



Accreditation Council for Graduate Medical Education

# 2004–2005 Annual Report



- 2 Message from the Chair
- 4 Executive Director's Report
- 6 2004–2005 Statistical Highlights
- 10 2004 Financial Report

**Year in Review**

- 12 Council of Review Committee Chairs Report
- 14 Council of Review Committee Residents Report
- 15 Institutional Review Committee Report
- 16 2005 Parker J. Palmer Award Recipients
- 20 2005 John C. Gienapp Award Recipient
- 21 2005 Annual Educational Conference
- 22 Outcome Project Report
- 23 Committee Reports
  
- 25 ACGME Board of Directors
- 28 Residency Review Committees
- 31 2004–2005 Review Committee Members
- 37 ACGME Staff

We are the ACGME

OUR MISSION

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

OUR VISION

Exemplary accreditation

OUR VALUES

## Accountability

**Processes and results that are:**

Open and transparent

Responsive to the educational community and the health of the public

Reliable, valid and consistent

## Excellence

**Accreditation that is:**

Efficient and effective

Outcomes-based

Improvement-oriented

Innovative

## Professionalism

**Actions that are:**

Respectful and collaborative

Responsive

Ethical

Fair



Several reports during the past 10 years have highlighted concerns with the health care delivery system in our country and, in particular, with the preparation of physicians for modern clinical practice. These reports have challenged the medical education community to formulate initiatives to address ongoing concerns.

In response, the ACGME, in close collaboration with its member organizations, has been at the forefront of efforts to address challenges related to graduate medical education, especially in the areas of quality and safety. We have collaborated with the American Board of Medical Specialties in establishing the Outcome Project and introducing the six general competencies, which are shaping GME curricula, as well as new approaches to certification. And our new duty hour requirements have capped on-call and continuous duty periods, thus ensuring that residents and fellows have sufficient time for sleep and rest.

We are, of course, far from alone in our efforts to improve medical education and, ultimately, patient care. To mention only some of our member organization initiatives, the ABMS, in addition to its continuing collaboration with us on the Outcome Project, has been developing Maintenance of Certification; the Council of Medical Specialty Societies is leading a major initiative to assess and redesign continuing medical education; the Association of American Medical Colleges has established two institutes, one for the Improvement of Medical Education and another for the Improvement of Clinical Care; and the American Medical Association has announced its Initiative to Transform Medical Education.

During 2004–2005, the ACGME continued to work on refining and deepening our understanding of the competencies. The Outcome Project, now completing its second phase, has already shifted the focus of accreditation from processes to outcomes. We sponsored conferences with the Institute for Health Care Improvement and the ABMS, focusing on specific competencies and on assessment and implementation issues.

Our duty hour requirements have been universally implemented throughout the GME community. Recognizing the complexities in this area – including new challenges created by the duty hour requirements, however, and the fact that multiple issues beyond duty hours impact on patient and resident safety – the Board during the past year established a Committee on Innovation in the Learning Environment. The committee has been charged to explore ways to enhance the learning environment through innovation and redesign of the clinical education interface; to suggest ways for the ACGME to collaborate with other organizations in assessing the implications of the duty hour limits for the learning environment; and to periodically report to the ACGME on the learning environment, innovations in the learning environment, and ACGME's and the education community's efforts to improve it. This committee, which has been chartered for five years, is chaired by Dr. Jim Howard, Board Vice Chair. Staff leadership is provided by Dr. Jeanne Heard, Director of Accreditation Committees, and Ms. Ingrid Philibert, Director of Field Activities.

After many years of distinguished work in ensuring institutional compliance with ACGME institutional requirements, the Institutional Review Committee was fully empowered during the past year to accredit institutions as providers of GME. In view of this milestone, it was perhaps especially fitting that the 2005 Giennapp Award went to Dr. Ronald Berggren, who has provided outstanding leadership to the IRC in recent years.

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This was the fourth year for the ACGME's Parker J. Palmer Courage to Teach Awards, and the Board was again overwhelmed by the excellence of the nominees. It was truly a privilege for me to attend this year's retreat for the award recipients at the Fetzer Institute and to meet award recipients from this and prior years. The retreat provided a unique opportunity for reflection and fellowship, and I want to recognize the fine contributions of Dr. Paul Batalden and Dr. David Leach in planning the retreat program; and thank the Fetzer Institute for their continuing and generous sponsorship of the retreat. I am also especially pleased that the Board last year approved a new Courage to Lead Award, which will permit us, starting in 2006, to recognize DIOs as well as program directors for their leadership and contributions to graduate medical education.

While endeavoring to successfully accomplish our mission, both the ACGME Board and staff recognize the need for continuing input from each other, our members and all our constituents. In that spirit, we embarked on an extensive self-assessment study, the results of which are catalyzing a re-examination and re-formulation of our mission, vision and values; and the identification of strategic priorities, to include a dashboard of strategic indicators which will permit the Board and the executive director to assess the ACGME's performance in an ongoing manner. Our current quality and safety initiatives, though invaluable, have contributed to an increase in documentation requirements. These have added to the administrative burden of program directors and DIOs, and may even interfere at times with their ability to spend time with their trainees in addressing clinical and other professional development issues. The Board is working closely with both the Council of Review Committee Chairs and the ACGME staff in addressing this area, and we are encouraging review committees to consolidate, streamline and reduce documentation requirements, to the maximum extent consistent with ensuring and maintaining high quality academic programs. Pilot accreditation programs developed by several RCs, most recently internal medicine, and automated electronic reporting formats, such as EveAdam – developed by Mr. John Nysten, chief operations officer, and his staff at the ACGME – are all important contributions towards that goal.

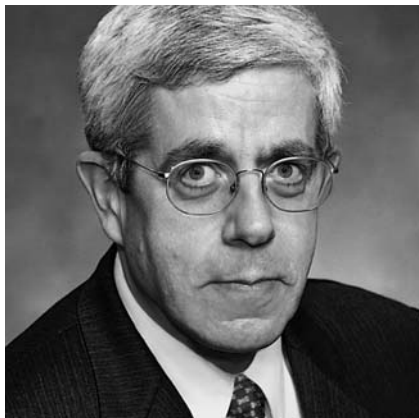
In closing, I would like to thank the entire ACGME staff for their professionalism and dedication; and Dr. Leach for the leadership that he continues to provide not only for ACGME, but for graduate medical education nationally. I am grateful to my fellow Board members for their selfless service, guidance and support. I want to particularly thank the Chair of the Council of Review Committee Chairs, Dr. David Osguthorpe, for his outstanding work in coordinating review committee, board and staff efforts and initiatives. Most of all, I must recognize our review committee members for the many hours of dedicated volunteer work that make the the ACGME's mission possible. On behalf of the Board, our sincere and profound thanks!



Emmanuel G. Cassimatis, MD

*Chair*

*Accreditation Council for Graduate Medical Education*



In 2004 and 2005 the ACGME completed an extensive self-study that included input from all stakeholders: residents, program directors, designated institutional officials, appointing organizations, member organizations, and the public, as well as ACGME volunteers and employees. We learned a lot. We are doing many things well but also have abundant opportunity to improve. The current accreditation model is outmoded and is in need of redesign. Forty-four pages of single-spaced, 11-point type documented things we were doing well, things that needed to be improved, things we should stop doing, and things we should start. We are really grateful for the thoughtful input. From this data the Strategic Initiatives Committee, under the leadership of Mark Kelley, crafted new mission and vision statements. *Our mission: We improve healthcare by assessing and advancing the quality of resident education through accreditation. Our vision: Exemplary accreditation.* The conversations also clarified our values. *ACGME values are made explicit through: Accountability; Excellence; and Professionalism. By accountable we mean processes and results that are open and transparent, responsive to the educational community and the health of the public and reliable, valid and consistent. By excellent we mean accreditation that is efficient and effective, outcomes-based, improvement-oriented and innovative. By professionalism we mean actions that are respectful and collaborative, responsive, ethical and fair.*

The ACGME's Executive Committee, under the leadership of Emmanuel Cassimatis, MD, developed a strategic plan with four strategic objectives and supporting metrics. This plan is designed to get the ACGME started on its journey to exemplary accreditation. *Our strategic plan: Over the next two years ACGME will work on: 1) fostering innovation and improvement in the learning environment; 2) enhancing the accreditation emphasis on educational outcomes; 3) reducing burden and simplifying the accreditation process; and 4) improving communication and collaboration with key stakeholders.*

Some work has been done on each of these initiatives in the past academic year. The Committee on Innovation in the Learning Environment (CILE) is exploring life after duty hours as it attempts to discern and reinforce the redesign of graduate medical education in ways that make both patient care and resident formation better.

The ACGME approved a pilot program for the RRC for Internal Medicine in which programs with two consecutive accreditation cycles of at least four years (i.e. programs in especially good standing) are invited to submit to the RRC the educational outcome measures they will use. If approved, these programs are held to only 40% of the existing program requirements and can have their site visit length extended up to 10 years. In exchange they will submit annual educational outcome data and present their experience to their program director association and through publication to the world at large. Seventy programs have applied for this pilot; they will accelerate our learning about the use of educational outcome data as an accreditation tool.

Five different RRCs have pilots underway to reduce the amount of paperwork needed at the time of site visit. Jeanne Heard, MD, PhD, director of the Department of Accreditation Committees, joined the ACGME in May 2004 and is leading an effort to make the accreditation system more coherent from the perspective of the designated institutional official. We now have a standard notification letter. Exemplary accreditation will almost certainly involve increasing the focus on institutional stewardship for residency programs. The American Board of Medical Specialties



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has formed a task force on initial certification. The ACGME is partnering with this group to develop a more coherent system in which the competencies will be reinforced across the continuum. Exact duplication reduces burden; less than exact duplication doubles the work.

At its heart the ACGME convenes communities and provides a forum for people interested in graduate medical education to explore relevant issues more deeply. Forty-four organizations identify and appoint members to ACGME's review committees. The ACGME's Board of Directors is composed of people deeply experienced in and committed to graduate medical education. Three public members, two resident members and a representative of the federal government add immeasurably to our deliberations. We intend to enhance even further our communication with various stakeholders. Medicine is fragmented. We need to come together as a community if we hope to address the serious problems that confront

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**At its heart the ACGME convenes communities and provides a forum for people interested in graduate medical education to explore relevant issues more deeply.**

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the health care and medical education systems as they now exist. The ACGME will collaborate with other oversight bodies. We have met with and will learn from the Joint Commission on Accreditation of Healthcare Organizations, the Liaison Committee for Medical Education, and the Accreditation Council for Continuing Medical Education. We have different accreditation models but can learn from each other. We are in search of coherence. We will also listen and learn from oversight bodies in other health professions. Pharmacy and health management education have interesting models. It is not clear what we will discover on our journey to exemplary accreditation; but it is clear that we are on that journey.

I am deeply humbled to be able to work regularly with colleagues who are truly extraordinary. Both the staff and volunteers associated with the ACGME and its review committees demonstrate our values and bring talent and energy to a topic close to my heart. I never dreamed that medicine would be such a satisfying career. We are all pilgrims oriented toward fulfillment but not yet there. The company is terrific. Thank you.



David C. Leach, MD

*Executive Director*

*Accreditation Council for Graduate Medical Education*

The ACGME is a data-driven organization. The organization gathers and analyzes data to assess programs and institutions. These data also illustrate the scope of the ACGME's work in accrediting programs. The statistics on these pages highlight the work of the dedicated field surveyors, volunteer review committee members and ACGME staff who are carrying out the ACGME's mission to improve the quality of health care by assessing and advancing the quality of resident physicians' education. The numbers, charts and graphs on these pages show the breadth and depth of the ACGME's accreditation activities from July 1, 2004 to June 30, 2005.

**Programs**

**8,037 ACGME-accredited residency programs**

- 3,933 core specialty programs
- 4,104 subspecialty programs

**4,264 programs appeared on residency review committee agendas during the academic year**

**150 programs were newly accredited**

- 14.7% in core specialties
- 85.3% in subspecialties

**8,037** ACGME-accredited residency programs

**1 new subspecialty, neuromuscular medicine, was recognized**

**13.8% of programs (1,113) had new program directors – 15.2% of core programs and 12.5% of subspecialty programs**

**959 of the programs reviewed received full or continued full accreditation**

**26 core programs received provisional accreditation, granted for initial accreditation of a program or for programs that had their accreditation withdrawn and subsequently reapplied for accreditation**

**150** newly accredited programs



## 702 sponsoring institutions

RRCs proposed first-time adverse actions for 7.9% of programs reviewed

52.1% of proposed adverse actions (both first-time and repeated) were sustained

47.8% of proposed adverse actions (both first-time and repeated) were rescinded

2% of programs had confirmed first-time adverse actions taken against them

89 programs were given continued accreditation with warning

54 programs were placed on probation

The ACGME heard 5 appeals; 3 were sustained and 2 were rescinded

50 programs voluntarily withdrew accreditation during academic year 2004–05

20 programs had their accreditation withdrawn by the ACGME in the academic year 2004–05

### Residents

101,810 residents were enrolled in ACGME-accredited programs

86,459 in core specialty programs

15,351 in subspecialty programs

### Site Visits

Field staff conducted 1,748 site visits

Specialist site visitors conducted an additional 103 site visits

### Sponsoring Institutions

#### 702 sponsoring institutions

371 sponsoring institutions sponsor multiple programs and are part of the institutional review process

331 institutions sponsor only one program and are not reviewed by the Institutional Review Committee

272 were general hospitals

153 were teaching hospitals

80 were LCME-accredited medical schools

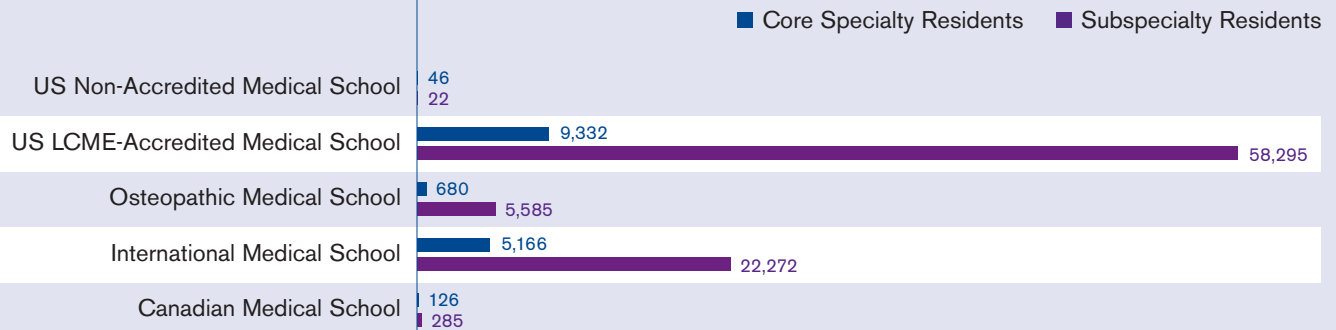
2,408 institutions participate in resident training (residents spend at least one month in rotation there)

22.4% of institutions had new designated institutions officials (DIOs)

# 4,264

 programs appeared on RRC agendas

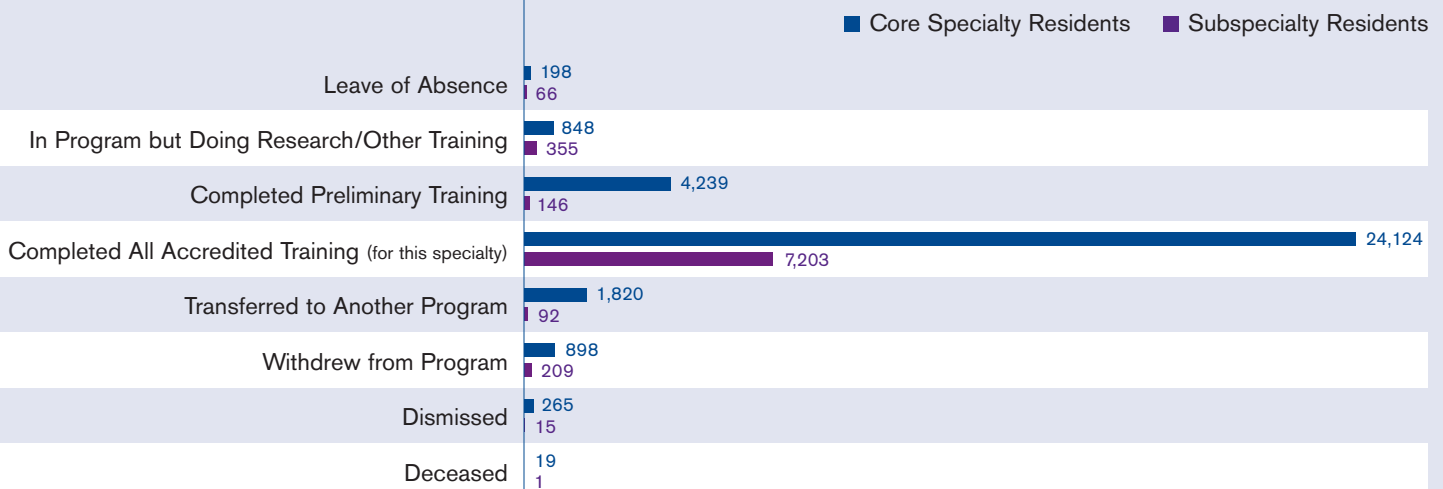
**Resident Physicians by Type of Medical School of Graduation (2004–2005)**



**Status of Resident Physicians in Accredited Graduate Medical Education**

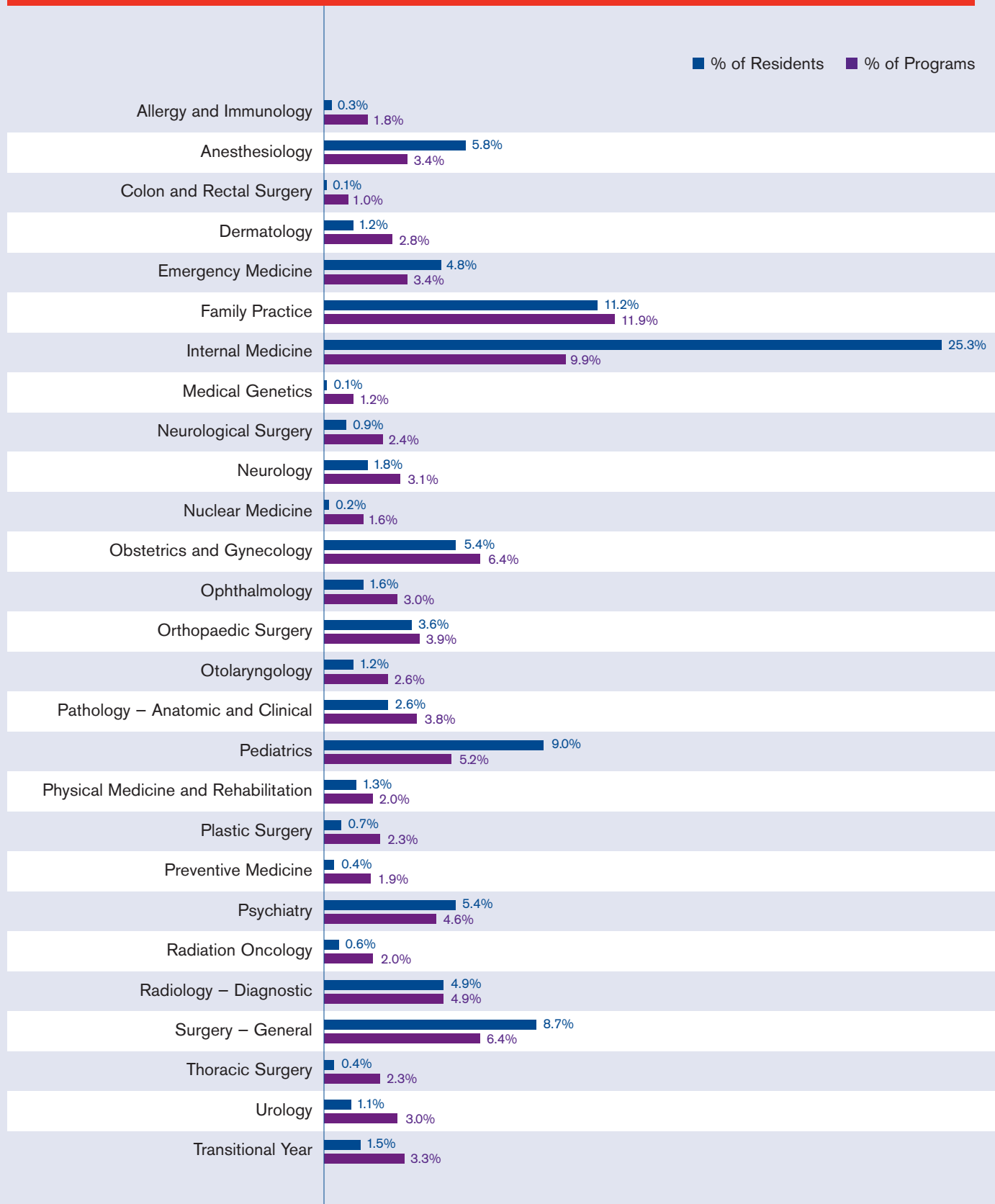
**Confirmed Status of Residents During 2004–2005**

Active Full-time and Part-time Residents	101,810	100.00%
Core Specialty Programs	86,459	85.00%
Subspecialty Programs	15,351	15.00%



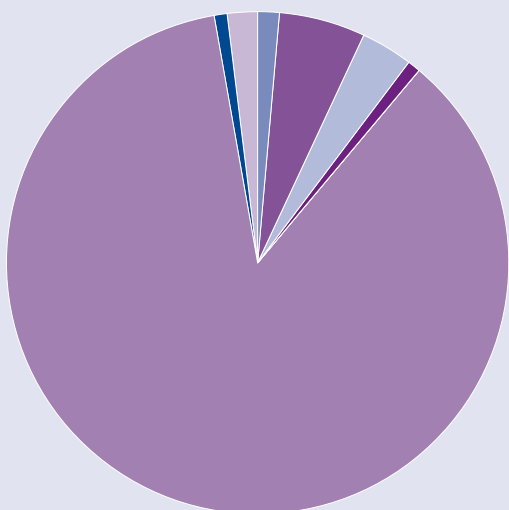
For the statuses "Completed Preliminary Training", "Completed All Accredited Training", "Transferred", "Withdrew", "Dismissed", and "Deceased", the resident left or completed the program between 9/1/2003 and 8/31/2004. All other statuses reflect the academic year (7/1/2004 through 6/30/2005).

## Accredited Core Specialty Programs and Resident Physicians on Duty (2004–2005)



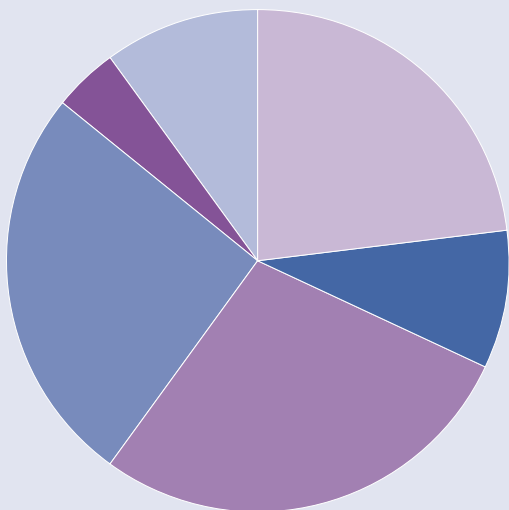
The ACGME's 2004 fees came primarily from annual fees charged to all accredited programs. Programs with more than five residents are charged \$3,500 annually and programs with five or fewer residents are charged \$2,750. ACGME reserves, defined as cash and investments, totaled \$16.5 million at year end.

Revenues



■ Investment Revenue	\$ 350,720	1.66%
■ Workshops & Miscellaneous Income	1,143,897	5.43%
■ Application Fees	728,000	3.46%
■ Grants	163,169	0.77%
■ Appeals Fees (not visible in chart)	11,565	0.06%
■ Annual Program Accreditation Fees	18,093,253	85.88%
■ Rent Revenue	208,466	0.99%
■ One Time Income Proceeds	369,269	1.75%
<b>Total</b>	<b>\$21,068,339</b>	<b>100.00%</b>

Expenses



■ Administration & Research	\$ 4,940,495	23.13%
■ Rent & Contracted Support Services	1,925,233	9.02%
■ RRC Activities	5,979,795	28.00%
■ Field Staff Activities	5,529,766	25.89%
■ Appeals & Legal Services	880,644	4.12%
■ ACGME Activities	2,099,856	9.83%
<b>Total</b>	<b>\$21,355,789</b>	<b>100.00%</b>

# Year in Review

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The Council of Review Committee Chairs has steadily increased its interface with the ACGME Board of Directors and its committees, and is now represented on the Executive Committee, the Program Requirements Committee, the Strategic Initiatives Committee, the Committee on Innovation in the Learning Environment and the Awards Committees. Council membership increased this year with the appointment of a representative from the Organization of Program Directors Association, a group that more than any other is affected by ACGME initiatives, and deserved access to the review committee chairs.

This year the Council took formal “ownership” of the Common Program Requirements, which contain the important initiatives on the general competencies and the duty hour limitations that have been integrated with the specialty-specific requirements of each residency review committee over the past two years. The Council recently formed a joint subcommittee with the Institutional Review Committee to revise the Institutional Requirements and the Common Program Requirements, with the goal of reducing overlap, and paring regulations that are out of date or seldom applied. Both the residency review committee chairs and the members of the Institutional Review Committee had previously been tasked with identifying such regulations. Note that the important question of where to place most effectively a mandate for support for program directors (average internal medicine program has 57 residents) has been posed to this subcommittee.

**Within a year, a framework for identifying “key” procedures for each specialty, and for evaluating resident acquisition of such skills, will be adopted across the RRCs.**

At both the February and September meetings, the review committee chairs and their staff engaged in a “mini-retreat” to 1) better standardize review committee handling of and responses to violations of the program requirements, and 2) develop a framework for evaluating procedural competence, as reflected in initiatives already underway by the urology, ophthalmology and gastroenterology medicine groups. Procedural competence is also of interest to the American Board of Medical Specialties, the American Hospital Association, and the Federation of State Medical Boards which are dependent on the ACGME-approved training programs to teach not only the medical knowledge necessary to pass the certification and licensing examinations, but also the procedural skills to satisfactorily practice independently. Within a year, a framework for identifying “key” procedures for each specialty, and for evaluating resident acquisition of such skills, will be adopted across the RRCs.

A standardized notification letter for training programs will be presented to the review committee chairs for adoption at the February 2006 meeting.

The Monitoring Committee of the ACGME has for the past two years been surveying residents in training at a rate of one-third of residents in approved programs each year. The questionnaire hones in on program compliance with duty



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hour limitations and with teaching all six general competencies. That data is shared with the RRCs, which are assembling more detailed and standardized written policies for dealing with problem programs.

The Policies and Procedure Manual of the ACGME, adopted this July, has for the first time accorded review committee input into the suitability of potential new members assigned to those committees by the appointing organizations. The final authority to formalize an appointment now rests with the ACGME Board, rather than with the appointing organizations, and it is to the Board that the review committees will provide advice.

The Katrina-related displacement of over 1,100 trainees from the ACGME-accredited programs at the Ochsner Foundation, Keesler Air Force Base, Tulane University and Louisiana State University has received considerable attention from the executive directors and chairs of the review committees. The designated institutional officials from those affected medical centers have been substantially assisted, including the provision of information on all training programs in the geographic region that would be suitable to temporarily host displaced residents until the home institutions can rehabilitate their physical plants and document an adequate return of the population base. The ACGME response began the first week after the hurricane, and will be studied by the organization to ascertain what, if anything, can be improved in the future. Note that the review committees and the respective specialty boards of the American Board of Medical Specialties worked together toward a common policy of allowing displaced trainees up to five weeks to resume their education without sustaining an adverse affect on the graduation date from the training programs or eligibility to take the board examinations.

In summary, the Council of Review Committee Chairs is increasingly active in the affairs of the ACGME, and now has ownership of the Common Program Requirements and is directly interacting with the Institutional Review Committee. A multi-year, and top priority, effort to streamline the paperwork required of designated institutional officials and program directors is underway. Our response to the Katrina-related displacements of entire training programs has validated the previously theoretical plans by the review committees and ACGME to deal with a natural disaster. I would like to gratefully acknowledge Jeanne Heard, MD, PhD, staff liaison and Debra Dooley and William Rodak, PhD, the staff of the Council, for their enthusiasm and ready assistance this past year, and Emmanuel Cassimatis, MD, David Leach, MD, and Barry Smith, MD, for their patience and invaluable advice.

*Written by J. David Osguthorpe, MD, Chair of the Council of Review Committee Chairs*



This past year marked another year of steady progress toward integration of the general competencies and outcome assessment into residency education. Residents continue to play an integral role within the ACGME. As active reviewers and full members of each of the 27 residency review committees and the institutional review committee, residents have both voice and vote in the accreditation process. Collectively, the RRC resident members comprise the Council of Review Committee Residents which formally convenes on an annual basis. The council functions to provide ongoing and insightful feedback on issues such as duty hours, integration of the core competencies, the resident survey, and education in patient safety as well as provide the ACGME with a firsthand perspective on the resident learning environment. Most importantly, the council meetings serve as a forum for the vetting of issues and concerns related to residency training. Representing the current resident-in-training, the council is able to bring to the forefront the concerns and the voices of their colleagues who along with them, experience the impact of decisions made by the RRCs and the ACGME.

The resident voice and vote extends to the highest levels of the ACGME through two resident directors who sit on the ACGME Board of Directors. These two resident directors are also, by virtue of their seats, members of various standing committees of the ACGME including the Monitoring Committee, Committee on Strategic Initiatives, RRC Council of Chairs, Committee on Innovation in the Learning Environment and the Awards Committee. Furthermore, through these directors, the resident perspective is brought to bear on new ACGME initiatives, the ACGME response to changes in organized medicine, as well as the host of issues related to GME managed at the Board level.

**Residents must recognize that their active involvement and participation in this process is critical to the development of a system that truly provides “better learning for better health care.”**

The alignment of a variety of forces, both internal and external, has prompted the present ongoing, re-engineering of graduate medical education in the United States. As the primary stakeholders in the system, residents must recognize that their active involvement and participation in this process is critical to the development of a system that truly provides “better learning for better health care.” The window of opportunity remains open to enact real, meaningful and positive changes that will affect the training of physicians for generations to come.

*Written by Vishal C. Gala, MD, MPH, Chair, Council of Review Committee Residents*

Institutional oversight, continued quality improvement, an emphasis on the general competencies and best practices, and credit for expert institutional leadership were the themes that dominated the work of the Institutional Review Committee (IRC) this past academic year. Henry Worth Parker, MD, was elected chair of the IRC, and several new members were appointed to the committee. During the year the landscape for institutional review began to change from one often with painful bumps to one with smoother surfaces, a change which proved, for many, to be a more pleasant ride. Designated institutional officials received letters of report with fewer citations and more acknowledgments of excellent leadership.

## Designated institutional officials received letters of report with fewer citations and more acknowledgments of excellent leadership.

Between 2004 and mid-2005, the IRC met three times and reviewed 141 institutions. Ninety-five received favorable actions, of which 72 were granted five-year review cycles. Of the remaining 46 institutions, there were seven proposed unfavorable actions and an assortment of other types of actions leading to two-, three-, or four-year review cycles. In addition, a large number of progress reports were requested, reviewed, and accepted for information; the IRC noted the positive improvements made or citations corrected.

The IRC also turned its attention to compiling a compendium of best practices identified in institutions either during the on-site inspection or in reviewing the institutional review document. The IRC reviewed, approved, organized, and placed on its Web site a 79-page collection of best practices for institutions to use as a reference.

Finally, Patricia Surdyk, PhD, a former senior project manager in the ACGME's Department of Research, assumed leadership of the IRC as its executive director from Cynthia Taradejna, who staffed the committee for nine years.

*Written by Cynthia Taradejna, Associate Executive Director, ACGME*



First row (left to right): Carol Carraccio, MD (standing); Jeanne Heard, MD (sitting); Doris Stoll; Catherine Lineberger, MD; Marsha Miller; Carlyle Chan, MD. Second row (left to right): David George, MD (glasses); Eric Scher, MD; David Stevens, MD; Frank Counselman, MD; Richard Dow, MD; Mark Juzych, MD; Anthony Meyer, MD; David Leach, MD; Bruce Alexander, MD. Third row (left to right): Eugene Beresin, MD; Eric Walsh, MD; Emmanuel Cassimatis, MD; Paul Batalden, MD; Tina Foster, MD; Barry Smith, MD; Teresa Massagli, MD

Ten residency program directors were honored with the ACGME's 2005 Parker J. Palmer Courage to Teach Award, which recognizes program directors for their dedication to teaching and innovation in developing and improving program curriculum. The award is named after Parker J. Palmer, PhD, a sociologist and educator who wrote *The Courage to Teach*, which examines the spiritual, emotional and intellectual aspects of teaching.

The program directors received their awards February 14, 2005 at an awards dinner held during the ACGME's winter Board of Directors meeting. In May 2005, the award recipients attended an educational retreat at the Fetzer Institute in Kalamazoo, Michigan.

"Good patient care depends on the whole doctor showing up, not just the intellect," noted Dr. Leach. "These program directors are being celebrated because they have systematically promoted the formation of resident physicians in ways that foster humanism as well as exceptional competence."

On the following pages are listed the names of these distinguished educators, accompanied by their reflections on teaching and what it means to them to receive the Parker J. Palmer Courage to Teach Award.

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**Patricia L. Blanchette, MD**

*Geriatric Medicine, University of Hawaii, Honolulu, Hawaii*

It takes courage to build a program from the ground up, to hold it together through tough times and push forward, to create a healthy learning environment where personal growth can occur. For this, thankfully, I had a mentor who had built a medical school, not just a program. Teaching is the fun part. Learning from students is even better. Most importantly, there is great satisfaction in knowing that teaching and a supportive learning environment result in far better health care. I am grateful for the Parker J. Palmer Courage to Teach award, but most grateful every day for the student who arrives prepared to take full advantage of both the program and the teaching.

**Francis L. Counselman, MD**

*Emergency Medicine, Eastern Virginia Medical School, Norfolk, Virginia*

I am incredibly honored and humbled to receive the Parker J. Palmer Award. I have had the privilege of serving as a program director for the past 15 years. I cannot imagine a more rewarding or enjoyable job in the profession of medicine. I feel doubly fortunate, since not only do I experience the satisfaction all physicians derive from providing patient care, but also the very special satisfaction of a teacher observing his students mature into knowledgeable, talented and confident specialists. It is a responsibility that I take very seriously.

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**Daniel F. Dedrick, MD**

*Anesthesiology, Brigham and Women's Hospital, Boston, Massachusetts*

In this era of extreme cost consciousness and never-ending demands for the highest efficiency in patient care, we cannot forget that education remains all about the residents. Withstanding the constant pressures to increase case turnover and to reduce laboratory and radiology expenses while remaining dedicated to teaching requires an equally unrelenting and steadfast devotion to our calling, a true form of the courage to teach.

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**Richard W. Dow**

*General Surgery, Dartmouth-Hitchcock Medical Center, Lebanon, New Hampshire*

Over the past several years, I've been fond of saying that there's more juice in the verb 'to learn' than in the verb 'to teach.' Typically, I try not to "teach," but to think of my efforts as "facilitating the learning." Whatever the jargon, I'm always gratified by helping with the learning process and the vicarious enjoyment of the accomplishments of learners that has been a major source of my professional satisfaction. Because working with learners has been so important to me, I was deeply honored to receive this distinguished Courage to Teach award.

**David George MD**

*Transitional Year, The Reading Hospital, Reading, Pennsylvania*

One of my key life goals has been to promote the growth of clinical excellence and humanistic ideals. I am humbled and grateful to have my efforts acknowledged by receiving the Parker J Palmer Award. I am stimulated to explore my motivation at an even deeper level, thanks to the writings of Parker Palmer and the insights of my fellow awardees.

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**Parker Palmer has been a cogent reminder of one of the most important jobs we have as academic physicians – nurturing and guiding future physicians.**

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**Mark Juzych, MD**

*Ophthalmology, Kresge Eye Institute, Detroit, Michigan*

Besides being a tremendous honor to receive the award, Parker Palmer has been a cogent reminder of one of the most important jobs we have as academic physicians – nurturing and guiding future physicians. I have found myself reflecting more on building their esteem, confidence, and personal growth, rather than solely focusing on medical knowledge. At our residency graduation this year, I was inspired to send a simple message, instead of making a lofty speech. I sent the graduating residents off with quotes from a children's book entitled *Max the Mimow*. The bottom line of the book is that "Big fish aren't just made ... it's what you do with what you've got that helps you make the grade."

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**Terry Massagli, MD**

*Physical Medicine and Rehabilitation, University of Washington, Seattle, Washington*

It's hard for me to decide which I like better, being a student or a teacher. I love the challenges of medicine, whether learning new management, or learning about a new patient's culture. I embrace the constructivist approach to teaching and learning. The concepts of active learning and collaboration are central to my philosophy of education. These are behaviors I seek to model every day in my interactions with students and residents. As a teacher, I most enjoy teaching in the setting of real-world patient care, emphasizing decision-making, self-reflection, and interpersonal relationships in a meaningful context. I am very grateful to my chairman, Larry Robinson, and to all of those who assisted in my nomination for the Courage to Teach award. I am motivated by their faith in me to continue to study and apply the best methods I can in teaching residents.

**Anthony A. Meyer, MD, PhD**

*General Surgery, University of North Carolina, Chapel Hill*

I enjoy helping surgical residents develop the conscious competence of treating patients with complex surgical problems. I especially relish seeing them realize the joy and satisfaction of a profession committed to returning patients to health. Finally, I take great satisfaction in being able to help young surgeons develop their careers and achieve their personal and professional goals.

**Glenn Newell, MD**

*Internal Medicine, University of Medicine and Dentistry of New Jersey – Robert Wood Johnson Medical School, Camden, New Jersey*

It was a wonderful way to end eleven years of being the internal medicine residency program director – being presented with the honor of this award and this type of recognition.

**Eric Scher, MD**

*Internal Medicine, Henry Ford Hospital, Detroit, Michigan*

Teaching internal medicine residents has filled me with a deep sense of satisfaction and accomplishment during the last 17 years of my career. To watch young professionals mature into proficient, self-confident clinicians is a richly rewarding experience and I take pride in knowing we have contributed to their development. But the real fact of the matter is I probably learn more from the residents than they do from me and this is just another reason I love what I do! I would like to thank the ACGME for this great honor and to thank my colleagues for nominating me and for their enduring support of the residency program.



Ronald B. Berggren, MD

Ronald B. Berggren, MD, who was instrumental in reorganizing the ACGME's Institutional Requirements, was honored with the ACGME's 2005 John C. Gienapp Award. The award, named for the ACGME's first executive director, John C. Gienapp, PhD, recognized Dr. Berggren for his significant lifetime contributions to the ACGME and graduate medical education.

"Having spent my entire medical career in some aspect of medical education, the receipt of the John C. Gienapp Award was very special to me," said Dr. Berggren, a professor emeritus of surgery at Ohio State University. "When I was appointed to the ACGME, John Gienapp was the executive director. He was my mentor in the early years of my association with the Council, and he helped to make it possible for me to be an active participant in this organization. To be recognized by my peers and to receive an award that was named for him is doubly appreciated."

Dr. Berggren served on the ACGME's Institutional Review Committee from 1996 to 2003, and chaired it from 2000 to 2002. During his time as IRC chair, Dr. Berggren took the lead in revising the Institutional Requirements and advocated for the accreditation of sponsoring institutions.

John Gienapp was my mentor in the early years of my association with the Council.... To be recognized by my peers and to receive an award that was named for him is doubly appreciated.

Dr. Berggren, a board-certified plastic surgeon, also served on the ACGME's Residency Review Committee for Plastic Surgery from 1984 to 1990, and chaired the committee in 1989. Dr. Berggren was a member of the ACGME Board of Directors from 1987 to 1992 and again in 1994, and served as chair of the Board in 1989 and 1994.

"Dr Berggren has been inexorable in his attempts to improve graduate medical education in the United States," noted Dr. Leach. "His quiet yet effective manner, lucid logic, and clarity of purpose have been a model for us all."



Nearly 1,000 people attended the ACGME 2005 Annual Educational Conference, held March 3–5 at the Gaylord Palms Resort and Convention Center in Kissimmee, Florida. Program directors, program coordinators, designated institutional officials, program faculty, and residents chose from among 67 sessions on topics such as site visits, the Outcome Project, duty hours, patient safety, and specialty-specific information.

The keynote speakers were Brenda Zimmerman, PhD, director of the health industry management program and associate professor of strategy and policy at York University in Toronto; and Paul Griner, MD, professor of medicine emeritus at the University of Rochester School of Medicine in Rochester, New York, and a senior fellow at the Institute for Healthcare Improvement in Boston.

Other highlights of the conference were technology consultations with ACGME staff and the Marvin R. Dunn Poster Session. “Initiatives in Graduate Medical Education: Transforming the Medical Culture” was the theme of the poster session, named in honor of the late Dr. Dunn, the ACGME’s former director of RRC activities. Participants were invited to submit abstracts that summarized projects for teaching and assessing the six general competencies in which residents must demonstrate proficiency, or projects that developed creative approaches to residency duty hours and demonstrated their impact on resident education or patient safety.

## 2005 Marvin R. Dunn Poster Session Winners

### First Place

#### Objective Structured Video Examinations for Teaching and Assessing the ACGME Competencies

Diane Brown, BS, Deborah Simpson, PhD, Nancy Havas, MD, Medical College of Wisconsin and the University of Wisconsin – Milwaukee Clinical Campus; D. Bragg, PhD, K. Denson, MD, S. Denson, MD, E. Duthie, MD, T. Drewniak, PhD, S. Gehl, MD, H. Harsch, MD, M. Heffron, PhD, R. Helm, MD, D. Kerwin, MD, J. Mitchell, MD, MS, M. Ziebert, MD, DDS, Medical College of Wisconsin, Milwaukee, Wisconsin

### Second Place

#### Teaching to the Competencies: Online Video on Demand Sessions

Jean Hart, PhD, Andrew Thomas, MD, MBA, Erica Twersky Graduate Medical Education, Ohio State University Medical Center, Columbus, Ohio

### Third Place

#### Development of a Competency-Based Video Review Checklist

Karla Hemesath, PhD, Mark Gennis, MD, and Anthony Otters, MD, Department of Internal Medicine, University of Wisconsin Medical School, Milwaukee Clinical Campus and the Aurora Internal Medicine Residency Program, Milwaukee, Wisconsin

### Judges' Award

#### Using the ACGME Competencies and Critical Incident Methodology to Improve Clinical Teaching

Deborah Simpson, PhD, Jeffrey Morzinski, PhD, Medical College of Wisconsin; J. Charlson, MD, L. Currey, MS, B. Damitz, MD, J. Degroat, MD, L. DeMattia, MD, K. Denson, MD, S. Denson, MD, T. Drewniak, PhD, K. Hulbert, MD, T. Humbert, MD, S. Jacob, MD, J. Jevtic, MD, G. Lamb, MD, Karen Marcadante, MD, L. Marr, MD, C. McLaughlin, L. Meurer, MD, MPH, T. Ottow, R. Rademacher, MD, K. Pfeiffer, MD, M. Weisgerber, MD, M. Ziebert, MD, DDS, Medical College of Wisconsin Medical Center, Milwaukee, Wisconsin

### Honorable Mentions

#### Teaching Residents ACGME Competencies: A Curriculum Based on Chronic Illness Care, Patient Safety, and Health Economics

J.D. Voss, M.L. Plews-Ogan, M. Nadkarni, A. Wolf, N.B. May, J.B. Schorling, University of Virginia Health System, Charlottesville, Virginia

#### Using Portfolios to Document Experience and Evaluate Competencies

Sally Raty, MD, Department of Anesthesiology, Baylor College of Medicine, Houston, Texas

#### Neurology Training in an Internal Medicine Graduate Medical Education Program: A Survey of Subjective Knowledge in 13 Common Neurological Entities

J. Gonzales, MD, R. Bilynsky, MD, William Beaumont Army Medical Center, El Paso, Texas

This past year marked another year of steady progress toward integration of the general competencies and outcome assessment into residency education. The general competencies now are a part of the lexicon in almost all programs. A large majority of programs have added or modified learning opportunities to better foster residents' development. Methods with the potential for enhancing assessment accuracy and informative feedback to residents are being used with increasing frequency. These include focused (or direct) observation with concurrent evaluation and immediate feedback and multi-rater assessments involving nurses, patients, and resident peers.

With significant contributions from organizational partners and graduate medical education educators, the ACGME offered a variety of opportunities to our constituents to deepen their understanding of the competencies and obtain practical implementation ideas. One such opportunity was our Annual Educational Conference in March 2005. The conference included 11 different sessions related to the Outcome Project facilitated by GME educators, as well as update sessions for residency coordinators. Sessions provided guidance on implementing the competencies with a user-friendly blueprint (i.e. the SOAP approach) or with specific field-tested ideas for teaching or assessment. Other important educational activities this past year included jointly sponsored conferences on systems-based practice (with the American Board of Medical Specialties) and medical knowledge (with the Institute for Healthcare Improvement); development and dissemination of an educational resource booklet on practice-based learning and improvement; and presentations delivered to specialty organizations.

## Early in 2005, the ACGME developed and rolled out its first Web-based system to support assessment of residents' performance in the competencies.

Early in 2005, the ACGME developed and rolled out its first Web-based system to support assessment of residents' performance in the competencies. Developed in partnership with Dr. Chris Amling of the Naval Medical Center in San Diego for use in urology programs, the system includes tools for assessing residents' operative performance, resident-patient encounters, and residents' overall performance in the competencies during clinical rotations. It also supports the conducting and reporting of 360-degree evaluations. Study of the use of the system and properties of the component assessment tools is an important part of this overall effort.

A second important event related to assessment occurred in the form of a working meeting in which specialty groups composed of Board, RRC, and program director representatives met and discussed ways to coordinate assessment across the continuum from residency through maintenance of certification.

*Written by Susan Swing, PhD, Director, Department of Research*

### Monitoring Committee

The ACGME Monitoring Committee is responsible for evaluating the performance of review committees, monitoring review committee activities, and making recommendations to the ACGME Board of Directors about review committee activities and the delegation of accrediting authority to the RRCs.

In addition, the Monitoring Committee identifies best practices of review committees and shares that information with the ACGME Board of Directors and the chairs of review committees, makes sure that common program requirements are applied consistently across review committees, and reviews and monitors special issues as requested by the Board.

During academic year 2004–05, the Monitoring Committee – chaired by public director Duncan McDonald – reviewed six residency review committees. The committee also reviewed sections of the revised ACGME policies and procedures that address standing committees, RRC member selection, and the organization and responsibilities of review committees; reviewed program compliance with the duty hour standards; and reviewed the process by which review committee pilot projects are requested and approved.

*Written by Rebecca Miller, Director of Operations and Data Analysis, and staff liaison for the Monitoring Committee*

### Committee on the Learning Environment (CILE)

In September 2004 the ACGME organized the Committee on the Learning Environment (CILE) to facilitate improvement and innovation in the learning and working environment of residents. The impetus for creating CILE was the one-year anniversary of the common duty hour standards and the sunset of the ACGME Duty Hours Subcommittee that oversaw their initial implementation. The deliberations of that committee highlighted the need for attention to the greater learning environment for residents, beginning with an ongoing assessment of the effect of the duty hour standards on patient care, resident learning and resident well-being, and culminating in broader efforts to promote improvement and innovation in the learning environment.

Committee members include ACGME and public directors, residents, program and institutional leaders, and researchers at the interface of education and clinical care. Activities of CILE encompass collecting and interpreting information on the relationship between duty hours and other attributes of the learning environment, facilitating improvement at the clinical-educational interface, and applying the general competencies to assessment and improvement in the learning environment. The committee also has a role in collecting and disseminating information on best practices pertaining to the learning environment, and is exploring ways in which ACGME could collaborate with other organizations in medical education to study the implications of the limits on the learning environment, drawing on the expertise of researchers and the perspective of residents, faculty, educators and the public.

*Written by Ingrid Philibert, Director of Field Activities and staff liaison for CILE*

### Committee on Strategic Initiatives

The Committee on Strategic Initiatives is charged with reviewing the larger graduate medical education environment, selecting specific issues to explore in depth, and advising the ACGME regarding these matters, particularly relating to their effect on accreditation. The committee and staff conduct regular environmental scans. Issues identified are prioritized to allow relevant matters to be discussed and explored in depth.

The committee comprises nine ACGME directors, the chair of the Council of Review Committee Chairs and an ACGME staff liaison. The committee advises the ACGME by preparing position papers and forwarding recommendations for changes in standards or accreditation procedures to the Board of the Directors and the appropriate ACGME committee. Topics addressed in recent years have included resident duty hour limits, patient safety, and the benefits of collaboration with other organizations in graduate medical education.

In 2004–05, the committee focused on the revision of the ACGME’s mission, vision and values and the development of the ACGME’s first official strategic plan, which incorporates four strategic priorities set by the ACGME Executive Committee. The priorities – which link closely to the ACGME’s mission, vision, and values – are fostering innovation and improvement in the learning environment, enhancing the accreditation emphasis on outcomes, increasing efficiency and reducing burden in accreditation, and improving communication and collaboration with key stakeholders. Another committee focus over the past year has been the development of a dashboard of strategic indicators to allow an ongoing assessment of the ACGME’s effectiveness as an accrediting organization. These activities link to a self-assessment of the ACGME, which was a major focus of the committee in 2003–04.

*Written by Ingrid Philibert, Director of Field Activities and staff liaison to the Strategic Initiatives Committee*

### Committee on Program Requirements

The ACGME Committee on Requirements is the standing committee responsible for making recommendations to the Board of Directors regarding new and revised program requirements, the institutional requirements and the common program requirements, development of new subspecialties, and other policy matters pertaining to educational requirements and standards. The committee, chaired by Carol Berkowitz, MD, serves as the first ACGME level of consideration when an RRC and its associated specialty board disagree on the accreditation of subspecialty programs, or when there are interspecialty disagreements on educational standards. The committee meets three times annually at the time of the ACGME Board of Directors meeting, but may schedule special meetings if necessary.

During the past year, this committee reviewed 25 sets of program requirements, one application for a new subspecialty in neuromuscular medicine, (a subspecialty of neurology) and served as the review committee for the revision of the *ACGME Bylaws, Policies and Procedures, and Glossary*.

*Written by Doris Stoll, PhD, staff liaison for the Committee on Requirements*

July 1, 2004 to June 30, 2005

The ACGME's member organizations – the American Board of Medical Specialties, the American Hospital Association, the American Medical Association, the Association of American Medical Colleges and the Council of Medical Specialty Societies – nominate Board members; the Board elects four directors from each member organization. The ACGME Board also includes the chair of the Council of Review Committee Chairs, the chair of the Council of Review Committee Residents, a resident appointed by the AMA Resident and Fellow Section, and a federal government representative.

The ACGME is grateful for the dedicated service of all the Board members.

**Steven Altschuler, MD**  
The Children's Hospital of Philadelphia  
Philadelphia, Pennsylvania

**Carol Berkowitz, MD**  
Harbor/UCLA Medical Center  
Torrance, California

**Edward T. Bope, MD**  
Riverside Family Practice Center  
Columbus, Ohio

**L. Maximilian Buja, MD**  
University of Texas-Houston Medical School  
Houston, Texas

**Emmanuel G. Cassimatis, MD**  
Uniformed Services University of Health Sciences  
Bethesda, Maryland  
*Chair*

**Susan Day**  
California Pacific Medical Center  
San Francisco, California

**Harold J. Fallon, MD, MACP**  
Institute of Medicine  
Kiawah Island, South Carolina  
*Term ended September 30, 2004*

**John I. Fishburne, MD**  
Maricopa Integrated Health System  
Phoenix, Arizona  
*Term ended September 30, 2004*

**Vishal C. Gala, MD**  
University of Michigan Health System  
Ann Arbor, Michigan  
*Chair – Council of Review Committee Residents*

**Paul B. Gardent**  
Dartmouth-Hitchcock Medical Center  
Lebanon, New Hampshire

**William H. Hartmann, MD**  
Mount Juliet, Tennessee  
*Chair-Elect*

**Joseph C. Honet, MD**  
Franklin, Michigan

**Wm. James Howard, MD**  
Washington Hospital Center  
Washington, DC

**David Jaffe**  
Harborview Medical Center  
Seattle, Washington

**Bernett L. Johnson, MD**  
Hospital of the University of Pennsylvania  
Philadelphia, Pennsylvania

**Mark A. Kelley, MD**  
Henry Ford Health Care System  
Detroit, Michigan

**Michael L. Klowden**  
Santa Monica, California  
*Public Director*

**Mark Laret**  
Medical Center at the University of California  
San Francisco, California

**David C. Leach, MD**  
ACGME Executive Director  
Chicago, Illinois  
*Ex-Officio*

**Allen S. Lichter, MD**  
University of Michigan Medical School  
Ann Arbor, Michigan  
*Term ended September 30, 2004*

**Duncan L. McDonald**  
University of Oregon  
Eugene, Oregon  
*Public Director*

**Melissa Merideth, MD**  
National Institutes of Health  
Bethesda, Maryland  
*Resident Member*

**Sheldon Miller, MD**  
Northwestern Memorial Hospital  
Chicago, Illinois

**Sandra F. Olson, MD**  
Chicago, Illinois

**J. David Osguthorpe, MD**  
Medical University of South Carolina  
Charleston, South Carolina  
*Chair, Council of Review Committee Chairs*

**Richard J. D. Pan, MD**  
University of California, Davis  
Sacramento, California

**Roger L. Plummer**  
Chicago, Illinois  
*Public Director*

**Deborah Powell, MD**  
University of Minnesota Medical School  
Minneapolis, Minnesota

**Agnar Pytte, PhD**  
Etna, New Hampshire  
*Public Director*  
*Term ended September 30, 2004*

**Tanya Pagan Raggio, MD**  
Bureau of Health Professions  
Rockville, Maryland  
*Federal Government Representative*

**Charles L. Rice, MD**  
University of Illinois at Chicago  
Chicago, Illinois  
*Past Chair*  
*Term ended September 30, 2004*

**Barry Smith, MD**  
Baylor University Medical Center  
Dallas, Texas  
*Term ended September 30, 2004*

**Melissa Thomas, MD, PhD**  
Massachusetts General Hospital  
Boston, Massachusetts



*First row (left to right):* J. David Osguthorpe, MD; Melissa Thomas, MD; Sandra Olson, MD; Emmanuel Cassimatis, MD (Chair); William Hartmann, MD (Chair-Elect); Mark Kelley, MD; Paul Gardent; Carol Berkowitz, MD. *Second row (left to right):* Michael Klowden; Vishal Gala, MD; Tanya Pagan Raggio, MD; Susan Day, MD; Deborah Powell, MD; Joseph Honet, MD; Melissa Merideth, MD; Wm. James Howard, MD. *Third row (left to right):* Roger Plummer; Duncan McDonald; David Jaffe; Edward Bope, MD; David C. Leach, MD; Richard Pan, MD; Mark Laret; L. Maximilian Buja, MD; John Maize, MD



Public Board member Duncan McDonald; Carol Berkowitz, MD, and Board Chair Emmanuel Cassimatis, MD





*Upper left:* Mark Kelley, MD; John Maize, MD; resident member Melissa Merideth, MD  
*Upper right:* Board member Maximilian Buja, MD; federal representative Tanya Pagan Raggio, MD  
*Bottom:* Public Board member Michael Klowden



RRC	Specialized Areas	Appointing Organizations*
Allergy and Immunology		American Board of Allergy and Immunology <i>(a conjoint board of the American Board of Internal Medicine and the American Board of Pediatrics)</i>
Anesthesiology	Critical Care Medicine Pain Medicine Pediatric Anesthesiology	American Board of Anesthesiology American Society of Anesthesiologists
Colon and Rectal Surgery		American Board of Colon & Rectal Surgery American College of Surgeons
Dermatology	Dermatopathology Procedural Dermatology	American Board of Dermatology
Emergency Medicine	Medical Toxicology Pediatric Emergency Medicine Sports Medicine	American Board of Emergency Medicine American College of Emergency Physicians
Family Practice	Geriatric Medicine Sports Medicine	American Board of Family Practice American Academy of Family Physicians
Internal Medicine	Cardiovascular Disease Clinical Cardiac Electrophysiology Critical Care Medicine Endocrinology, Diabetes & Metabolism Gastroenterology Geriatric Medicine Hematology Hematology & Oncology Infectious Disease Interventional Cardiology Nephrology Oncology Pulmonary Disease Pulmonary Disease & Critical Care Medicine Rheumatology Sleep Medicine Sports Medicine	American Board of Internal Medicine American College of Physicians
Medical Genetics	Molecular Genetic Pathology	American Board of Medical Genetics American College of Medical Genetics
Neurological Surgery	Endovascular Neuroradiology	American Board of Neurological Surgery American College of Surgeons
Neurology	Child Neurology Clinical Neurophysiology Neurodevelopmental Disabilities Neuromuscular Medicine Pain Medicine Sleep Medicine Vascular Neurology	American Board of Psychiatry and Neurology American Academy of Neurology

\*The AMA's Council on Medical Education is an appointing organization for all RRCs except Transitional Year programs.

RRC	Specialized Areas	Appointing Organizations*
<b>Nuclear Medicine</b>		American Board of Nuclear Medicine Society of Nuclear Medicine
<b>Obstetrics and Gynecology</b>		American Board of Obstetrics and Gynecology American College of Obstetricians and Gynecologists
<b>Ophthalmology</b>		American Board of Ophthalmology American Academy of Ophthalmology
<b>Orthopaedic Surgery</b>	Adult Reconstructive Orthopaedics Foot & Ankle Orthopaedics Hand Surgery Musculoskeletal Oncology Orthopaedic Sports Medicine Orthopaedic Surgery of the Spine Orthopaedic Trauma Pediatric Orthopaedics	American Board of Orthopaedic Surgery American Academy of Orthopaedic Surgeons
<b>Otolaryngology</b>	Otology-Neurology Pediatric Otolaryngology Sleep Medicine	American Board of Otolaryngology American College of Surgeons
<b>Pathology – Anatomic and Clinical</b>	Blood Banking/Transfusion Medicine Chemical Pathology Cytopathology Dermatopathology Forensic Pathology Hematology Medical Microbiology Molecular Genetic Pathology Neuropathology Pediatric Pathology	American Board of Pathology
<b>Pediatrics</b>	Adolescent Medicine Developmental-Behavioral Pediatrics Neonatal-Perinatal Medicine Pediatric Cardiology Pediatric Critical Care Medicine Pediatric Emergency Medicine Pediatric Endocrinology Pediatric Gastroenterology Pediatric Hematology-Oncology Pediatric Infectious Diseases Pediatric Nephrology Pediatric Pulmonology Pediatric Rheumatology Pediatric Sports Medicine Sleep Medicine	American Board of Pediatrics American Academy of Pediatrics

\*The AMA's Council on Medical Education is an appointing organization for all RRCs except Transitional Year programs.

RRC	Specialized Areas	Appointing Organizations*
<b>Physical Medicine and Rehabilitation</b>	Spinal Cord Injury Medicine Pain Medicine Pediatric Rehabilitation	American Board of Physical Medicine and Rehabilitation American Academy of Physical Medicine and Rehabilitation
<b>Plastic Surgery</b>	Craniofacial Surgery Hand Surgery	American Board of Plastic Surgery American College of Surgeons
<b>Preventive Medicine</b>	Medical Toxicology Undersea & Hyperbaric Medicine	American Board of Preventive Medicine
<b>Psychiatry</b>	Addiction Psychiatry Child & Adolescent Psychiatry Forensic Psychiatry Geriatric Psychiatry Pain Medicine Psychosomatic Medicine Sleep Medicine	American Board of Psychiatry and Neurology American Psychiatric Association
<b>Radiology – Diagnostic</b>	Abdominal Radiology Cardiothoracic Radiology Endovascular Neuroradiology Musculoskeletal Radiology Neuroradiology Nuclear Radiology Pediatric Radiology Vascular & Interventional Radiology	American Board of Radiology American College of Radiology
<b>Radiation Oncology</b>		American Board of Radiology American College of Radiology
<b>Surgery</b>	General Vascular Surgery Hand Surgery Pediatric Surgery Surgical Critical Care	American Board of Surgery American College of Surgeons
<b>Thoracic Surgery</b>		American Board of Thoracic Surgery American College of Surgeons
<b>Urology</b>	Pediatric Urology	American Board of Urology American College of Surgeons
<b>Transitional Year</b>		Members appointed by ACGME Board of Directors

\*The AMA's Council on Medical Education is an appointing organization for all RRCs except Transitional Year programs.

The people who serve on the ACGME's 28 review committees are recognized as the leaders in their specialties, dedicated to excellence in medical education. These volunteers each attend an average of two to four review committee meetings a year and devote countless hours outside of meetings to review site visit reports and program information forms. Their dedicated service contributes to the ACGME's mission to improve health care by ensuring and improving the quality of resident physicians' education. The ACGME acknowledges their work with pride and gratitude.

The volunteers who serve on the residency review committees are appointed by the appropriate medical specialty board, medical specialty organization, and the American Medical Association's Council on Medical Education. Members of the transitional year and institutional review committees are appointed by the ACGME.

**Allergy & Immunology**

**Vincent R. Bonagura, MD**  
Schneider Children's Hospital  
New Hyde Park, New York

**A. Wesley Burks, MD**  
Duke University Medical Center  
Durham, North Carolina  
*Vice Chair*

**J. Andrew Grant, MD**  
University of Texas Medical Branch  
Medical Research  
Galveston, Texas

**George R. Green, MD**  
Abington Medical Specialists  
Abington, Pennsylvania

**Paul A. Greenberger, MD**  
Northwestern Medical Faculty  
Foundation  
Chicago, Illinois  
*Chair*

**Bryan L. Martin, DO**  
National Capital Consortium/  
Walter Reed Army Medical Center  
Washington, DC

**Dean D. Metcalfe, MD**  
National Institute of Health  
Bethesda, Maryland

**Laurie J. Smith, MD**  
Walter Reed Army Medical Center  
Washington, DC

**Weily Soong, MD**  
Yale University  
Hamden, Connecticut  
*Resident*

**John W. Yunginger, MD**  
American Board of Allergy  
and Immunology  
*Ex-Officio*

**Anesthesiology**

**J. Jeffrey Andrews, MD**  
University of Alabama  
Birmingham, Alabama

**Audrée A. Bendo, MD**  
SUNY Downstate Medical Center  
Brooklyn, New York

**Lois L. Bready, MD**  
University of Texas Health Sciences  
San Antonio, Texas

**David L. Brown, MD**  
MD Anderson Cancer Center  
Houston, Texas  
*Chair*

**Corey E. Collins, DO**  
Medford, Massachusetts  
*Resident*

**Steven C. Hall, MD**  
Children's Memorial Hospital  
Chicago, Illinois  
*Ex-Officio*

**Jeffrey R. Kirsch, MD**  
Oregon Health & Science University  
Portland, Oregon

**Philip D. Lumb, MD**  
University of Southern California  
Los Angeles, California

**Susan L. Polk, MD**  
The University of Chicago  
Chicago, Illinois  
*Term ended December 31, 2004*

**Mark A. Rockoff, MD**  
Children's Hospital  
Boston, Massachusetts

**Mark A. Warner, MD**  
Mayo Clinic  
Rochester, Minnesota

**Colon and Rectal Surgery**

**Herand Abcarian, M.D.**  
American Board of Colon and  
Rectal Surgery  
*Ex-Officio*

**Alan V. Abrams, MD**  
New York Presbyterian Hospital  
(Cornell)  
New York, New York

**Daniel C. Coffey, MD**  
Carle Foundation Hospital  
Urbana, Illinois  
*Resident*

**Ann C. Lowry, MD**  
University of Minnesota  
Minneapolis, Minnesota  
*Chair*

**Robert D. Madoff, MD**  
University of Minnesota  
Minneapolis, Minnesota

**Jan Rakinic, MD**  
SIU School of Medicine  
Springfield, Illinois  
*Vice-Chair*

**Clifford L. Simmang, MD**  
Presbyterian Hospital  
Dallas, Texas

**W. Douglas Wong, MD**  
Memorial Sloan Kettering  
Cancer Center  
New York, New York

**Dermatology**

**Paul R. Bergstresser, MD**  
University of Texas Southwestern  
Medical School  
Dallas, Texas  
*Term ended December 31, 2004*

**Terry L. Barrett, MD**  
University of Texas Southwestern  
Medical School  
Dallas, Texas

**Jeffrey P. Callen, MD**  
University of Louisville School  
of Medicine  
Louisville, Kentucky

**Antoinette F. Hood, MD**  
American Board of Dermatology  
*Ex-Officio*

**Thomas D. Horn, MD**  
University of Arkansas  
for Medical Sciences  
Little Rock, Arkansas

**Lee T. Nesbitt, Jr., MD**  
Louisiana State University  
Medical Center  
New Orleans, Louisiana

**Randall K. Roenigk, MD**  
Mayo Clinic Rochester  
Rochester, Minnesota  
*Chair*

**CPT Joshua D. Sparling, MD**  
National Capital Consortium  
Washington, DC  
*Resident*

**Abel Torres, MD**  
Loma Linda University  
Loma Linda, California  
*Vice-Chair*

**Karen E. Warschaw, MD**  
Mayo Clinic Scottsdale  
Scottsdale, Arizona

**Duane C. Whitaker, MD**  
University of Iowa Hospital & Clinics  
Iowa City, Iowa

**Emergency Medicine****Louis S. Binder, MD**

Metro Health Medical Center  
Cleveland, Ohio

**Charles K. Brown, MD**

Pitt County Memorial Hospital  
Greenville, North Carolina

**Dane Michael Chapman, MD, PhD**

Highlands Ranch, Colorado

**Kelly J. Corrigan, MD**

Beth Israel Deaconess Medical Center  
Brookline, Massachusetts  
*Resident*

**Francis Counselman, MD**

Eastern Virginia Graduate  
School of Medicine  
Norfolk, Virginia

**Daniel Danzl, MD**

University of Louisville Hospital  
Louisville, Kentucky  
*Chair*

**Marjorie Giest, PhD**

American College  
of Emergency Physicians  
*Ex-Officio*

**Robert L. Muelleman, MD**

Nebraska Medical Center  
Omaha, Nebraska

**David T. Overton, MD**

Michigan State University/KCMS  
Kalamazoo, Michigan

**Mary Ann Reinhart, PhD**

American Board  
of Emergency Medicine  
*Ex-Officio*

**Sandra M. Schneider, MD, FACEP**

University of Rochester School  
of Medicine and Dentistry  
Rochester, New York  
*Vice-Chair*

**Rebecca Smith-Coggins, MD**

Stanford University  
Palo Alto, California

**Family Medicine****Diane Kay Beebe, MD**

University of Mississippi Medical Center  
Jackson, Mississippi  
*Chair*  
*Term ended January 31, 2005*

**Samuel W. Cullison, MD**

Providence Medical Center  
Seattle, Washington

**William (Craig) Denham, MD**

University of Louisville (Glasgow)  
Glasgow, Kentucky  
*Resident*

**Charles E. Driscoll, MD**

Centra Health Program  
Lynchburg, Virginia  
*Chair*

**Ted Epperly, MD**

Family Practice Residency of Idaho  
Boise, Idaho

**Margaret Hayes, MD**

Oregon Health Sciences University  
Portland, Oregon  
*Alternate*

**Warren Heffron, MD**

University of New Mexico  
School of Medicine  
Albuquerque, New Mexico  
*Term ended January 31, 2005*

**James Martin, MD**

Christus Santa Rosa Health Care  
San Antonio, Texas

**Janice E. Nevin, MD, MPH**

Family and Community Medicine  
Wilmington, Delaware

**James Puffer, MD**

American Board of Family Medicine  
*Ex-Officio*

**Perry A. Pugno, MD**

American Academy  
of Family Physicians  
*Ex-Officio*

**Martin A. Quan, MD**

UCLA Family Medicine  
Los Angeles, California

**Mary Elizabeth Roth, MD**

Sacred Heart Hospital  
Allentown, Pennsylvania

**John W. Saultz, MD**

Oregon Health Sciences University  
Portland, Oregon

**Susan Schooley, MD**

Henry Ford Health System  
Detroit, Michigan  
*Vice-Chair*

**Internal Medicine****Roger Bush, MD**

The Virginia Mason Clinic  
Seattle, Washington

**Thomas Cooney, MD**

Oregon Health and Science University  
Portland, Oregon

**Wildon Farwell, MD**

Brookline, Massachusetts  
*Resident*

**David A. Faxon, MD**

University of Chicago Program  
Chicago, Illinois

**Rosemarie Fisher, MD**

Yale-New Haven Hospital  
New Haven, Connecticut  
*Vice-Chair*

**John Frohna, MD**

University of Michigan  
Ann Arbor, Michigan

**Suzanne Gebhart, MD**

Emory University Hospital  
Atlanta, Georgia

**Michael A. Geheb, MD**

Oregon Health Science  
University Hospital  
Portland, Oregon

**Benjamin George, MD**

Brooke Army Medical Center  
Fort Sam Houston, Texas  
*Resident*

**Eric Holmboe, MD**

American Board of Internal Medicine  
Philadelphia, Pennsylvania  
*Ex-Officio*

**Mariell Jessup, MD**

University of Pennsylvania School  
of Medicine  
Philadelphia, Pennsylvania

**Angeline A. Lazarus, MC, USN**

Rockville, Maryland

**Glenn Mills, MD**

Louisiana State University  
Shreveport, Louisiana

**Jeanette Mladenovic, MD**

Greater Miami Veterans Health System  
Miami, Florida

**Stuart F. Quan, MD**

University of Arizona  
College of Medicine  
Tucson, Arizona

**Eileen Reynolds, MD**

Beth Israel Deaconess Medical Center  
Boston, Massachusetts

**Paul H. Rockey, MD**

American Medical Association  
*Ex-Officio*

**Dennis Schaberg, MD**

University of Tennessee  
Health Science Center  
Memphis, Tennessee

**Henry Schultz, MD**

Mayo Foundation  
Rochester, Minnesota  
*Chair*

**Carl Sirio, MD**

University of Pittsburgh Medical Center  
Pittsburgh, Pennsylvania

**Valerie E. Stone, MD., FACP**

Massachusetts General Hospital  
Boston, Massachusetts

**Kenneth G. Torrington, MD**

Central Texas Veterans  
Health Care System  
Temple, Texas

**Steven Weinberger, MD**

American College of Physicians  
*Ex-Officio*

**Medical Genetics****John W. Belmont, MD, PhD**

Baylor College of Medicine  
Houston, Texas  
*Vice-Chair*

**Mark I. Evans, MD**

Columbia University  
New York, New York  
*Term ended December 31, 2004*

**Gerald L. Feldman, MD, PhD**

Wayne State University  
School of Medicine  
Detroit, Michigan  
*Term ended December 31, 2004*

**Bruce R. Korf, MD, PhD**

University of Alabama Medical Center  
Birmingham, Alabama

**Charles J. Macri, MD**

George Washington University  
School of Medicine  
Washington, DC

**Douglas Riegert-Johnson, MD**

Johns Hopkins University  
Baltimore, Maryland  
*Resident*

**Nathaniel H. Robin, MD**

University of Alabama Medical Center  
Birmingham, Alabama

**Howard M. Saal, MD**

Cincinnati Children's Hospital  
Medical Center  
Cincinnati, Ohio

**Georgia L. Wisener, MD**

Case Western Reserve University  
Cleveland, Ohio  
*Chair*

**Neurological Surgery****Estrada J. Bernard, Jr., MD**

Anchorage, Alaska

**Vishal C. Gala, MD**

University of Michigan  
Ann Arbor, Michigan  
*Resident*

**Steven L. Giannotta, MD**

University of Southern California  
Los Angeles, California

**M. Sean Grady, MD**  
Hospital of University of Pennsylvania  
*Ex-Officio*

**Donald O. Quest, MD**  
The Neurological Institute  
of New York Columbia University  
New York, New York  
*Chair*

**Robert Ratcheson, MD**  
Case Western Reserve University/  
University Hospitals of Cleveland  
Cleveland, Ohio

**Ajit K. Sachdeva, MD**  
American College of Surgeons  
*Ex-Officio*

**William A. Shucart, MD**  
Tufts University School of Medicine  
Boston, Massachusetts  
*Vice-Chair*

**Dennis D. Spencer, MD**  
Yale University School of Medicine  
New Haven, Connecticut

#### Neurology

**Cynthia Leta Bodkin, MD**  
Mayo Clinic  
Jacksonville, Florida  
*Resident*

**Terrence L. Cascino, MD**  
Mayo Clinic  
Rochester, Minnesota

**Jasper R. Daube, MD**  
Mayo Clinic  
Rochester, Minnesota

**John W. Engstrom, MD**  
University of California, San Francisco  
San Francisco, California

**Michael Johnston, MD**  
Kennedy Krieger Institute  
Baltimore, Maryland  
*Chair*

**Ronald Kanner, MD**  
Long Island Jewish Medical Center  
New Hyde Park, New York  
*Vice-Chair*

**Robert Pascuzzi, MD**  
Indiana University Medical School  
Indianapolis, Indiana

**Noah L. Rosen, MD**  
Thomas Jefferson University Hospital  
Philadelphia, Pennsylvania  
*Resident*  
*Term ended December 31, 2004*

**Catherine Rydell**  
American Academy of Neurology  
*Ex-Officio*

**Steven C. Scheiber, MD**  
American Board of Psychiatry  
and Neurology  
*Ex-Officio*

**Barbara S. Schneidman, MD**  
American Medical Association  
*Ex-Officio*

**Ann Tilton, MD**  
Louisiana State School of Medicine  
New Orleans, Louisiana

**David A. Stumpf, MD, PhD**  
Children's Memorial Hospital  
Chicago, Illinois

#### Nuclear Medicine

**Terence Beven, MD**  
Our Lady of the Lake RMC  
Baton Rouge, Louisiana

**Michael M. Graham, MD, PhD**  
University of Iowa  
Iowa City, Iowa  
*Chair*  
*Term ended December 31, 2004*

**Heather Jacene, MD**  
Baltimore, Maryland  
*Resident*

**Darlene Metter, MD**  
University of Texas Health Science  
Center at San Antonio  
San Antonio, Texas

**Tom R. Miller, MD, PhD**  
Mallinckrodt Institute of Radiology  
St. Louis, Missouri  
*Chair*  
*Term began January 1, 2005*

**C. Leon Partain**  
Vanderbilt University  
Nashville, Tennessee  
*Term ended December 31, 2004*

**Lalitha Ramanna, MD**  
University of Southern California  
Los Angeles, California  
*Vice-Chair*  
*Term began January 1, 2005*

**Patrice Rehm, MD**  
University of Virginia Health System  
Charlottesville, Virginia  
*Term began January 1, 2005*

#### Obstetrics and Gynecology

**Fritz Apollon, MD**  
Sinai Hospital of Baltimore  
Baltimore, Maryland

**Howard A. Blanchette, MD**  
Danbury Hospital  
Danbury, Connecticut  
*Vice-Chair*

**Haywood L. Brown, MD**  
Duke University Medical Center  
Durham, North Carolina

**Joanna M. Cain, MD**  
Oregon Health Sciences University  
Portland, Oregon

**Norman F. Gant, MD**  
American Board of Obstetrics  
and Gynecology  
*Ex-Officio*

**Larry C. Gilstrap, MD**  
University of Texas Medical Sciences  
at Houston  
Houston, Texas

**Ralph Hale, MD**  
American College of Obstetrics  
and Gynecologists  
*Ex-Officio*

**Timothy R.B. Johnson, MD**  
University of Michigan  
Ann Arbor, Michigan

**Frank W. Ling, MD**  
Vanderbilt University School  
of Medicine  
Nashville, Tennessee

**Erica Marsh, MD**  
Brigham and Women's Hospital  
Boston, Massachusetts  
*Resident*

**Michael Mennuti, MD**  
University of Pennsylvania  
Philadelphia, Pennsylvania

**Roy T. Nakayama, MD**  
University of Hawaii  
Honolulu, Hawaii  
*Chair*

**Andrew Satin, MD**  
Uniformed Services University  
Bethesda, Maryland

**Barbara Schneidman, MD**  
American Medical Association  
*Ex-Officio*

**Peter A. Schwartz, MD**  
The Reading Hospital & Medical Center  
West Reading, Pennsylvania

**Ronald Strickler, MD**  
Henry Ford Hospital  
Detroit, Michigan

#### Ophthalmology

**Gil Binenbaum, MD**  
University of Pennsylvania  
Philadelphia, Pennsylvania  
*Resident*

**Preston Blomquist, MD**  
University of Texas  
Southwestern Medical School  
Dallas, Texas

**Geoffrey Broecker, MD**  
Emory Eye Center  
Atlanta, Georgia  
*Vice-Chair*

**Louis B. Cantor, MD**  
Indiana University Hospitals  
Indianapolis, Indiana  
*Chair*

**Jack A. Cohen, MD, FACS**  
Rush University  
Department of Ophthalmology  
Chicago, Illinois

**Martha J. Farber, MD**  
Delmar, New York

**Marlon Maus, MD**  
Berkeley, California

**Denis O'Day, MD**  
Vanderbilt University School  
of Medicine  
*Ex-Officio*

**James C. Orcutt, MD**  
VA Puget Sound HCS  
Seattle, Washington

**Susan M. Stenson, MD**  
New York University  
New York, New York

**James S. Tiedeman, MD**  
University of Virginia  
Charlottesville, Virginia

#### Orthopaedic Surgery

**Stephen A. Albenese, MD**  
SUNY Health Science Center  
at Syracuse  
Syracuse, New York

**Jason H. Calhoun, MD**  
University of Missouri-Columbia  
Columbia, Missouri  
*Chair*

**John R. Denton, MD**  
New York Medical College  
Jamaica, New York  
*Term ended January 31, 2005*

**G. Paul DeRosa, MD**  
American Board  
of Orthopaedic Surgery  
*Ex-Officio*

**Mark C. Gebhardt, MD**  
Beth Israel Deaconess Medical Center  
Boston, Massachusetts  
*Term ended January 31, 2005*

**Michael J. Goldberg, MD**  
Tufts-New England Medical Center  
Boston, Massachusetts

**Richard E. Grant, MD**  
Grant Orthopaedic Bone &  
Joint Surgeons, PLLC  
Washington, DC



**Richard J. Haynes, MD**  
Shriner's Hospital for Children  
Houston, Texas

**M. Mark Hoffer, MD**  
Orthopaedic Hospital  
Los Angeles, California

**David M. Lichtman, MD**  
John Peter Smith Hospital  
Fort Worth, Texas

**George L. Lucas, MD**  
University of Kansas  
School of Medicine  
Wichita, Kansas  
*Term ended January 31, 2005*

**CPT Jose J. Miranda, MD**  
Dwight David Eisenhower  
Army Medical Center  
Fort Gordon, Georgia  
*Resident*

**Scott E. Porter, MD**  
University of Chicago  
Chicago, Illinois  
*Resident*  
*Term ended January 31, 2005*

**Dempsey S. Springfield, MD**  
Mount Sinai Medical Center  
New York, New York

**Peter J. Stern, MD**  
University of Cincinnati  
College of Medicine  
Cincinnati, Ohio  
*Vice-Chair*

#### Otolaryngology

**Patrick Brookhouser, MD**  
Boys Town National Research Hospital  
Omaha, Nebraska  
*Chair*

**Brian B. Burkey, MD**  
Vanderbilt University  
Nashville, Tennessee

**Richard A. Chole, MD**  
Washington University  
School of Medicine  
St. Louis, Missouri

**David W. Eisele, MD**  
University of California, San Francisco  
Medical Center  
San Francisco, California

**Ellen M. Friedman, MD**  
Texas Children's Hospital  
Houston, Texas

**Paul R. Lambert, MD**  
Medical University of South Carolina  
Charleston, South Carolina  
*Vice-Chair*

**Donald A. Leopold, MD**  
University of Nebraska Medical Center  
Omaha, Nebraska

**Bradley F. Marple, MD**  
University of Texas Southwestern  
Medical Center  
Dallas, Texas

**Jesus Medina, MD**  
Oklahoma University  
School of Medicine  
Oklahoma City, Oklahoma

**Robert H. Miller, MD, MBA**  
American Board of Otolaryngology  
*Ex-Officio*

**Ajit K. Sachdeva, MD**  
American College of Surgeons  
*Ex-Officio*

**Monica Tadros, MD**  
Washington, DC  
*Resident*

#### Pathology

**C. Bruce Alexander, MD**  
University of Alabama Medical Center  
Birmingham, Alabama  
*Term ended December 31, 2004*

**Stephen D. Allen, MD**  
Indiana University Medical Center  
Indianapolis, Indiana  
*Term ended December 31, 2004*

**Betsy D. Bennett, MD, PhD**  
American Board of Pathology  
*Ex-Officio*

**M. Desmond Burke, MD**  
New York Hospital-  
Cornell Medical Center  
New York, New York

**Deborah J. Chute, MD**  
University of Virginia  
Charlottesville, Virginia  
*Resident*

**Joseph C. Fantone, MD**  
University of Michigan  
Ann Arbor, Michigan

**Margaret M. Grimes, MD**  
Virginia Commonwealth University  
Health System  
Richmond, Virginia  
*Chair*

**Joseph A. Hughes, MD**  
University of California, San Diego  
San Diego, California  
*Resident*  
*Term ended April 30, 2005*

**Rebecca L. Johnson, MD**  
Berkshire Medical Center  
Pittsfield, Massachusetts  
*Vice-Chair*

**Suzanne Z. Powell, MD**  
The Methodist Hospital  
Houston, Texas

**Janet E. Roepke, MD, PhD**  
Ball Memorial Hospital  
Muncie, Indiana

**Sharon W. Weiss, MD**  
Emory University  
Atlanta, Georgia

**Ross E. Zumwalt, MD**  
University of New Mexico  
School of Medicine  
Albuquerque, New Mexico

#### Pediatrics

**Carol Carraccio, MD**  
University of Maryland  
Baltimore, Maryland  
*Vice-Chair*

**Matilda C. Garcia, MD, MPH**  
St. Joseph's Hospital and  
Medical Center  
Phoenix, Arizona  
*Term ended December 31, 2004*

**Marcia B. Hutchinson, MD**  
Medical Center of Central Georgia  
Macon, Georgia

**M. Douglas Jones, Jr., MD**  
University of Colorado  
School of Medicine  
Denver, Colorado  
*Chair*

**Ildy M. Katona, MD**  
Uniformed Services University  
of the Health Sciences  
Bethesda, Maryland

**Mary W. Lieh-Lai, MD**  
Children's Hospital of Michigan  
Detroit, Michigan

**Stephen Ludwig, MD**  
Children's Hospital of Philadelphia  
Philadelphia, Pennsylvania

**Gail McGuinness, MD**  
American Board of Pediatrics  
*Ex-Officio*

**Thomas W. Pendergrass, MD**  
Children's Hospital  
Regional Medical Center  
Seattle, Washington

**Robert Perelman, MD**  
American Academy of Pediatrics  
*Ex-Officio*

**Sharon Su, MD**  
Brown University  
East Providence, Rhode Island  
*Resident*

**Frank Simon, MD**  
American Medical Association  
*Ex-Officio*

**Ann E. Thompson, MD**  
Children's Hospital of Pittsburgh  
Pittsburgh, Pennsylvania

**Edwin L. Zalneraitis, MD**  
Connecticut Children's Medical Center  
Hartford, Connecticut

#### Physical Medicine and Rehabilitation

**William L. Bockenek, MD**  
Charlotte Institute of Rehabilitation  
Charlotte, North Carolina

**Murray Brandstater, MD**  
Loma Linda University  
Affiliated Hospitals  
Loma Linda, California  
*Chair*

**Gary S. Clark, MD**  
MetroHealth Medical Center  
Case Western Reserve University  
Cleveland, Ohio

**Jacob Neufeld, MD**  
Children's Hospital  
Richmond, Georgia

**James Sliwa, DO**  
Rehabilitation Institute of Chicago  
Chicago, Illinois

**Barry S. Smith, MD**  
Baylor University  
Dallas, Texas  
*Vice-Chair*

**Gregory Strock, MD**  
Indianapolis, Indiana  
*Resident*

**Anthony M. Tarvestad, JD**  
American Board of Physical Medicine  
and Rehabilitation  
*Ex-Officio*

#### Plastic Surgery

**Gregory Borah, MD**  
UMDNJ-Robert Wood Johnson  
Medical School  
New Brunswick, New Jersey

**John J. Coleman, III, MD**  
Indiana University School of Medicine  
Indianapolis, Indiana  
*Chair*

**Robert J. Havlik, MD**  
Indiana University School of Medicine  
Indianapolis, Indiana

**Steven C. Herber, MD**  
St. Helena, California  
*Term ended: December 31, 2004*

**Sameer S. Jejurikar, MD**  
University of Michigan  
Ann Arbor, Michigan  
*Resident*



**Lawrence L. Ketch, MD**  
Children's Hospital  
Denver, Colorado

**Walter Thomas Lawrence, MD**  
Kansas University Medical Center  
Kansas City, Missouri

**Victor L. Lewis, Jr., MD**  
Northwestern Memorial Hospital  
Chicago, Illinois

**Stephen J. Mathes, MD**  
University of California, San Francisco  
School of Medicine  
San Francisco, California  
*Vice-Chair*

**R. Barrett Noone, MD**  
American Board of Plastic Surgery  
*Ex-Officio*

**John A. Persing, MD**  
Yale-New Haven Medical Center  
New Haven, Connecticut

**Ajit K. Sachdeva, MD**  
American College of Surgeons  
*Ex-Officio*

**Berish Strauch, MD**  
Montefiore Medical Center  
Bronx, New York

**Charles N. Verheyden, MD**  
Scott and White Clinic  
Temple, Texas  
*Term ended December 31, 2004*

#### Preventive Medicine

**P. Glenn Merchant, Jr., MD,  
MPH & TM**  
United States Air Force Academy  
Colorado Springs, Colorado

**Clyde B. Schechter, MD**  
Albert Einstein College of Medicine  
Bronx, New York

**William W. Greaves, MD, MSPH**  
Medical College of Wisconsin  
Milwaukee, Wisconsin

**Mark Johnson, MD, MPH**  
Jefferson County Department  
of Health and Environment  
Golden, Colorado  
*Chair*

**James Vanderploeg, MD, MPH**  
Center for Aerospace and  
Occupational Medicine  
*Ex-Officio*

**Michael R. Valdez, MD, MPH**  
Aerospace Medicine  
Corrales, New Mexico

**Philip Harber, MD, MPH**  
David Geffen School of Medicine  
at UCLA  
Los Angeles, California  
*Vice-Chair*

**Margot Krauss, MD, MPH**  
Walter Reed Army Institute of Research  
Silver Springs, Maryland

**Elizabeth Nilson, MD**  
New York, New York  
*Resident*

**Peter Rumm, MD, MPH, FACPM**  
Drexel University  
School of Public Health  
Philadelphia, Pennsylvania

#### Psychiatry

**Donald Bechtold, MD**  
Jefferson Center for Mental Health  
Arvada, Colorado

**Wayne D. L. Bentham, MD, MPP**  
University of Washington  
Seattle, Washington  
*Resident*  
*Term ended December 31, 2004*

**Larry Faulkner, MD**  
University of South Carolina  
School of Medicine  
Columbia, South Carolina

**Michael Ebert, MD**  
VA Connecticut Healthcare System  
West Haven, Connecticut  
*Chair*

**Erica Kate German, MD**  
Mount Sinai School of Medicine  
New York, New York  
*Resident*

**Luz Minerva Guevara-Ramos, MD**  
University of Puerto Rico  
School of Medicine  
Rio Piedras, Puerto Rico

**Deborah J. Hales, MD**  
American Psychiatric Association  
Arlington, Virginia  
*Ex-Officio*

**James J. Hudziak, MD**  
University of Vermont  
College of Medicine  
Burlington, Vermont

**Nalina V. Juthani, MD**  
Scarsdale, New York

**Jerald Kay, MD**  
Wright State University  
School of Medicine  
Dayton, Ohio

**Grant Miller, MD**  
University of Nevada  
School of Medicine  
Reno, Nevada

**Jonathan E. Morris, MD**  
Maine Medical Center  
Old Orchard Beach, Maine

**David Mrazek, MD**  
Mayo Clinic  
Rochester, Minnesota

**Victor I. Reus, MD**  
University of California  
School of Medicine  
Langley Porter Institute  
San Francisco, California

**Charles F. Reynolds, III, MD**  
Western Psychiatric Institute and Clinic  
Pittsburgh, Pennsylvania

**Richard M. Sarles, MD**  
University of Maryland  
School of Medicine  
Baltimore, Maryland

**Stephen C. Scheiber, MD**  
American Board of Psychiatry &  
Neurology  
*Ex-Officio*

**Barbara Schneidman, MD**  
American Medical Association  
*Ex-Officio*

**Sandra Sexson, MD**  
Emory University School of Medicine  
Atlanta, Georgia  
*Vice-Chair*

**Kallie Shaw, MD**  
University of South Florida  
Tampa, Florida

**Aradhana A. Sood, MD**  
Medical College of Virginia Hospitals  
Richmond, Virginia

**Zebulon Taintor, MD**  
Nathan Kline Institute  
Orangeburg, New York

#### Radiology – Diagnostic

**E. Stephen Amis, Jr., MD**  
Albert Einstein College of Medicine  
Montefiore Medical Center  
Bronx, New York  
*Vice-Chair*  
*Term began January 1, 2005*

**Stephen R. Baker, MD**  
UMDNJ-New Jersey Medical School  
Newark, New Jersey

**Jannette Collins, MD**  
University of Wisconsin Hospital  
and Clinics  
Madison, Wisconsin

**Robert R. Hattery, MD**  
American Board of Radiology  
*Ex-Officio*

**Steven W. Hetts**  
San Mateo, California  
*Term ended December 31, 2004*

**Anne C. Roberts, MD**  
UCSD Medical Center  
Thornton Hospital  
La Jolla, California

**Carol M. Rumack, MD**  
University of Colorado  
Denver, Colorado  
*Chair*  
*Term ended December 31, 2004*

**Michael A. Sullivan, MD**  
Ochsner Clinic  
New Orleans, Louisiana

**Aradhana M. Venkatesan, MD**  
Boston, Massachusetts  
*Resident*  
*Term began January 1, 2005*

**Kay H. Vydareny, MD**  
Emory University Hospital  
Atlanta, Georgia  
*Chair*  
*Term began January 1, 2005*

**Richard L. Wesenberg, MD**  
University of South Alabama  
Medical Center  
Mobile, Alabama

**Robert D. Zimmerman, MD**  
New York Presbyterian Hospital  
New York, New York

#### Radiation Oncology

**Lawrence W. Davis, MD**  
Emory Clinic  
*Ex-Officio*

**Steven J. Frank, MD**  
MD Anderson Cancer Center  
Houston, Texas  
*Resident*

**Bruce G. Haffty, MD**  
Yale University School of Medicine  
New Haven, Connecticut

**Richard Hoppe, MD**  
Stanford University  
Stanford, California

**Larry E. Kun, MD**  
St. Jude Children's Research Hospital  
Memphis, Tennessee

**Steven A. Leibel, MD**  
Stanford Cancer Center  
Stanford, California  
*Chair*

**Paula J. Schomberg, MD**  
Mayo Clinic  
Rochester, Minnesota  
*Vice-Chair*

**Bhadrasain Vikram, MD**  
International Atomic Energy Agency  
Vienna, Austria

**Surgery**

**Kirby I. Bland, MD**  
University of Alabama  
Birmingham, Alabama

**L.D. Britt, MD**  
Eastern Virginia Medical School  
Norfolk, Virginia  
*Chair*

**R. Phillip Burns, MD**  
University of Tennessee  
College of Medicine  
Chattanooga, Tennessee

**Paul M. Colombani, MD**  
Johns Hopkins Hospital  
Baltimore, Maryland

**Josef E. Fischer, MD**  
Beth Israel Deaconess Medical Center  
Boston, Massachusetts

**Jerry Goldstone, MD**  
Case Western Reserve University  
Cleveland, Ohio

**Donald L. Kaminski, MD**  
St. Louis University School of Medicine  
St. Louis, Missouri

**A. Letch Kline, MD**  
Biloxi VA Medical Center  
Biloxi, Mississippi

**Frank Lewis, MD**  
American Board of Surgery  
*Ex-Officio*

**Linda M. Reilly, MD**  
University of California  
San Francisco, California

**David Richardson, MD**  
University of Louisville  
Louisville, Kentucky  
*Vice-Chair*

**Bradley M. Rodgers, MD**  
University of Virginia  
School of Medicine  
Charlottesville, Virginia

**Ajit Sachdeva, MD**  
American College of Surgeons  
*Ex-Officio*

**Erik Van Eaton, MD**  
University of Washington  
Seattle, Washington  
*Resident*

**Richard E. Welling, MD**  
Good Samaritan Hospital  
Cincinnati, Ohio  
*Term ended December 31, 2004*

**Thomas V. Whalen, MD**  
Robert Wood Johnson Medical School  
New Brunswick, New Jersey

**Thoracic Surgery**

**Richard H. Feins, MD**  
University of Rochester  
Rochester, New York

**David A. Fullerton, MD**  
University of Colorado  
Denver, Colorado  
*Chair*

**William Gay, MD**  
American Board of Thoracic Surgery  
*Ex-Officio*

**Irving L. Kron, MD**  
University of Virginia Medical Center  
Charlottesville, Virginia

**Michael R. Mill, MD**  
University of North Carolina  
at Chapel Hill  
Chapel Hill, North Carolina

**V. Sreenath Reddy, MD**  
Emory University Medical Center  
Atlanta, Georgia  
*Resident*

**Ajit Sachdeva, MD**  
American College of Surgeons  
*Ex-Officio*

**Edward D. Verrier, MD**  
University of Washington  
Medical Center  
Seattle, Washington  
*Vice-Chair*

**Benson R. Wilcox, MD**  
University of North Carolina  
Chapel Hill, North Carolina

**Transitional Year**

**Nadine C. Bruce, MD**  
St. Elizabeth Health Center  
Youngstown, Ohio

**Joseph T. Gilhooly, MD**  
Oregon Health and Sciences University  
Portland, Oregon  
*Vice-Chair*

**Jo Ellen Linder, MD**  
Maine Medical Center  
Portland, Maine  
*Chair*

**Mary C. Nace, MD**  
Walter Reed Army Medical Center  
Silver Spring, Maryland

**Ann K. Skelton, MD**  
Maine Medical Center  
Portland, Maine

**Lloyd B. Tepper, MD ScD**  
Villanova, Pennsylvania

**Todd Tibbetts, MD, PhD**  
Pearland, Texas  
*Resident*

**Marc Wallace, MD**  
Saint Vincent's Hospital  
and Medical Center  
New York, New York

**Ronald J. Zagoria, MD, FACR**  
Wake Forest University  
School of Medicine  
Winston-Salem, North Carolina

**Urology**

**Peter C. Albertsen, MD**  
University of Connecticut  
School of Medicine  
Farmington, Connecticut

**Robert R. Bahnson, MD**  
Ohio State University  
Columbus, Ohio  
*Vice-Chair*

**Stuart Howards, MD**  
American Board of Urology  
*Ex-Officio*

**Kenneth A. Kropp, MD**  
Medical College of Ohio  
Toledo, Ohio

**David G. McLeod, MD**  
Walter Reed Army Medical Center  
Washington, DC  
*Term ended December 31, 2004*

**Michael E. Mitchell, MD**  
Children's Hospital  
and Regional Medical Center  
Seattle, Washington  
*Term ended December 31, 2004*

**Craig A. Nicholson, MD**  
University of Rochester  
Rochester, New York  
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**Accreditation Council for  
Graduate Medical Education**

515 North State Street  
Suite 2000  
Chicago, Illinois 60610

Phone 312.755.5000

Fax 312.755.7498

[www.acgme.org](http://www.acgme.org)