tracking of graduates must be accomplished either until the transitional year graduate enters a formal medical educational program or for at least 5 years following graduation. A record of these graduates must be available for review.

C. Faculty Qualifications

1. The physician faculty must

a. possess requisite specialty expertise as well as documented educational and administrative abilities and experience in their field.

b. be certified by a specialty board or possess qualifications judged to be acceptable by the Transitional Year Review Committee**.**

c. be appointed in good standing to the staff of an institution participating in the program.

2. Nonphysician faculty must be appropriately qualified in their field and possess appropriate institutional appointments.

D. Faculty Responsibilities

1. At each institution participating in the program, there must be a sufficient number of faculty with documented qualifications to instruct and supervise adequately the residents in the program. The teaching and supervision of transitional year residents must be the same as that provided residents in the participating categorical programs.

2. Faculty members must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. The faculty must evaluate in a timely manner the residents whom they supervise.

3. The faculty must demonstrate a strong interest in the education of residents, demonstrate competence in both clinical care and teaching abilities, support the goals and objectives of the educational program, and demonstrate commitment to their own continuing medical education by participating in scholarly activities as described in Section V.E.1.

E. Other Program Personnel

The program must be provided with the additional professional, technical, and clerical personnel needed to support the administration and educational conduct of the program.

V. The Educational Program

The program design and sequencing of educational experiences will be approved by the R.R.C. as part of the accreditation process.

A. Role of Program Director and Faculty

The program director, with assistance of the faculty, must coordinate the educational experiences within the separate categorical programs and participating disciplines. **He/she is responsible for developing and implementing the academic and clinical program of resident education by**

1. **preparing and implementing a written statement outlining the educational goals of the program with respect to the knowledge, skills, and other attributes of residents for each major assignment and each level of the program. The statement must be distributed to residents and faculty and reviewed with residents prior to the assignment.**
2. **preparing and implementing a comprehensive, well-organized, and effective curriculum, both academic and clinical, which includes the presentation of core specialty knowledge supplemented by the addition of current information.**
3. **providing residents with direct experience in progressive responsibility for patient management.**
4. counseling transitional year residents in the development of a curriculum appropriate to their individual learning needs and career goals.

B. ACGME Competencies

The residency program must require that its residents obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate the following:

1. ***Patient care*** **that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.**
2. ***Medical knowledge*** **about established and evolving biomedical, clinical, and cognate (eg, epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.**
3. ***Practice-based learning and improvement*** **that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.**
4. ***Interpersonal and communication skills*** **that result in effective information exchange and collaboration with patients, their**

families, and other health professionals.

5. ***Professionalism,* as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.**
6. ***Systems-based practice,* as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.**

C. Didactic Components

1. The curriculum should include include a broad range of clinical and biomedical problems and discussions of moral, ethical, legal, social, and economic issues.
2. All disciplines participating in the transitional year program must provide planned educational experiences for transitional year residents which should include:
   a. morbidity and mortality conferences,
   b. journal review,
   c. seminars,
   d. presentation of specialty topics, and
   e. grand rounds.

   Attendance should be monitored and documented.

D. Clinical Components

1. The transitional year program must be designed to meet the educational needs of the residents. Service obligations of the sponsoring institution must be secondary to the transitional year educational objectives.
2. Skill Development
   a. The development of mature clinical judgment requires that residents, properly supervised, be given responsibility for patient care commensurate with their ability. Residents must be given the responsibility for decision making and for direct patient care in all settings, subject to review and approval by senior residents and attending physicians, to include the planning of care, and the writing of orders, progress notes and relevant records.
   b. To acquire fundamental clinical skills, the transitional year resident should have developed the following competencies before completion of the transitional year:
      1) obtain a complete medical history
      2) perform a complete physical examination
      3) define a patient's problems
      4) develop a rational plan for diagnosis, and

5) implement therapy based on the etiology, pathogenesis, and clinical manifestations of various diseases.

c. Educational experiences must ensure development not only of cognitive and procedural/technical skills but also of humane qualities that enhance interactions between the physician and the patients/patients' families.

3. Electives

a. The transitional year resident must have no fewer than 8 weeks of electives, which may not include vacation time. Elective rotations should be determined by the educational needs of the individual resident.

b. A maximum of 8 weeks may be designated for nonclinical patient care experience, eg, research, administration, and computer science.

4. Emergency Medicine

a. The transitional year residents must have at least a 4-week rotation (minimum of 140 hours) in emergency medicine under the supervision of qualified teaching staff within the sponsoring or an affiliated institution.

b. The transitional year residents must have the opportunity to participate in the evaluation and management of the care of all types of patients who present to an institution's emergency department.

5. Ambulatory Care

a. The transitional year residents must have at least 140 hours of documented experience in ambulatory care other than that acquired in the emergency department. This experience may consist of a 1-month block or be divided into lesser periods of time to ensure a total of 140 hours.

b. Outpatient experience must be obtained from ambulatory experiences provided by family practice, internal medicine, obstetrics/gynecology, pediatrics, and surgery at the sponsoring or affiliated institution(s)/sites.

6. Outside Rotations

Rotations may be taken away from the institution and its affiliates provided that there is educational justification for the outside rotations and that the following policies are met:

a. No more than 8 weeks of transitional year rotations may be taken away from the institution and its affiliates.

b. Outside required rotations must be taken in an ACGME-accredited program.

c. Outside rotations not part of ACGME-accredited programs must be designated as electives. The program director must provide a complete description of the experience, to include curriculum

objectives, resident responsibilities, and the faculty assigned for supervision.

d. Outside rotations must be evaluated by the residents, and the performance of each resident must be evaluated by the respective faculty. Evaluations are to be reviewed and kept on file by the program director.

e. The program director must give consideration to the resident's liability coverage and state licensing requirements prior to approving the rotation.

E. Scholarly Activities

1. The responsibility for establishing and maintaining an environment of inquiry and scholarship rests with the faculty, and an active research component must be included within each program. Both faculty and residents must participate actively in scholarly activity. Scholarship is defined as one of the following:

a. The scholarship of discovery, as evidenced by peer-reviewed funding or publication of original research in peer-reviewed journals.

b. The scholarship of dissemination, as evidenced by review articles or chapters in textbooks.

c. The scholarship of application, as evidenced by the publication or presentation at local, regional, or national professional and scientific society meetings, for example, case reports or clinical series.

d. Active participation of the faculty in clinical discussions, rounds, journal club, and research conferences in a manner that promotes a spirit of inquiry and scholarship; offering of guidance and technical support, e.g., research design, statistical analysis, for residents involved in research; and provision of support for resident participation as appropriate in scholarly activities.

2. Adequate resources for scholarly activities for faculty and residents must be available, eg, sufficient laboratory space, equipment, computer services for data analysis, and statistical consultation services.

F. Resident Duty Hours and the Working Environment

Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energies. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

1. Supervision of Residents

a. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.

1.) At least 24 weeks of each transitional year resident's rotations must be on clinical services where the transitional year resident works directly with more-senior residents who are supervised by attending faculty in ACGME-accredited programs.

2.) The responsibility or independence given to the transitional year residents by the supervising physician for the care of patients should depend on the residents' knowledge, manual skills, experience, the complexity of the patients' illnesses, and the risk of procedures that residents perform.

b. Faculty schedules must be structured to provide residents with continuous supervision and consultation.

c. Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

2. Duty Hours

a. Duty hours are defined as all clinical and academic activities related to the residency program, ie, patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

b. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

c. Residents must be provided with 1 day in 7 free from all

educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.

d. Adequate time for rest and personal activities must be provided. This should consist of a 10 hour time period provided between all daily duty periods and after in-house call.

3. On-Call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.

a. In-house call must occur no more frequently than every third night, averaged over a four-week period.

b. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements.

c. No new patients, as defined in Specialty and Subspecialty Program Requirements, may be accepted after 24 hours of continuous duty.

d. At-home call (pager call) is defined as call taken from outside the assigned institution.

1.) The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

2.) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

3.) The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

4. Moonlighting

a. Because residency education is a full-time endeavor, the

program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.

b. The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the Institutional Requirements III. D.1.k.

c. Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s), ie, internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours.

5. Oversight

a. Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.

b. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

6. Duty Hours Exception

The Transitional Year Review Committee will not **grant exceptions for up to 10 % of the 80-hour limit, to individual programs**.

VI Evaluation

A. Resident Evaluation

1. The residency program must demonstrate that it has an effective plan for assessing resident performance throughout the program and for utilizing the results to improve resident performance. This plan should include

a. the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

b. mechanisms for providing regular and timely performance feedback to residents by the faculty of the participating discipline on each resident's completion of a rotation in

that discipline **that includes at least**

1.) **a written evaluation** at least three times a year **that is communicated to each resident in a timely manner and**

2.) **the maintenance of a record of evaluation for each resident that is accessible to the resident.**

c. **a process involving use of assessment results to achieve progressive improvements in residents' competence and performance. Appropriate sources of evaluation include faculty, patients, peers, self, and other professional staff.**

2. **The program director must provide a final evaluation for each resident who completes the program. The evaluation must include a review of the resident's performance during the final period of education and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.**

B. **Faculty Evaluation**

The performance of the faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle and again prior to the next site visit. The evaluations should include a review of their teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Annual written confidential evaluations by residents must be included in this process.

C. **Program Evaluation**

The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1. **Representative program personnel, ie, at least the program director, representative faculty, and at least one resident, must be organized to review program goals and objectives and the effectiveness of the program in achieving them. The group must have regular documented meetings at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution (see Institutional Requirements I.B.3.d), and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes.**

2. **Outcome assessment**

a. **The program should use resident performance and outcome**

assessment in its evaluation of the educational effectiveness of the residency program.

b. **The program should have in place a process for using resident and performance assessment results together with other program evaluation results to improve the residency program.**

c. If more than 20% of the transitional year graduates, when averaged over 5 years, do not enter a Graduate Medical Education program, such will be considered as evidence that a program is not achieving its essential objectives and may be cause for an adverse accreditation action.

VII Experimentation and Innovation

A. **Since responsible innovation and experimentation are essential to improving professional education, experimental projects supported by sound educational principles are encouraged.**

B. **Requests for experimentation or innovative projects that may deviate from the program requirements must be prior-approved** by the Transitional Year Review Committee **and must include the educational rationale and a method for evaluating the project.**

C. **The sponsoring institution and program are jointly responsible for the quality of education offered to residents for the duration of such a project.**

ACGME: June 1999 Effective: January 2000
Minor Revision Effective: April 12, 2002
Common Program Requirements: July 1, 2003