



2024 ACGME
ANNUAL EDUCATIONAL
CONFERENCE

SES044: Specialty Update: Neurology March 8, 2024

Howard Goodkin, MD
Chair, Review Committee for Neurology

Conflict of Interest Disclosure

Speaker(s): Howard Goodkin, MD

Disclosure

None of the speakers for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Discussion Topics



Review Committee for Neurology Activities



Accreditation Process



Specialty Program Requirements



Competency-Based Medical Education (CBME)



Special Announcement

ACGME President and CEO Announces Transition

ACGME President and Chief Executive Officer Thomas J. Nasca, MD, MACP announced he intends to step down from his current role on January 1, 2025, to establish the ACGME Center for Professionalism and the Future of Medicine. Dr. Nasca will serve as the initial Senior Fellow and Administrative Director. The ACGME Board of Directors will undertake a national search to identify the next President and CEO.



ACGME Review Committee for Neurology Staff Members

ACGME Leadership

Lynne M. Kirk, MD, Chief Accreditation Officer
312.755.5038; lkirk@acgme.org

Mary Klingensmith, MD, Associate Chief Accreditation Officer
312.755.7405; meklingensmith@acgme.org

Review Committee Staff

Louise Castile, MS, Executive Director
312.755.5498; lcastile@acgme.org

Tiffany Hewitt, MHA, Associate Executive Director
312.755.7471; thewitt@acgme.org

Deneen McCall, BS, Accreditation Administrator
312.755.7408; dmccall@acgme.org



ACGME Mission

#ACGME2024

The Mission of the ACGME is to improve health care and population health by assessing and enhancing the quality of resident and fellow physicians' education through advancements in accreditation and education.

ACGME MISSION, VISION, and VALUES

Purpose of ACGME Accreditation

- Accreditation of Sponsoring Institutions and residency/fellowship programs by the ACGME is a voluntary process of evaluation and review.
- Accreditation benefits the public, protects the interests of residents and fellows, and improves the quality of teaching, learning, research, and professional practice.
- The accreditation processes are designed to evaluate, improve, and publicly recognize Sponsoring Institutions and graduate medical education programs that are in substantial compliance with standards of educational quality established by the ACGME.



ACGME Accreditation

The ACGME has a twofold purpose:

1. to establish and maintain accreditation standards that promote the educational quality of residency and fellowship education programs; and,
2. to promote residency/fellowship education that is sensitive to the quality and safety of patient care in an environment that fosters the well-being, learning, and professionalism of residents and fellows.

It is not the intent or purpose of the ACGME to establish numbers of physicians in any specialty.



ACGME Board of Directors and Review Committees

- Board sets policy and direction
- Board delegates authority to accredit programs/institutions to the Review Committees
- Board monitors Review/Recognition Committees
 - Monitoring Committee
- Board approves:
 - Institutional/specialty-specific/Recognition Requirements
 - Common Program Requirements

Differences Between the ACGME and the Certifying Boards



- Accredits education *programs*
- Develops Program Requirements for programs
- Evaluates programs through annual data review and site visits



- Certifies *individual* physicians
- Sets the standards residents and fellows must meet to gain certification
- Works with the ACGME to ensure alignment of Program and Certification Requirements





When to Notify the Review Committee of Program Changes

#ACGME2024

Submitted in the ACGME's Accreditation Data System (ADS), accessible from www.acgme.org

Participating Site Changes

Program Director Changes

Complement Changes (temporary and permanent)

The complement requests are reviewed in between scheduled Review Committee meetings.

Voluntary Withdrawals

Change in Sponsoring Institution



When *Not* to Notify the Review Committee

#ACGME2024

Exceptions for an individual's education and training:

- Leaves of absence
- Extensions due to remediation
- Electives (including international)
- Other education/training not required by the Review Committee (including pathways)
 - *In these circumstances you should contact the certifying board*
 - ✓ *American Board of Psychiatry and Neurology – www.abpn.org*



Review Committees

There are 28 specialty Review Committees, including one for transitional year programs.

The Institutional Review Committee reviews and accredits institutions that sponsor graduate medical education (GME) programs.

Each Review Committee receives data on all accredited or applicant programs or institutions within its purview, and makes an accreditation status decision on each, annually.

Review Committee for Neurology Members

- Howard Goodkin, MD – *(Chair)*
 - Christopher Boes, MD – *(Vice Chair)*
 - Timothy Bernard, MD
 - Deborah Bradshaw, MD
 - Marc T. DiSabella, DO
 - Patricia Graese, MD – *(Resident Member)*
 - Zachary London, MD
 - Anne Pawlak, DO – *(AOA)*
 - Jose Posas, MD
 - Erica Schuyler, MD
 - Vicki Shanker, MD
 - Karen Tilltson, DHSC, PA-C
(Public Member)
 - Renee B. Van Stavern, MD
- Ex-Officio Members
- Jeffrey M. Lyness, MD *(ABPN)*
 - Jason Ouimette *(AOA)*
 - Mary Post, MBA, CAE *(AAN)*
 - Monique Terrell *(CNS)*

Review Committee members are not allowed to discuss Review Committee activities, including accreditation decisions.

Review Committee for Neurology

Composition:

- 11 members*
- 1 resident/fellow member
- 1 public member
- 5 ex-officio members

Nominating Organizations:

- AAN (3)
- CNS (1)
- AMA (3)
- ABPN (3)
- AOA (1)

*With the exception of the resident/fellow member, Review Committee members are appointed to **six-year terms** (not renewable).

All members of a committee have full voting rights and may participate and vote on all matters (subject to the ACGME Policy regarding conflicts and dualities of interest).

Review Committee nominating organizations may be changed or deleted upon unanimous recommendation of the existing nominating organizations for that Review Committee and approval by the ACGME Board.

Neurology Program Accreditation Academic Year 2023- 2024

Neurology	183
Child Neurology	79
Clinical Neurophysiology	96
Epilepsy	96
Neurocritical Care	46
Neuroendovascular Intervention	2
Neurodevelopmental Disabilities	10
Neuromuscular Medicine	55
Sleep Medicine	19
Vascular Neurology	114



Upcoming Review Committee Meeting Dates

Neurology

#ACGME2024

Meeting Dates:	Agenda Closing Date:
April 5, 2024	January 12, 2024
January 30-31, 2025	October 25, 2024
April 2, 2025	January 24, 2025

Communicating Results back to the Program(s)

- Within 5 business days following the RC meeting
- Email notifications are sent to the PD(s), DIO, and PC containing accreditation status decisions

5 Days



- Up to 60 days following the RC meeting
- Letters of Notification (LONs) are posted to ADS
- PD(s), DIO, and PC are notified via email that LON is available
- LONs attached to email notifications for all programs

60 days





2022-2023 Frequent Citations and Areas for Improvement (AFIs) *Neurology/Neurology Subspecialties*

#ACGME2024

Citations	AFIs
Learning and Working Environment (22 or 15.8%)	Specific domains in the Resident/Fellow Survey
Evaluation of Residents/Fellows (19 or 13.7%)	Performance on Board Exam
Responsibilities of Program Director/Faculty (13 or 9.4%)	Failure to Provide Accurate Information
Resources (13 or 9.4%)	Scholarly Activity

Discussion Topic

ACGME Resident/Fellow/Faculty Surveys

Temporary Complement Increases

Site Visits

Program Requirements for Neurology

Institutional Requirements

CBME

Medically Underserved Areas/Populations



ACGME Resident/Fellow and Faculty Surveys

ACGME Faculty Survey

- Program directors are not asked to complete the Faculty Survey
- Core faculty members in specialty programs (physicians and non-physicians) are asked to complete the Faculty Survey
- All faculty members in subspecialty programs (physicians and non-physicians) will be scheduled to participate in the Faculty Survey

ACGME Resident/Fellow and Faculty Surveys

“How does the Review Committee use the Resident/Fellow Survey results in determining accreditation decisions?”

- The Review Committee reviews the program’s trend data from the survey results, which include information for each domain area versus individual questions.
- The Review Committee issues AFIs for non-compliance with specific areas from each domain.
- The Review Committee issues citations for the surveys if the program has received multiple AFIs in a particular domain area.
- The Review Committee will issue a citation for non-compliance in the domain area of Professionalism relative to the questions surrounding the ability to raise concerns without fear of intimidation or retaliation and satisfaction with process for dealing confidentially with problems and concerns.

Discussion Topic

ACGME Resident/Fellow/Faculty Surveys

Temporary Complement Increases

Site Visits

Program Requirements for Neurology

Institutional Requirements

CBME

Medically Underserved Areas/Populations

Temporary Complement Increase Requests

Changes to Temporary Complement Increase Requests for Less than 90 Days

To reduce burden for the GME community and better align with the Institutional Requirements related to leaves of absence, Review Committees will allow extensions of education up to 90 days without requiring formal submission of a temporary complement increase request. **This change applies to all specialty/subspecialty programs except one-year programs, and is now in effect.** Requests for temporary changes in complement longer than 90 days are still required and must be approved by the designated institutional official prior to being submitted in ADS for Review Committee consideration.

Instructions have been updated in ADS in the “Complement Change Request” section to alert users of the change; guidance in the [Guide to the Common Program Requirements \(Residency\)](#) for III.B., Resident Complement, also reflects the change. Review Committees are updating guidance on this process in specialty-specific documents, which will be available on the Documents and Resources tab of the respective [specialty section](#) of the website and announced via the *e-Communication*.

Email questions to accreditation@acgme.org.

Question	Answer
<p>When should a program request a temporary increase in resident complement versus a permanent increase in resident complement? <i>[Program Requirements: III.B. and III.B.1.]</i></p>	<p>The Review Committee for Neurology defines temporary and permanent complement increases as follows:</p> <p>Temporary Complement Increases Temporary complement increases are intended to address only a few extenuating circumstances, usually involving a current resident needing to extend education and training. This could be due to resident performance concerns (e.g., resident needing remediation before graduating) or excessive time away from the program (e.g., extended medical leave during residency) that impact the achievement of competence. Temporary increases must not be multi-year requests or submitted with intent to annually renew. Temporary increases are intended to extend the training for current residents who need to finish the program off cycle. The Review Committee's Executive Director reviews temporary increase requests for a three-month duration or less. Requests for greater than three months require Committee review.</p> <p>Under special circumstances, such as a program's participation in the ACGME's Advancing Innovation in Residency Education (AIRE) program or similar initiatives, temporary increases will be reviewed and approved by the Review Committee on a case-by-case basis.</p> <p>Permanent Complement Increases Permanent complement increases should be requested when the program desires to expand the total resident complement in an ongoing manner to a total higher than currently approved (as published on the ACGME's Accreditation Data System (ADS) public site). This type of request should occur only after the program director carefully weighs the educational impact of adding residents to the currently approved complement and obtains institutional support for the proposed complement expansion. It is imperative that programs plan well in advance for permanent complement increases. Candidates must not be matched into a program before such a request is approved by the Review Committee.</p>

Discussion Topic

ACGME Resident/Fellow/Faculty Surveys

Temporary Complement Increases

Site Visits

Program Requirements for Neurology

Institutional Requirements

CBME

Medically Underserved Areas/Populations



Site Visits

NEW! Program Site Visit Update

As part of its ongoing commitment to program improvement, the ACGME will conduct site visits annually for approximately one to two percent of programs with the status of Continued Accreditation. Programs will be selected through a random sampling process. The site visits will help assess program compliance with the Common Program Requirements and applicable specialty-specific Program Requirements in support of the [ACGME's Mission](#).

Email questions to accreditation@acgme.org.

- Programs identified in this process include: 2 Neurology; 1 Neurodevelopmental Disabilities; 1 Vascular Neurology

Discussion Topic

ACGME Resident/Fellow/Faculty Surveys

Temporary Complement Increases

Site Visits

Program Requirements for Neurology

Institutional Requirements

CBME

Medically Underserved Areas/Populations

Requirements

- Purpose: Facilitate an environment in which residents/fellows can interact with patients under the guidance and supervision of qualified faculty members who give value, context, and meaning to those interactions.
- Set the context within the clinical learning environment for development of skills, knowledge, and attitudes necessary to take personal responsibility for the individual care of patients.
- Programs are accountable to both **Common Program Requirements** and the applicable **specialty-specific Program Requirements**.

Neurology/Child Neurology Subspecialty Program Requirements

- The Review Committee for Neurology is undergoing a major revision of the Program Requirements for the subspecialties of **clinical neurophysiology, epilepsy, neurodevelopmental disabilities, neuromuscular medicine, and vascular neurology.**
- The proposed neurology subspecialty Program Requirements will be posted on the ACGME website spring 2024 for the 45-day public comment period.
- The proposed subspecialty Program Requirements are tentatively scheduled for review at the September 2024, ACGME Committee or Requirements meeting.
- The subspecialty Program Requirements are anticipated to become effective July 1, 2025.



Neurology/Child Neurology “Shaping GME” Revision

#ACGME2024

Specialty-Specific Program Requirements and Revisions

Requirements Revisions

Requirements must be reviewed with potential for **Major Revisions every 10 years.**

Shaping GME (scenario-based strategic planning): Review Committees and relevant specialty communities are asked to think rigorously and creatively about what the specialty will look like in the future, well beyond 10-year increments, recognizing that the future is marked with significant uncertainty.

Neurology and Child Neurology are currently slated to undergo this process in 2027

Interim revisions may be considered at scheduled intervals between major revisions, which will **typically be every three years.**

On rare occasions, with approval of the ACGME Board, revisions may be considered between these scheduled intervals.

Shaping GME

ACGME NEWS AND VIEWS

Medicine in 2035: Selected Insights From ACGME's Scenario Planning

THOMAS J. NASCA, MD, MACP
CHARLES W. THOMAS

Abstract

The Accreditation Council for Graduate Medical Education (ACGME) has the responsibility for overseeing the preparation of future physician specialists and subspecialists to serve the American public. To ensure ACGME's ability to adapt and sustain its accreditation activities in a future marked by significant uncertainty, its administration and board of directors embarked on a planning process that would frame its strategic actions

in support of this responsibility. We describe the scenario planning process, and report key insights that resulted from it. We also discuss in greater depth a subset of those insights, which challenge certain conventional truths, call for new collaborative directions for the ACGME, and reaffirm the importance of professionalism in service of the public across all future scenarios evaluated.

Nasca TJ, Thomas CW. Medicine in 2035: Selected Insights From ACGME's Scenario Planning. J Grad Med Educ. 2015 Mar;7(1):139-42. doi: 10.4300/JGME-D-14-00740.1. PMID: 26217449; PMCID: PMC4507914.

Shaping GME


ACGME NEWS AND VIEWS

Shaping GME Through Scenario-Based Strategic Planning: The Future of Family Medicine Residency Training

Stacy Potts¹, MD, MEd
Grant S. Hoekzema, MD, FAAFP
Colleen K. Cagno, MD, FAAFP
Eileen Anthony, MJ

Potts S, Hoekzema GS, Cagno CK, Anthony E. Shaping GME Through Scenario-Based Strategic Planning: The Future of Family Medicine Residency Training. J Grad Med Educ. 2022 Aug;14(4):499-504. doi: 10.4300/JGME-D-22-00505.1. PMID: 35991105; PMCID: PMC9380620.

Shaping GME

Specialty	Overview	Themes and Insights Document	Comment Form	Deadline for Comments	Status
Colon and Rectal Surgery	Summary of Themes & Insights for Colon and Rectal Surgery Scenario-Based Planning for Program Requirement Revisions	 Colon and Rectal Surgery Themes and Insights	<i>Comment period has ended.</i>	August 30, 2023	 <i>Awaiting Board Approval</i>
Vascular Surgery	Summary of Themes and Insights for Vascular Surgery Scenario-Based Planning for Program Requirement Revisions	 Vascular Surgery Themes and Insights	<i>Comment period has ended.</i>	August 23, 2023	 <i>Awaiting Board Approval</i>
Emergency Medicine	Summary of Themes and Insights for Emergency Medicine Scenario-Based Planning for Program Requirement Revisions	 Emergency Medicine Themes and Insights	<i>Comment period has ended.</i>	April 5, 2023	 <i>Awaiting Board Approval</i>
Pediatrics	Summary of Themes and Insights for Pediatrics Scenario-Based Planning for Program Requirement Revisions	 Pediatrics Themes	<i>Comment period has ended.</i>	March 16, 2022	 <i>Awaiting Board Approval</i>
General Surgery	Summary of Themes and Insights for General Surgery Scenario-Based Planning for Program Requirement Revisions	 General Surgery Themes	<i>Comment period has ended.</i>	September 20, 2022	 <i>Awaiting Board Approval</i>

Requirements for Review and Comment

<https://www.acgme.org/programs-and-institutions/programs/review-and-comment/>

Institutional Requirements – Guiding Principles: Vacation and Leaves of Absence

- Address medical, parental, and caregiver leave
- Six weeks of paid leave once during program, with one-week additional vacation time in same year
- Health insurance available during leave
- Equitable treatment of residents under leave policies (e.g., call responsibilities, promotion/renewal)
- Flexibility of scheduling, time off utilization, and fellowship start dates
- Policies widely available for prospective residents
- Policies consistent with board requirements
- Address extended leaves or multiple episodes of leave

Institutional Requirements

- IV.H. Vacation and Leaves of Absence
- IV.H.1. The Sponsoring Institution must have a policy for vacation and leaves of absence, consistent with applicable laws. This policy must: ^(Core)
- IV.H.1.a) provide residents/fellows with a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during an ACGME-accredited program, starting the day the resident/fellow is required to report; ^(Core)
- IV.H.1.b) provide residents/fellows with at least the equivalent of 100 percent of their salary for the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken; ^(Core)
- IV.H.1.c) provide residents/fellows with a minimum of one week of paid time off reserved for use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken; ^(Core)
- IV.H.1.d) ensure the continuation of health and disability insurance benefits for residents/fellows and their eligible dependents during any approved medical, parental, or caregiver leave(s) of absence; ^(Core)
- IV.H.1.e) describe the process for submitting and approving requests for leaves of absence; ^(Core)
- IV.H.1.f) be available for review by residents/fellows at all times; and, ^(Core)
- IV.H.1.g) This policy must ensure that each of its ACGME-accredited programs provides its residents/fellows with accurate information regarding the impact of an extended leave of absence upon the criteria for satisfactory completion of the program and upon a resident's/fellow's eligibility to participate in examinations by the relevant certifying board(s). ^(Core)

https://www.acgme.org/globalassets/pfassets/programrequirements/800_institutionalrequirements_2022_tcc.pdf

Institutional Requirements - FAQs

Question	Answer
Institutional GME Policies and Procedures	
Do institutional policies for resident/fellow leaves of absence address needs for continuous or intermittent leaves of absence? <i>[Institutional Requirement: IV.H.1.]</i>	Required elements of institutional policies for vacations and leaves of absence pertain to both continuous and intermittent leaves of absence.
Can vacation and other pay sources be used to support residents'/fellows' salary during leaves of absence? <i>[Institutional Requirement: IV.H.1.b)-c)]</i>	Sponsoring Institutions may use vacation and other pay sources to provide paid time off during leaves of absence, provided that doing so is consistent with institutional policy and applicable laws, and that one week of paid time off is reserved for use outside of the first six weeks of leave. The IRC will not cite Sponsoring Institutions for new elements of vacation and leave policies described in Institutional Requirements IV.H.1.a)-f) before July 1, 2023.
Is there a timeframe within which residents/fellows must use the week of paid time off that is reserved for use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken? <i>[Institutional Requirement: IV.H.1.c)]</i>	The reserved one week of paid time off (outside the first six weeks of approved medical, parental, and caregiver leaves of absence) is to be available within the appointment year(s) in which the leave is taken. It is not required that this reserved week carry over into subsequent years of an individual's educational program. The IRC will not cite Sponsoring Institutions for elements of vacation and leave policies described in Institutional Requirements IV.H.1.a)-f) before July 1, 2023.

Discussion Topic

ACGME Resident/Fellow/Faculty Surveys

Temporary Complement Increases

Site Visits

Program Requirements for Neurology

Institutional Requirements

CBME

Medically Underserved Areas/Populations

Competency -Based Medical Education (CBME)

The ACGME and ABMS have been conducting symposia with the goal to accelerate the development of and transition CBME in GME.

These working conferences are to develop a set of actions by the certification boards and the Review Committees to support advancing CBME within GME.

Teams consist of Member Board executives, Review Committee Chairs, one learner from the specialty, one or two representatives (such as a specialty society leaders or others to be selected jointly by the Member Board and Review Committee representatives)

Competency -Based Medical Education (CBME)

Objectives included:

- Recognizing the role and importance of the five essential core components of CBME in GME.
- Identifying the policy, financial, and administrative facilitators that have empowered spread and innovation in CBME.
- Identifying the policy, financial, and administrative barriers that inhibit the growth of CBME.
- Recommending changes in ACGME and ABMS policies and procedures that promote innovation and reduce or eliminate barriers to CBME.
- Working within and across specialties, create an action plan to support innovations and the widespread implementation of CBME.

Outcomes-Based Education: What Is It?

- Central tenet: *start with the end in mind*
 - Focus on what type of physician will be produced
 - Structure and process flow from the outcomes
- Educational outcomes should be “*clearly and unambiguously specified*”
- These educational outcomes determine:
 - Curriculum, assessment processes, and the learning environment



© AAFP: [Collaboration Improves Patient Outcomes, Lowers Cost \(aafp.org\)](https://www.aafp.org)

Implementing Outcomes-Based Medical Education: Enter CBME

- *"An approach to preparing physicians for practice*
- *that is fundamentally oriented to graduate outcome abilities*
 - *and organized around competencies*
 - *derived from an analysis of **societal and patient needs**.*

It de-emphasizes [fixed] time-based training and promises greater accountability, flexibility and learner-centeredness"



Faculty Development Courses

- Foundations of Competency-Based Medical Education
- Managing your Clinical Competency Committee
- Multi-Source Feedback

Discussion Topic

ACGME Resident/Fellow/Faculty Surveys

Temporary Complement Increases

Site Visits

Program Requirements for Neurology

Institutional Requirements

CBME

Medically Underserved Areas/Populations

Medically Underserved Areas and Populations

ACGME Home > What We Do > Accreditation > Medically Underserved Areas and Populations

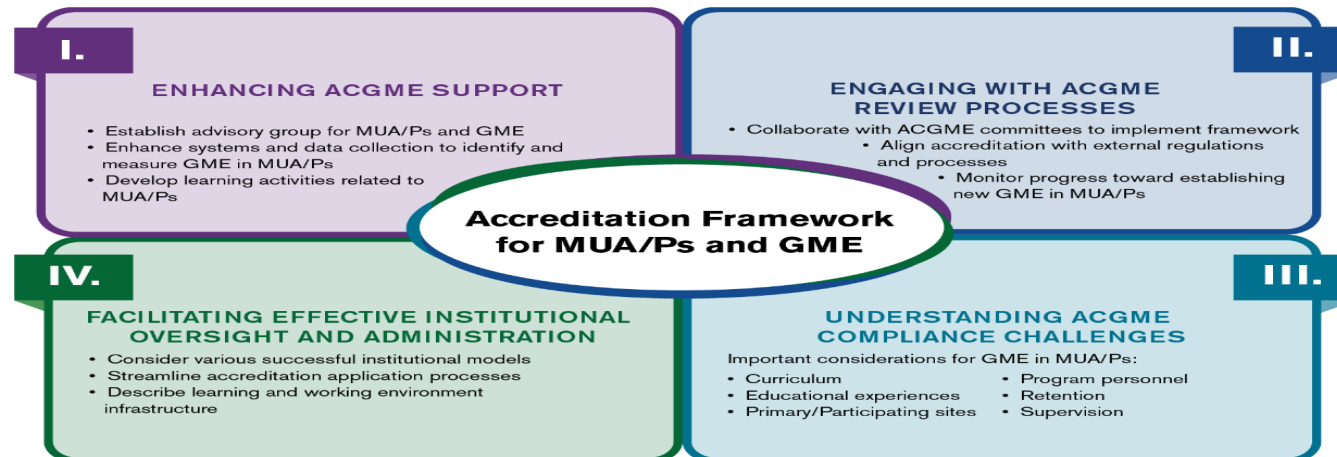
Medically Underserved Areas and Populations

Medically Underserved Areas/Populations and GME

Consistent with its mission to improve health care and population health, the ACGME seeks to enhance physician workforce development in communities that face physician shortages in various specialties.

As part of this effort, the ACGME developed a framework to encourage the development of graduate medical education (GME) that will result in enhanced access to and availability of health care in medically underserved areas (MUAs) and medically underserved populations (MUPs). Medically underserved areas and populations (MUA/Ps) are places or communities in which groups of people have unmet health or health care needs.

This framework outlines initial actions addressing graduate medical education in MUA/Ps.



Quick Links

- [Medically Underserved Areas and Populations >>](#)
- [Advisory Group >>](#)
- [Rural Track Program Designation >>](#)
- [ACGME Newsroom and Blog Updates on Medically Underserved Areas >>](#)
- [ACGME Specialties >>](#)
- [ACGME Program Application Information >>](#)
- [ACGME Diversity, Equity, and Inclusion >>](#)

Relevant Presentations in Learn at ACGME

- [MUA/P: Partnerships to Establish and Sustain Rural GME >>](#)

Medically Underserved Areas and Populations

The following processes are available to obtain ACGME Rural Track Program (RTP) designation:

- Permanent complement increase and identification of new rural site(s) for an existing program
- Application for a new program*

*New programs may share resources and overlapping resident/fellow experiences with an already existing ACGME-accredited program. Requests for RTP designation during the program application process may identify an existing program as a Rural Track Related Program (definition available on the website; email muap@acgme.org with questions).

The ACGME's Online Learning Portal

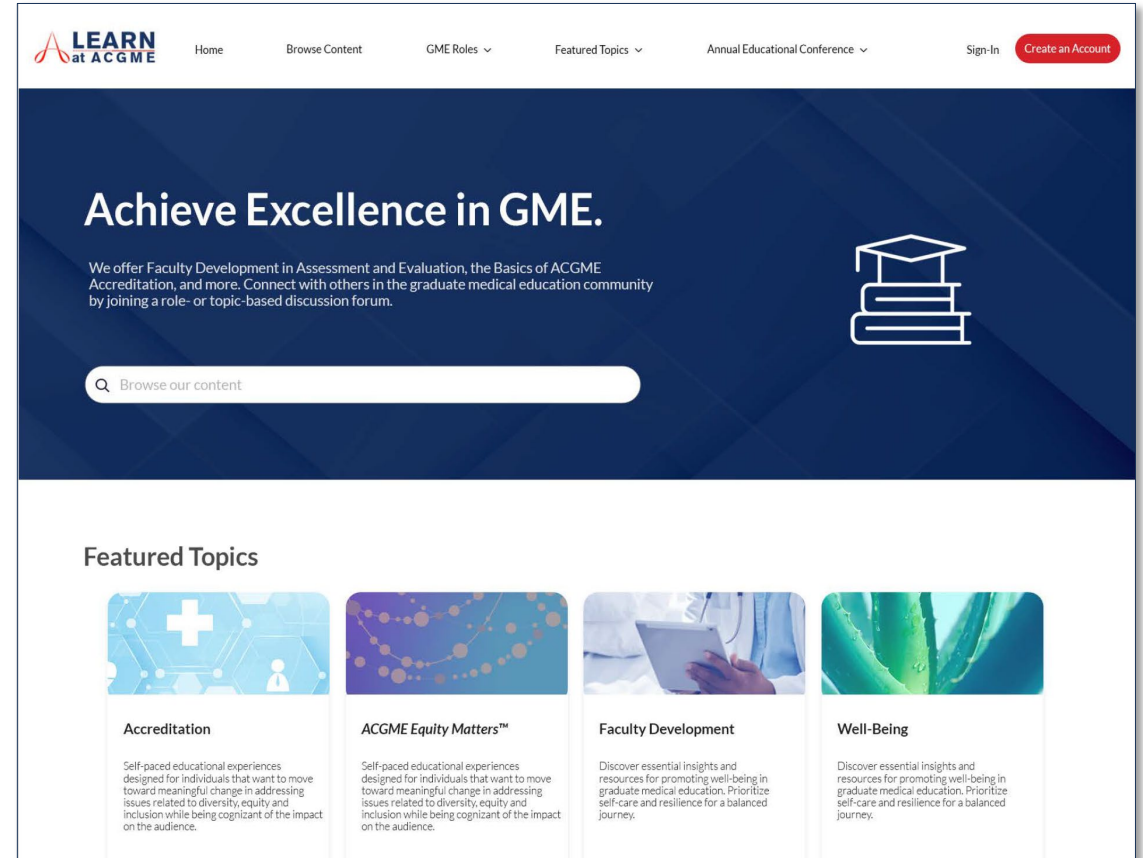
Learn at ACGME Redesign Coming Soon!

Visit dl.acgme.org or scan the QR code.



Have a question or need assistance? Contact us!

desupport@acgme.org



Remediation Toolkit

If You Build It, They Will Come:

Designing a Centralized Remediation Program

Karen M. Warburton, MD, FACP, FASN
Associate Professor of Medicine
Director, Clinician Wellness Program
Director, GME Advancement
University of Virginia School of Medicine

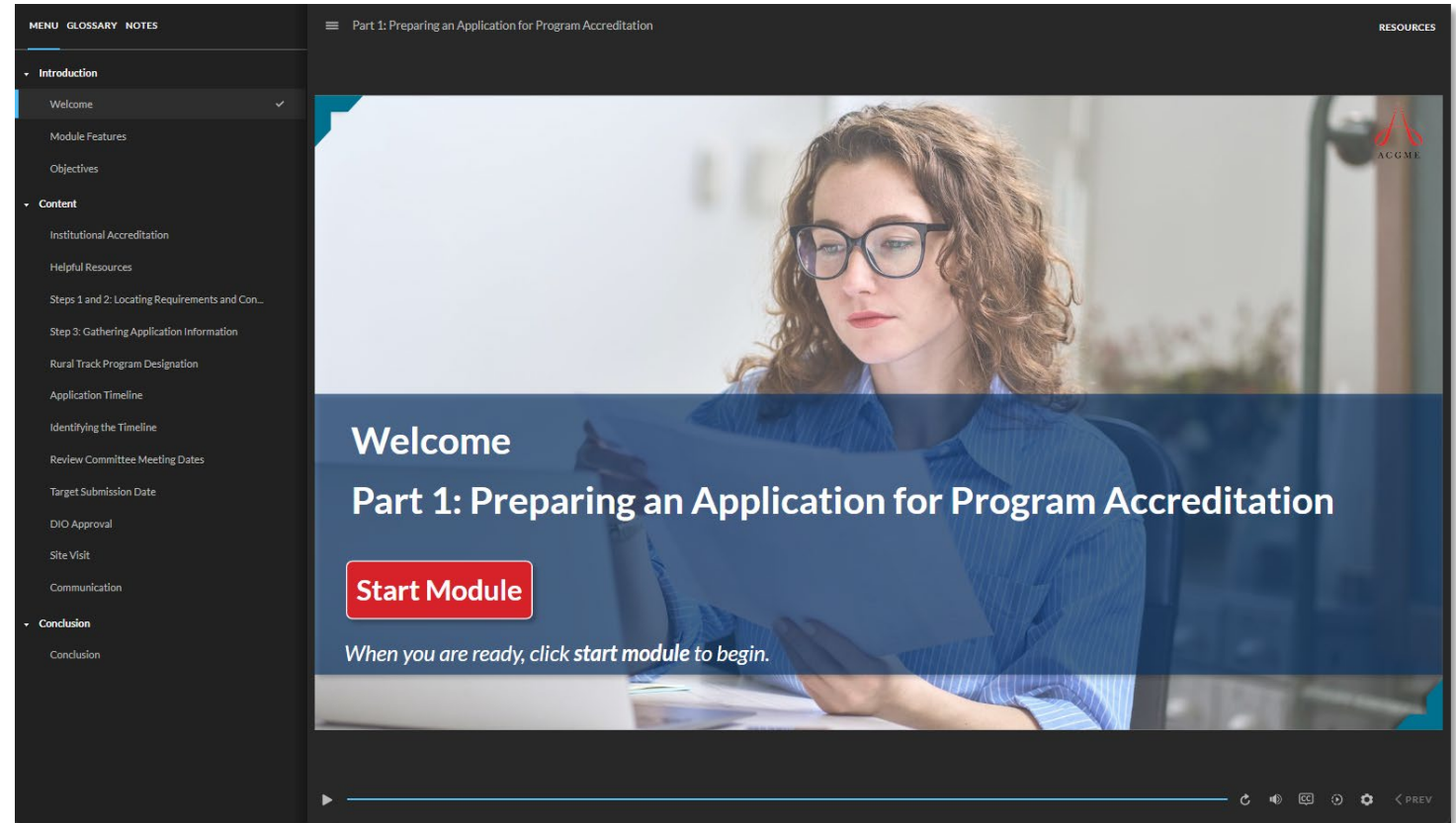


- 11 modules authored by **renowned experts** in the field
- Equips participants with tools for **addressing needs of struggling learners**
- **CME** offered after completion

The ACGME designates this enduring material for a maximum of
5.25 AMA PRA Category 1 Credits.TM

Applying for Program Accreditation Course

- Three-part course and **step-by-step guide**
- For those **new** to the process, as well as a refresher for **experienced** users
- Explanation of key steps, timeline, and the **review process** after submission



The screenshot shows a video player interface for a course module. On the left is a dark sidebar menu with the following items: MENU, GLOSSARY, NOTES, Introduction (expanded), Welcome (checked), Module Features, Objectives, Content (expanded), Institutional Accreditation, Helpful Resources, Steps 1 and 2: Locating Requirements and Con..., Step 3: Gathering Application Information, Rural Track Program Designation, Application Timeline, Identifying the Timeline, Review Committee Meeting Dates, Target Submission Date, DIO Approval, Site Visit, Communication, Conclusion (expanded), and Conclusion. The main video area shows a woman with glasses reading a document. Overlaid text reads: 'Welcome Part 1: Preparing an Application for Program Accreditation' with a red 'Start Module' button. Below the button, it says 'When you are ready, click start module to begin.' The video player has a progress bar and control icons at the bottom.

Faculty Development Toolkit: Improving Assessment Using Direct Observation

- Faculty development materials around **direct observation and feedback**
- Evidence-based **video prompts**
- Answer keys and **facilitator guides**
- **Microlearning** lessons with associated slides and guides

The screenshot shows the website header with the LEARN at ACGME logo and a navigation menu including: Toolkit Home, Overview, Microlearnings, Example Workshops, Video Library, Supporting Materials, Additional Resources, About Us, and Questions and Feedback. The main content area features a large blue banner for the 'Faculty Development Toolkit' with the subtitle 'Improving Assessment Using Direct Observation'. Below this, there are two video thumbnails: 'An Introduction to the ACGME Faculty Development Toolkit: Improving Assessment Using Direct Observation' and 'Navigation Faculty Development Toolkit: Improving Assessment Using Direct Observation'.

Counseling Videos

Hyperlipidemia	Back Pain	Constipation
		
Resident counsels a 54-year-old woman with hypertension, hyperlipidemia, obesity, and tobacco use who meets criteria to start lipid-lowering therapy.	Resident counsels a 42-year-old male with severe acute low back pain and sciatica with a normal neurologic exam. The patient has not tried any conservative measures. In the video there is an opportunity to discuss diagnosis and management and address patient request for MRI and narcotics.	Resident counsels a 49-year-old healthy woman with worsening constipation for three months. The patient has episodic hematochezia and a hemorrhoid was found during a rectal exam. The patient's paternal grandfather had late-onset colon cancer.
Video A (4:37) Answer Key Video B (7:10) Answer Key Video C (13:48) Answer Key	Video A (3:15) Answer Key Video B (7:53) Answer Key Video C (11:37) Answer Key	Video A (5:30) Answer Key Video B (9:02) Answer Key Video C (11:31) Answer Key

Program Coordinator Course

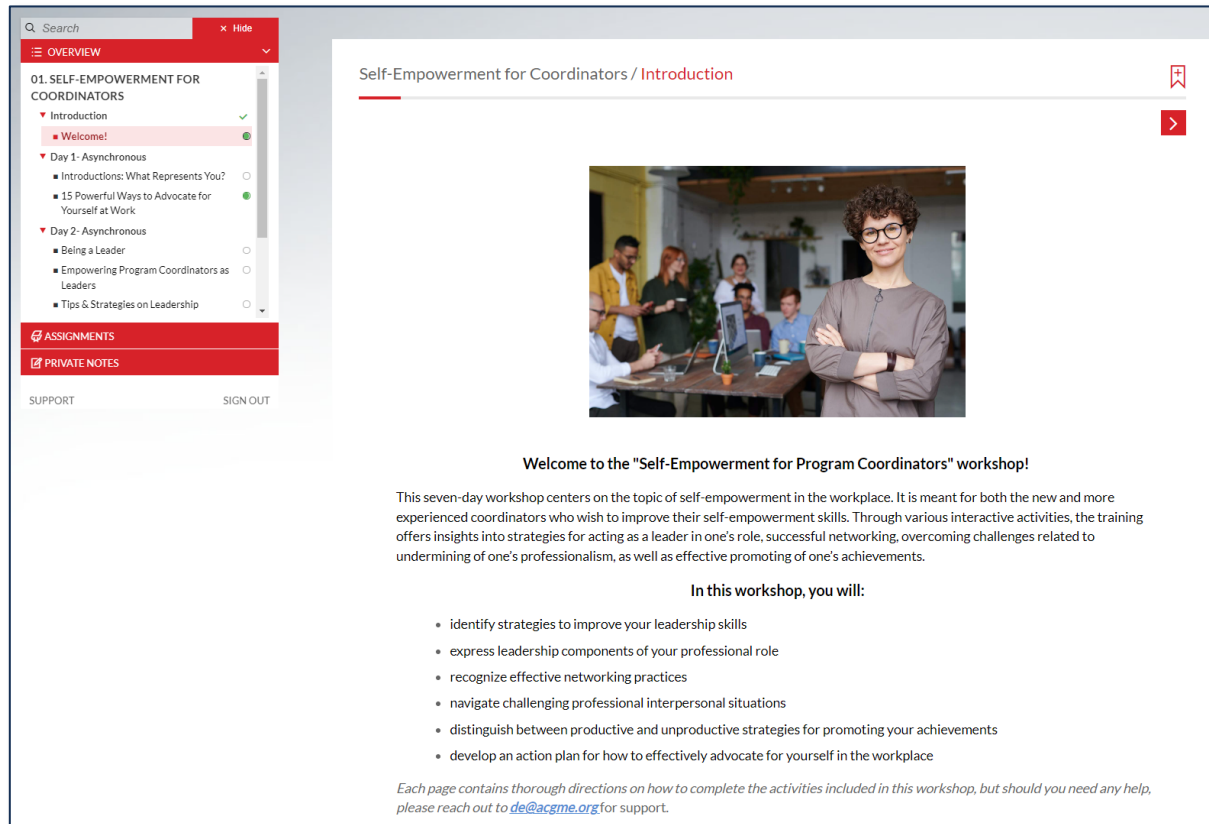
- For **new and seasoned** coordinators
- Covers a **wide range of topics** important to program coordinators
- **Videos** from working coordinators
- **Summer 2024**

The screenshot displays a course interface with three modules. Each module is presented in a two-column layout. The first column contains the module title, a 'Module' section, a list of topics included in the lesson, and a 'Start' button. The second column contains a representative image for the module. The background of the interface is a gradient of red and white.

- RECRUITMENT**
 - Recruitment for Program Coordinators
 - Module
 - Included in this lesson:
 - Recruitment basics for Program Coordinators
 - Recruitment review process
 - Interviews
 - Match Process
 - Start
- REVIEW AND RECOGNITION COMMITTEES**
 - Review and Recognition Committees for Program Coordinators
 - Module
 - Included in this lesson:
 - Review and Recognition Committee basics
 - Start
- PROGRAM REQUIREMENTS**
 - Program Requirements for Program Coordinators
 - Module
 - Included in this Lesson:
 - Program Requirements
 - Program Requirements by Specialty
 - Start

Virtual Workshop

Self-Empowerment for Program Coordinators



The screenshot shows a web interface for a virtual workshop. On the left is a navigation menu with sections: OVERVIEW, ASSIGNMENTS, and PRIVATE NOTES. The main content area is titled "Self-Empowerment for Coordinators / Introduction" and features a photo of a woman with her arms crossed. Below the photo is a welcome message and a list of workshop objectives.

01. SELF-EMPOWERMENT FOR COORDINATORS


- Introduction
 - Welcome!
- Day 1- Asynchronous
 - Introductions: What Represents You?
 - 15 Powerful Ways to Advocate for Yourself at Work
- Day 2- Asynchronous
 - Being a Leader
 - Empowering Program Coordinators as Leaders
 - Tips & Strategies on Leadership

ASSIGNMENTS

PRIVATE NOTES

SUPPORT SIGN OUT

Self-Empowerment for Coordinators / Introduction



Welcome to the "Self-Empowerment for Program Coordinators" workshop!

This seven-day workshop centers on the topic of self-empowerment in the workplace. It is meant for both the new and more experienced coordinators who wish to improve their self-empowerment skills. Through various interactive activities, the training offers insights into strategies for acting as a leader in one's role, successful networking, overcoming challenges related to undermining of one's professionalism, as well as effective promoting of one's achievements.

In this workshop, you will:

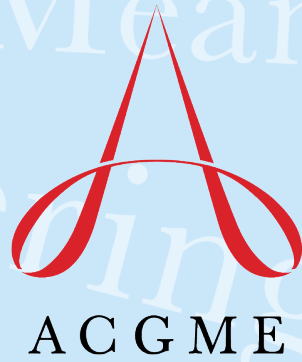
- identify strategies to improve your leadership skills
- express leadership components of your professional role
- recognize effective networking practices
- navigate challenging professional interpersonal situations
- distinguish between productive and unproductive strategies for promoting your achievements
- develop an action plan for how to effectively advocate for yourself in the workplace

Each page contains thorough directions on how to complete the activities included in this workshop, but should you need any help, please reach out to de@acgme.org for support.

- Seven-day workshop for new and experienced program coordinators
- Interactive activities and virtual **synchronous workshop**
 - Leadership **strategies**
 - **Networking** opportunities
 - Asserting your **professionalism**

- **April 15-21, 2024**
- **Registration required**





BACK TO BEDSIDE



Back to Bedside empowers residents and fellows to create projects that foster meaning and joy in work

- **Funding opportunity** for resident/fellow-led teams
- Builds deeper connections with patients

Scan the QR code for more information and to download the Request for Proposals.

DEADLINE: APRIL 22, 2024

2025 ACGME Awards Nominations



The ACGME is now accepting nominations for the 2025 ACGME Awards.

Deadline:
Wednesday, March 27, 2024

For additional information and to download nomination materials:

[https://www.acgme.org/
initiatives/awards/](https://www.acgme.org/initiatives/awards/)

Questions?

Thank You