



ACGME

Accreditation Council for Graduate Medical Education

2014-2015 Annual Report

Building Momentum

About the Accreditation Council for Graduate Medical Education and ACGME International

The Accreditation Council for Graduate Medical Education (ACGME) is a private, non-profit organization that reviews and accredits graduate medical education (residency and fellowship) programs, and the institutions that sponsor them, in the United States.

The ACGME was established in 1981 from a consensus in the academic medical community for an independent accrediting organization. Its mission is to improve health care and population health by assessing and advancing the quality of resident physicians' education through accreditation. Accreditation is achieved through a peer-review process overseen by volunteer physicians making up 30 Review Committees that annually evaluate the specialty and subspecialty programs and Institutions in their respective disciplines for adherence to established Common, Program, and Institutional Requirements. One Recognition Committee, the Osteopathic Principles Committee, confers Osteopathic Recognition upon any ACGME-accredited program providing requisite training in Osteopathic Principles and Practice.

The ACGME's member organizations are the American Board of Medical Specialties, American Hospital Association, American Medical Association, Association of American Medical Colleges, the Council of Medical Specialty Societies, the American Osteopathic Association, and the American Association of Colleges of Osteopathic Medicine.

ACGME International (ACGME-I), an LLC of the parent organization ACGME, arose consequent to petitioning by governments and institutions that the ACGME extend its accreditation model internationally. It is funded through contracts with individual ministries of health or institutions. The ACGME-I mission, though similar to that of the ACGME, focuses on improving the quality of health care *specific to each individual country's need*.

Mission

We improve health care and population health by assessing and advancing the quality of resident physicians' education through accreditation.

Strategic Priorities

- Foster innovation and improvement in the learning environment
- Increase the accreditation emphasis on educational outcomes
- Increase efficiency and reduce burden in accreditation
- Improve communication and collaboration with key external stakeholders

Vision

We imagine a world characterized by:

- a structured approach to evaluating the competency of all residents and fellows;
- motivated physician role models leading all GME programs;
- high-quality, supervised, humanistic clinical educational experience, with customized formative feedback;
- residents and fellows achieving specialty-specific proficiency prior to graduation; and
- residents and fellows prepared to become Virtuous Physicians who place the needs and well-being of patients first.

Values

- Honesty and Integrity
- Excellence and Innovation
- Accountability and Transparency
- Fairness and Equity
- Stewardship and Service
- Engagement of Stakeholders

Core Staff Values

- Customer Focus
- Integrity/Ethics
- Results Focus
- Teamwork



Introduction

Year In Review

Features

Statistics & Financials

Lists

01 Message from the CEO

02 Message from the Chair of the Board of Directors

03 Department of Accreditation Services

06 Department of Field Activities

07 Department of Education

09 Clinical Learning Environment Review Program

09 *Journal of Graduate Medical Education*

12 Council of Review Committee Chairs

13 Council of Review Committee Residents

14 Milestones Department Reaches Early Milestones in the Next Accreditation System

16 Record Setting Attendance at the 2015 Annual Educational Conference

17 2015 ACGME Awards

19 Timeline: The Next Accreditation System

21 ACGME International Making an Impact

23 Statistical Highlights

27 2014 Financial Report

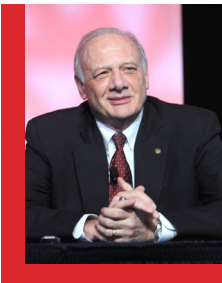
29 Board of Directors

30 Review/Recognition Committees and Accredited Specialties

32 Review/Recognition Committee Members

39 ACGME Staff Listing

Message from the CEO



Academic Year 2014-2015 was a productive one for the ACGME, and one in which projects that spanned years came to fruition. The fulfillment of the Outcome Project, first outlined in the *Journal of the American Medical Association* in 1978, manifested in successful creation and implementation of the Milestone Project. Every accredited specialty and subspecialty now has articulated in behavioral terms the key elements of the six domains of clinical competency that should be evaluated in each resident or fellow in the discipline, and has described observable developmental steps, called Milestones, in each key element. The momentum generated by this effort is profound. For the first time, across each specialty, there is agreement about the core skills and competencies that are important and shared by all physicians in that discipline. Specialties now have the opportunity to evaluate the effectiveness of their educational effort at a national level, and tools to introduce new “competencies” as their disciplines evolve. Programs will be able to compare the progress of their residents and fellows over time to national cohorts in the same discipline.

Whether at the specialty society level, or the program level, interest in excellence in educational outcomes and effective evaluation has been energized. This concentration on effective achievement of outcomes in our graduates has re-invigorated the graduate medical education (GME) effort in the United States, and we hope to demonstrate the salutary benefits of this effort in the effectiveness of our graduates in their service to the public.

The Next Accreditation System (NAS) was fully instituted across all specialties in 2014-2015 with the successful implementation across the Phase II specialties. Extensive training and preparation of the

Review Committees was completed, and accreditation decisions were rendered for all programs. The next step in implementation and refinement of the NAS is to accelerate the accreditation process, moving it earlier in the academic year, to permit earlier dissemination of national data back to programs to facilitate continuous quality improvement efforts.

The Clinical Learning Environment Review (CLER) Program, envisioned in 2010 during the deliberations of a national committee formed to advise the ACGME on patient safety, completed its first cycle of evaluation of the principle training site of nearly 300 institutions sponsoring residency and fellowship programs. The findings, now being compiled, will guide the nation’s efforts toward enhancing the clinical learning environment for GME. Our goals are enhancement of the safety and quality of clinical care rendered both today in the teaching environment, as well as tomorrow in the future practice of our graduates, and removal of health care disparities while ensuring the modeling of professionalism and effacement of self-interest among our faculty, staff members, and graduates. The ACGME’s efforts in enhancement of the clinical learning environment have been joined by other organizations with similar goals. A national alliance, the National Coalition for the Improvement of the Clinical Learning Environment (N-CICLE), has emerged, providing an opportunity for the efforts of the ACGME to be multiplied, and positive changes accelerated, through shared efforts.

A single accreditation system for all GME came to fruition in 2014-2015. After more than 15 years of intermittent discussion, and three years of concentrated efforts in the latest round of negotiations, the American Osteopathic Association (AOA) and the American Association of Colleges of Osteopathic Medicine (AACOM) joined the ACGME as Member Organizations after a unanimous affirmative vote by the ACGME’s five allopathic Member Organizations to approve the bylaws changes required to make

this a reality. For the first time in nearly 125 years, allopathic and osteopathic medicine have formally come together to oversee the education of the entire physician cohort being prepared to serve the American Public.

As the backdrop to these important advances, the ACGME Board of Directors approved a new strategic plan for the organization. The result of a two-year in-depth scenario planning process, the six strategic directions and 15 strategies are designed to prepare the ACGME to support and ensure that the physicians of the future are well prepared, to uphold the ACGME’s responsibilities as a Public Trust, and to fulfill our professional responsibility to prepare the next generation of physicians to serve the American Public.

These efforts and many others are outlined in the pages of this report. The successes achieved are the result of the more than 300 volunteer physicians and members of the public who serve on the ACGME’s 31 Review/Recognition Committees and the Board of Directors, the nearly 200 dedicated professionals who make up the administration and staff of the ACGME, and the more than 300 individuals from the profession and beyond who participated in the ACGME’s strategic planning process. The efforts of these individuals are a microcosm of the efforts of the more than 150,000 physician faculty members, tens of thousands of nurses and other professionals, administrators, and more than 120,000 residents and fellows in ACGME-accredited programs who are teaching, learning, and caring for the American Public each and every day.

Respectfully submitted,

Thomas J. Nasca, MD, MACP
Chief Executive Officer

Message from the Chair of the Board of Directors



The ACGME and graduate medical education (GME) as a whole have been on a remarkable and accelerating path of change. With the full implementation of the Next Accreditation System, the promulgation and application of the Milestones, the development and roll-out of the Clinical Learning Environment Review (CLER) Program, and the critically important work of coming together with the American Osteopathic Association (AOA) and the Association of American Colleges of Osteopathic Medicine (AACOM)—establishing a single system of accreditation—the medical profession and society’s expectations of it have entered a time of great transition.

Even as we execute these changes within the GME community, there is an array of corresponding and at times confounding changes in the greater environment that impacts us. Among these changes are: Medicaid expansion; federal scrutiny of GME funding; workforce shortages across all domains; and growing demands on our faculty. All of these have vast potential consequences for residency and fellowship programs and GME.

This is one of the most amazing times in human and medical history. Fortunately for us, we have the great privilege of witnessing and contributing to the management of this incredible change. Advances in the clinical applications of molecular medicine alone promise to offer more therapies and cures to disease and human suffering than could have been imagined just two decades ago. The progress of information systems and clinical

informatics increasingly enables the harvesting of benefits from decades of investment through deployment of predictive medicine applications while improving the safety of health care.

Greater transparency in the practice of medicine and in medical education is a large part of this evolution. The Milestones provide tangible evidence of clinical competence in learners. CLER forces evaluation of care and patient safety while facilitating improvement and attention to problem areas. We are changing the way we do what we do, and in doing so, are helping doctors become better doctors, while providing patients with better care.

On the international stage we see tremendous growth coupled with a desire and dedication to the standards and principles of better outcomes, greater patient safety, and improved care overall no matter where we are on the globe. What this says about the work and mission of the ACGME and ACGME International, and about its stewards, is nothing short of remarkable.

This is one of the most amazing times in human and medical history.

The momentous history-changing agreement among the ACGME, AOA, and AACOM only further confirms this is not just a moment in history, but an evolution. We welcome our newest members with open arms, and celebrate this exciting development: the establishment of a single accreditation system for all of GME.

The momentum from all of these efforts both domestically and internationally is driving toward a broad embrace of the highest achievable standards in medicine.

Graduates of accredited programs are the leaders of tomorrow, and along with their interprofessional teammates, will build systems that ensure the care provided by attending physicians and learners alike is safe, timely, effective, efficient, equitable, and patient-centered. If we do this and do this well, we will build a great future for graduate medical education.

Mr. John Duval
Chair, Board of Directors

Department of Accreditation Services

The 2014-2015 year was especially momentous for the Department of Accreditation Services (DAS). The Next Accreditation System was fully implemented for all core specialties while department staff also prepared for review of new institutional and program as well as Osteopathic Recognition applications as part of the historical transition to a single accreditation system for all graduate medical education (GME). The scope of some of these activities are addressed in the following vignettes.

Institutional Accreditation in Transition to the Next Accreditation System

The academic year and the transition to the Next Accreditation System (NAS) for ACGME-accredited Sponsoring Institutions began with implementation of revised Institutional Requirements that became effective on July 1, 2014. The revision represented an overall simplification and reorganization of the previous version of the Requirements. However, several new requirements—including implementation of an Annual Institutional Review of a Sponsoring Institution's own performance with regard to its educational mission; the introduction of a Special Review process by the Graduate Medical Education Committee (GMEC); and an expectation for oversight of the programs' Annual Program Evaluations—emphasize quality improvement, a cornerstone of the NAS. A new section focused on the Resident Learning and Working Environment reflects concern for how residents and fellows are integrated into the setting in which patient care is provided.

Until recently, institutional compliance for smaller institutions with only one accredited specialty program was assessed by the specialty-specific Review Committee concurrent with the program site visit. In the NAS, and with the maturation of the institutional review process, the ACGME

Board delegated responsibility for all institutional accreditation decisions to the Institutional Review Committee (IRC).

In 2014-2015, the IRC approved 28 new Sponsoring Institutions. It also conducted full reviews of institutions which had received Initial Accreditation under the prior accreditation system, and continued to monitor some Sponsoring Institutions through review of progress reports.

The IRC plans to begin NAS review of annual institutional data in 2015-2016. The Committee continues to work closely with ACGME leadership, and with the Department of Data Analysis and Applications in particular, to identify the data elements it will review annually for all Sponsoring Institutions. In 2015-2016, the IRC will collaborate with the Department of Field Activities to develop the process for the institutional self-study and the 10-year accreditation site visits that will begin in approximately two years.

Reflections on Year One of the Next Accreditation System

July 1, 2014 marked the dawn of the first round of accreditation decisions under the NAS for Phase II specialties. A time of both excitement and unease, anticipation of great success was offset by concerns related to the greater unknown, specifically, the shift in the approach

from an episodic (1-5-year) to an annual program accreditation review.

The first set of annual accreditation data for Phase II programs was summarized and reported to the respective Review Committees in Fall 2014. The outcome data included information corresponding to the 2013-2014 academic year, Resident and Faculty Survey results, Board pass rates, Case Log data (as applicable), and scholarly activity. A visualization software program was used by the executive directors to compare the data against decision rules the Review Committees developed to guide the work of the NAS.

In 2014-2015, the IRC approved 28 new Sponsoring Institutions

Under the previous accreditation model, Review Committees focused equally on high functioning programs and those deemed underperforming (e.g., those with continued areas of non-compliance in critical areas as identified by the Review Committee). The new model allows Review Committee staff to use Committee-determined criteria to identify high functioning programs for Continued Accreditation, thereby allowing the Committees to focus attention on the underperforming programs.

In the new system, the Committees review programs by examining annual program data submitted via the Accreditation Data System (ADS) in comparison to the Program Requirements, and by carefully evaluating responses to previous citations.

Overall, the benefits of the NAS were widely recognized and it was found to be an efficient and effective system

In the first round of reviews, a number of programs received Continued Accreditation with citations or areas for improvement (AFI). AFIs are new in the NAS, and unlike citations, do not require programs to provide a response in ADS. The expectation is that AFIs will be monitored locally (by the program director and GMEC) so as to avoid future citations. Although AFIs do not require a formal response, the Review Committee is able to track them to determine if they have been resolved.

Upon conclusion of the first year of the NAS for Phase II specialties, some Committee members said they missed the days when they reviewed high-functioning programs, identified best practices, and provided commendations to their peers. Overall, the benefits of the NAS were widely recognized and it was found to be an efficient and effective system. Further, the Review Committees' initial unease was assuaged by their ability to provide critical feedback to programs earlier to assist them in achieving substantial compliance with the Requirements.

Department Emphasizes Outreach and Communication

Individuals in the DAS communicate daily with the programs and institutions accredited by the ACGME to answer questions and respond to concerns. On a regular basis, they also leave the office and go into the community to provide educational opportunities for program coordinators, program directors, and designated institutional officials (DIOs). In 2014-2015, a time of great change, the Review Committee Executive Directors and the Senior Vice Presidents for the DAS sections (Hospital-based, Institutional, Medical, Osteopathic, and Surgical) participated in meetings and workshops across the country for coordinators in specific specialties, regional coordinator groups such as GME Action, program director meetings, program director workshops, and various gatherings of DIOs. The Executive Directors, often in conjunction with the Review Committee Chairs, allot time during these sessions for scheduled one-on-one meetings with program representatives to answer specific questions and concerns about their programs. 2014-2015 was particularly busy for DAS staff because of the implementation of the NAS, as well as the approaching transition to a single accreditation system for all of GME. In addition to making presentations to all of the groups noted above representing currently accredited programs and institutions, staff members were also meeting with and educating osteopathic colleagues about the ACGME and the accreditation processes. To that end, presentations were made at the ACGME Annual Educational Conference, the Osteopathic Medical Education Conference, the combined American Academy of Colleges of Osteopathic Medicine/Association of Osteopathic Directors

and Medical Educators Conference, several statewide osteopathic GME meetings, and for a number of program director groups and specialty college meetings. The Department also produced more than 20 specialty-specific and general webinars regarding the transition to a single GME accreditation system.

Introducing a Unique Subspecialty to the ACGME Accreditation Process

At the time Clinical Informatics was approved as a new subspecialty for certification by the American Board of Medical Specialties and for accreditation by the ACGME in 2012, there were over 30 programs affiliated with medical schools, and over 1400 self-identified physician informaticians. The field met the definition of clinical "by providing clinical decision support and information systems..." but was different enough from other clinical programs that a new paradigm was used to review the specialty. After developing the Program Requirements, soliciting feedback, and incorporating revisions, the first applications for new clinical informatics programs were received for accreditation review in 2014. These programs are reviewed by the nine Review Committees representing the specialties with the most practitioners today (anesthesiology, diagnostic radiology, emergency medicine, family medicine, internal medicine, medical genetics, pathology, pediatrics, and preventive medicine) and predicted to most likely sponsor future programs. Review Committees are familiar with many subspecialties and their Program Requirements, but because of the initial need to learn more about this area and provide for a consistent background, an Advisory Group was formed to pre-review programs. The informaticians comprising this group's

continued on next page

membership volunteered many hours to learn the ACGME review process and develop a special form to use in review of the informatics-specific section of the application. The completed pre-reviews were subsequently sent to the Review Committees for full review. As the Review Committees gain experience and familiarity with clinical informatics, it is anticipated that the need for pre-reviews will eventually decrease. Ten programs were accredited in this first year, with more to follow as clinical informatics grows and adds a new expertise to the scope of GME.

ACGME Osteopathic Accreditation Section in Place

Osteopathic Accreditation is new for the ACGME. This section of the DAS was developed in association with the transition to a single accreditation system for all GME. Since the agreement among the ACGME, American Osteopathic Association (AOA), and American Association of Colleges of Osteopathic Medicine (AACOM) was announced on February 26, 2014, the process of this transition has moved at a fast pace. The Memorandum of Understanding (MOU) approved by all three organizations gives AOA-approved institutions and programs a specific window of time during which they may apply for and obtain ACGME accreditation. Institutions began applying for accreditation on April 1, 2015, and programs could submit applications beginning July 1, 2015.

The February 2015 meeting of the ACGME Board of Directors was historic, with the addition of osteopathic representatives to the Board's membership (four representatives were added, with two nominated by the AOA and two by AACOM).

New Board Members:

- Karen J. Nichols, DO (nominated by AOA)
- David Forstein, DO (nominated by AOA)
- Gary Slick, DO (nominated by AACOM)
- Clinton Adams, DO (nominated by AACOM)

Two additional osteopathic directors (one each from the AOA and AACOM) will be added in 2018 and 2020 (eight will be the total members added by the 2020 conclusion of the MOU). Osteopathic members also joined each Review Committee for specialties that were found in both the ACGME-accredited and AOA-approved arenas.

Two new committees—the Review Committee for Osteopathic Neuromusculoskeletal Medicine [(ONMM; a new specialty for the ACGME) that reviews and approves new ONMM programs], and the Osteopathic Principals Committee (OPC) that reviews and approves ACGME-accredited programs for Osteopathic Recognition—have been formed. The OPC and the Review Committee for ONMM each met for the first time in Fall 2014, and have since developed, vetted, and implemented Requirements for Osteopathic Recognition and accreditation in ONMM. The timeline for both committees to create these new

requirements was unprecedentedly short, and the committee members and ACGME staff members who supported them (notably Kathy Malloy and Tiffany Moss) were instrumental in this success. Both sets of Requirements were approved at the February meeting of the Board, and both committees now meet on a regular schedule. Milestones for Osteopathic Recognition and for ONMM are in development, and it is anticipated they will be ready for approval in September 2015.

The Osteopathic Accreditation section's responsibilities include staffing the ONMM and Osteopathic Principles committees and working collaboratively with all ACGME departments. The staff includes a senior vice president, Osteopathic Accreditation (Dr. Lorenzo Pence), an executive director, Osteopathic Accreditation (Tiffany Moss), and an executive assistant (Julia Weigle).

The ACGME and AOA celebrate the end of Academic Year 2014-2015 with much to report on the transition to a single GME accreditation system, including decisions from most Review Committees that would allow AOA-boarded physicians to be approved as program directors if other program director requirements are met. The AOA has 1,247 approved programs and fellowships, 163 of which are dually accredited by the ACGME, and 1,084 of which can now move forward with the application process for ACGME accreditation. The 2015-2016 year will be an exciting one, as institutions and programs move forward pursuing ACGME accreditation and Osteopathic Recognition.

Department of Field Activities

2014-2015 was an important year for the Department of Field Activities and the accreditation field representatives. Major efforts included the second year of site visits in the Next Accreditation System (NAS), and the design and development of the site visit components of the ACGME self-study, as well as related to the transition to a single accreditation system for graduate medical education (GME).

The Department coordinated all aspects of program and institutional accreditation site visits, including scheduling and logistics, site visit reporting, quality improvement, and field staff professional development.

2014-2015 marked the second year of site visits in the NAS, and field representatives conducted 212 site visits for programs with full accreditation. The majority, 168 were “data-prompted” visits that were scheduled because the review of the annual data suggested a possible problem for further exploration through a site visit. An additional 44 were scheduled at the request of the Review Committees for concerns not arising directly out of the annual data.

Accreditation field representatives also conducted site visits for new program applications, programs transitioning at the end of the period of Initial

Accreditation, and Sponsoring Institutions, visits to assess the merits of a complaint, and visits for international programs for ACGME-I.

The Department developed new site visit protocols for site visits of osteopathic programs with pre-accreditation status in the transition to a single GME accreditation system, as well as a voluntary non-accreditation site visit for programs with an ACGME self-study scheduled between April 2015 and January 2017, and for the subsequent 10-year site visit for these programs.

By June 30, 2015, a total of 253 programs in Phase I of the NAS had volunteered for a voluntary self-study pilot visit.

2014-2015 also saw collaboration with the Department of Accreditation Services to continue to refine the protocols for data-prompted site

visits. Refinements aim to enhance the utility of the information for the Review Committees, with a special focus on exploring and diagnosing areas of potential concern identified during the review of the annual data.

Professional development for field representatives in 2014-2015 focused on aspects of new site visit types, including data-prompted visits in the NAS, the self-study pilot visits, and visits to osteopathic programs.

An ongoing focal area for professional development related to the new role of the field representatives in offering suggestions or ideas for innovative practices found in the medical education literature or through other programs and institutions successful in creating an effective working and learning environment.

Department of Education

The Department of Education serves the ACGME mission to meet the needs of over 9,600 programs and 700 Sponsoring Institutions that prepare over 120,000 residents and fellows to embark on the path of mastery to effectively meet the health and health care needs of the public. The department accomplishes this mission through dissemination of knowledge and furthering skill development, often acting as a facilitating body serving and collaborating with other departments within the ACGME and with appropriate outside organizational and individual collaborators.

The department's division of Educational Activities, led by Director Debra Dooley and staffed by Educational Project Manager Jessalynn Watanabe; Continuing Medical Education Administrator Laura Barbo; Registration Specialist Andrea Rio, MA; Educational Administrator Lauren Wojnarowski; and Educational Project Associate Victoria Shaffer, designs, develops, produces, and evaluates the ACGME's educational activities, including the ACGME Annual Educational Conference, various ACGME workshops and workshop series, the Baldwin Lecture Series, the ACGME Webinar Series, some of the CLER Program's educational initiatives, and more.

The 2015 Annual Educational Conference was a phenomenal success on multiple levels, reflecting years of vision, development, and collaborative efforts (see article, p.16).

ACGME Webinar Series

The ACGME Webinar Series began during 2013-2014 with presentations specific to the implementation of the Next Accreditation System for program directors, designated institutional officials (DIOs), and coordinators, and has reached an audience of 17,212 participants to date. These highly evaluated sessions were developed by ACGME Senior Vice Presidents

Mary Lieh-Lai, MD; Louis Ling, MD; Ingrid Philibert, PhD; John Potts, MD; and Kevin Weiss, MD, and were delivered in collaboration with the Executive Directors and physician leaders of the Review Committees. In 2014-2015, the Webinar Series expanded to other topics of interest, including the transition to a single accreditation system for all graduate medical education (GME), the Milestones, and the CLER program.

Workshops

Ten Basics of Accreditation for New Program Coordinators workshops were delivered with a total registration of 280. These workshops provide new coordinators with the opportunity to meet their specialty's Review Committee staff members and other members of the ACGME's senior staff and administration, while learning the nuts and bolts of ACGME accreditation.

The Baldwin Seminar Series, named after Senior Scholar in Residence DeWitt C. Baldwin Jr., MD, is a series of didactic seminars held throughout the year at the ACGME offices. The goal of the Baldwin Series is to develop an educational interchange between colleagues that will stimulate creative, innovative thinking on topics pertinent to GME. Speakers are drawn from across the country, and in 2014-2015 included ACGME Accreditation Field Representative Serge

Martinez, MD, JD; Liselotte Dyrbye, MD, MHPS, FACP; ACGME Board member Kenneth Ludmerer, MD; F. Daniel Duffy, MD; Frederic W. Hafferty, PhD; and Robert Englander, MD, MPH. Subjects covered included burnout, the history and future of residency education, the Hidden Curriculum, and Entrustable Professional Activities.

The Developing Faculty Competencies in Assessment Workshop was designed by Senior Vice President, Milestone Development and Evaluation Eric Holmboe, MD, MACP. This six-day interactive workshop, limited to 30 participants, was given twice in 2014. The program was highly rated and successful, and more sessions are scheduled for 2015-2016.

CLER Conversations is a two-day workshop developed by Senior Vice President, Institutional Accreditation Kevin Weiss, MD and Vice President, CLER Program Robin Wagner, RN, MHSA. This innovative, interactive workshop bring teams of senior executive leaders of teaching hospitals and medical centers of ACGME Sponsoring Institutions to join in a facilitated discussion focused on strategic planning. The program was successfully piloted in 2014-2015, and two workshops are planned for 2015-2016.

The department convened a Joint Steering Committee composed of three members of the allopathic community and six members of the osteopathic community to assess the educational needs of and design educational activities for osteopathic institutions and programs entering the ACGME accreditation process in the transition to a single GME accreditation system. Starting with comprehensive interviews of Osteopathic Post-doctoral Training Institutes (OPTIs), the team developed educational activities at the major educational meetings of the American Osteopathic Association, Association of American Colleges of Osteopathic Medicine, and the ACGME, and created a series of specialty-specific webinars for all specialties entering the single accreditation system.

Future planned activity includes the development of an advanced coordinator training that would go beyond the basics of accreditation, as well as new educational initiatives with the CLER and Milestones teams.

Office of Resident Services

The Office of Resident Services works closely with residents, program directors, DIOs, and the Review Committees to help them navigate the concerns and complaints process and provide essential ACGME support. Senior Associate Amy Beane also staffs the Council of Review Committee Residents (CRCR), made up of the resident members of each of the Review and Recognition Committees. The CRCR (see article, p.13) advises the ACGME and Board of Directors on issues of concern important to the ACGME, providing the resident/fellow perspective.

Senior Scholars in Residence

The Senior Scholars in Residence, led by Senior Scholar Dr. Baldwin, continues its stellar work of discovery and dissemination. During 2014-2015, Paul Rockey, MD; Joanne Schwartzberg, MD; and Nicholas Yaghmour, MPP conducted research and provided vital insight in a number of important areas, including resident well-being, interprofessional team-based training, physician workforce issues, and health policy.

A longitudinal survey asking questions related to resident well-being conducted by the team and led by Mr. Yaghmour has yielded responses from approximately 20,000 residents per year since 2013.

Leadership Skills Training Programs for Chief Residents

Robert Doughty, MD, PhD, the senior scholar for Experiential Learning and Leadership Development, has conducted multi-day, multi-specialty leadership training programs for 2,000 chief residents from all specialties since 2010. Nine workshops were conducted in 2014-2015, all filled to capacity and evaluated extremely highly. For the first time the ACGME conducted two chief resident workshops internationally, one in Abu Dhabi and one in Singapore. Both were delivered by Dr. Timothy P. Brigham and Dr. Doughty and were eye opening experiences for both the ACGME-I facilitators and the international participants. It is expected that the sessions will be offered again in 2015-2016. A pilot test continues to train facilitators for these Leadership Skills Training Programs for Chief Residents, resulting in nine “apprentice” facilitators working in 2014-2015.

As the department looks forward to 2015-2016, continued program growth development is on the horizon.

A Distance Learning Director has been identified. Anne Gravel Sullivan, PhD will lead the ACGME’s distance learning activities. She brings a special blend of content expertise and understanding of the ACGME to this position that makes her uniquely qualified to lead these efforts. Dr. Sullivan will continue to also serve as the Executive Director for the Review Committees for Anesthesiology and the Transitional Year as she begins her new responsibilities.

In conjunction with the leadership of the ACGME-I, the Department of Education will build a systematized and coordinated educational arm to meet the needs of its international colleagues. Included in this effort is the creation of an ACGME-I Conference to be conducted in Singapore in 2017.



Drs. Brigham and Doughty with participants from the Leadership Skills Training Program for Chief Residents conducted in Abu Dhabi.

Clinical Learning Environment Review

Program Concludes First Cycle of Visits—In March 2015, the CLER Program completed the first cycle of visits to participating sites of Sponsoring Institutions with three or more core residency programs. This first cycle included visits to 297 of the nation’s teaching hospitals and medical centers.

With the close of Cycle 1, the CLER Program is in the process of analyzing the data and drafting a national report for release later in 2015. The report will present aggregate, de-identified data that highlight key findings across the six focus areas. Simultaneous with preparing the report, the CLER Program is exploring opportunities to partner with other organizations and engage teaching

hospitals and medical centers in targeted efforts to better integrate graduate medical education in strategic planning to improve patient safety and health care quality.

In April 2015, the CLER Program began Cycle 2. In this next round, the CLER team is conducting repeat visits to the hospitals and medical centers visited in Cycle 1 to assess each site’s goals and

priorities resulting from the initial CLER visit and progress towards those goals. The protocol for Cycle 2 has been updated to closely align with the *CLER Pathways to Excellence*. Cycle 2 also includes initial visits to the approximately 400 small and single-program Sponsoring Institutions (those with one or two core residency programs).

Journal of Graduate Medical Education

The *Journal of Graduate Medical Education (JGME)* is the ACGME’s peer-reviewed publication. Editorially independent, *JGME* was inaugurated in 2009 to disseminate scholarship and promote critical inquiry to inform and engage the graduate medical education community. *JGME* is published quarterly and is provided to more than 10,000 residency and fellowship program directors, designated institutional officials, and members of the ACGME’s Review Committees and Board of Directors.

The *Journal’s* first aim is to be a leading peer-reviewed journal in graduate medical education. Evidence of success in meeting this aim includes:

- PubMed/MEDLINE indexing in June 2015
- A steady increase in the rejection rate from less than 50% during the early phase of the *Journal*, to 78% in 2014

- A 30-member Editorial Board under the direction of an Editor in Chief and three Deputy Editors. The Editorial Board includes US members and representatives from Canada, the Netherlands, the United Kingdom, the United Arab Emirates, Germany, and Singapore, as well as residents and fellows. Members have broad, diverse expertise, including in the areas of assessment, faculty

development, survey design, qualitative research, and quality and safety of care.

- Business oversight of the *Journal* provided by a subcommittee of the ACGME’s Board of Directors that includes a chair, Dr. Kenneth Ludmerer, who is a noted medical historian and author

The second aim is to promote scholarship and enhance the quality of research in the field, with success in a number of key areas:

- 812 manuscripts were submitted in 2014, which represents a sizable increase over the just over 500 manuscripts submitted in 2013. International submissions have grown to 10% of all submissions.
- *JGME* works with trainees and junior faculty members, as well as with other authors new to academic publishing, through workshops, practical guidance for authors, and pre-submission review and suggestions on manuscripts from trainees and new authors.
- *Journal*-sponsored workshops and lectures at national and international meetings seek to enhance authors' skills, and have drawn from 50 to more than 100 participants each. In addition to general topics in scholarly publishing, sessions in 2014–2015 covered topics including survey design and use of different assessment methods in research in graduate medical education. An international session on research design and submissions to scholarly journals was also conducted.

The *Journal's* third aim is to disseminate evidence-based approaches related to educational curricula and content, assessment, and the learning environment. Evidence of success in meeting this aim includes:

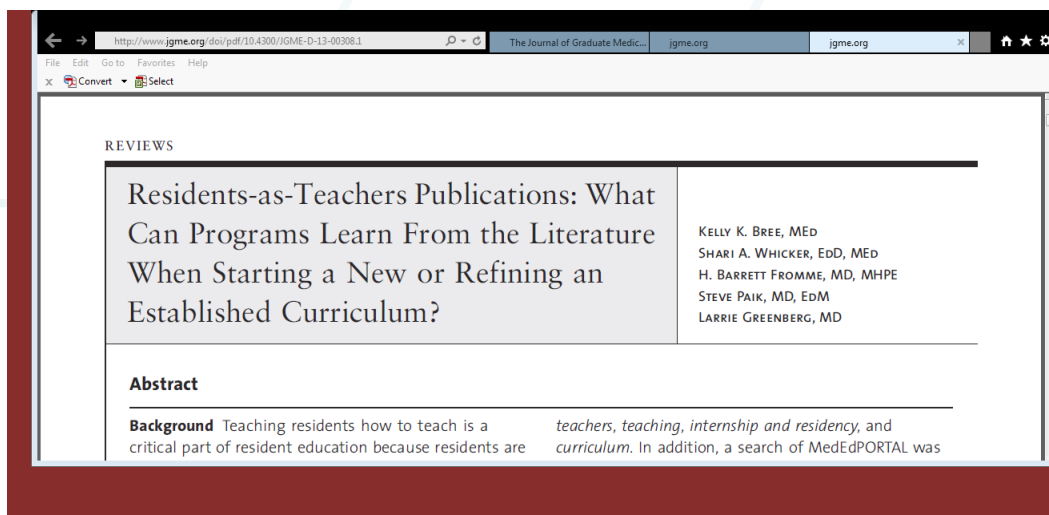
- Online content received 204,604 web hits in 2014 compared to 50,857 for 2010, the first full year of publication; dissemination of content through electronic tables of content with direct links to articles.
- Use of social media, particularly Twitter (follow @JournalofGME), to raise community awareness of content and to stimulate discussion.
- Selected articles relevant to residents/fellows are made available via an open-access page, with commentaries by members of the ACGME Council of Review Committee Residents.
- Online journal clubs with two major organizations in medical education to expand *JGME* outreach to the faculty and resident/fellow community, with topics of general interest, such as residents as teachers and resident well-being.

- New approaches to journal metrics offer authors and readers information about the use of content beyond traditional citations.

The fourth *JGME* aim is to contribute to new knowledge that enhances the competence of residency/fellowship graduates and their effectiveness in providing safe and high-quality patient care. Evidence of success in meeting this aim includes:

1. *JGME* has published early seminal work on the development and validation of the educational Milestones, and continues to publish articles on the validation of the Milestones and on their use in resident/fellow assessment, including studies that seek to develop best practices for Milestone use.
2. Survey tools, research protocols, and other practical information are made available as online supplemental data, so these resources are accessible to educators and researchers.
3. A section in each issue is devoted to updates on key ACGME initiatives, with these pages clearly distinguished from peer-reviewed content. In 2014–2015, this section included updates on the Clinical Learning Environment Review (CLER) program, ACGME strategic planning, initiatives in residency programs already in keeping with the recommendations in the Institute of Medicine's report *Graduate Medical Education That Meets the Nation's Health Needs*, and the ACGME program self-study.

continued on next page



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Council of Review Committee Chairs

Peter Carek, MD, MS, Chair, Review Committee for Family Medicine

Historically, the Council of Review Committee Chairs (CRCC) has been an excellent venue for Review Committees and their chairs to gather information from the other committees and organizations associated with graduate medical education, receive updates and other data from the ACGME, and discuss topics relevant to their work and the work of their Committees. With the introduction and implementation of the Next Accreditation System (NAS), the work of the CRCC has changed. Still a valuable setting for information gathering and dissemination, the CRCC's meetings now also provide an extraordinary opportunity to solve problems associated with the accreditation process and discuss quality improvement activities that pertain to graduate medical education in all disciplines. Additionally, the meetings have allowed the chairs to share valuable "lessons learned" from colleagues from specialties and Committees at varying phases of the transition into the NAS, including unique challenges, or opportunities for innovation in the efforts to improve residency and fellowship education.

This enhancement of CRCC activity served as a model for the work of the Review Committee for Family Medicine in the efforts to maintain the momentum of moving to a more quality improvement-focused approach to program review. As such, the communication with residency and fellowship programs has shifted, more often addressing issues identified as areas for improvement than citations. So far the Committee has found that often, we seek a

better understanding and clarification of program activities prior to rendering a formal citation. The Review Committee for Family Medicine is hoping for a more collegial relationship with programs in this, the Next Accreditation System. We do not take lightly the great responsibility we have in reviewing programs and making accreditation decisions, and our intent is firmly to work constantly toward program improvement and educational innovation.



Members of the Council of Review Committee Chairs, September 2014

Council of Review Committee Residents

Timothy J. Daskivich, MD, MSHPM, Chair, Council of Review Committee Residents

Providing the Resident Voice in Advancing Educational Policy

The Council of Review Committee Residents (CRCR) promotes the mission of the ACGME by advising on resident matters, graduate medical education (GME), and accreditation. In January 2015, the current vice chair, Dinchen Jardine, MD, MS (ENT), was elected chair and will succeed Timothy Daskivich, MD, MSHPM (Urology) when his term of service concludes in September. Over the last year, the Council has focused its efforts on the topics of physician wellness and mental health awareness in the GME learning environment, as well as on leadership training during residency.

Physicians in training are at high risk for burnout and depression, and early career physicians have substantially elevated risk of suicide compared with those in other professions. In November 2015, the ACGME will host a national symposium on physician well-being that will bring together GME leadership, scholars, residents, and program directors to determine how to change the training environment to promote wellness during training and beyond. As an adjunct to this effort, the CRCR wrote an article, published in the March issue of the *Journal of Graduate Medical Education (JGME)* (<http://www.jgme.org/doi/pdf/10.4300/JGME-07-01-42>) that provides a trainee-level perspective on the resources that currently exist and those that are lacking in the learning environment to address this issue. Using an appreciative inquiry approach, the CRCR

identified several actionable goals for national policy: (1) to increase awareness of the high risk of depression during training and thereby destigmatize it; (2) to build systems to identify and treat depression confidentially; (3) to formalize peer and faculty mentorship; (4) to promote a supportive culture within the profession; and (5) to support research to learn more about the issue. The CRCR looks forward to partnering with ACGME leadership to address this critical issue.

The CRCR also devoted effort over the last year to envisioning ideal systems for formal leadership training during residency. Because health care is increasingly carried out by teams of providers—physicians, nurses, care coordinators, pharmacists, social workers, nutritionists, physical and occupational therapists—physicians must learn to be co-leaders (and team players) in

the clinical environment. Despite this, there is no formalized training in leadership that is universally available for residents. The CRCR wrote an article for the June 2015 issue of *JGME* (<http://www.jgme.org/doi/pdf/10.4300/JGME-07-02-31>) that calls for a national leadership curriculum for residents. The Council hopes that this piece will spark further discussion on developing critically-needed leadership training in GME.

The CRCR is delighted to play a role in assisting the ACGME in its visionary efforts to advance the GME learning environment. We look forward to continuing to provide the resident perspective on salient issues within GME to further the mission of the organization: to improve health care and population health by advancing the quality of resident physicians' education through accreditation.



Members of the Council of Review Committee Residents, September 2014

FEATURES

Milestones Department Reaches Early Milestones in the Next Accreditation System

The past year was momentous for the Milestones Department. New staff members in key functions joined the team, the remaining core residency disciplines entered the Milestones system, and the department launched a number of new activities and collaborations. This report will touch on four major themes for the past year: engagement, educational initiatives, listening to our stakeholders, and research.

Engagement

In conjunction with full implementation of the Next Accreditation System (NAS) for all specialties, all core specialties, and the majority of subspecialties, reported Milestones data in Academic Year 2014-2015. In the mid-year reporting period, a total of 7,498 programs reported on a total of 117,548 residents and fellows (99.96%). Additionally, at the year-end, 7,628 programs reported on 118,360 residents and fellows for a 99.98% resident level response rate.

Educational initiatives

The Milestones Department successfully piloted a week-long interactive faculty development course in assessment. Developing Faculty Competencies in Assessment: A Course to Help Achieve the Goals of Competency-Based Medical Education (CBME), had three successful sessions during the 2014-2015 pilot year, with two in the fall of 2014 and one in the spring. In all, 73 faculty members from 55 different institutions and 15 different specialties participated. The highly interactive course involves multiple exercises and small-group learning exercises, as well as a half-day session at the Northwestern Feinberg School of Medicine simulation center, which allows the participants to practice their direct observation assessment and feedback skills working with standardized patients and residents. This experience

was routinely the highest rated session of the week. In addition to the direction of Dr. Eric Holmboe, senior vice president, Milestone Development and Evaluation, the course also features other major educational leaders in the field facilitating some of the workshops: Dr. Jennifer Kogan, from the University of Pennsylvania; Dr. William Iobst from the Commonwealth Medical College; and Dr. Kelly Caverzagie from the University of Nebraska. In Academic Year 2015-2016, the ACGME will offer four sessions of this course in Chicago, and in October will also pilot a shortened version, focusing on essential teaching faculty, in collaboration with Drs. Donald Brady, Sandy Moutsios, and John McPherson of Vanderbilt University in Nashville, Tennessee.

The Department also produced its first publication, a new guidebook for Clinical Competency Committees (CCCs), in February 2015. The guidebook provides information regarding the purpose and structure of the CCC, how to prepare for and run a CCC meeting, and post-CCC meeting actions, as well as legal and other considerations. **Clinical Competency Committees: A Guidebook for Programs** can be found in the Milestones section of the ACGME website. The Milestones Department will continue to develop educational resources related to assessment to help program directors in the coming year.

The Listening Tour

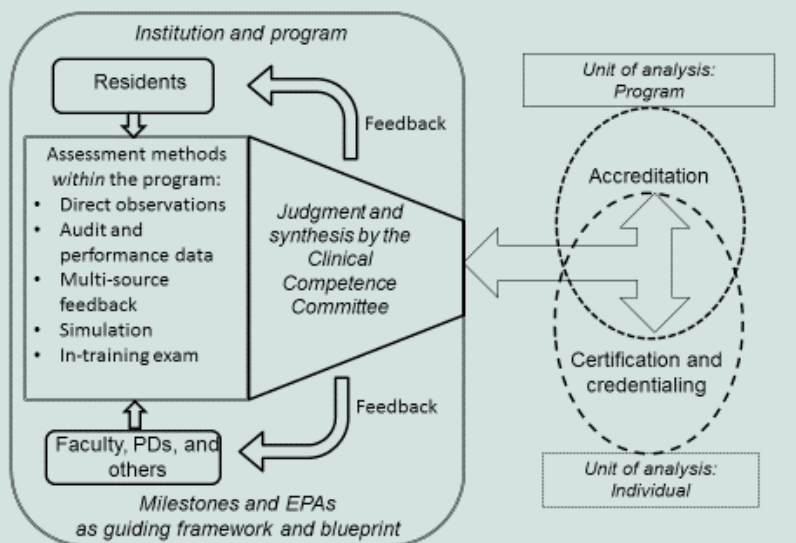
The ACGME, as represented by the figure (next page) of the Professional Self-Regulatory Assessment System, fully understands that, ultimately, effective accreditation is highly dependent on the effectiveness of the residency and fellowship programs in producing highly competent physicians; or, in other words, that as an organization, the ACGME is only as successful in its work as are the programs it accredits in producing competent physicians. During 2014-2015, Drs. Holmboe, Stan Hamstra, and Laura Edgar attended over 25 society meetings and met with over 30 institutions and organizations to discuss the Milestones initiative and provide faculty development. Perhaps more importantly, staff of the Milestones Department took the opportunity to conduct informal focus groups that included, in aggregate, hundreds of program directors, designated institutional officials (DIOs), and faculty leaders. These rich sessions enabled department leadership to learn, *directly from the programs*, how the Milestones are impacting programs, including meaningful successes, but also in terms of challenges in implementing the changes. This information will be invaluable in making real-time adjustments in the Milestones system, and will help to inform what revisions will be important in the future. The Milestones Department ascribes

continued on next page

An Overview of the Professional Self-regulatory Assessment System in United States

(from Holmboe ES, Batalden P. *Achieving the Desired Transformation: Thoughts on Next Steps for Outcomes-Based Medical Education*. *Acad Med*. 2015 Jun 16. [Epub ahead of print] PMID: 26083400)

The majority of learner assessments occur within the training institution and program. Milestones and entrustable professional activities (EPAs) can serve as the guiding framework and blueprint for curriculum and assessment. Programs need to implement a combination of assessment tools (e.g., direct observation, medical record audit of clinical performance using validated measures) to align with the competencies and Milestones. The figure also highlights the critical importance of active resident engagement in the assessment system. Effective group process via the CCC leads to better decisions and judgments about learner development. Professional self-regulation, represented in the United States by the ACGME (accreditation) and the American Board of Medical Specialties (certification), are the public-facing entities of the system, but depend substantially on the programs for execution of standards. The bi-directional arrows signify the co-dependent relationships of all actors in the system.



to a philosophy of service and continuous quality improvement, in alignment with the ACGME's placement of importance on these features in the model for the NAS. As such, these focus groups are an invaluable and critical demonstration of the application of that philosophy, and will continue. The department also invites feedback and comment, at any time, through the Milestones mailbox: milestones@acgme.org.

Research

Ongoing research and evaluation of the Milestones is critically important. The Milestones Department also recognizes it cannot and should not do the research and evaluation alone; the best research and learning will come from robust collaborations. To that end the Department launched two important advisory committees: an analytic group and a CCC group. The Analytic Advisory Group includes Drs. John Norcini of FAIMER, Ara Tekian and Rachel

Yudkowsky of the University Illinois Chicago, and Reed Williams of Indiana University, all highly regarded measurement experts. The Analytic Advisory Group is supported by Dr. Hamstra, Senior Vice President, Applications and Data Analysis Ms. Rebecca Miller, and Outcomes Assessment Project Associate Dr. Kenji Yamazaki. The CCC Advisory Group includes Drs. Kathy Andolsek of Duke University, Karen Hauer of UCSF, and Jamie Padmore of Medstar Health, whose expertise and wisdom has been vital in planning Milestones research activities.

One the more exciting developments last year was the initial validity research led by the American Board of Emergency Medicine (ABEM) in partnership with the ACGME. The first Emergency Medicine Milestones study demonstrated early evidence of validity as an assessment instrument for competency development. The Milestones were able to discriminate between

residency years, and an exploratory factor analysis found the factor structure further supported the validity of the Emergency Medicine Milestones. The group that conducted this research also submitted a paper to *Academic Medicine* that examines the relationship between emergency medicine resident performance on the in-training examination and performance on the Emergency Medicine Milestones.

The research arm of the Milestones Department is also currently collaborating on a qualitative study with Dr. Nate Selden and his team at the Oregon Health Sciences University (OHSU), investigating the early experience of residents and program directors with the Milestones. Data collection should be completed by early fall, and lessons from this study will inform similar studies with other specialty disciplines.

The ACGME will also be one of the collaborators on the Professionals Accelerating Clinical and Educational Redesign (PACER) national initiative to improve the quality of ambulatory-based training and care. This exciting project is being primarily funded by the Josiah Macy Foundation, with additional support from the American Boards of Family Medicine, Internal Medicine, and Pediatrics and the ACGME. The PACER project builds off the successful Primary Care Faculty Development Initiative (PCFDI) pilot interdisciplinary project.

The Milestones team is also developing research activities with other certification boards and medical educators around the country. This is a very exciting time for graduate medical education and the Milestones team wants to help advance the research and science around competency-based medical education.

Record-Setting Attendance at 2015 Annual Educational Conference

The 2015 ACGME Annual Educational Conference (AEC) achieved a significant milestone that was only dreamed of a decade ago. 3472 participants attended the conference, held in San Diego, California, marking the first time the AEC exceeded 3,000 registrants, and representing the largest graduate medical educational conference in the world to date.

This is significant for several reasons:

1. In 2005, conference attendance was 802. The 2015 gathering reached over four times as many graduate medical education (GME) professionals with essential accreditation information, high quality GME research and scholarship, and the opportunity to network with and learn from peers from around the world.

2. It marks a significant expansion of the nature of the event and the type of educational experiences and opportunities offered during the conference. The 2005 AEC was limited to large group presentations given mainly by ACGME staff members and administrators, primarily on accreditation-specific topics. Since 2008, the conference planning team widened the tent to include an array of courses using a variety of educational methodologies with faculty members drawn, yes from the staff and administration, but also from outside experts and the GME community at-large, and with content expanded beyond accreditation to include the total spectrum of GME to meet the needs of program directors, designated institutional officials, coordinators, residents and fellows, and others, both domestically and internationally.

3. The expansion in scope allowed another significant dimension to emerge – the AEC has become a gathering place for the worldwide GME community, increasing collegiality, collaboration, and community, and enabling the participants to share knowledge and experience. The opportunity to meet and learn from fellow travelers on the GME road has been cited time and again as a vitally important reason participants return to this conference year after year.



Total AEC attendance, 2004-present

Year	Attendance
2004	712
2005	802
2006	1003
2007	1160
2008	1209
2009	1380
2010	1622
2011	1753
2012	2251
2013	2941
2014	2869
2015	3472

Total Accreditation versus General (GME research/educational) AEC presentations, 2005-present

Year	Accreditation	General	Total Sessions
2005	43	24	67
2006	42	16	58
2007	35	17	52
2008	38	22	60
2009	41	41	82
2010	37	52	89
2011	37	54	91
2012	35	79	114
2013	42	76	118
2014	76 (includes NAS)	57	133
2015	52	81	132

Total number presentations selected for AEC from those submitted for consideration

Year	Selected Presentations	Total Presentations
2009	36	82
2010	41	89
2011	45	91
2012	60	114
2013	63	118
2014	91	133
2015	73	132

ACGME Awards

Each year the ACGME recognizes notable program directors, designated institutional officials, residents, and coordinators for their outstanding work and contributions to graduate medical education through its Awards Program. Below are the 2015 awardees who were honored at a luncheon reception during the 2015 ACGME Annual Educational Conference held February 6-March 1, 2015 in San Diego, California.

Parker J. Palmer Courage to Teach Award

Presented to up to 10 program directors who have fostered innovation and improvement in their residency programs and served as exemplary role models for residents.

Anthony Arnold, MD

Ophthalmology
Jules Stein Eye Institute, UCLA School of Medicine

Bashar Attar, MD, PhD

Gastroenterology
John H. Stroger Hospital of Cook County

Samuel Borden, MD

Medicine-Pediatrics
Baystate Medical Center

Kalli Doyle, MD

Pediatrics
William Beaumont School of Medicine

Karl Golnik, MD, MEd

Ophthalmology
University of Cincinnati

E. Gormley, MD

Urology
Dartmouth-Hitchcock Medical Center

Kevin Means, MD

Physical Medicine and Rehabilitation
University of Arkansas for Medical Sciences College of Medicine

Matthew Short, MD

Transitional Year
Madigan Healthcare System

Christopher Varley, MD

Child and Adolescent Psychiatry
University of Washington

Kenneth Zukerman, MD

Hematology and Oncology
University of South Florida and H. Lee Moffitt Cancer Center

Parker J. Palmer Courage to Lead Award

Presented each year to up to three designated institutional officials who have demonstrated strong leadership and astute resource management, and who have also encouraged innovation and improvement in residency programs and their sponsoring institutions.

Roseanne Berger, MD

University at Buffalo

Thomas Blackwell, MD

University of Texas Medical Branch at Galveston

Miriam Bar-on, MD

University of Nevada School of Medicine



Parker J. Palmer Courage to Teach Award Winners



Parker J. Palmer Courage to Lead Award Winners

David C. Leach, MD Award

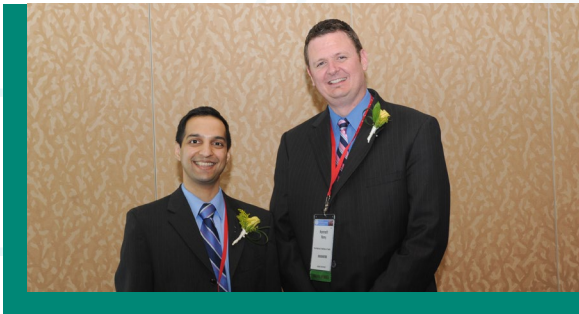
Presented to up to five residents who have fostered innovation and improvement in their residency programs, advanced humanism in medicine, and increased efficiency and emphasis on educational outcomes.

Prathit Kulkarni, MD

Pediatrics
Baylor College of Medicine, Houston

Kenneth Remy, MD

Surgery
Erlanger Medical Center



David C. Leach, MD Award Winners

GME Program Coordinator Excellence Award

Presented to up to five program coordinators in recognition of their in-depth understanding of the accreditation process, excellent communication and interpersonal skills, and projects to improve residency programs.

Alicia Crispin

Family Medicine
Grand Rapids Medical Education Partners/Michigan State University

Denise Mussehl

Anesthesiology
University of Wisconsin School of Medicine and Public Health

Cynthia Neal

Family Medicine
Long Beach Memorial Medical Center

Mary Rich

Endocrinology, Diabetes and Metabolism Coordinator
University of Cincinnati Medical Center College of Medicine

GME Institutional Coordinator Excellence Award

Presented to one institutional coordinator upon whom everyone depends to know graduate medical education and what the process is for internal review. The ACGME depends on this person to wear many hats, including those of administrator, counselor, enforcer, coordinator, organizer, and scheduler.

Paul Johnson

Ichan School of Medicine at Mount Sinai



GME Program and Institutional Coordinator Excellence Award Winners

ACGME International Making an Impact

The ACGME-I Mission

ACGME International (ACGME-I) was developed after multiple countries reached out to the ACGME for accreditation information and assistance. There was an expressed need for physicians to be trained to better serve individual international communities. The ACGME's highly structured system of education and accreditation demonstrated unique appeal as compared to alternative models. This endeavor was first sparked by Singapore in 2009 and has been expanded to other countries across the globe. The mission—though similar to that of the ACGME—focuses on improving the quality of health care *specific to each individual country's need*.

It is important to clarify that the ACGME-I does *not* serve individuals from other countries who wish to enter into a residency in the United States. One of the major expectations of countries and institutions that seek ACGME-I services is to prevent brain drain and to cultivate a local environment that encourages a physician to stay in one's own country. Though the emphasis for the ACGME-I is to create quality residency programs abroad, an absence of subspecialists internationally has created a desire by many ACGME-I graduates to add an accredited fellowship year in the US. Some domestic Review Committees have defined such graduates as "exceptional candidates" for fellowship consideration. Notably, such individuals do not become eligible to sit for an American Board of Medical Specialties certifying examination.

The relationship with the ACGME

Organizationally, ACGME-I is an LLC of the parent organization ACGME. As such, it is financially self-sufficient. The ACGME-I is funded through contracts with individual ministries of health or institutions. The ACGME-I reports to the ACGME Board of Directors through its Finance Committee (*see Financial Reports, p.26*).

The ACGME-I does rely on certain tools and resources housed within the ACGME. For example, data collection through the Accreditation Data System, site visits by professional staff, reliance upon the Education Department related to areas such as the Milestones, and other features all utilize the services and personnel of the ACGME.

The ACGME-I Requirements and Review Process

While the system is similar to that of the ACGME, the ACGME-I accreditation requirements for both institutions and programs are necessarily distinct. Accreditation is first granted to an institution; programs must be sponsored by such an accredited institution. Both institutions and programs are held to accreditation requirements. The ACGME-I accreditation process reflects a similarity to the ACGME system of recent design (prior to the implementation of the Next Accreditation System), typified by review cycle lengths of three years or fewer between site visits; program information forms; and other processes designed to assist programs as they adopt ACGME-I requirements particular to a specialty/subspecialty. Undoubtedly, there will

be future iterations of international requirements reflective of growth and change, just as domestic requirements have evolved under the Next Accreditation System.

A substantial component of international accreditation, just as with domestic norms, is the presence of volunteerism and peer standards-setting. International members of the Review Committee do a superlative job of representing the patients', residents', educators', and countries' needs as unique to their environment. The organization especially thanks Drs. Margaret Blott; Sally Ho; Abdulatif al Khal; Halah Ibrahim; and Colin Song; and notes with sadness the passing of Dr. Vijayan Appasamy, a charter member of the Review Committee-International.

ACGME-I BY THE NUMBERS - 2014-2015

- 3.5** new FTE ACGME-I staff members
- 6** new country inquiries/discussions
- 7** newly-accredited programs
- 10** countries visited one or more times during 2014-2015
- 38** accredited specialties
- 64** site visits
- 99** accredited programs
- ~2000** residents in accredited programs

Making a Difference

After six years, the ACGME-I has over 100 programs currently or soon to be accredited. The *Journal of Graduate Medical Education* includes international articles describing improvements in residency education and patient care. Residents who experienced GME in their countries both before and after the implementation of ACGME-I accreditation note the value of a structured evaluative system, and of knowing what it is they need to know as they learn. Faculty members echo this, expressing a clearer understanding of what needs to be taught, of a defined approach to teaching, and of a better educational process for different types of learners. Medical education leadership is beginning to see the value of the Milestones and Clinical Competency Committees as tools for identifying areas requiring attention

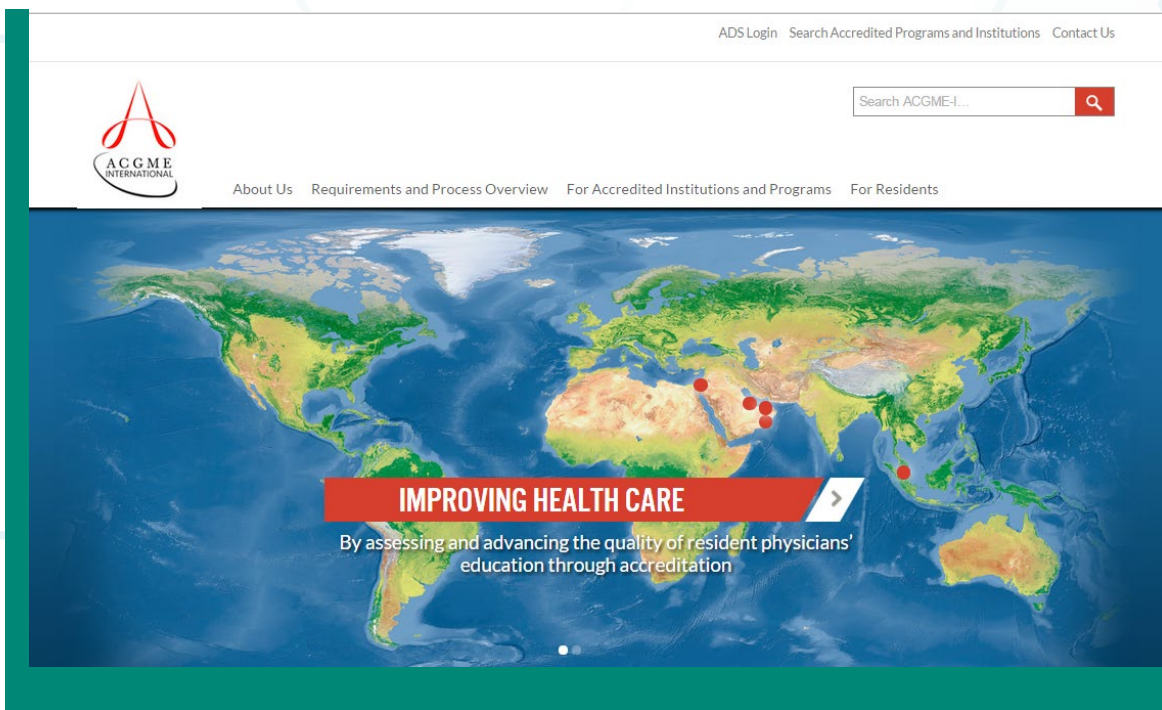
or earlier intervention, so that remediation may occur more effectively when necessary.

Ultimately, the ACGME-I hopes to define a stronger collaboration between domestic accredited programs and international programs. Such opportunities are limitless, from rotations that provide international learning, to identification of best practices, to teaching and learning that takes advantage of mobile health technologies. Collaborative efforts, above all, are intended to honor both similarities and differences in countries' needs, and to tailor education appropriately.

Continuing to Build

Thus far, the ACGME-I's success has in large part been in economically stable countries that seek a more rigorous medical education system.

But this approach is changing in order to more fully serve the Mission of improving global health. In the past year, visits were conducted in Haiti and Panama, where highly committed medical education leaders reached out for assistance. The ACGME-I team witnessed the most fundamental of pre-requisites for solid medical education: a dedicated administrative core; an enthusiastic faculty desirous of improving; residents wanting to provide the best care; and long lines of patients needing help. There were clear differences in the economic resources and technological sophistication in these two countries, but both affirmed the need to expand what the ACGME-I can do. Consequent to these visits, the ACGME-I is cultivating stakeholders in an effort to define how the needs of such countries can be met. Rather than producing an "all or none" model for accreditation, a tiered approach to improving education is being developed. The ACGME-I is also working with institutions devoted to global health to identify graduate medical education's current status in numerous locations in order to more fully serve its Mission.



The ACGME-I launched a redesigned website at www.acgme-i.org in January 2015.

STATISTICS AND FINACIALS

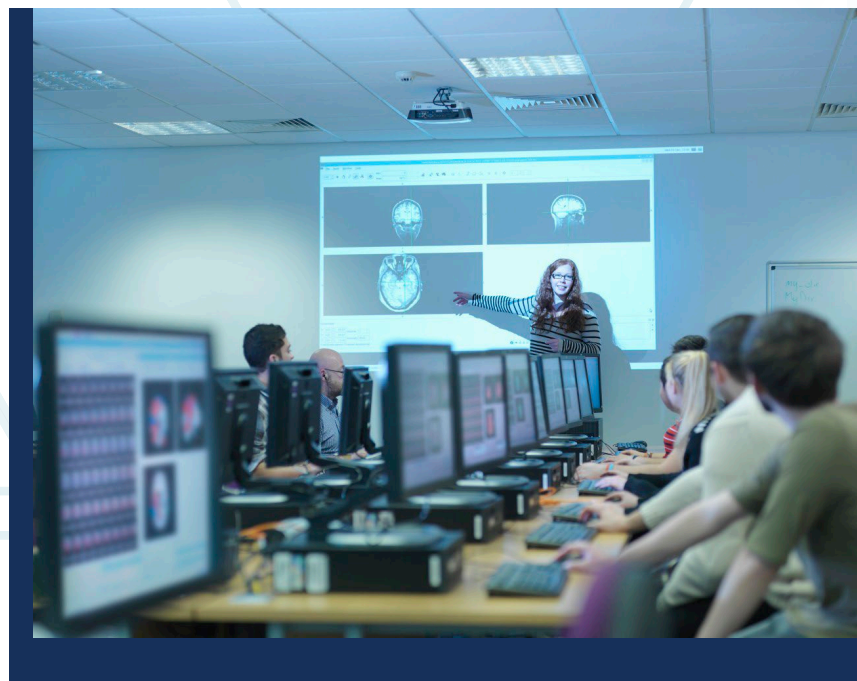
2014-2015 Statistical Highlights

Institutions

There are 692 institutions that sponsor graduate medical education programs. Over 60% sponsor multiple programs, while almost 40% sponsor single programs.

Sponsoring Institutions		
Multiple programs	429	62%
Single programs	263	38%
	692	100%

Sponsoring Institutions use 4,858 participating sites to teach residents and fellows. Over the past decade, the number of teaching sites has nearly doubled, while ambulatory teaching sites nearly tripled during the same timeframe.



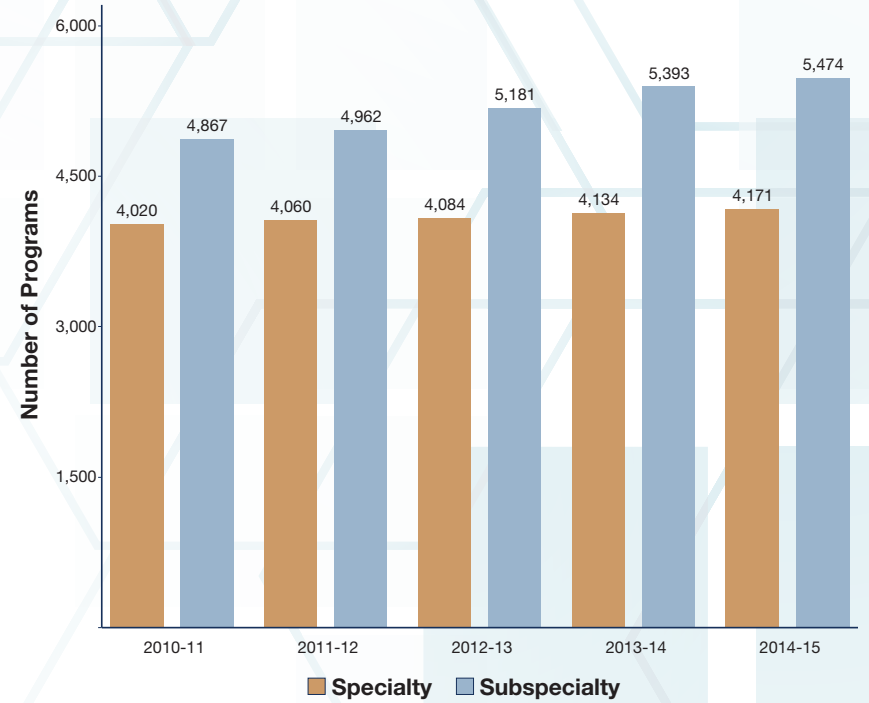
Programs

Accredited Programs

During 2014-2015, there were 9,645 accredited programs of which 4,171 were specialty programs and 5,474 were subspecialty programs. Additionally, there were 193 new programs, which is the smallest annual increase in new programs in over a decade. The number of programs that closed or voluntarily withdrew their accreditation was 46.

During the 2014-2015 annual review cycle, Review Committees reviewed and issued 8,816 accreditation decisions to programs participating in the Next Accreditation System annual review. Based on review of their annual indicators, the vast majority of programs (82.8%) did not require an in-depth review by the Review Committee. The remaining programs were assessed by Review Committee reviewers with or without a site visit. Most programs were conferred a status of Continued Accreditation. A small number, 190 programs (2.2%), were granted a status of Continued Accreditation with Warning or placed on Probationary Accreditation.

Accredited Programs



Specialty Program: A structured educational experience in a field of medical practice following completion of medical school and, in some cases, prerequisite basic clinical education designed to conform to the Program Requirements of a particular specialty; also known as 'core' programs.

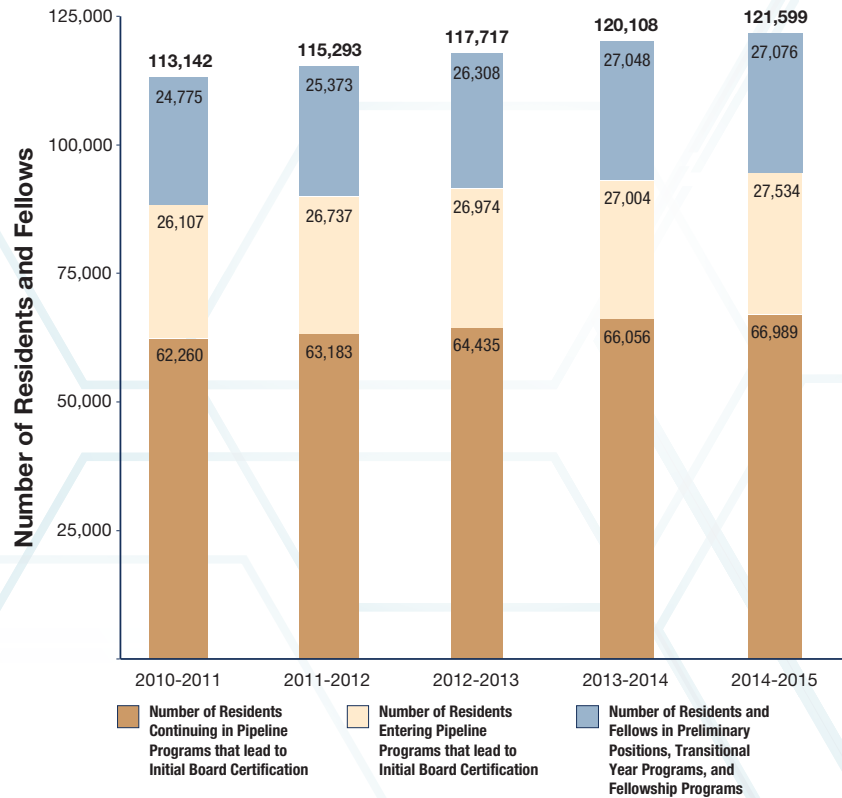
Subspecialty Program: A structured educational experience following completion of a prerequisite specialty program in GME designed to conform to the Program Requirements of a particular subspecialty.

Residents and Fellows

Active Residents and Fellows

There are 121,599 active residents and fellows in 9,645 programs. Of the total 121,599 residents and fellows in 2014-2015, 23% were entering pipeline programs, 55% were continuing in pipeline programs, and 22% were in preliminary positions, transitional year programs, and fellowships.

Active Residents and Fellows



Note: 'Pipeline programs' are programs within specialties that lead to initial board certification. Residents entering the pipeline are in Year 1 (excluding preliminary year).

Active Residents and Fellows by Medical School Type

Of the 121,599 active residents/fellows in ACGME-accredited programs during Academic Year 2014-2015, the majority, at 65% completed LCME-accredited medical schools in the U.S. Over a quarter, at 26%, are international medical school graduates (IMGs).

Medical School Type	Count of Residents
US-LCME Accredited Medical School	79,142
International Medical School	31,271
Osteopathic Medical School	10,999
Canadian Medical School	178
Medical School Unknown	9

Resident and Fellow Status

In addition to the 121,599 active residents, 42,741 successfully completed and graduated from their ACGME-accredited programs.

Resident Status	Count of Residents
Active	121,599
Completed Training	42,741
Left Program Prior to Successful Completion	2,238
Inactive	1,368

Note: More breakdowns and additional details regarding these data are provided in the ACGME's Graduate Medical Education Data Resource Book, which can be found on the ACGME website, www.acgme.org.

2014 Financial Reports

The ACGME's fiscal year runs from January 1-December 31. These results represent audited results for Fiscal Year 2014.

ACGME revenue comes primarily from annual fees charged to all programs accredited during the academic year, accounting for nearly 87% of ACGME income. Applications for new programs accounted for 3.5% of 2014 revenue. Conference and Workshop revenue and Investment income accounted for 5.2% and 3.5% of total revenues, respectively. During 2014, total revenues

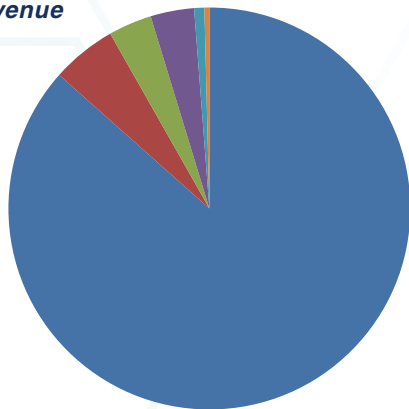
amounted to more than \$54.9 million. Of this amount, the ACGME generated just under \$51.4 million and the ACGME-I generated just under \$3.6 million.

As a service organization, salary and benefit expenses, as well as travel and meeting costs, make up over 69% of the ACGME's annual expenses. During 2014, total expenses incurred

amounted to \$53.6 million. The ACGME incurred \$51.1 million, while the ACGME-I incurred just under \$2.5 million.

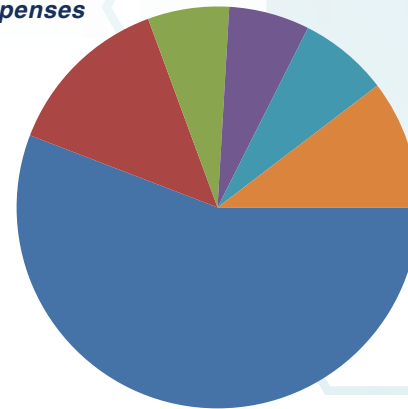
Net income for 2014 was just over \$1.3 million. The ACGME's net gain for 2014 was \$247,000, while the ACGME-I's net gain was just under \$1.1 million.

2014 Revenue



■ Program Fees	\$47,557,370	86.6%
■ Conferences and Workshops	\$2,867,728	5.2%
■ Application Fees	\$1,918,380	3.5%
■ Net Investment Income	\$1,925,463	3.5%
■ Rent Revenue	\$449,334	0.8%
■ Other	\$218,668	0.4%
Total Revenues	\$54,936,943	100.0%

2014 Expenses



■ Personnel	\$29,932,145	55.8%
■ Meetings and Travel	\$7,261,291	13.5%
■ Depreciation	\$3,509,259	6.5%
■ Facilities	\$3,480,226	6.5%
■ Professional Services	\$3,863,255	7.2%
■ Office Supplies and Other	\$5,559,242	10.4%
Total Expenses	\$53,605,418	100.0%

LISTS

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Term began September 2014

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Term began September 2014

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ACGME Board of Directors, September 2014

Review/Recognition Committees and Accredited Specialties

Review/Recognition Committee	Specialized Areas	Appointing Organizations
Allergy and Immunology		American Academy of Allergy, Asthma, and Immunology American College of Allergy, Asthma, and Immunology
Anesthesiology	Adult Cardiothoracic Anesthesiology Clinical Informatics Anesthesiology Critical Care Medicine Hospice and Palliative Medicine	Obstetric Anesthesiology Pain Medicine Pediatric Anesthesiology
Colon and Rectal Surgery		American Board of Colon and Rectal Surgery American College of Surgeons
Dermatology	Dermatopathology	Micrographic Surgery and Dermatologic Oncology
Diagnostic Radiology	Abdominal Radiology Clinical Informatics Endovascular Surgical Neuroradiology Interventional Radiology Musculoskeletal Radiology	Neuroradiology Nuclear Radiology Pediatric Radiology Vascular and Interventional Radiology
Emergency Medicine	Clinical Informatics Emergency Medical Services Medical Toxicology	Pediatric Emergency Medicine Sports Medicine Undersea and Hyperbaric Medicine
Family Medicine	Clinical Informatics Geriatric Medicine	Hospice and Palliative Medicine Sports Medicine
Institutional		ACGME Board of Directors American Osteopathic Association
Internal Medicine	Adult Congenital Heart Disease Advanced Heart Failure and Transplant Cardiology Cardiovascular Disease Clinical Cardiac Electrophysiology Clinical Informatics Critical Care Medicine Endocrinology, Diabetes, and Metabolism Gastroenterology Geriatric Medicine Hematology Hematology and Medical Oncology	Hospice and Palliative Medicine Infectious Disease Internal Medicine-Pediatrics Interventional Cardiology Medical Oncology Nephrology Pulmonary Critical Care Pulmonary Disease Rheumatology Sleep Medicine Transplant Hepatology
Medical Genetics	Clinical Informatics Medical Biochemical Genetics	Molecular Genetic Pathology
Neurological Surgery	Endovascular Surgical Neuroradiology	
Neurology	Brain Injury Medicine Child Neurology Clinical Neurophysiology Endovascular Surgical Neuroradiology Epilepsy	Neurodevelopmental Disabilities Neuromuscular Medicine Pain Medicine Sleep Medicine Vascular Neurology
Nuclear Medicine		American Board of Nuclear Medicine Society of Nuclear Medicine
Obstetrics and Gynecology	Female Pelvic Medicine and Reconstructive Surgery	American Board of Obstetrics and Gynecology American College of Obstetricians and Gynecologists American Osteopathic Association

Review/Recognition Committee	Specialized Areas		Appointing Organizations
Ophthalmology	Ophthalmic Plastic and Reconstructive Surgery		American Board of Ophthalmology American Academy of Ophthalmology American Osteopathic Association
Orthopaedic Surgery	Adult Reconstructive Orthopaedic Surgery Foot and Ankle Orthopaedic Surgery Hand Surgery Musculoskeletal Oncology	Orthopaedic Sports Medicine Orthopaedic Surgery of the Spine Orthopaedic Trauma Pediatric Orthopaedic Surgery	American Board of Orthopaedic Surgery American Academy of Orthopaedic Surgeons American Osteopathic Association
Osteopathic Neuromusculoskeletal Medicine			ACGME Board of Directors American Osteopathic Association
Osteopathic Principles Committee			ACGME Board of Directors American Osteopathic Association
Otolaryngology	Neurotology	Pediatric Otolaryngology	American Board of Otolaryngology American College of Surgeons American Osteopathic Association
Pathology – Anatomic and Clinical	Blood Banking/Transfusion Medicine Chemical Pathology Clinical Informatics Cytopathology Dermatopathology Forensic Pathology	Hematology Medical Microbiology Molecular Genetic Pathology Neuropathology Pediatric Pathology Selective Pathology	American Board of Pathology
Pediatrics	Adolescent Medicine Child Abuse Clinical Informatics Developmental-Behavioral Pediatrics Hospice and Palliative Medicine Internal Medicine-Pediatrics Neonatal-Perinatal Medicine Pediatric Cardiology Pediatric Critical Care Pediatric Emergency Medicine	Pediatric Endocrinology Pediatric Gastroenterology Pediatric Hematology Oncology Pediatric Infectious Diseases Pediatric Nephrology Pediatric Pulmonology Pediatric Rheumatology Pediatric Transplant Hepatology Sleep Medicine Sports Medicine	American Board of Pediatrics American Academy of Pediatrics American Osteopathic Association
Physical Medicine and Rehabilitation	Brain Injury Medicine Neuromuscular Medicine Pain Medicine	Pediatric Rehabilitation Medicine Spinal Cord Injury Medicine Sports Medicine	American Board of Physical Medicine and Rehabilitation American Academy of Physical Medicine and Rehabilitation American Osteopathic Association
Plastic Surgery	Craniofacial Surgery	Hand Surgery	American Board of Plastic Surgery American College of Surgeons American Osteopathic Association
Preventive Medicine	Clinical Informatics Medical Toxicology	Undersea and Hyperbaric Medicine	American Board of Preventive Medicine
Psychiatry	Addiction Psychiatry Brain Injury Medicine Child Psychiatry Forensic Psychiatry	Geriatric Psychiatry Hospice and Palliative Medicine Psychosomatic Medicine Sleep Medicine	American Board of Psychiatry and Neurology American Psychiatric Association American Osteopathic Association
Radiation Oncology	Hospice and Palliative Medicine		American Board of Radiology American College of Radiology
Surgery	Complex General Surgical Oncology Surgical Critical Care Hand Surgery	Pediatric Surgery Vascular Surgery	American Board of Surgery American College of Surgeons American Osteopathic Association
Thoracic Surgery	Congenital Cardiac Surgery		American Board of Thoracic Surgery American College of Surgeons
Urology	Female Pelvic Medicine and Reconstructive Surgery	Pediatric Urology	American Board of Urology American College of Surgeons American Osteopathic Association
Transitional Year			ACGME Board of Directors American Osteopathic Association

* The American Medical Association's Council on Medical Education is an appointing organization for all Review Committees except for the Institutional Review Committee, the Transitional Year Review Committee, the Osteopathic Neuromusculoskeletal Medicine Review Committee, and the Osteopathic Principles Committee.

Review/Recognition Committee Members • 2014-2015

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Amal H. Assa'ad, MD
Cincinnati Children's Hospital Medical Center
Cincinnati, Ohio

William K. Dolen, MD—Chair
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Augusta, Georgia

Mary Beth Fasano, MD
University of Iowa Hospitals and Clinics
Iowa City, Iowa

Anita T. Gewurz, MD
Rush Medical College, Rush University
Chicago, Illinois

David P. Huston, MD
Texas A&M Health Science Center
Houston, Texas

Bruce J. Lanser, MD—Resident
National Jewish Health
Denver, Colorado

Gailen D. Marshall Jr., MD
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Jackson, Mississippi

Michael R. Nelson, MD
Walter Reed National Medical Center
Bethesda, Maryland

Jay M. Portnoy, MD—Vice Chair
Children's Mercy Hospital
Kansas City, Missouri

Stephen I. Wasserman, MD—Ex-Officio
American Board of Allergy and Immunology
Philadelphia, Pennsylvania

Anesthesiology

J. Jeffrey Andrews, MD—Ex-Officio
(Term ended September 30, 2014)
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Brigham and Women's Hospital
Boston, Massachusetts

Brenda G. Fahy, MD
University of Florida
Gainesville, Florida

Robert Gaiser, MD—Vice Chair
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Philadelphia, Pennsylvania

Linda Jo Mason, MD
Loma Linda University Medical Center
Loma Linda, California

Joel Musee, MD—Resident
Vanderbilt University
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Andrew Patterson, MD, PhD
Stanford University
Stanford, California

James Ramsay, MD
University of California, San Francisco
San Francisco, California

James P. Rathmell, MD—Ex-Officio
(Term began October 1, 2014)
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Margaret Wood, MD—Chair
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Cynthia A. Wong, MD
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Chicago, Illinois

Colon and Rectal Surgery

Patrice Blair, MPH—Ex-Officio
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The Cleveland Clinic Foundation
Cleveland, Ohio

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St. Louis, Missouri

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Parma, Ohio

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Houston, Texas

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Ochsner Medical Center
New Orleans, Louisiana

Dermatology

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Laser Skin and Surgery Center of Indiana
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San Antonio, Texas

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Seattle, Washington

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Detroit, Michigan

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Little Rock, Arkansas

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Cincinnati, Ohio

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Monmouth Medical Center
Long Branch, New Jersey

**Dinchen Jardine, MD LCDR MC USN
—Resident**
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Portsmouth, Virginia

Susan Kirk, MD
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Peter M. Nalin, MD
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Indiana University School of Medicine
Indianapolis, Indiana

Lawrence M. Opas, MD—Chair
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Rhode Island Hospital, Brown Medical School
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Lankenau Medical Center
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Temple, Texas

E. Benjamin Clyburn, MD—Vice Chair
Medical University of South Carolina
Charleston, South Carolina

Ricardo Correa, MD—Resident
National Institute of Health
Rockville, Maryland

Alan C. Dalkin, MD
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Andrew N. Dentino, MD
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Sima S. Desai, MD
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Albert Einstein College of Medicine
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Kristin Jacob, MD—Resident
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Elaine A. Muchmore, MD
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Andrea Reid, MD
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Tulane University Medical School
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Mimi G. Blitzer, PhD, FACMG—Ex-Officio
American Board of Medical Genetics
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Catherine M. Rydell, CAE—Ex-Officio

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Lori A. Schuh, MD, FAAN

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Grand Rapids, Michigan

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Nuclear Medicine

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Medical Center
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Christopher Zahn, MD

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UCLA Medical Center
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Veterans Affairs Medical Center
Washington, District of Columbia

Andreas K. Lauer, MD

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Portland, Oregon

Assumpta A. Madu, MD, MBA, PharmD, CPE

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Bronx, New York

Shahzad Mian, MD

University of Michigan
Ann Arbor, Michigan

Howard D. Pomeranz, MD, PhD

North Shore Long Island Jewish Medical Center
Great Neck, New York

Joel S. Schuman, MD

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Pittsburgh, Pennsylvania

Raymond M. Siatkowski, MD—Vice Chair

University of Oklahoma
Oklahoma City, Oklahoma

Brian C. Stagg, MD—Resident

University Health Care
Salt Lake City, Utah

Laura L. Wayman, MD

Vanderbilt Eye Institute
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Arkansas Children's Hospital
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Jeanne M. Franzone, MD—Resident
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Medical Center
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Dawn M. LaPorte, MD
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Terry R. Light, MD
Loyola University, Stritch School of Medicine
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Osteopathic Neuromusculoskeletal Medicine

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John Leuenberger, DO—Resident
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San Antonio, Texas

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Lewiston, Maine

Jim Swartwout, MA—Ex-Officio
American Osteopathic Association
Chicago, Illinois

Osteopathic Principles Committee

Juan F. Acosta, DO, MS, FACOEP-D, FACEP
OPTI-West/Pacific Northwest University of
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