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

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

Values
• Honesty and Integrity
• Excellence and Innovation

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

Core Staff Values
• Customer Focus
• Integrity/Ethics
• Results Focus
• Teamwork
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02 Message from the CEO

2012 saw the ACGME seize many opportunities to work with others in the Graduate Medical Education (GME) community to meet challenges to further our mission. Many of these opportunities and challenges are outlined within the pages of this report.

The year began with continued discussion of the threat that decreased GME funding by the federal government posed to the educational effort to provide more, highly-trained physicians to serve the American public. Efforts to provide information to our public representatives included the publication and dissemination of the August 2011 survey of Designated Institutional Officials that provided a quantification of the estimates of reductions in positions and programs that would occur if GME reimbursement were to be reduced (Nasca, T.J., Miller, R.S., Holt, K.D. The Potential Impact of Reduction in Federal Funding in the United States: A Study of the Estimates of Designated Institutional Officials. Journal of Graduate Medical Education. 2011;3(4): 585-590). This conversation was broadened at the 2012 ACGME Annual Educational Conference to an outstanding discussion of physician workforce needs in the United States, and the question of the ideal degree or extent of subspecialization within that workforce. Drs. Jordan J. Cohen, Richard Cooper, and Fitzhugh Mullan engaged each other and the audience of nearly 2,500 attendees in a spirited debate on the topic.

In January 2012 the American Osteopathic Association (AOA) requested discussions with the ACGME that ultimately might lead to a single accreditation process for all GME programs in the United States. Joined by the American Association of Colleges of Osteopathic Medicine (AACOM), these three organizations issued a press release formally announcing negotiations with a plan to implement a single accreditation process, under the ACGME. While not yet agreed upon, such an event would mark a historic point in American medicine, and provide both the American public and all medical residents with the opportunity to be educated in programs designed using and evaluated against a common set of standards, administered by a single peer-review organization, the ACGME.

The close of 2012 was marked by achievement of the ACGME’s goal of successfully working with each of the specialty communities to create milestones of education in each specialty. Our member board partners from the American Board of Medical Specialties (ABMS), educators from the specialty colleges or academies, the program director associations, and the representatives of the ACGME Review Committees successfully completed the drafting and initial testing of all of the specialty milestones. Throughout 2013, the Milestones will be further evaluated, and they will be an important element of the Next Accreditation System (NAS) for each specialty. Energized by these successes, the Milestone groups have begun the task of creating milestones for subspecialties within each specialty.

The Clinical Learning Environment Review Program (CLER) is well underway, under the leadership of newly recruited Senior Vice President Kevin Weiss, MD, MPH. Through this program, the ACGME will demonstrate its commitment to assist: sponsoring institutions to create and enhance programs for education and engagement of residents and fellows in the quality and safety efforts of the institution; and programs to reduce disparities, and to enhance oversight of transitions of care and fatigue management/mitigation of residents and faculty members.

The NAS infrastructure—including the data infrastructure, reporting capacity, screening methodology, and policies and procedures—has been created. The Review Committees of each of the seven Phase I specialties have begun planning for its implementation, and members of the administration and Review Committees have been reaching out to the community of educators to inform them of the dimensions and presumed impact of NAS implementation. Program Requirements have been modified to permit systematic deviation from detail process standards, encouraging program leaders to innovate in their educational programs. Milestones and other outcome parameters have been agreed upon in each specialty, and programs are preparing for evaluation of Milestone outcomes beginning in the next academic year.

ACGME International has continued to expand, with accredited programs now in Singapore and the Middle Eastern countries of Abu Dhabi and Qatar. Strong interest from programs in other countries has been voiced, and plans for continued growth of international activities have been incorporated into the ACGME’s current strategic plan.

Finally, the ACGME has embarked on a year-long strategic scenario planning process that will engage members of the medical community, as well as members of the public. Our goal is to establish a strategic plan that is durable under the wide range of circumstances that we may encounter in these turbulent times, and is designed to assist the ACGME and the GME community in our ongoing shared commitment to excellence, professionalism, and service in the care of the patients we serve.

Sincerely,

[Signature]

Thomas J. Nasca, MD, MACP
Chief Executive Officer
Message from the Chair of the Board of Directors

Medicine is a noble profession, one that places the lives of others in the hands of the physician. Becoming a physician is a journey with multiple paths that shape the physicians we become. Graduate medical education is the final hurdle before entering into medical practice caring for patients. The ultimate goal is to become a knowledgeable, yet caring, compassionate healer for our patients. The appropriate environment for those in the medical profession is one in which physicians put their patients first in meeting their health care needs in a safe, cost-effective, and time-efficient way. To provide this care, the physician learner must be in an environment in which faculty members and residents work in a collaborative fashion with all colleagues in a team-based approach, striving for mastery of the profession.

The medical profession must return to the Oath of Hippocrates to ensure residents in graduate medical education carry into the future the values that produce the kind of physicians all of us would want to take care of us. To encourage educational excellence, the ACGME must maintain an environment that ensures the safety and quality of care of patients under the charge of residents today and in their future practice, as well as the provision of a humanistic educational environment where residents are taught to manifest professionalism and effacement of self-interest to meet the needs of their patients. The new learning environment is now. The Clinical Learning Environment Review (CLER) program is one step toward ensuring the appropriate learning environment is present for all residents in graduate medical education. The Next Accreditation System (NAS) focuses on continuous quality improvement and moving collectively toward excellence. The use of milestones focuses on outcomes that measure not only knowledge but professionalism and caring.

The physicians of the future must give the care they would seek for their own families or for themselves. As such, each physician-in-training, faculty member, and seasoned professional must join the ACGME and continue to strive for excellence in all of the competencies of the medical profession.

Baretta R. Casey, MD, MPH
Chair, ACGME Board of Directors
2012 was filled with accomplishment and achievement for the Department of Education. Department members, in collaboration with every department and section of the ACGME, facilitated, participated in, or lead some of the major initiatives to further the ACGME’s mission to serve resident learners, faculty members and administrators of residency programs, sponsoring institutions, and most importantly, the needs of the public.

Milestones are a central component of the ACGME’s Next Accreditation System (NAS). Under the direction of Vice President for Outcomes Assessment Susan Swing, PhD and her team, each of the 27 core specialties has completed a final first draft of its educational milestones. This will allow programs and Review Committees in each specialty to center on educational outcomes based on the six domains of competency for resident learning, faculty teaching and assessment, and accreditation. This herculean effort involved the convening of specialty-specific working groups comprised of representatives from: the specialty certification boards; the specialty academies or colleges; the specialty program directors’ associations; and the Review Committees and their ACGME staff.

As the fruition of the ACGME’s Outcome Project, the Milestones have the potential to alter the graduate medical education (GME) landscape in a number of beneficial ways. The move toward educational outcomes helps shift accreditation from a process-focused activity centering on what a program is teaching, to an outcomes-focused one aggregating data on what residents in a given program are actually learning and able to do in each of the six domains of clinical competency. American Board of Medical Specialties (ABMS) specialty boards may use the Milestones to further indicate whether individuals are ready to sit for the certification exams. Resident learners and program faculty members will have a clear, transparent, nationally-generated developmental journey in their specialties that will stimulate better teaching, learning, and assessment; the GME community will be able to demonstrate accountability to the public we serve.

Another initiative facilitated by the Department of Education is the Annual Educational Conference (AEC). Over the past five years, the AEC has experienced explosive and unprecedented growth. In 2008 the AEC had 1,209 participants; attendance steadily increased to 2,251 participants in 2012, an increase of over 86 percent. During the same period, the number of educational sessions at the AEC has also increased, from 60 to 114. This dramatic growth in attendance reflects the AEC’s increasing importance as the yearly gathering place for the GME community to gain new knowledge and skill, and to experience the camaraderie of colleagues and friends in the field from across the globe.

While the AEC is facilitated through the Department of Education’s Division of Educational Activities, led by Director Debra Dooley, it is truly an initiative to which virtually everyone in the ACGME contributes significantly. Still, a few individuals and departments deserve special recognition. On Ms. Dooley’s team: Educational Project Manager Karla Wheeler, MA, CMP; Education Administrator Tamara Wolski, MA; Continuing Medical Education Administrator Laura Barbo; and Education Coordinator Alexandra Paans work unceasingly throughout the year to take the AEC from concept to reality, and to meet and exceed the learning needs of the GME community. Without their work, often behind the scenes, the AEC could not have developed and grown as it has. Network Services, led by Director Patty Desmond, plays an integral role in creating, developing, and maintaining the technology necessary for a conference of this size and complexity to successfully and creatively meet participants’ needs. Meeting Services, under Director Linda Gordon, works hand-in-hand with Educational Activities and Network Services on all aspects of planning to ensure participants have an optimal experience.

In 2012, the Office of Resident Services (ORS) continued its important work through intense interaction and engagement with and service to residents, program directors, and designated institutional officials (DIOs) across the country.
05 Year in Review: Skill, Creativity, and Dedication Highlight Year of Growth in Department of Education

They accomplished this through three distinct efforts:

1. helping residents, program directors, and DIOs negotiate the complex and confusing web of conflict and misunderstanding that can erupt in a program through the resident complaint and concern process
2. celebrating achievement by shepherding the ACGME Awards process
3. working closely with the Council of Review Committee Residents (CRCR)

Through the hard work and dedication of Associate Vice President Marsha Miller, MA and Resident Services Associate Amy Beane, this unit of the department has thrived.

One example of this is the dramatic development of the CRCR. Working closely with Chair Charles D. Scales Jr., MD, the ORS helped stimulate the initiation of three major efforts by the CRCR that have the potential to become greater initiatives for positive change and growth in GME:

1. safety and quality
2. high-value, cost-conscious health care
3. resident mistreatment and abuse

The CRCR and ORS are working closely with the Board of Directors to utilize the residents’ unique perspectives and creativity on these issues to address each area and move the ACGME forward. (See articles pp. 8 and 9.)

In 2012, through the efforts of Senior Scholar for Experiential Learning and Leadership Development Robert Doughty, MD, PhD, the department conducted nine Leadership Skills Training Workshops for Chief Residents. The workshops, held across the country, were over-subscribed for the third straight year. In collaboration with the University of Colorado School of Medicine in Denver, Dr. Doughty also pilot tested an Experiential Leadership Development Program for faculty that was extremely well-received and continues. Lessons learned will be applied to offerings for faculty members in 2013.

Other major accomplishments during 2012 include:

1. Spearheaded by Karla Wheeler, MA, CMP, the ACGME applied for and attained provider status to offer CME credit to physician learners participating in ACGME educational activities.
2. Significant work was done in continued efforts to identify mistreatment and abuse in the learning environment by a collaboration within the department between the Educational Scholars led by Scholar in Residence DeWitt Baldwin Jr., MD, the ORS, and the CRCR.
3. Over 16 multi-day educational workshops in Singapore and the Middle East have been facilitated and implemented since 2009.
4. At the end of 2012, the department launched a new webinar series for program directors and DIOs to provide up-to-date information concerning the NAS, and featuring the Department of Accreditation Services’ Senior Vice Presidents as the key faculty. (See article p. 14.)
ACGME International LLC (ACGME-I), the wholly owned subsidiary of the ACGME, was created as a pilot in 2009 to provide accreditation services in Singapore. In February 2012, the ACGME Board of Directors removed the designation of ‘pilot’ from ACGME-I and it became an ongoing entity.

The mission of ACGME-I is to improve health care by assessing and advancing the quality of resident physicians’ education through accreditation to benefit the public, protect the interests of residents, and improve the quality of teaching, learning, research, and professional practice. ACGME-I standards take into account the health care delivery system complexities and cultural differences of each unique setting, so they are therefore not the same as ACGME standards, though they are just as rigorous. Accreditation by ACGME-I is a peer-review process.

2012 was a very productive year for ACGME-I. New agreements with Hamad Medical Corporation in Qatar, and the Health Authority of Abu Dhabi and SEHA of Abu Dhabi were signed. In addition, at the request of the Ministry of Health of Singapore, the existing ACGME-I agreement with the Ministry was renegotiated and extended to a 10-year agreement for accreditation services.

Effective for Academic Year 2012-2013, ACGME-I has conveyed initial or continued accreditation status on:

- 10 Sponsoring Institutions (3 Singapore, 1 Qatar, 6 Abu Dhabi)
- 38 Specialty Programs (14 specialties)

Additionally, international requirements for fellowships in 10 subspecialties of internal medicine were developed, with plans for fellowship accreditation of 28 programs in Singapore to be effective Academic Year 2013-2014.

Based on the positive feedback from Singapore, Qatar, and Abu Dhabi, ACGME-I has been involved in negotiations with several institutions around the world. ACGME-I expects many of these discussions to lead to additional agreements for accreditation services for the 2014-2015 academic year, as well as continued growth of additional specialty programs in areas already accredited.

ACGME-I revenue for 2012 was $2.3 million, expenses were $1.78 million. ACGME-I currently has a reserve fund of $1.7 million.
The Department of Field Activities coordinates all aspects of the ACGME’s program and institutional accreditation site visits, including scheduling and logistics, writing and processing of site visit reports, and associated policy and improvement activities. The department is also responsible for the professional development of more than 30 accreditation field representatives and oversees the publication of the Journal of Graduate Medical Education, GME Focus (a web-based compendium of current graduate medical education literature), and the ACGME e-Bulletin.

In 2012, the department broadened site visit interviews to obtain residents’ or fellows’ and faculty members’ perspectives on their programs and the accreditation standards, to offer these participants an increased sense of engagement with the site visit process, and to use their input in the accreditation review of programs. This was initiated in 2011 by collecting residents’ and fellows’ aggregated consensus lists on program strengths and opportunities for improvement, which provided added resident input, particularly in large programs where many residents do not participate in the interview process. 2012 saw expansion in the interview by meeting with residents by year of education, allowing for more input on the program from residents in the earlier years.

A major emphasis in 2012 was on preparation of the site visit process and the accreditation field staff for the transition to the Next Accreditation System (NAS) that will occur in July 2013 for the Phase I specialties. 2012 also saw the first accreditation site visits by teams, a process that will be used for the majority of visits under the NAS. Beginning in July 2012, all institutional review visits for sponsoring institutions with more than three accredited residency programs were performed by teams of two site visitors. Moving forward, most program site visits will use a team approach, which is expected to increase the comprehensiveness, reliability, and reproducibility of site visit reports.

To further prepare for site visits in the NAS, the department formed seven established field staff teams for training purposes, and several meetings of the entire field staff and the field staff leadership group were devoted to planning the transition of the site visit processes and protocols to the new team-based model. Department leadership provided a number of lectures on the site visit, focusing on the current system and the transition to the NAS.

Finally, the department facilitated two dedicated professional development opportunities for ACGME accreditation field representatives as part of an ongoing program that also includes attendance by field representatives at Review Committee and other professional development meetings, and peer teaching activities and evaluation. There will be a continued expanded focus in 2013 on soliciting feedback to improve site data collection and the clarity and utility of the site visit reports.
The Council of Review Committee Residents (CRCR) furthers the mission of the ACGME by advising on resident matters, graduate medical education (GME), and accreditation. In 2012, Katie Schenning, MD (Anesthesiology) was elected the Council's vice chair, after Jason Itri, MD, PhD (Diagnostic Radiology) concluded his term of service. In terms of its work, the CRCR focused on the clinical learning environment as a key driver of educational quality and patient outcomes. Specifically, the CRCR embarked on projects to increase resident engagement in quality improvement and patient safety and foster a humanistic learning environment.

Delivering safe, high quality, high value patient care in the clinical learning environment is central to the mission of academic medical centers. After significant reflection and discussion, the CRCR concluded that all resident physicians should be fully engaged in quality improvement and patient safety. The CRCR envisions a future in which physicians constantly improve the validity, reliability, and efficiency of clinical processes within their scope of practice, and believes that GME should prepare residents with these skills prior to entry into unsupervised practice. To accomplish this aim, the CRCR strongly supported the Clinical Learning Environment Review (CLER) program to improve health care delivery and resident education. In addition, the CRCR developed a conceptual framework of the essential components needed to achieve full resident engagement in quality improvement and patient safety.

In addition to preparing residents to deliver safe, high quality patient care during residency and in unsupervised practice, the Next Accreditation System (NAS) emphasizes that residency education should occur in a humanistic learning environment. However, data from surveys of medical students suggest that negative behaviors, including learner mistreatment, remain pervasive in medical education. While data regarding negative behaviors experienced by residents are limited, it is clear that significant opportunity remains to improve the environment for learners at all stages of medical education. Perhaps most concerning, survey data also suggest that medical students often experience negative behaviors from resident physicians (as well as faculty members), suggesting that negative interactions may constitute a learned behavior. Ultimately, the CRCR believes that not only is this an issue of professionalism among physicians and students, but also that an environment tolerant of negative behaviors cannot achieve safe and high quality patient care. For these reasons, the CRCR took up the charge from ACGME leadership to explore this issue. Its efforts were organized around three aims: 1) to identify differentiating factors between appropriate teaching and techniques likely to be perceived as mistreatment; 2) to identify potential impacts of learner mistreatment; and 3) to understand interventions and learning culture characteristics that foster a humanistic learning environment.

The CRCR is also partnering with the ACGME’s Scholar in Residence Dr. Dewitt (Bud) Baldwin and his team to gather further data on the phenomenon of negative behaviors experienced by residents. Ultimately, the resident perspectives gathered will form the basis for the CRCR’s recommendations to the Board regarding potential interventions to reduce perceived learner mistreatment and foster a humanistic learning environment.

Several tangible accomplishments have already occurred. These include:

1) acceptance of a manuscript entitled “Defining Scholarly Activity in Graduate Medical Education” by the ACGME’s Journal of Graduate Medical Education, December 2012

2) acceptance of three abstracts for presentation at the ACGME’s 2013 Annual Educational Conference:
   - Delivering High Value Health Care in Academic Medical Centers: The Resident Voice
   - Towards a Humanistic Learning Environment: A Resident Perspective
   - Potential Impacts of Learner Mistreatment: A Resident Perspective

3) creation of the Leadership Development Curriculum for Chief Residents in Medicine

Theodore Roosevelt once stated: “Far and away the best prize that life has to offer is to work hard at work worth doing.” The opportunity to advise the ACGME on the resident perspective, and to assist in advancing the quality of health care and medical education, is work well worth doing. The CRCR believes strongly in the mission of the ACGME, and looks forward to continuing to further its work in 2013.
To yoke excellence with complaints and concerns seems contradictory, at first. However, the ACGME’s Office of Resident Services (ORS) has watched excellence unfold when complaints and concerns are used to encourage dialogue about program quality among leaders, teachers, and learners. The ORS helps facilitate these discussions by connecting people, opening conversation, encouraging transparency, and providing guidance. With effective communication and collaboration come improved education, improved patient care, and an improved learning and working environment. Through this process, themes emerge and bring awareness to necessary and needed enhancements in resident education. Reframing a problem to focus on achieving excellence rather than negatively impacting a program’s or institution’s accreditation builds excellent educational programs and collaborative relationships.

A common theme and the most frequent complaint or concern relates to hostility in the learning and working environment. The majority of such complaints and concerns contain multiple allegations of fear, intimidation, and retaliation during and after residency. The “fear” allegation is mostly about threats of probation, dismissal, non-renewal of contract, forced resignation, assignment of additional call, and duty hours. “Intimidation” includes humiliation, belittlement, harassment, and abusive power displayed by faculty members. “Retaliation” includes some of the fear allegations—probation, forced resignation, additional call and duty hours, and excessive patient volume—but also allegations of falsely reporting negative matters to the credentialing, licensing, and specialty boards, and to other programs. Many of these allegations could be labeled as perceived learner mistreatment. The data for the last three years support this conclusion.

On average, the ORS receives 43 complaints and 109 concerns per academic year. The July 1, 2011-June 30, 2012 data (Fig. 1 and Table 1) show a slight increase in the number of individual complaints and concerns.

Likewise, within those complaints and concerns, allegations about perceived learner mistreatment in the learning and working environment are steadily rising. (Fig. 2 and Table 2)

With the support of ACGME leadership and the medical community, the ORS and the ACGME’s Council of Review Committee Residents (CRCR) are studying perceived learner (medical student and resident/fellow) mistreatment. The ultimate goals are to assess perceived learner mistreatment via a survey instrument, use the information to define mistreatment, and make recommendations to the medical education community that will kindle change in the culture of medicine. Because our collaborative work has brought attention to this issue, several initiatives are underway: a proposed Institutional Requirement necessitating “identification of resident mistreatment”; a peer-reviewed article for submission to the Journal of Graduate Medical Education; and the proposed creation of a new ACGME award to honor one institution each year that has an exceptional humanistic learning environment.

The German sociologist Robert Michels wrote that “the nurturance of the physician’s soul is the function of medical education.” The ORS embraces this sentiment and the core value that encouraging excellence is also a cornerstone of medical education.
The *Journal of Graduate Medical Education (JGME)* received more than 400 submissions during 2012, including original research, educational innovations, reviews, perspectives and commentaries, and a growing number of articles in its new “On Teaching” and “Rip Out” sections. This number represents a sizable increase from the just over 300 submissions received in 2011. *JGME* is the ACGME’s quarterly, peer-reviewed journal dedicated to resident and fellow education and the environments in which it takes place. Launched in September 2009, *JGME* is provided for free to more than 10,000 program directors, designated institutional officials (DIOs), and members of the ACGME Review Committees and Board of Directors. It also has a growing list of subscribers across the U.S. and internationally. Editorial direction for *JGME* is provided by an independent editorial board made up of noted educators from the U.S. and Canada, with international representation that is expected to increase in future years, reflecting the growing international readership. The editorial board is led by Gail Sullivan, MD, professor at the University of Connecticut. Board members have diverse backgrounds, bring a wealth of talent and experience to their roles, and promote *JGME*’s editorial independence. A Journal Oversight Committee made up of members of the ACGME Board of Directors with an interest in academic publishing oversees *JGME*’s business affairs.

Important articles in 2012 included several systematic reviews of the graduate medical education literature, including reviews of international health opportunities for residents, self versus other assessment for technical tasks in surgery, and the prevalence of patient assaults against residents. The four issues released in 2012 also included perspectives on a wide range of topics such as the types of advice mentors share with their mentees, use of games in training, and overcoming stereotyping in graduate medical education. A “Rip Out” section inaugurated in 2011 features succinct summaries of key concepts in graduate medical education, specifically focused on matters relevant to the program director’s role. Topics for 2012 included simulation, community scholarship, and operative log reporting. Many of the other articles in *JGME* focus on teaching and assessment of residents, and several focused on the transition to the Next Accreditation System (NAS), including a summary of the Clinical Learning Environment Review (CLER) program in the “News and Views” section. Added focus on the educational milestones and other elements of the NAS are planned for 2013. *JGME* has increasingly higher website views from year to year, with quarterly peaks for new issues. Eight of the 10 most frequently accessed articles came from 2012 issues, demonstrating readers’ increased awareness of the journal. *JGME* is also enhancing its accessibility to a generation of “digital natives” by developing a mobile site for smart phones and tablets expected to be operational in early 2013. *JGME*’s enhanced website offers resources for researchers and authors, including all editorials and articles related to educational scholarship, statistics and measurement theory, and scientific writing published in *JGME*. Examples include articles on the design of survey instruments and methods to assess the validity of surveys, and instructions for how to use effect size in designing and evaluating research data.

A new “Resident JGME” section with a selection of articles of particular relevance to residents offers open access to this content. The *JGME* website now also features a digest of all online-only supplemental information published since 2009, categorized both by type (assessment tool, survey questionnaire, simulation protocol, etc.) and by specialty. For measurement tools, the digest includes available information on reliability and validity.

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The Council of Review Committees (CRC) is made up of the chairs of the 27 specialty Review Committees, the Institutional Review Committee, the Transitional Year Review Committee, and the chair of the Council of Review Committee Residents (CRCR). Official observers include a member representing the Organization of Program Directors Associations (OPDA) and a director of medical and dental education from the Office of Academic Affiliations of the U.S. Department of Veterans Affairs (VA). The talents and expertise brought forth by such a diverse and well-rounded group of individuals dedicated to the advancement of graduate medical education (GME) is a testament to the significant value the Council brings to the ACGME.

The Council is currently chaired by James Hebert, MD, chair of the Review Committee for Surgery. In a recent communication with Council members, Dr. Hebert encouraged the CRC to remain focused on the vision that “[the] ACGME is undergoing transformative change with the Next Accreditation System creating many opportunities. The CRC is transforming as well from a group of individual Review Committees to a more cohesive group that can evaluate and raise issues, as well as serve as a sounding board for the ACGME Board of Directors.”

The Executive Council, led by the CRC Chair and Vice Chair, also includes the Chair of the Institutional Review Committee, Dr. Linda Andrews, and three deputy chairs representing specialties grouped within related sections—Dr. Wallace Carter (Emergency Medicine), deputy chair of the Hospital-based Section; Dr. Peter Carek (Family Medicine), deputy chair of the Medical Section; and Dr. Michael Coburn (Urology), deputy chair of the Surgical Section. Each of these representatives assists in development of agenda items that have specific impacts on the specialties within their given sections.

The Council remains focused on working with the ACGME and its Board of Directors on its move to the Next Accreditation System, and sees great potential as the organization and the field move across the horizons of GME in 2013.

### CRC Hospital-based Section
- Anesthesiology: Margaret Wood, MD
- Diagnostic Radiology: Lawrence Davis, MD
- Emergency Medicine: Wallace Carter, MD
- Medical Genetics: Mira Irons, MD
- Nuclear Medicine: Christopher Palestro, MD
- Pathology: Julia Iezzoni, MD
- Preventive Medicine: Robert Johnson, MD, MPH
- Radiation Oncology: W. Robert Lee, MD
- Transitional Year: Brian Aboff, MD

### CRC Medical Section
- Allergy and Immunology: David Peden, MD
- Dermatology: Col. Nicole Owens, MD
- Family Medicine: Peter Carek, MD
- Internal Medicine: James Arrighi, MD
- Neurology: Patricia Crumrine, MD
- Pediatrics: Joseph Gilhooly, MD
- Physical Medicine and Rehabilitation: Terry Massagli, MD
- Psychiatry: Christopher Thomas, MD

### CRC Surgical Section
- Colon and Rectal Surgery: Bruce Orkin, MD
- Neurological Surgery: Hunt Batjer, MD
- Obstetrics and Gynecology: Mary Ciotti, MD
- Ophthalmology: Anthony Arnold, MD
- Orthopaedic Surgery: J. Lawrence Marsh, MD
- Otolaryngology: Sukgi Choi, MD
- Plastic Surgery: Rod Rotrich, MD
- Thoracic Surgery: James Hebert, MD
- Urology: Douglas Wood, MD
- Michael Coburn, MD
Each year the ACGME recognizes, through its Awards Program, notable program directors, designated institutional officials, residents, and coordinators for their outstanding work and contributions to graduate medical education. Below are the 2012 awardees who were honored at a luncheon during the ACGME’s Annual Educational Conference at the Swan and Dolphin in Orlando, Florida.

The John C. Gienapp Distinguished Service Award is presented to an individual dedicated to graduate medical education and who has made outstanding contributions to the enhancement of residency education and ACGME accreditation activities.

Ralph S. Greco, MD Johnson and Johnson Distinguished Professor Department of Surgery Stanford University School of Medicine Stanford, California

The Parker J. Palmer Courage to Teach Award is presented to up to 10 program directors who have fostered innovation and improvement in their residency programs and served as exemplary role models for residents.

Felix K. Ankel, MD Emergency Medicine Regions Hospital/Health Partners Institute of Medical Education St. Paul, Minnesota

Stephanie A. Call, MD, MSPH Internal Medicine Virginia Commonwealth University Richmond, Virginia

Grace L. Caputo, MD, MPH Pediatrics Phoenix Children’s Hospital/ Maricopa Medical Center Phoenix, Arizona

D. Scott Gantt, DO, FACC, FSCAI Cardiovascular Disease Texas A&M University HSC-Scott & White Memorial Hospital Temple, Texas

Waguih William IsHak, MD, FAPA Psychiatry Cedars-Sinai Medical Center and UCLA Los Angeles, California

Mary E. Klingensmith, MD Surgery Washington University St. Louis, Missouri

Alan K. Louie, MD, DFAPA Psychiatry San Mateo County Behavioral Health and Recovery Services San Mateo, California

Charles B. Seelig, MD, MS, FACP Internal Medicine Greenwich Hospital Greenwich, Connecticut

Rebecca R. Swan, MD, FAAP Pediatrics Vanderbilt University Nashville, Tennessee

Andrew J. Varney, MD Internal Medicine Southern Illinois University Springfield, Illinois

The David C. Leach, MD Award is presented to up to five residents who have fostered innovation and improvement in their residency programs, advanced humanism in medicine, and increased efficiency and emphasis on educational outcomes.

D. Scott Gantt, DO, FACC, FSCAI Cardiovascular Disease Texas A&M University HSC-Scott & White Memorial Hospital Temple, Texas

Waguih William IsHak, MD, FAPA Psychiatry Cedars-Sinai Medical Center and UCLA Los Angeles, California

Mary E. Klingensmith, MD Surgery Washington University St. Louis, Missouri

Alan K. Louie, MD, DFAPA Psychiatry San Mateo County Behavioral Health and Recovery Services San Mateo, California

Charles B. Seelig, MD, MS, FACP Internal Medicine Greenwich Hospital Greenwich, Connecticut

Rebecca R. Swan, MD, FAAP Pediatrics Vanderbilt University Nashville, Tennessee

Andrew J. Varney, MD Internal Medicine Southern Illinois University Springfield, Illinois

The Parker J. Palmer Courage to Lead Award is presented each year to up to three designated institutional officials who have demonstrated strong leadership and astute resource management, and who have also encouraged innovation and improvement in residency programs and their sponsoring institutions.

Robin C. Newton, MD, FACP Howard University Hospital Washington, District of Columbia

Nancy Curtiss Anesthesiology University of Southern California/ LAC+USC Medical Center Los Angeles, California

Lisa M. Thornton Gastroenterology and Hepatology College of Medicine, Mayo Clinic (Rochester) Rochester, Minnesota

Clara J. Vigelette, AAS, C-TAGME Neurology University of Rochester School of Medicine and Dentistry Rochester, New York

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Clara J. Vigelette, AAS, C-TAGME Neurology University of Rochester School of Medicine and Dentistry Rochester, New York

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

Karen M. McCausland, MBA Yale-New Haven Hospital New Haven, Connecticut

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

Karen M. McCausland, MBA Yale-New Haven Hospital New Haven, Connecticut
Board of Directors

Paige Amidon
Consumer Reports
Yonkers, New York
Public Director

Carol A. Bernstein, MD
New York University of Medicine
New York, New York

David L. Brown, MD
Cleveland Clinic
Cleveland, Ohio

Baretta R. Casey, MD, MPH
University of Kentucky
College of Medicine
University of Kentucky
College of Public Health
Lexington, Kentucky
Chair, Term began September 2012

Jordan J. Cohen, MD
The George Washington University
Washington, District of Columbia
At-large Director
Term began February 2012

Malcolm Cox, MD
U.S. Department of Veterans Affairs
Washington, District of Columbia
Federal Government Representative

John F. Duval
Medical College of Virginia
Hospitals and Clinics
Virginia Commonwealth University
Health System
Richmond, Virginia
Vice Chair

David J. Fine
St. Luke’s Episcopal Health System
Houston, Texas

Timothy C. Flynn, MD, FACS
University of Florida College of Medicine
Gainesville, Florida
Past Chair
Term ended September 2012

Timothy Goldfarb
Shands Healthcare
Treasurer

Anton Hasso, MD, FACP
University of California, Irvine, School of Medicine
Term ended September 2012

James C. Hebert, MD, FACS
University of Vermont
College of Medicine
Chair, Council of Review Committees
Term began June 2012

Kathleen Klink, MD
U.S. Department of Health and Human Services
Rockville, Maryland
Federal Government Representative

Mahendr S. Kochar, MD, MACP
University of California, Riverside, School of Medicine
Riverside, California
Term ended September 2012

Dorothy S. Lane, MD, MPH
Stony Brook University School of Medicine
Stony Brook, New York

William A. McDaide, MD, PhD
University of Chicago
Chicago, Illinois

Carmen Hooker Odom, MRP
Milbank Memorial Fund
New York, New York
Public Director

Kenneth M. Ludmerer, MD
Washington University School of Medicine
St. Louis, Missouri
At-large Director

William W. Pinsky, MD
Ochsner Health System
New Orleans, Louisiana

Kayla Pope, MD, JD
Children’s National Medical Center/
National Institute of Mental Health
Silver Spring, Maryland
Term ended September 2012

Peter F. Rapp
Oregon Health and Science University
Portland, Oregon

Charles D. Scales Jr., MD
University of California, Los Angeles
Los Angeles, California
Chair, Council of Review Committee Residents

Henry J. Schultz, MD, MACP
Mayo Clinic College of Medicine
Rochester, Minnesota

Susan E. Sheridan, MIM, MBA
Patient Centered Outcomes Research Institute
Washington, District of Columbia
Public Director

Kenneth Simons, MD
Medical College of Wisconsin
Milwaukee, Wisconsin

Rowen K. Zetterman, MD, MACP, MACG
Creighton University
Omaha, Nebraska
Leadership Changes and Restructuring in the Department of Accreditation Services

Louis J. Ling, MD, Senior Vice President, Hospital-Based Accreditation

Review Committees for: Anesthesiology, Diagnostic Radiology, Emergency Medicine, Medical Genetics, Nuclear Medicine, Pathology, Preventive Medicine, Radiation Oncology, the Transitional Year

Dr. Louis Ling both earned his Bachelor of Science and attended medical school at the University of Minnesota. He completed an internship at Hennepin County Medical Center in Minneapolis, Minnesota, and a residency in emergency medicine at the University of Chicago, Chicago, Illinois. Having served as a program director for three programs, and then as a DIO with responsibility for over 90 programs, Dr. Ling has extensive experience with a variety of real issues and challenges in the GME world. During his time on the ACGME Review Committee for Emergency Medicine and on the Institutional Review Committee, he was impressed with the many ways there are to meet program requirements, and how individual programs have ingeniously designed answers to fit their unique settings. As a member of the ACGME Board of Directors, he learned how seriously the ACGME takes its role in being accountable to the public for ensuring high quality physician education. While he feels the most rewarding work he ever had was the teaching and mentoring of residents one at a time, he believes strongly that the impact of the work being done at the ACGME in 2012 and beyond has the potential to revolutionize GME.

Mary W. Lieh-Lai, MD, Senior Vice President, Medical Accreditation

Review Committees for: Allergy and Immunology, Dermatology, Family Medicine, Internal Medicine, Neurology, Pediatrics, Physical Medicine and Rehabilitation, Psychiatry

Dr. Mary Lieh-Lai is board-certified in pediatrics and pediatric critical care medicine. Until her move to the ACGME, she practiced in the clinical setting of intensive care in a children’s hospital, and served in many roles related to the education of medical students, residents, and fellows. These roles included Pediatric Residency Director, and Fellowship Program Director for Pediatric Critical Care Medicine and Clinical Pharmacology. In addition, she served as the DIO for the Children’s Hospital of Michigan for five years. At the national level, Dr. Lieh-Lai served on the ACGME Review Committee for Pediatrics for six-and-a-half years. She was also on the editorial board of the American Academy of Pediatrics Critical Care Board Review and Preparation, was appointed to the American Board of Pediatrics sub-board of Critical Care Medicine, and served on the National Board of Medical Examiners Pediatrics Step Two Committee for three years. These roles are particularly influential in her transition to the position of Senior Vice President for Medical Accreditation at the ACGME and the implementation of the NAS, as they have provided a deep foundation in and understanding of residency and fellowship education.

“I was interested in the opportunity to join the ACGME because I would be involved in the NAS and in creating meaningful change in medical accreditation at this critical and exciting time in our field.” –Dr. Lieh-Lai
John R. Potts III, MD, Senior Vice President, Surgical Accreditation


Dr. John Potts attended medical school and did his surgical residency at the University of Oklahoma. He completed a fellowship in surgical gastroenterology at the University of Utah and a fellowship in surgery for portal hypertension at Emory University. For the past 21 years, he has served in several roles in graduate medical education at the University of Texas-Houston: professor of surgery, program director of the surgical residency program, Chair of the GME Committee, and DIO from 2009-2012. He served as a director of the American Board of Surgery, and as president of the Association of Program Directors in Surgery. He chaired the Organization of Program Director Associations (OPDA) before joining the ACGME in 2012.

Kevin B. Weiss, MD, Senior Vice President, Institutional Accreditation

Institutional Review Committee, Clinical Learning Environment Review (CLER) Program

In his role as Senior Vice President for Institutional Accreditation, Dr. Kevin Weiss oversees the institutional accreditation process and the new CLER program. Dr. Weiss came to the ACGME from the American Board of Medical Specialties (ABMS) where he served as President and Chief Executive Officer. While at the ABMS, he broadened public involvement in the Board’s activities; implemented both its Ethics and Professionalism, and Health and Public Policy programs; established alignment with Maintenance of Licensure; and, as part of the national health care quality agenda, aligned Maintenance of Certification with the Medicare Physician Quality Reporting Initiative. He has served in various roles on committees for the National Quality Forum, the National Committee for Quality Assurance, and the American Medical Association’s Physicians Consortium for Performance Improvement. Dr. Weiss has served as a member of the American College of Physicians’ (ACP) Board of Regents, and chaired its committees for clinical guidelines and performance measurement. He serves on the Board of Directors for the Educational Commission for Foreign Medical Graduates, and has served on committees for the Institute of Medicine, including those which developed the reports, “Crossing the Quality Chasm” and “Identifying Priority Areas for Quality Improvement.” Dr. Weiss also brings unique international experience by way of establishing ABMS-International and its first certifying program in Singapore.

“I’ve thought for years that accreditation should be a more collaborative process, and the NAS does that. With all of the variables we will use to accredit programs – program directors will know where they stand. It really stands as a much more collaborative and open process.” –Dr. Potts

“As part of the NAS, the newly implemented CLER program will provide sponsoring institutions with knowledge of how the GME community can more effectively engage in patient safety, quality improvement, transitions in care, supervision, fatigue management, and professionalism in a rapidly evolving U.S. health care system.”

–Dr. Weiss
Clinical Learning Environment Review (CLER) Program Introduced as Key Component of the Next Accreditation System

Since the release of the Institute of Medicine’s report on resident hours and patient safety, there have been calls for enhanced institutional efforts to improve the quality and safety of care in teaching hospitals. In response, the ACGME established the Clinical Learning Environment Review (CLER) program as a key component of its Next Accreditation System (NAS). CLER focuses on six areas important both to the safety and quality of care in teaching hospitals and to the education of residents preparing for a lifetime of practice after completing education. The six areas of focus assess resident engagement in patient safety, quality improvement, care transitions, supervision, monitoring of duty hours, including fatigue management and mitigation, and professionalism.

The ACGME is currently developing, testing, and fully implementing this new program by conducting visits to the nearly 400 clinical sites of sponsoring institutions with two or more accredited specialty or subspecialty programs. These site visits will provide an understanding of how the learning environment for the 116,000 current residents and fellows nationwide addresses safety and quality of care, and will generate baseline data on the status of these activities in accredited institutions. CLER will serve as a new source of formative feedback for teaching institutions, and, over time, it will generate national data to guide performance improvement for graduate medical education (GME) in the United States.

The CLER program emphasizes the importance of providing a learning environment that engages residents and fellows in institutional efforts in patient safety and health care quality. The intent of the program is to generate national data on program and institutional attributes that have a salutary effect on quality and safety in settings where residents learn and on the quality of care rendered after graduation. Its ultimate goal is to focus on the learning environment and how it can deliver high quality, safe patient care, as well as physicians prepared to contribute to health system improvement over a lifetime of practice. It is anticipated that the CLER program, through its frequent, regular on-site sampling of the learning environment, will:

- increase the educational emphasis on patient safety demanded by the public; and,
- provide opportunity for sponsoring institutions to demonstrate leadership in patient safety, quality improvement, and reduction in health care disparities.

The CLER program consists of three related activities: the CLER site visit, the CLER Evaluation Committee, and support for faculty and leadership development in the areas emphasized by the program.

The CLER Site Visit

The site visit is the core of the CLER program, scheduled to occur on an ongoing basis every 18 months. This visit will initially focus on evaluating each sponsoring institution’s primary clinical site with regard to engagement of residents and fellows in six focal areas. The six areas (Box 1) are assessed via five overarching questions (Box 2). The site visits will encompass assessment of the clinical learning environment in the major participating sites where resident education occurs.

Box 1

Six Areas of Focus for the CLER Program

- **Patient Safety** – including opportunities for residents to report errors, unsafe conditions, and near misses, and to participate in interprofessional teams to promote and enhance safe care.
- **Quality Improvement** – including how sponsoring institutions engage residents in the use of data to improve systems of care, reduce health care disparities, and improve patient outcomes.
- **Transitions in Care** – including how sponsoring institutions demonstrate effective standardization and oversight of transitions of care.
- **Supervision** – including how sponsoring institutions maintain and oversee policies of supervision concordant with ACGME requirements in an environment at both the institutional and program level that ensures the absence of retribution.
- **Duty Hours Oversight, Fatigue Management, and Mitigation** – including how sponsoring institutions: (1) demonstrate effective and meaningful oversight of duty hours across all residency programs institution-wide; (2) design systems and provide settings that facilitate fatigue management and mitigation; and (3) provide effective education of faculty members and residents in sleep, fatigue recognition, and fatigue mitigation.
- **Professionalism** – with regard to how sponsoring institutions educate and monitor professionalism of their residents and faculty members.
The CLER Evaluation Committee

The CLER Evaluation Committee is designed to be distinct from the ACGME Review Committees. While the Review Committees examine programs and institutions and issue accreditation decisions based on adherence to established requirements, the charge to the CLER Evaluation Committee is to set expectations for the six focus areas and provide institutions with formative feedback from the site visits. The Evaluation Committee will not issue accreditation decisions; rather, its purpose is to provide sponsoring institutions, their participating sites, and the ACGME Review Committees with valuable insights about the level of GME engagement in institutional initiatives across the six focus areas. For the first cycle of site visits (18 months), any information shared with the ACGME and its Review Committees will be de-identified and/or reported in aggregate.

Faculty and Leadership Development

The ACGME recognizes that sponsoring institutions and the GME community at-large have a growing need to support faculty development, particularly in the areas of patient safety and health care quality. In response to this need, the ACGME, in collaboration with other key organizations, will seek to develop resources to educate and support faculty members and executive leadership across the six focus areas.

Summary

Through the CLER program, the ACGME will gain knowledge about how clinical sites are supporting the education of residents and fellows in the areas of patient safety, health care quality (including issues of disparities), supervision, transitions in care, duty hours and fatigue management and mitigation, and professionalism. The public seeks assurance that GME is effectively preparing the next generation of physicians to deliver high quality health care in an increasingly complex environment. CLER is an essential element of the NAS, designed to provide components of that assurance to the public we serve as a profession.

Central Questions for the Site Visit

Who and what form the hospital/medical center’s infrastructure designed to address the six focus areas?
What organizational structures and administrative and clinical processes does the hospital/medical center have in place to address each of the six focus areas?

How integrated is the GME leadership and faculty in working with the hospital/medical center to address the six focus areas?
In what ways are the GME leadership and faculty working with the hospital/medical center to address the six areas?

How engaged are the residents and fellows in working with the hospital/medical center to address the six focus areas?
How comprehensive is the involvement of residents and fellows in the development implementation and evaluation of hospital/medical center initiatives in each of the six areas?

How does the hospital/medical center determine the success of its efforts to integrate GME into the six focus areas?
From the perspective of the hospital/medical center, what are the measures that demonstrate successful integration of GME across the six focus areas?

What areas has the hospital/medical center identified as opportunities for improvement?
What does the hospital/medical center see as the opportunities for improving the quality and value of the current clinical learning environment support the six focus areas and what have they identified as possible solutions?
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<thead>
<tr>
<th>Review Committee</th>
<th>Specialized Areas</th>
<th>Nominating Organizations*</th>
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| Allergy and Immunology       | Adult Cardiothoracic Anesthesiology  
                               Critical Care Anesthesiology  
                               Hospice and Palliative Medicine  
                               Obstetric Anesthesiology  
                               Pain Medicine  
                               Pediatric Anesthesiology      | American Academy of Allergy, Asthma, and Immunology  
                                                                               American College of Allergy, Asthma, and Immunology |
| Anesthesiology               | Adult Cardiothoracic Anesthesiology  
                               Critical Care Anesthesiology  
                               Hospice and Palliative Medicine  
                               Obstetric Anesthesiology  
                               Pain Medicine  
                               Pediatric Anesthesiology      | American Board of Anesthesiology                                      |
| Colon and Rectal Surgery     | Dermatopathology  
                               Procedural Dermatology                                                   | American Board of Colon and Rectal Surgery  
                                                                               American College of Surgeons                                    |
| Dermatology                  | Dermatopathology  
                               Procedural Dermatology                                                   | American Board of Dermatology                                         |
| Diagnostic Radiology         | Abdominal Radiology  
                               Cardiothoracic Radiology  
                               Endovascular Surgical Neuroradiology  
                               Musculoskeletal Radiology  
                               Neuroradiology  
                               Nuclear Radiology  
                               Pediatric Radiology  
                               Vascular and Interventional Radiology  
                               American Board of Radiology  
                                                                               American College of Radiology                                    |
| Emergency Medicine           | Emergency Medical Services  
                               Hospice and Palliative Medicine  
                               Medical Toxicology  
                               Pediatric Emergency Medicine  
                               Sports Medicine  
                               Undersea and Hyperbaric Medicine  
                               American Board of Emergency Medicine  
                                                                               American College of Emergency Physicians                        |
| Family Medicine              | Geriatric Medicine  
                               Hospice and Palliative Medicine  
                               Sports Medicine                                                   | American Board of Emergency Medicine  
                                                                               American College of Emergency Physicians                        |
| Internal Medicine            | Advanced Heart Failure and Transplant Hepatology  
                               Cardiovascular Disease  
                               Clinical Cardiac Electrophysiology  
                               Critical Care Medicine  
                               Endocrinology, Diabetes, and Metabolism  
                               Gastroenterology  
                               Geriatric Medicine  
                               Hematology  
                               Hematology and Oncology  
                               Hospice and Palliative Medicine  
                               Infectious Disease  
                               Internal Medicine–Pediatrics  
                               Interventional Cardiology  
                               Nephrology  
                               Oncology  
                               Pulmonary Disease  
                               Pulmonary Disease and Critical Care Medicine  
                               Rheumatology  
                               Sleep Medicine  
                               Transplant Hepatology  
                               American Board of Internal Medicine  
                                                                               American College of Physicians                                    |
| Medical Genetics             | Medical Biochemical Genetics  
                               Molecular Genetic Pathology                                               | American Board of Medical Genetics  
                                                                               American College of Medical Genetics                              |
| Neurological Surgery         | Endovascular Surgical Neuroradiology                                              | American Board of Neurological Surgery  
                                                                               American College of Surgeons                                    |
| Neurology                    | Child Neurology  
                               Clinical Neurophysiology  
                               Endovascular Surgical Neuroradiology  
                               Hospice and Palliative Medicine  
                               Neuromuscular Medicine  
                               Pain Medicine  
                               Sleep Medicine  
                               Vascular Neurology  
                               American Board of Psychiatry and Neurology  
                                                                               American Academy of Neurology                                    |
| Nuclear Medicine             |                                                                                   | American Board of Nuclear Medicine  
                                                                               Society of Nuclear Medicine                                         |
| Obstetrics and Gynecology    | Female Pelvic Medicine and Reconstructive Surgery  
                               Hospice and Palliative Medicine                                                  | American Board of Obstetrics and Gynecology  
                                                                               American College of Obstetricians and Gynecologists            |
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* The American Medical Association’s Council on Medical Education is a nominating organization for all Review Committees except the Transitional Year Review Committee.
On August 16, 2012 the ACGME went live with a complete overhaul of its website, www.acgme.org. From conception to launch, the redesign project took place over the course of approximately 18 months, during which time both the old website and the ideas for the revision were evaluated and heavily vetted with input from numerous stakeholders, ACGME staff members, and communication professionals. Led by ACGME Chief Financial Officer and Senior Vice President John Nylen and ACGME Webmaster Rayda Young, the project aimed to align the website with the look and feel of the organization’s enhanced reputation as a thoughtleader in medical education, and to make the wealth of information offered by the ACGME to its stakeholders—from medical students to residents to program directors, and beyond to the public—more accessible. The project demanded endless hours of work, and with data-driven guidance resulted in a truly updated, modern, and more user-friendly acgme.org.

Before beginning the practical work of constructing a new website design, the ACGME used data analysis reports to determine use of the content on the existing site. Stakeholder interviews offered key users the opportunity to contribute to the design process. Young and her staff met with several individuals to conduct these interviews, asking questions regarding how they used the website, which features were most helpful, what information they needed but had difficulty locating, which areas of the site needed improving, whether there were any sections or areas that they viewed as missing from acgme.org, and more. They asked staff members what kinds of content-related questions they fielded with greatest frequency, and what functionality (such as search engines or links to other content or websites, for example) they felt the ACGME’s website needed to expand or add. Combining the results of these interviews with data collected from Google Analytics tools, the architecture for the new website began to take shape.

To improve the user’s experience, the redesign introduced new features, including navigation breadcrumbs, drop-down menus, a more robust search tool, and clickable menus. The new website is also divided into multiple sections to help support a user’s goals when visiting the site, allowing visitors to more easily find the information they seek, without requiring “insider” knowledge of where content is catalogued. Finally, the redesign refreshed the look and feel of acgme.org, and better supports the ACGME brand in general, tying in the main site with its microsites for the Next Accreditation System (www.acgme-nas.org) and the no longer utilized temporary microsite that addressed the changes in duty hours requirements in 2010.

In reorganizing the content to enhance users’ experience online, Young and her team worked with professional website development consultants, using collaborative software, such as Google Docs and Basecamp for project management, to design a new set of tools and standards for how the site is updated and to streamline future maintenance. All design and construction decisions were based on the outcomes of the stakeholder interviews and on data collected over time; the information gathered from Google Analytics helped the team to understand traffic patterns on the old website, which it in turn used to develop the new website’s architecture. By determining the most visited pages and content on the previous acgme.org, the team could more effectively organize the content on the new site into logical primary, secondary, and tertiary levels of navigation. The four major heading areas on the homepage (Program and Institutional Guidelines, Data Collection Systems, Meetings and Conferences, and Graduate Medical Education) represent these most-sought-after content sections for acgme.org visitors. On the technical side of the project, the redesign changed the way the site handles and stores content, allowing immediate publishing of updated information for the GME community.

The new acgme.org is now in place, with content added regularly. Review Committee pages are organized in a cleaner manner, facilitating easier access to key resources and tools for programs and institutions; the Data Collection Systems area is organized to support the recent updates to these tools, and to make navigating them logical and clear; and the visual impact is new, fresh, and modern. It is designed to support all users—from staff members to Review Committee volunteers, to program faculty and residents/fellows, to the public—and to demonstrate the ACGME’s constant efforts to enhance and improve graduate medical education for the future.
As the ACGME works to become more responsive in its provision of timely and complete data, there will continue to be an increased emphasis and reliance on data collected annually. To accommodate future data needs, the ACGME designed a new integrated data system that adheres to current web standards and provides a new user interface for an improved user experience. Launched in August, 2012, the redesign lays the groundwork for the Next Accreditation System (NAS) by providing an enhanced structure for the continuous review of data. In order to meet new data collection needs, the ACGME, led by its Department of Applications and Data Analysis, worked for two years to replace its legacy accreditation system, integrate its reporting systems, and enhance its user interface. The updated system is efficient, more intuitive, and user-focused, and will allow programs and institutions to more effectively report their data, a fundamental component of the NAS.

Along with various behind-the-scenes technical improvements, this project created an integrated ACGME database, combining all existing data collection systems into one central application. The new system also includes a complete, fully operational survey engine, enabling the ACGME to be more adaptable for the Milestone Project and other future surveys. When users log into the ACGME’s Accreditation Data System (ADS), they will now be logged into all of the ACGME’s integrated systems. The redesigned data collection system will allow the ACGME to fully move into the NAS, providing a practical, efficient, and effective mechanism for Review Committees to use to monitor and evaluate programs on an annual basis.

In 2013, we will continue to roll out enhancements and new features. Most notably, the Case Log System will undergo further changes to improve the reporting interface and ease of use. Additionally, the NAS policies will be implemented and the milestone reporting mechanism will be tested and integrated into ADS.

Noteworthy features of the redesign

- Improved menu interface enhances focus on major annual reporting items
- Overview pages for users quickly outline key required and missing items, as well as important deadlines
- A common record for each resident linked to all of his or her previous ACGME education
- Programs can verify prior education for new residents
- Enhanced ADS reporting requires less descriptive narratives in favor of more quantitative forced choice data collection, minimizing the reporting burden on program administrative staff
- Faculty members’ curriculum vitae no longer required
- Log-in information now e-mailed to new residents using Resident Case Log System; residents can now maintain own passwords, requiring less set-up and maintenance by program administrative staff
- ADS and the Resident Case Log System now accessible through a single common login screen, sharing the same resident, faculty, and rotation/institution information
- Beginning next year, annual updates will be scheduled earlier
22 Review Committee Members

**Allergy and Immunology**
Amal H. Assa’ad, MD  
(Term began July 1, 2012)  
Cincinnati Children’s Hospital Medical Center  
Cincinnati, Ohio  
William Kennedy Dolen, MD  
Medical College of Georgia  
Augusta, Georgia  
Marianne Frieri, MD, PhD  
(Term ended June 30, 2012)  
Nassau University Medical Center  
East Meadow, New York  
Anita T. Gewurz, MD  
Rush Medical College, Rush University  
Chicago, Illinois  
David P. Huston, MD  
Texas A&M Health Science Center  
Houston, Texas  
Caroline Kuo, MD  
(Term began July 1, 2012)  
Resident  
University of California, Los Angeles Medical Center  
Los Angeles, California  
Dennis K. Ledford, MD  
(Term ended June 30, 2012)  
Vice Chair  
University of South Florida  
College of Medicine  
Tampa, Florida  
Gailen Daugherty Marshall Jr., MD  
(Term began July 1, 2012)  
The University of Mississippi Medical Center  
Jackson, Mississippi  
Michael R. Nelson, MD  
Vice Chair (Began July 1, 2012)  
Walter Reed National Military Medical Center  
Bethesda, Maryland  
David B. Peden, MD  
Chair  
The University of North Carolina School of Medicine  
Chapel Hill, North Carolina  
Jay M. Portnoy, MD  
Children’s Mercy Hospital  
Kansas City, Missouri  
Nastaran Safdarian, MD  
(Term ended June 30, 2012)  
Resident  
University of Michigan  
Anne Arbor, Michigan  
Stephen I. Wasserman, MD  
Ex-Officio  
American Board of Allergy and Immunology  
Philadelphia, Pennsylvania  
Anesthesiology  
J. Jeffrey Andrews, MD  
Ex-Officio  
American Board of Anesthesiology  
Raleigh, North Carolina  
Neal H. Cohen, MD  
(Term ended June 30, 2012)  
Chair  
University of California, San Francisco School of Medicine  
San Francisco, California  
Douglas Baird Coursin, MD  
University of Wisconsin  
Madison, Wisconsin  
Deborah J. Culley, MD  
Brigham & Women’s Hospital  
Boston, Massachusetts  
Brenda G. Fahy, MD  
University of Florida  
Gainesville, Florida  
Robert Gaiser, MD  
(Term began July 1, 2012)  
Hospital of the University of Pennsylvania  
Philadelphia, Pennsylvania  
Linda Jo Mason, MD  
Loma Linda University Medical Center  
Loma Linda, California  
Rita M. Patel, MD  
(Term ended June 30, 2012)  
University of Pittsburgh Medical Center  
Pittsburgh, Pennsylvania  
Matthew E. Patterson, MD  
(Term ended June 30, 2012)  
Resident  
Emory University School of Medicine  
Atlanta, Georgia  
James Ramsay, MD  
Emory University School of Medicine  
Atlanta, Georgia  
James P. Rathmell, MD  
Vice Chair  
Massachusetts General Hospital  
Boston, Massachusetts  
Richard W. Rosenquist, MD  
(Term began July 1, 2012)  
Cleveland Clinic  
Cleveland, Ohio  
Katie J. Schenning, MD, MPH  
(Term began July 1, 2012)  
Resident  
Oregon Health and Science University  
Portland, Oregon  
Margaret Wood, MD  
Chair (Began July 1, 2012)  
Columbia University  
New York, New York  
Colon and Rectal Surgery  
Patrice Blair, MPH  
Ex-Officio  
American College of Surgeons  
Chicago, Illinois  
Eric J. Dozois, MD  
Mayo Clinic  
Rochester, Minnesota  
Robert Gaiser, MD  
(Term began July 1, 2012)  
Hospital of the University of Pennsylvania  
Philadelphia, Pennsylvania  
Linda Jo Mason, MD  
Loma Linda University Medical Center  
Loma Linda, California  
Rita M. Patel, MD  
(Term ended June 30, 2012)  
University of Pittsburgh Medical Center  
Pittsburgh, Pennsylvania  
Matthew E. Patterson, MD  
(Term ended June 30, 2012)  
Resident  
Emory University School of Medicine  
Atlanta, Georgia  
James Ramsay, MD  
Emory University School of Medicine  
Atlanta, Georgia  
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Massachusetts General Hospital  
Boston, Massachusetts  
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Portland, Oregon  
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Columbia University  
New York, New York  
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American College of Surgeons  
Chicago, Illinois  
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Mayo Clinic  
Rochester, Minnesota  
Robert Gaiser, MD  
(Term began July 1, 2012)  
Hospital of the University of Pennsylvania  
Philadelphia, Pennsylvania  
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Loma Linda University Medical Center  
Loma Linda, California  
Rita M. Patel, MD  
(Term ended June 30, 2012)  
University of Pittsburgh Medical Center  
Pittsburgh, Pennsylvania  
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(Term began July 1, 2012)  
Resident  
Oregon Health and Science University  
Portland, Oregon  
Margaret Wood, MD  
Chair (Began July 1, 2012)  
Columbia University  
New York, New York  
Dermatology  
Antoinette F. Hood, MD  
Ex-Officio  
American Board of Dermatology  
Detroit, Michigan  
Karim M. Hardiman, MD, PhD  
(Term ended June 30, 2012)  
Resident  
University of Michigan  
Ann Arbor, Michigan  
Matthew G. Mutch, MD  
(Term began July 1, 2012)  
Washington University  
School of Medicine  
St. Louis, Missouri  
Bruce A. Orkin, MD  
Chair (Began July 1, 2012)  
Rush University  
Chicago, Illinois  
David J. Schoetz Jr., MD  
Ex-Officio  
American Board of Colon and Rectal Surgery  
Taylor, Michigan  
Anthony J. Senagore, MD  
Vice Chair (Began July 1, 2012)  
University of Southern California  
Los Angeles, California  
Michael J. Stamos, MD  
University of California, Irvine School of Medicine  
Orange, California  
Jacquelyn Seymour Turner, MD  
(Term began July 1, 2012)  
Resident  
Grant Medical Center  
Columbus, Ohio  
Eric G. Weiss, MD  
(Term ended June 30, 2012)  
Chair  
Cleveland Clinic Florida  
Weston, Florida  
Charles B. Whitlow, MD  
Ochsner Medical Center  
New Orleans, Louisiana  
Dermatology  
Antoinette F. Hood, MD  
Ex-Officio  
American Board of Dermatology  
Detroit, Michigan  
Karim M. Hardiman, MD, PhD  
(Term ended June 30, 2012)  
Resident  
University of Michigan  
Ann Arbor, Michigan  
Matthew G. Mutch, MD  
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Washington University  
School of Medicine  
St. Louis, Missouri  
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Chicago, Illinois  
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American Board of Colon and Rectal Surgery  
Taylor, Michigan  
Anthony J. Senagore, MD  
Vice Chair (Began July 1, 2012)  
University of Southern California  
Los Angeles, California  
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University of California, Irvine School of Medicine  
Orange, California  
Jacquelyn Seymour Turner, MD  
(Term began July 1, 2012)  
Resident  
Grant Medical Center  
Columbus, Ohio  
Eric G. Weiss, MD  
(Term ended June 30, 2012)  
Chair  
Cleveland Clinic Florida  
Weston, Florida  
Charles B. Whitlow, MD  
Ochsner Medical Center  
New Orleans, Louisiana  
Diagnostic Radiology  
James C. Anderson, MD  
(Term began July 1, 2012)  
Oregon Health and Science University  
Portland, Oregon  
Stephen R. Baker, MD  
(Term ended June 30, 2012)  
University of Medicine and Dentistry of New Jersey  
Newark, New Jersey  
Daniel Coke Barr, MD  
Resident  
University of Michigan  
Ann Arbor, Michigan
Gary Becker, MD
Ex-Officio
American Board of Radiology
Tucson, Arizona

Thomas H. Berquist, MD
Vice Chair
Mayo Clinic
Jacksonville, Florida

Lawrence P. Davis, MD, FACR
Chair
Long Island Jewish Medical Center
New Hyde Park, New York

Kristen K. DeStigter, MD
Term began July 1, 2012
University of Vermont
Burlington, Vermont

Valerie P. Jackson, MD
Indiana University School of Medicine
Indianapolis, Indiana

Susan D. John, MD
University of Texas Medical School at Houston
Houston, Texas

Jeanne M. LaBerge, MD
University of California, San Francisco
San Francisco, California

Duane G. Mezwa, MD
Oakland University
William Beaumont Hospitals
Royal Oak, Michigan

Gautham P. Reddy, MD
University of Washington
Seattle, Washington

Robert D. Zimmerman, MD
Term began June 30, 2012
New York Presbyterian Hospital
New York, New York
Emergency Medicine

Michael Beeson, MD
Vice Chair
Summa Health System
Akron, Ohio

Wallace Carter, MD
Chair
New York Presbyterian
Bronxville, New York

Marjorie Geist, PhD
Ex-Officio
American College of Emergency Physicians
Irving, Texas

Jeffrey Graff, MD
Term ended June 30, 2012
University of Chicago
Chicago, Illinois

Jonathan W. Heidt, MD
Resident
Washington University
St. Louis, Missouri

Mark Hostetler, MD
Phoenix Children’s Hospital
Phoenix, Arizona

Samuel M. Keim, MD
University of Arizona
College of Medicine
Tucson, Arizona

Susan Promes, MD
University of California, San Francisco
San Francisco, California

Earl J. Reisdorff, MD
Ex-Officio
American Board of Emergency Medicine
East Lansing, Michigan

Philip Shaye, MD
Term began July 1, 2012
Emory University
Atlanta, Georgia

Christine Sullivan, MD
Truman Medical Center
Kansas City, Missouri

Victoria Thornton, MD
Retired
Durham, North Carolina

Suzanne R. White, MD
Detroit Medical Center
Detroit, Michigan

Family Medicine

Suzanne M. Allen, MD
Vice Chair (Began July 1, 2012)
University of Washington
School of Medicine
Boise, Idaho

Tanya E. Anim, MD
Term began July 1, 2012
Resident
Halifax Family Medicine Residency Program
Daytona Beach, Florida

John R. Bucholtz, DO
Term began July 1, 2012
Columbus Regional Family Residency Program
Columbus, Georgia

Richard Neill, MD
Term ended June 30, 2012
University of Pennsylvania
Health System
Philadelphia, Pennsylvania

James Puffer, MD
Ex-Officio
American Board of Family Medicine
Lexington, Kentucky

Stanley Kozakowski, MD
Ex-Officio
American Academy of Family Physicians
Leawood, Kansas

Adam Roise, MD
Term ended June 30, 2012
Resident
Northeast Iowa Medical Education Foundation
Waterloo, Iowa

Thomas C. Rosenthal, MD
Howard University
Washington, District of Columbia

Robin O. Winter, MD, MMM
Resident
University of North Carolina Healthcare
Durham, North Carolina

Institutional Review Committee

Linda B. Andrews, MD
Chair
Baylor College of Medicine
Houston, Texas

Charles C. Daschbach, MD
Term began July 1, 2012
St. Joseph’s Hospital and Medical Center
Phoenix, Arizona

Andrew T. Filak, MD
Term began July 1, 2012
University of Cincinnati
College of Medicine
Cincinnati, Ohio

Peter M. Nalini, MD
Vice Chair
Indiana University School of Medicine
Indianapolis, Indiana

Robin C. Newton, MD
Howard University
Washington, District of Columbia

Lawrence M. Opas, MD
University of Southern California
Los Angeles, California

Qionna M. Tinney Railey, MD
Resident
University of North Carolina
Healthcare
Durham, North Carolina
### Review Committee Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Term/Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>John C. Russell, MD</td>
<td>(Term ended June 30, 2012) University of New Mexico Albuquerque, New Mexico</td>
</tr>
<tr>
<td>Andrew M. Thomas, MD</td>
<td>(Term ended June 30, 2012) Ohio State University Hospital Columbus, Ohio</td>
</tr>
<tr>
<td>Christopher Veremakis, MD</td>
<td>St. John’s Mercy Medical Center St. Louis, Missouri</td>
</tr>
<tr>
<td>John L. Weinerth, MD</td>
<td>Duke University Hospital Durham, North Carolina</td>
</tr>
<tr>
<td>James R. Zaidan, MD</td>
<td>Emory University School of Medicine Atlanta, Georgia</td>
</tr>
<tr>
<td><strong>Internal Medicine</strong></td>
<td></td>
</tr>
<tr>
<td>Patrick Alguire, MD, FACP</td>
<td>Ex-Officio American College of Physicians Philadelphia, Pennsylvania</td>
</tr>
<tr>
<td>James A. Arrighi, MD</td>
<td>Chair (Began July 1, 2012) Rhode Island Hospital Brown Medical School Providence, Rhode Island</td>
</tr>
<tr>
<td>Robert L. Benz, MD</td>
<td>(Term began July 1, 2012) Lankenau Medical Center Wynnewood, Pennsylvania</td>
</tr>
<tr>
<td>Beverly M.K. Biller, MD</td>
<td>Massachusetts General Hospital Boston, Massachusetts</td>
</tr>
<tr>
<td>Heather C. Brislen, MD</td>
<td>(Term ended June 30, 2012) Resident University of New Mexico Albuquerque, New Mexico</td>
</tr>
<tr>
<td>Christian T. Cable, MD</td>
<td>(Term began July 1, 2012) Texas A&amp;M University Health Science Center Temple, Texas</td>
</tr>
<tr>
<td>Andrew F. Carrion, MD</td>
<td>Resident Jackson Memorial Hospital/University of Miami Miami, Florida</td>
</tr>
<tr>
<td>E. Benjamin Clyburn, MD</td>
<td>Vice Chair Medical University of South Carolina Charleston, South Carolina</td>
</tr>
<tr>
<td>Gates Burton Colbert, MD</td>
<td>(Term began July 1, 2012) Resident Baylor University Medical Center Dallas, Texas</td>
</tr>
<tr>
<td>John D. Fisher, MD</td>
<td>University of Pennsylvania School of Medicine Philadelphia, Pennsylvania</td>
</tr>
<tr>
<td>John Fitzgibbons, MD</td>
<td>(Term ended June 30, 2012) Retired Stamford, Connecticut</td>
</tr>
<tr>
<td>Andrew S. Gerloff, MD</td>
<td>Santa Barbara Cottage Hospital Santa Barbara, California</td>
</tr>
<tr>
<td>William Iobst, MD</td>
<td>(Term ended June 30, 2012) Resident Montefiore Medical Center/Albert Einstein College of Medicine Bronx, New York</td>
</tr>
<tr>
<td>Lynne Kirk, MD</td>
<td>American Board of Internal Medicine Philadelphia, Pennsylvania</td>
</tr>
<tr>
<td>William Iobst, MD</td>
<td>Interim Chair (Ended June 30, 2012) University of Texas Southwestern Medical Center Dallas, Texas</td>
</tr>
<tr>
<td>Betty Lo, MD</td>
<td>Louisiana State University Health Sciences Center New Orleans, Louisiana</td>
</tr>
<tr>
<td>Furman S. McDonald, MD</td>
<td>Mayo Clinic Rochester, Minnesota</td>
</tr>
<tr>
<td>Elaine A. Muchmore, MD</td>
<td>(Term began January 1, 2012) University of California, San Diego San Diego, California</td>
</tr>
<tr>
<td>Susan Murin, MD</td>
<td>University of California Davis School of Medicine Sacramento, California</td>
</tr>
<tr>
<td>Victor J. Navarro, MD</td>
<td>Einstein Medical Center/ Einstein Healthcare Network Philadelphia, Pennsylvania</td>
</tr>
<tr>
<td>Andrea Reid, MD</td>
<td>Washington Veterans Affairs Medical Center Washington, District of Columbia</td>
</tr>
<tr>
<td>Ilene M. Rosen, MD</td>
<td>University of Pennsylvania School of Medicine Philadelphia, Pennsylvania</td>
</tr>
<tr>
<td>Stephen M. Salerno, MD, MPH</td>
<td>Madigan Army Medical Center Tacoma, Washington</td>
</tr>
<tr>
<td>Jennifer C. Thompson, MD</td>
<td>Brooke Army Medical Center Fort Sam Houston, Texas</td>
</tr>
<tr>
<td><strong>Medical Genetics</strong></td>
<td></td>
</tr>
<tr>
<td>Hans Christoph Andersson, MD</td>
<td>Tulane University Medical School New Orleans, Louisiana</td>
</tr>
<tr>
<td>Mimi G. Blitzer, PhD, FFACMG</td>
<td>American Board of Medical Genetics Bethesda, Maryland</td>
</tr>
<tr>
<td>Patricia Blair, MPH</td>
<td>Ex-Officio American College of Surgeons Chicago, Illinois</td>
</tr>
<tr>
<td>Kim J. Burchiel, MD, FACS</td>
<td>Chair Oregon Health and Science University Portland, Oregon</td>
</tr>
<tr>
<td>Ralph G. Dacey, Jr., MD</td>
<td>(Term ended June 30, 2012) Washington University School of Medicine St. Louis, Missouri</td>
</tr>
<tr>
<td>Melanie G. Hayden Gephart, MD</td>
<td>(Term began July 1, 2012) Resident Stanford University Medical Center Stanford, California</td>
</tr>
<tr>
<td>Michael Sean Grady, MD</td>
<td>(Term began July 1, 2012) The University of Pennsylvania School of Medicine Philadelphia, Pennsylvania</td>
</tr>
<tr>
<td>Alexander A. Khalessi, MD</td>
<td>(Term ended June 30, 2012) Resident University of California, San Diego Medical Center San Diego, California</td>
</tr>
<tr>
<td>Fredric Meyer, MD</td>
<td>Ex-Officio American Board of Neurological Surgery Woodbridge, Connecticut</td>
</tr>
<tr>
<td>Nelson M. Oyesiku, MD, PhD</td>
<td>Emory University School of Medicine Atlanta, Georgia</td>
</tr>
<tr>
<td>A. John Popp, MD</td>
<td>Stanford University School and Hospital Stanford, California</td>
</tr>
<tr>
<td>Volker K.H. Sonntag, MD</td>
<td>(Term ended June 30, 2012) Barrow Neurological Institute Phoenix, Arizona</td>
</tr>
<tr>
<td>Imran I. Ali, MD</td>
<td>University of Toledo College of Medicine and Life Sciences Toledo, Ohio</td>
</tr>
<tr>
<td>Patricia Crumrine, MD</td>
<td>Chair Children’s Hospital of Pittsburgh Pittsburgh, Pennsylvania</td>
</tr>
<tr>
<td>Amar Dhand, MD</td>
<td>Resident University of California, San Francisco San Francisco, California</td>
</tr>
<tr>
<td>Larry Faulkner, MD</td>
<td>Ex-Officio American Board of Psychiatry and Neurology Deerfield, Illinois</td>
</tr>
<tr>
<td>Ralph F. Józefowicz, MD</td>
<td>University of Rochester School of Medicine and Dentistry Rochester, New York</td>
</tr>
<tr>
<td>Shannon M. Kilgore, MD</td>
<td>VA Palo Alto Health Care System Palo Alto, California</td>
</tr>
</tbody>
</table>
Brett Kissela, MD  
University of Cincinnati  
Cincinnati, Ohio

Steven L. Lewis, MD  
Vice Chair  
Rush University Medical Center  
Chicago, Illinois

Phillip L. Pearl, MD  
Children’s National Medical Center  
Washington, District of Columbia

Catherine M. Rydell, CAE  
Ex-Officio  
American Academy of Neurology  
St. Paul, Minnesota

Lori A. Schuh, MD  
Henry Ford Hospital  
Detroit, Michigan

Barney J. Stern, MD  
University of Maryland  
School of Medicine  
Baltimore, Maryland

Nuclear Medicine  
Tracy L. Y. Brown, MD, PhD  
Alternate Member  
University of Arkansas for Medical Sciences  
Little Rock, Arkansas

Lorraine M. Fig, MD  
(Term ended December 31, 2012)  
University of Michigan  
Ann Arbor, Michigan

Leonie Gordon, MD  
Vice Chair  
Medical University of South Carolina  
Charleston, South Carolina

Erin Cook Grady, MD  
(Term ended June 30, 2012)  
Resident  
Loyola University Medical Center  
Maywood, Illinois

Gauri Khorjekar, MBBS  
(Term began July 1, 2012)  
Resident  
Washington Hospital Center  
Laurel, Maryland

Christopher J. Palestro, MD  
Chair  
North Shore – Long Island Jewish Health System  
New Hyde Park, New York

Henry Royal, MD  
Ex-Officio  
American Board of Nuclear Medicine  
St. Louis, Missouri

Harvey Ziessman, MD  
Johns Hopkins Medical Institutions  
Baltimore, Maryland

Obstetrics and Gynecology  
Jessica L. Bienstock, MD, MPH  
Vice Chair (Began July 1, 2012)  
Johns Hopkins University School of Medicine  
Baltimore, Maryland

Mary C. Ciotti, MD  
Chair (Began July 1, 2012)  
University of Southern California  
Los Angeles, California

Dee Fenner, MD  
University of Michigan  
Ann Arbor, Michigan

Larry C. Gilstrop III, MD  
Ex-Officio  
The American Board of Obstetrics and Gynecology  
Dallas, Texas

Diane M. Hartmann, MD  
University of Rochester Strong Memorial Hospital  
Rochester, New York

Robert V. Higgins, MD  
(Term began July 1, 2012)  
Carolinas Medical Center  
Charlotte, North Carolina

Hal Lawrence, MD  
Ex-Officio  
American College of Obstetricians and Gynecologists  
Washington, District of Columbia

Lee A. Learman, MD  
Indiana University School of Medicine  
Indianapolis, Indiana

Rebecca P. McAlister, MD  
(Term ended June 30, 2012)  
Vice Chair  
Washington University School of Medicine  
St. Louis, Missouri

Eileen Myer, MD  
(Term ended June 30, 2012)  
Resident  
Mayo School of Graduate Medical Education  
Rochester, Minnesota

Caitlin Bernard Parks, MD  
(Term began July 1, 2012)  
Resident  
State University of New York, Upstate Medical University  
Syracuse, New York

Robert S. Schenken, MD  
University of Texas Health Science Center at San Antonio  
San Antonio, Texas

Roger P. Smith, MD  
Indiana University School of Medicine  
Indianapolis, Indiana

Cyril O. Spann, Jr., MD  
Emory Hospital  
Atlanta, Georgia

Patrice M. Weiss, MD  
Virginia Tech  
Carilion School of Medicine  
Roanoke, Virginia

George D. Wendel, Jr., MD  
(Term ended June 1, 2012)  
Chair  
University of Texas Southwestern Medical School  
Dallas, Texas

Carolyn L. Westhoff, MD  
(Term began July 1, 2012)  
Chair  
Columbia University Medical Center  
New York, New York

Ophthalmology  
Maria M. Aaron, MD, FACS  
Vice Chair (Began June 30, 2012)  
Emory University School of Medicine  
Atlanta, Georgia

Anthony C. Arnold, MD  
Chair (Began July 1, 2012)  
University of California, Los Angeles  
Jules Stein Eye Institute  
Los Angeles, California

John G. Clarkson, MD  
Ex-Officio  
American Board of Ophthalmology  
Bala Cynwyd, Pennsylvania

Claude L. Cowan, MD  
Vice Chair  
Veterans Affairs Medical Center  
Washington, District of Columbia

Mark S. Juzych, MD  
(Term ended June 30, 2012)  
Chair  
Kresge Eye Institute, Wayne State University  
Detroit, Michigan

Paul D. Langer, MD  
University of Medicine and Dentistry of New Jersey  
Newark, New Jersey

Andrew Lee, MD  
The Methodist Hospital  
Houston, Texas

Jordon G. Lubahn, MD  
(Term ended June 30, 2012)  
Resident  
University of Texas Southwestern Medical Center  
Dallas, Texas

Assumpta A. Madu, MD  
(Term began July 1, 2012)  
Albert Einstein College of Medicine  
Bronx, New York

Tahira Mathen, MD  
(Term began July 1, 2012)  
Resident  
Washington University  
St. Louis, Missouri

Howard D. Pomeranz, MD, PhD  
North Shore Long Island Jewish Medical Center  
Great Neck, New York

Joel S. Schuman, MD  
University of Pittsburgh  
Pittsburgh, Pennsylvania

Raymond M. Siatkowski, MD  
Vice Chair (Began July 1, 2012)  
University of Oklahoma  
Oklahoma City, Oklahoma
26 Review Committee Members

Orthopaedic Surgery
Stephen A. Albanese, MD
(Term ended June 30, 2012)
Chair
State University of New York Upstate Medical University
Syracuse, New York

R. Dale Blasier, MD, FRCS(C), MBA
Arkansas Children’s Hospital
Little Rock, Arkansas

Lynn A. Crosby, MD
(Term began July 1, 2012)
Medical College of Georgia
Augusta, Georgia

Christopher J. Dy, MD, MSPH
Resident
Hospital for Special Surgery
New York, New York

Shepard R. Hurwitz, MD
Ex-Officio
American Board of Orthopaedic Surgery
Chapel Hill, North Carolina

Michelle A. James, MD
Vice Chair
Shriners’ Hospital for Children
Sacramento, California

J. Lawrence Marsh, MD
Chair (Began July 1, 2012)
Loyola University
Maywood, Illinois

Terrance D. Peabody, MD
(Term ended June 30, 2012)
Northwestern Memorial Hospital
Chicago, Illinois

Vincent D. Pellegrini, Jr., MD
University of Maryland
School of Medicine
Baltimore, Maryland

Craig S. Roberts, MD, MBA
University of Louisville
Louisville, Kentucky

Lisa A. Taitsman, MD, MPH
HARBORview Medical Center
Seattle, Washington

Terry L. Thompson, MD
Howard University Hospital
Washington, District of Columbia

Patrice Blair, MPH
Ex-Officio
American College of Surgeons
Chicago, Illinois

Steven B. Chinn, MD, MPH
(Term began July 1, 2012)
Resident
University of Michigan Health System
Ann Arbor, Michigan

Sukgi S. Choi, MD
Chair (Began July 1, 2012)
Children’s National Medical Center
Washington, District of Columbia

Michael Cunningham, MD, FACS
Vice Chair (Began July 1, 2012)
Children’s Hospital Boston
Boston, Massachusetts

David B. Hom, MD
(Term began July 1, 2012)
University of Cincinnati
College of Medicine
Cincinnati, Ohio

Noel Jabbour, MD
(Term ended June 30, 2012)
Resident
University of Minnesota
Minneapolis, Minnesota

Bradley F. Marple, MD
(Term ended June 30, 2012)
Chair
University of Texas Southwestern Medical Center
Dallas, Texas

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

Lloyd B. Minor, MD
Stanford University School of Medicine
Stanford, California

Stephen S. Park, MD
Vice Chair (Ended June 30, 2012)
University of Virginia Health System
Charlottesville, Virginia

Terance T. Tsue, MD
University of Kansas School of Medicine
Kansas City, Kansas

Randal S. Weber, MD
University of Texas MD Anderson Cancer Center
Houston, Texas

D. Bradley Wellin, MD, PhD
Ohio State University
Eye and Ear Institute
Columbus, Ohio

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

Mark D. Brissette, MD
(Term ended June 30, 2012)
VA Eastern Colorado Health System
Denver, Colorado

Diane D. Davey, MD
University of Central Florida
College of Medicine
Orlando, Florida

Susan Adela Fuhrman, MD
(The End of the Year)
Office of the Chief Medical Examiner of the City of New York
New York, New York

Barbara Sampson, MD
(Term began July 1, 2012)
Mayo Clinic
Rochester, Minnesota

Pediatrics
Robert Adler, MD, MSEd
Children’s Hospital
Los Angeles, California

William F. Balistreri, MD
(Term ended June 30, 2012)
Cincinnati Children’s Hospital Medical Center
Cincinnati, Ohio

Julia McMillan, MD
Vice Chair
Johns Hopkins University
Baltimore, Maryland

Robert Perelman, MD, FAAP
Ex-Officio
American Academy of Pediatrics
Elk Grove Village, Illinois

R. Franklin Trimm, MD
University of South Alabama
Children’s and Women’s Hospital
Mobile, Alabama

Daniel C. West, MD
University of California, San Francisco
San Francisco, California

Modena Wilson, MD, MPH
Ex-Officio
American Medical Association
Chicago, Illinois

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Yolanda Wimberly, MD
Morehouse School of Medicine
Atlanta, Georgia

Suzanne K. Woods, MD
(Term began July 1, 2012)
Duke University Medical Center
Durham, North Carolina

Physical Medicine and Rehabilitation
Diana D. Cardenas, MD
(Term ended June 30, 2012)
University of Miami
Miami, Florida

Anthony E. Chiodo, MD
University of Michigan
Ann Arbor, Michigan

Gerard E. Francisco, MD
Vice Chair (Began July 1, 2012)
University of Texas Health Science Center at Houston
Houston, Texas

Anna K. Gaines, MD
Resident
University of Pittsburgh
Pittsburgh, Pennsylvania

Gail L. Gamble, MD
(Term ended June 30, 2012)
Vice Chair
Rehabilitation Institute of Chicago
Chicago, Illinois

Susan V. Garstang, MD
(Term began July 1, 2012)
VA New Jersey Health Care System
East Orange, New Jersey

Terresa L. Massagi, MD
Chair
University of Washington
Medical Center
Seattle, Washington

William F. Micheo, MD
University of Puerto Rico
School of Medicine
San Juan, Puerto Rico

David W. Pruitt, MD
(Term began July 1, 2012)
The Medical College of Wisconsin
Milwaukee, Wisconsin

Donald R. Mackay, MD
Penn State Milton S. Hershey Medical Center
Hershey, Pennsylvania

Mary H. McGrath, MD
Vice Chair
University of California, San Francisco
San Francisco, California

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

Rod J. Rohrich, MD
Chair
The University of Texas Southwestern Medical Center
Dallas, Texas

Nicholas B. Vedder, MD
(Term ended June 30, 2012)
University of Washington
Seattle, Washington

Keith E. Brandt, MD
(Term began July 1, 2012)
Washington University
St. Louis, Missouri

Donald William Buck, MD
Resident
Northwestern University
Feinberg School of Medicine
Chicago, Illinois

James Chang, MD
Stanford University Medical Center
Palo Alto, California

Mary Sinclair Applegate, MD, MPH
(Term began July 1, 2012)
University at Albany (State University of New York) School of Public Health
Albany, New York

Kevin C. Chung, MD
University of Michigan
Ann Arbor, Michigan

Arun K. Gosain, MD
(Term began July 1, 2012)
University Hospitals Case Medical Center
Cleveland, Ohio

Juliana E. Hansen, MD
Oregon Health and Science University
Portland, Oregon

William Greaves, MD, MPH
(Term began March, 2012)
American Board of Preventive Medicine
Chicago, Illinois

Kurt Timothy Hegmann, MD, MPH
University of Utah
Salt Lake City, Utah

Richard T. Jennings, MD
University of Texas Medical Branch
Galveston, Texas

Robert Johnson, MD, MHP, MBA
Chair
Civil Aerospace Medical Institute
Baltimore, Maryland

Samuel M. Peik, MD
Resident
Walter Reed Army Institute of Research
Baltimore, Maryland

Gail M. Stennies, MD, MPH
Vice Chair
Centers for Disease Control and Prevention
Atlanta, Georgia

Andrew R. Wiesen, MD, MPH
Madigan Army Medical Center
Fort Lewis, Washington

Psychiatry
Elizabeth L. Auchincloss, MD
Weill Cornell Medical College
New York, New York

Jonathan F. Borus, MD
Brigham and Women’s Hospital
Boston, Massachusetts

Carlyle H. Chan, MD
Medical College of Wisconsin
Milwaukee, Wisconsin

Steven Paul Cuffe, MD
University of Florida
College of Medicine
Jacksonville, Florida

Mina Dulcan, MD
Ann & Robert H. Lurie Children’s Hospital of Chicago
Chicago, Illinois

Larry Faulkner, MD
Ex-Officio
American Board of Psychiatry and Neurology
Deerfield, Illinois

Marshall Forstein, MD
Harvard Medical School
Cambridge, Massachusetts

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

George A. Keepers, MD
(Term began July 1, 2012)
Oregon Health and Science University
Portland, Oregon
Review Committee Members

Gail H. Manos, MD
Naval Medical Center
Portsmouth, Virginia

Burton V. Reifler, MD
(Term ended June 30, 2012)
Wake Forest University School of Medicine
Winston-Salem, North Carolina

Robert J. Ronis, MD
University Hospitals
Case Medical Center
Cleveland, Ohio

Donald Rosen, MD
Vice Chair
Austen Riggs Center
Stockbridge, Massachusetts

Cynthia W. Santos, MD
University of Texas Health Sciences Center
Houston, Texas

Mark Servis, MD
University of California, Davis School of Medicine
Sacramento, California

Dorothy E. Stubbe, MD
Yale University Child Study Center
New Haven, Connecticut

Christopher R. Thomas, MD
Chair
University of Texas
Medical Branch at Galveston
Galveston, Texas

Michael J. Vergare, MD
(Term ended June 30, 2012)
Jefferson Medical College
Philadelphia, Pennsylvania

Alik Sunil Widge, MD, PhD
Resident
University of Washington
Seattle, Washington

Radiation Oncology
Robert J. Amdur, MD
University of Florida
Gainesville, Florida

Julia Compton, MD
(Term began July 1, 2012)
Resident
Indiana University
Indianapolis, Indiana

Laurie E. Gaspar, MD, MBA
Vice Chair
University of Colorado, Denver
Aurora, Colorado

Vinai Gondi, MD
(Term ended June 30, 2012)
Resident
University of Wisconsin
Hospital and Clinics
Madison, Wisconsin

Katherine L. Griem, MD
Rush University Medical Center
Chicago, Illinois

W. Robert Lee, MD, MS
Chair
Duke University School of Medicine
Durham, North Carolina

Dennis C. Shrieve, MD, PhD
University of Utah
Salt Lake City, Utah

Paul E. Wallner, DO
Ex-Officio
American Board of Radiology
Tucson, Arizona

Lynn D. Wilson, MD, MPH
Yale University School of Medicine
New Haven, Connecticut

Surgery
John Armstrong, MD
University of Florida
Gainesville, Florida

Timothy R. Billiar, MD
Presbyterian University Hospital
Pittsburgh, Pennsylvania

Patrice Blair, MPH
Ex-Officio
American College of Surgeons
Chicago, Illinois

Paris D. Butler, MD
(Term ended June 30, 2012)
Resident
University of Virginia Health System
Charlottesville, Virginia

Ronald Dalman, MD
Stanford University School of Medicine
Stanford, California

Peter J. Fabri, MD
(Term ended June 30, 2012)
University of South Florida
Medical Center
Tampa, Florida

Linda M. Harris, MD
Buffalo General Medical Center
Buffalo, New York

James C. Hebert, MD
Chair
University of Vermont
College of Medicine
Burlington, Vermont

David N. Herndon, MD
American Board of Thoracic Surgery
Galveston, Texas

George W. Holcomb, III, MD
Children's Mercy Hospital
Kansas City, Missouri

Frank Lewis, MD
Ex-Officio
The American Board of Surgery
Philadelphia, Pennsylvania

John J. Ricotta, MD
Washington Hospital Center
Washington, District of Columbia

Marshall Z. Schwartz, MD
St. Christopher’s Hospital for Children
Philadelphia, Pennsylvania

Timothy C. Stain, MD
Albany Medical College
Albany, New York

Danny M. Takanishi, MD
(Term began July 1, 2012)
University of Hawaii
Honolulu, Hawaii

Paula Termuhlen, MD
(Term began July 1, 2012)
Medical College of Wisconsin
Milwaukee, Wisconsin

Jennifer Tseng, MD
(Term began July 1, 2012)
Resident
Oregon Health and Science University
Portland, Oregon

Charles W. Van Way, III, MD
Vice Chair
University of Missouri Kansas City
Kansas City, Missouri

Marc K. Wallack, MD
(Term ended June 30, 2012)
Metropolitan Hospital Center
New York, New York

Thoracic Surgery
Carl L. Backer, MD
Ann & Robert H. Lurie Children's Hospital of Chicago
Chicago, Illinois

William A. Baumgartner, MD
Ex-Officio
American Board of Thoracic Surgery
Chicago, Illinois

Patrice Blair, MPH
Ex-Officio
American College of Surgeons
Chicago, Illinois

Robert D. Higgins, MD
Ohio State University
Columbus, Ohio

Walter H. Merrill, DO
Vice Chair
Vanderbilt University Medical Center
Nashville, Tennessee

Steve C. Stain, MD
Albany Medical College
Albany, New York

HelenMari Merritt, DO
(Term began July 1, 2012)
Resident
University of Texas Health Science Center
San Antonio, Texas

Tom C. Nguyen, MD
(Term ended June 30, 2012)
Resident
Stanford University
Stanford, California

Mark B. Orringer, MD
University of Michigan Health Systems
Ann Arbor, Michigan

Carolyn E. Reed, MD*
Vice Chair
Medical University of South Carolina
Charleston, South Carolina

Douglas E. Wood, MD
Chair
University of Washington
Seattle, Washington

Transitional Year
Brian M. Aboff, MD
Chair (Began July 1, 2012)
Christiana Care Health System
Newark, Delaware

Claire E. Bender, MD
Mayo School of Health Sciences
Rochester, Minnesota

Robert G. Bing-You, MD
Vice Chair
Maine Medical Center
Portland, Maine

Gerard T. Costello, MD
(Term began July 1, 2012)
Ball Memorial Hospital
Muncie, Indiana

Susan Guralnick, MD
(Term began July 1, 2012)
Winthrop University Hospital
Mineola, New York

HelenMari Merritt, DO
(Term began July 1, 2012)
Resident
University of Texas Health Science Center
San Antonio, Texas

P. Mark C. Nguyen, MD
Resident
Stanford University
Stanford, California

Mark B. Orringer, MD
University of Michigan Health Systems
Ann Arbor, Michigan

Carolyn E. Reed, MD*
Vice Chair
Medical University of South Carolina
Charleston, South Carolina

Douglas E. Wood, MD
Chair
University of Washington
Seattle, Washington

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Brian M. Aboff, MD
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Christiana Care Health System
Newark, Delaware

Claire E. Bender, MD
Mayo School of Health Sciences
Rochester, Minnesota

Robert G. Bing-You, MD
Vice Chair
Maine Medical Center
Portland, Maine

Gerard T. Costello, MD
(Term began July 1, 2012)
Ball Memorial Hospital
Muncie, Indiana

Susan Guralnick, MD
(Term began July 1, 2012)
Winthrop University Hospital
Mineola, New York

David Kuo, MD
Morristown Memorial Hospital
Morristown, New Jersey

*Deceased
Zachary Lopater, MD  
Resident  
University of Minnesota at Minneapolis  
Minneapolis, Minnesota

Philip D. Lumb, MD  
(Term ended June 30, 2012)  
Vice Chair  
University of Southern California  
Los Angeles, California

Julie B. McCausland, MD, MS  
University of Pittsburgh Medical Center  
Pittsburgh, Pennsylvania

Robert P. Sticca, MD  
(Term began July 1, 2012)  
University of North Dakota School of Medicine and Health Sciences  
Grand Forks, North Dakota

Danny M. Takanishi Jr., MD, FACS  
(Term ended June 30, 2012)  
Chair  
John A. Burns School of Medicine  
Honolulu, Hawaii

Urology  
Christopher L. Amling, MD  
Oregon Health and Science University  
Portland, Oregon

Patrice Blair, MPH  
Ex-Officio  
American College of Surgeons  
Chicago, Illinois

Michael Coburn, MD  
Chair  
Baylor College of Medicine  
Houston, Texas

Timothy J. Daskivich, MD  
Resident  
David Geffen School of Medicine at University of California, Los Angeles  
Los Angeles, California

Gerald H. Jordan, MD  
Ex-Officio  
American Board of Urology  
Charlottesville, Virginia

Barry A. Kogan, MD  
Vice Chair  
Urologic Institute of Northeastern New York  
Albany, New York

Randall B. Meacham, MD  
University of Colorado School of Medicine  
Aurora, Colorado

Stephen Y. Nakada, MD  
University of Wisconsin  
Madison, Wisconsin

Margaret S. Pearle, MD  
University of Texas Southwestern  
Dallas, Texas

Martha K. Terris, MD  
Medical College of Georgia  
Augusta, Georgia

James Brantley Thrasher, MD  
University of Kansas Medical Center  
Kansas City, Kansas

Willie Underwood III, MD  
Rosewell Park Cancer Institute  
Buffalo, New York
**Statistical Highlights: July 1, 2011–June 30, 2012**

**Program Reviews and Review Committee Decisions**

- **2,506 Review Committee accreditation decisions**
- **2,495 Review Committee administrative decisions**
  - 4.4% of actions resulting in first-time proposed adverse actions
  - 37.4% proposed actions were sustained
  - 60.0% proposed actions were rescinded
  - 2.6% of programs or institutions given a proposed adverse action voluntarily withdrew before action was confirmed

- 2,033 programs reviewed during 2011–2012 received accreditation or continued accreditation status
- 246 programs reviewed received initial accreditation
- 18 programs reviewed were issued probationary status
- 72 programs reviewed were granted voluntary withdrawal
- 2 programs reviewed had their accreditation withdrawn

**Program Cycle Length (excluding NAS programs)**

- **Cycle Length (in years)**
  - 1: 52
  - 2: 292
  - 3: 893
  - 4: 1,010
  - 5: 2,391

**Accredited Programs**

- **9,022 accredited programs**
  - 4,060 specialty programs
  - 4,962 subspecialty programs
- 225 programs were newly accredited
- 21 programs were closed or voluntarily withdrew their accreditation
- 43 programs were on probation or had a status of warning
- 4.16 years was the average cycle length across all accredited programs (excluding NAS programs)
Sponsoring Institutions
678 Sponsoring Institutions
- 388 institutions sponsor multiple programs
- 290 institutions sponsor a single program or single specialty
4,188 institutions participated in resident education/rotations

Resident Statistics  Residents on Duty

*Note: ‘Pipeline programs’ are programs within specialties that lead to initial board certification. Entering pipeline residents are residents in pipeline specialties in Year 1 (excluding preliminary year).
Residents by Medical School Type

<table>
<thead>
<tr>
<th>Medical School Type</th>
<th>Specialty Count</th>
<th>Subspecialty Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical School Unknown</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>U.S. LCME-Accredited Medical School</td>
<td>11,486</td>
<td>63,553</td>
</tr>
<tr>
<td>Osteopathic Medical School</td>
<td>1,008</td>
<td>7,851</td>
</tr>
<tr>
<td>International Medical School</td>
<td>7,125</td>
<td>24,050</td>
</tr>
<tr>
<td>Canadian Medical School</td>
<td>109</td>
<td>87</td>
</tr>
</tbody>
</table>

Statistical Highlights: July 1, 2011–June 30, 2012

<table>
<thead>
<tr>
<th>Resident Status</th>
<th>Count of Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Full-Time</td>
<td>115,040</td>
</tr>
<tr>
<td>Active Part-Time</td>
<td>253</td>
</tr>
<tr>
<td>Completed all Accredited Education</td>
<td>36,543</td>
</tr>
<tr>
<td>Completed Preliminary Education</td>
<td>3,281</td>
</tr>
<tr>
<td>Deceased</td>
<td>22</td>
</tr>
<tr>
<td>Dismissed</td>
<td>254</td>
</tr>
<tr>
<td>In Program Doing Research/Other Training</td>
<td>1,380</td>
</tr>
<tr>
<td>Leave of Absence</td>
<td>68</td>
</tr>
<tr>
<td>Transferred to Another Program</td>
<td>1,572</td>
</tr>
<tr>
<td>Unsuccessfully Completed Program</td>
<td>35</td>
</tr>
<tr>
<td>Withdrew from Program</td>
<td>937</td>
</tr>
</tbody>
</table>
Percent of Programs and On-duty Residents Using the ACGME Case Log System

<table>
<thead>
<tr>
<th>Academic Year</th>
<th>Total Accredited Programs</th>
<th>Count of Programs Using Case Log System</th>
<th>Percent of Total Programs Using Case Log System</th>
<th>Total On-duty Residents in Accredited Programs</th>
<th>Count of Residents Using Case Log System</th>
<th>Percent of On-duty Residents Using Case Log System</th>
<th>Count of Procedures Entered into Case Log System</th>
<th>Count of Specialties Using Case Log System</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007–2008</td>
<td>8,490</td>
<td>2,622</td>
<td>31%</td>
<td>107,851</td>
<td>37,605</td>
<td>35%</td>
<td>10,142,517</td>
<td>49</td>
</tr>
<tr>
<td>2008–2009</td>
<td>8,734</td>
<td>2,665</td>
<td>31%</td>
<td>109,482</td>
<td>40,775</td>
<td>37%</td>
<td>10,678,485</td>
<td>52</td>
</tr>
<tr>
<td>2009–2010</td>
<td>8,814</td>
<td>2,743</td>
<td>31%</td>
<td>111,386</td>
<td>42,069</td>
<td>38%</td>
<td>12,307,420</td>
<td>54</td>
</tr>
<tr>
<td>2010–2011</td>
<td>8,887</td>
<td>2,792</td>
<td>31%</td>
<td>113,142</td>
<td>43,269</td>
<td>38%</td>
<td>12,746,052</td>
<td>55</td>
</tr>
<tr>
<td>2011–2012</td>
<td>9,022</td>
<td>2,873</td>
<td>32%</td>
<td>115,293</td>
<td>44,361</td>
<td>38%</td>
<td>13,301,778</td>
<td>58</td>
</tr>
</tbody>
</table>
The ACGME’s fiscal year runs from January 1–December 31. These results represent audited figures for Fiscal Year 2012.

ACGME revenue comes primarily from annual fees charged to all programs accredited during the academic year, accounting for over 85% of ACGME income. Applications for new programs accounted for 5% of 2012 revenue. Income from international operations accounted for 4% of the ACGME’s overall income in 2012, reflecting the continued growth of that business unit.

As a service organization, salary and benefit expenses, as well as travel and meeting costs, make up over 73% of the ACGME’s annual expenses.

Fees for 2012 increased for the first time since 2009. The ACGME tries to keep accreditation fees from rising over a three-year period to aid in budget planning for its institutions.

The ACGME is committed to keeping accreditation fees as low as possible. In 2012, the cost per resident for ACGME accreditation fees was $321; the cost per sponsoring institution was $53,697.

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### 2012 Revenue

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Program Accreditation Income</td>
<td>$35,131,600</td>
<td>85.42%</td>
</tr>
<tr>
<td>Rent Revenue</td>
<td>$522,084</td>
<td>1.27%</td>
</tr>
<tr>
<td>Income from International Activities</td>
<td>$1,467,828</td>
<td>3.57%</td>
</tr>
<tr>
<td>Application Income</td>
<td>$1,919,500</td>
<td>4.67%</td>
</tr>
<tr>
<td>Workshops</td>
<td>$1,962,093</td>
<td>4.77%</td>
</tr>
<tr>
<td>Investment and Other*</td>
<td>$86,045</td>
<td>0.21%</td>
</tr>
<tr>
<td>Journal and Publication Income*</td>
<td>$38,931</td>
<td>0.09%</td>
</tr>
<tr>
<td><strong>TOTAL REVENUE</strong></td>
<td><strong>$41,128,081</strong></td>
<td><strong>100.00%</strong></td>
</tr>
</tbody>
</table>

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### 2012 Expenses

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and Fringe Benefits</td>
<td>$22,145,737</td>
<td>56.06%</td>
</tr>
<tr>
<td>Professional Services</td>
<td>$2,551,699</td>
<td>6.46%</td>
</tr>
<tr>
<td>Journal Expenses</td>
<td>$561,945</td>
<td>1.42%</td>
</tr>
<tr>
<td>Meeting Expenses</td>
<td>$6,854,270</td>
<td>17.35%</td>
</tr>
<tr>
<td>Rent and Real Estate Taxes</td>
<td>$2,965,481</td>
<td>7.51%</td>
</tr>
<tr>
<td>IT Expenses</td>
<td>$2,940,711</td>
<td>7.44%</td>
</tr>
<tr>
<td>Administrative Expenses</td>
<td>$762,685</td>
<td>1.93%</td>
</tr>
<tr>
<td>Office Supplies and Expenses</td>
<td>$722,767</td>
<td>1.83%</td>
</tr>
<tr>
<td>Other Expenses*</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$39,505,295</strong></td>
<td><strong>100.00%</strong></td>
</tr>
</tbody>
</table>

* Not visible in chart
35 ACGME Staff

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*denotes Executive Staff

The complete list of individuals on the staff of the ACGME can be found online at www.acgme.org/acgmeweb/tabid/251/About/StaffListing.aspx.
ACGME
Accreditation Council for Graduate Medical Education.
“[The] ACGME must maintain an environment that ensures the safety and quality of care of patients... as well as the provision of a humanistic educational environment where residents are taught to manifest professionalism and effacement of self-interest to meet the needs of their patients.”

— Baretta R. Casey, MD, MPH | Chair | ACGME Board of Directors
Accreditation Council for Graduate Medical Education

515 North State Street
Suite 2000
Chicago, Illinois  60654
Phone 312.755.5000
Fax 312.755.7498
www.acgme.org