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

In 1981, the ACGME was established from a consensus in the academic medical community for the need for an independent accrediting body. Accreditation is achieved through a peer-review process overseen by volunteer physicians on 29 Review Committees. Institutions and programs are reviewed annually for compliance with the ACGME’s Institutional Requirements, Common Program Requirements, and specialty- or subspecialty-specific Program Requirements. The Osteopathic Principles Committee confers Osteopathic Recognition upon any ACGME-accredited program providing requisite training in Osteopathic Principles and Practice.

An LLC of the parent organization ACGME, the ACGME International (ACGME-I) provides accreditation services outside the United States. It is funded through contracts with individual ministries of health or institutions, and is focused on improving the quality of health care specific to each country’s need.

MISSION
We improve health care and population health by assessing and advancing the quality of resident physicians’ education through 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
- Clinical learning environments characterized by excellence in clinical care, safety, and professionalism
- Residents and fellows achieving specialty-specific proficiency prior to graduation
- Residents and fellows prepared to become Virtuous Physicians who place the needs and well-being of patients first

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

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
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Each year we strive to move the ACGME into the future, toward continued enhancement of our residency and fellowship programs to prepare the next generation of physicians to serve the needs of the American people, and in locations where ACGME International accredits, to the citizens of the world. We call this focus Anticipatory Accreditation. That is, accreditation that results in educational programs with goals that include preparation of clinicians and clinician scientists to meet the anticipated needs of the populations they will serve.

The first step was the Next Accreditation System, defined by annual institutional and program oversight, and the expectation of continuous quality improvement in achieving educational goals is linked to the needs of the local community. Through the Milestones Project, each specialty community came together to frame the observable developmental steps in the preparation of the independent clinician in each specialty and subspecialty. Third was creation of the Clinical Learning Environment Review (CLER) Program, which provides formative feedback to leadership in key areas of the Sponsoring Institution function related to safety, quality, and reduction of disparities. To this ambitious agenda we’ve added provider well-being.

Crossing the midpoint of implementation is the transition to a single accreditation system, which will assure the public of consistent preparation of the nation’s physicians, whether from the allopathic or osteopathic tradition, and ultimately afford all graduates the opportunity to compete for all fellowship positions.

The ACGME has responded to the physician well-being crisis, which is shared by our colleagues in nursing, pharmacy, and other health professions. With the Association of American Medical Colleges (AAMC) and the National Academy of Medicine (NAM), we launched a collective effort to understand, share information, and seek solutions to the devastating challenges of suicide, depression, and burnout among caregivers. This is our challenge to conquer. I am convinced we will be successful.

The ACGME, AAMC, NAM, and other national organizations recently launched another Action Collaborative to help deal with the national opioid crisis and solve this epidemic.

Finally, the latest revision of the Common Program Requirements marks the next stage in Anticipatory Accreditation. Phased implementation will begin in 2019. The Institutional Requirements, guided by the Board and the Sponsoring Institution 2025 report, will be revised in the coming academic year. Specialty requirements are in revision as well.

Great progress is being made; Sponsoring Institutions and programs are guiding us with solutions to challenges we all face. Our goal is an accreditation framework that stimulates innovation in pursuit of educational excellence, designed to serve today’s and tomorrow’s patients, and to collectively meet the profession’s promise to the public. Milestones research is yielding predictive analytics. CLER is demonstrating advancements in many dimensions of resident/fellow engagement in quality and safety efforts, with significant work yet to be done. The Journal of Graduate Medical Education provides outstanding educational research with a high-quality home. Our residents launched the Back to Bedside initiative, teaching us how to enhance meaning in our daily work. We have launched a national network of regional educational hubs to teach program directors and core faculty members about evaluation and feedback, and new distance learning tools and programs support busy program directors and faculty members. All these efforts are designed to enhance our national learning community.

This work is impossible without the outstanding commitment of the nearly 500 volunteers, who provided over 80,000 hours of effort last year, and the 230 employees of the ACGME. Our success is truly the result of dedication to education, service of the public, and the profession of medicine. We are humbled by the tens of thousands of program directors, DIOs, coordinators, faculty members, and residents and fellows whose efforts we are privileged to learn about and oversee. You are the Learning Community of Graduate Medical Education. I thank you for your service to those who entrust their health to us every day.

Most Sincerely,

[Signature]

Thomas J. Nasca MD, MACP
President and Chief Executive Officer
The ACGME continues to carry out its mission of improving the health care of Americans by advancing the accreditation of graduate medical education programs. This past year, the ACGME Board approved changes to the learning and working environment for residents and fellows established by revisions to Section VI of the Common Program Requirements, while additional Board members, Review Committee Chairs, and residents/fellows reviewed and updated Sections I through V. These additional revisions also reflect the Program Requirements envisioned for the Next Accreditation System, and were presented to the Board of Directors for approval at the June 2018 meeting. The revised Common Program Requirements will remain in place for up to 10 years before formal reconsideration.

The Board of Directors remains committed to the transition to a single accreditation system of post-graduate medical education and training in the United States. In keeping with its plan, two more Board members representing the American Osteopathic Association and the American Association of Colleges of Osteopathic Medicine were added to the Board this past year. We anticipate completion of the transition to a single accreditation process in the summer of 2020.

Two Councils of the Board continue to expand in their activities and planning. The Council of Review Committee Residents (CRCR) solicited requests for Back to Bedside initiative that was initially planned to fund five projects. While expecting 20 or 30 project submissions, more than 220 requests were received for consideration. The Board was pleased to increase project funds, and a total of 30 projects are currently in process. We hope to have results from many of these projects presented by residents at the 2019 Annual Educational Conference in Orlando, Florida next March. With the enthusiasm Back to Bedside has generated within residencies and fellowships alike, the funding of a second cycle of resident/fellow-led projects for the following year is being planned. The Council of Public Members, our newest Council, continues to find its place as a Council of the Board. We now have a public member in place or being recruited for every Review and Recognition Committee and the group’s Chair is a member of the Board of Directors, adding another public member to the Board.

We continue to hold our Board meetings, Review Committee meetings, and other meetings of the ACGME at our beautiful new office space and Conference Center, where we can hold up to nine simultaneous meeting groups. The cost savings afforded by the new facility has been remarkable. Equally important, the available space allows the ACGME to be a convener of other organizations to meet a variety of educational processes and needs.

I am pleased to have been able to play a small role as the Chair of the Board of Directors of the ACGME. It is a devoted group of educators and volunteers that continues to lead the organization forward in its mission. I thank all of our many volunteers on Review and Recognition Committees, the Board, and other committees for their service.

Rowen K. Zetterman, MD, MACP, MACG
Chair, ACGME Board of Directors
Transformational change to enhance the shared clinical learning environment requires a commitment from all levels of a health care organization—across the professions and the continuum of learning. The CLER Program seeks to foster that commitment through collaborative efforts that bring graduate medical education (GME) leaders together with various other leaders within health care to raise important issues, address complex problems, and share new models of learning while improving patient care.

**COMMITMENT TO ALL CLINICAL LEARNING ENVIRONMENTS, SMALL AND LARGE**

The foundation of the CLER Program rests on a commitment to providing ongoing formative feedback to the leaders of the hospitals, medical centers, and ambulatory sites that host residency and fellowship programs. The program began with visits to the larger Sponsoring Institutions with three or more core residency programs. Throughout the past year, the CLER Program completed baseline visits to smaller Sponsoring Institutions—those with one to two core residency programs. This diverse set of institutions include those that provide exclusively ambulatory care and those that have only one fellow.

This past year, the CLER Program also began exploring new areas and perspectives to augment the CLER site visit process. The first of these was a pilot in which the CLER site visit extended into the operative and procedural areas of the clinical learning environment. Future approaches (“subprotocols”) will address the patient perspective and the role of governance in optimizing the clinical learning environment.

**PURSUING EXCELLENCE**

“Transformation through Collaboration” is the basis of Pursuing Excellence in Clinical Learning Environments (Pursuing Excellence), a series of collaborative initiatives designed to build a learning community that shares the common goal of optimizing the clinical learning environment for both learning and patient care.

This year, the Pathway Innovators reached the midpoint of their four-year journey to develop new solutions to the challenges of traditional, disjointed approaches to delivering education and patient care. Participants have made great strides in bringing together GME and the executive leadership of clinical learning environments to collectively focus on enhancing patient safety and health care quality through collaborative, interprofessional models.

This past year also saw the launch of the Pathway Leaders Patient Safety Collaborative, in which teams from nine Sponsoring Institutions are developing, implementing, and evaluating new models for engaging residents and fellows in the patient safety goals and practices of the clinical learning environment.
As part of the Pathways Innovators Collaborative within the Pursuing Excellence initiative, eight teams of GME and hospital leaders are addressing the challenge of ensuring that faculty members have the knowledge and skills to mentor and guide residents/fellows in their efforts to optimize patient safety and health care quality. They are accomplishing this by reframing the role of residents/fellows and faculty members as key change agents in support of the organization’s goals.
Internal Medicine 2035 ("IM2035") is a pilot that’s using a scenario-based strategic planning process to set the stage for the next revision of the Program Requirements for Internal Medicine. The goal is to determine a range of possibilities of what the future might hold, and identify actions in graduate medical education to take today that are most likely to be valuable regardless of how the future turns out.

**COLLABORATING WITH THE GME COMMUNITY AND OTHERS CRITICAL TO THE PRACTICE OF MEDICINE**

*What will internal medicine practice look like in 2035?*

The Program Requirements for Graduate Medical Education in Internal Medicine are due for a major revision. Instead of conducting the traditional revision process, the Review Committee for Internal Medicine is instead piloting a new approach similar to that used by the ACGME Board of Directors in 2013-2014 for developing the organization’s strategic plan. The intent is not to predict the future, but to ask what the future might hold, and identify actions that can be implemented today that will be valuable regardless of how the future turns out. The IM2035 process involved two separate meetings to envision possible futures, and how each may affect the practice of medicine. Participants in the first meeting in June 2017 represented the GME community, as well as nursing,
The second meeting in September 2017 included representation from the first meeting and members of the Review Committee for Internal Medicine. This group used output from the first meeting and incorporated the needs identified with information pertinent to internal medicine specifically. The group discussed what the internist of the future might look like, and what that internist would need to know. Finally, all the information from both meetings was processed into an Executive Summary.

The Executive Summary, as well as the current Program Requirements for Graduate Medical Education in Internal Medicine, were posted on the ACGME website for solicitation of initial review and public comment that ended July 1, 2018. Future meetings will merge the ideas gleaned from the strategic planning process into new proposed Program Requirements, anticipated for the end of 2019. The process learned from this scenario-based IM2035 pilot may be used for revision of other specialty Program Requirements in the future.
The Department of Education had another successful year working with the graduate medical education (GME) community to enhance learning in a variety of areas.

SHARING KNOWLEDGE, BUILDING SKILLS

The Department of Education serves the ACGME mission to meet the needs of over 11,000 programs and about 830 Sponsoring Institutions that prepare over 135,000 residents and fellows to serve the health care needs of the public. The department supports skills development, often in collaboration with other ACGME departments and with appropriate outside organizations and individuals.

The department conducts a variety of learning activities for the GME community, Review and Recognition Committee members, and ACGME staff members, in the US and abroad, through the Annual Educational Conference, Leadership Skills Training Programs for Chief Residents, faculty development workshops, workshops for new and advanced coordinators, the Baldwin Seminar Series, and more. It provides continuing medical education credit for qualifying educational activities. The department supports residents and fellows through the Office of Resident Services and Initiatives, and by staffing the Council of Review Committee Residents, and contributes to research and scholarship through the Scholars in Residence. Finally, the ACGME Awards Program honors and recognizes those members of the community who take GME to the next level.

EXPANDING EDUCATION

A few highlights from 2017-2018 include...

Supporting Coordinator Development

The ACGME continues to be one of the major sources of program and institutional coordinator training in the world. In addition to the Annual Coordinator Forum held at the Annual Educational Conference (see article p. 26), which has a yearly attendance of roughly 1,000 coordinators, the organization conducts workshops on the Basics of Accreditation for New Coordinators in all specialties. These workshops provide new coordinators with the opportunity to meet their specialties’ Review Committee staff members and learn the nuts and bolts of accreditation. In 2017-2018, 10 workshops welcomed 307 coordinator attendees. An additional regional version of the workshop took place at Vanderbilt University, with over 100 coordinators from the Tennessee/Kentucky region.

An advanced workshop, Experienced Coordinators: Advancing, Collaborating, Innovating, was developed for coordinators with over three years of experience in their roles. This pilot emphasized leadership, conflict management, innovation, resident remediation, and well-being, and sold out in a matter of weeks. Another workshop is scheduled for Fall 2018.

Baldwin Seminar Series

The Baldwin Seminar Series, named for ACGME Senior Scholar and medical education giant DeWitt C. Baldwin Jr., MD, is designed to bring cutting edge ideas, concepts, and perspectives affecting GME to the ACGME. Leading academics share their work to stimulate and expand the perspectives of staff members and guests, and develop a local learning community in furtherance of the ACGME mission. The 2017-2018 Baldwin Seminar Series included presentations on: Optimizing the Workforce: The Intersection of Healthcare Reform, Delivery Innovation, and Training; Innovation and Technology in Medical Education; The Intern Health Study: Insights into Depression during...
Scholars in Residence

The Scholars in Residence are charged with serving the ACGME strategic goals of physician well-being, C-Suite engagement, and interprofessional education and collaborative practice, but their activities and accomplishments go far beyond this report. While their strengths lie in their collaborative efforts, each scholar has developed noteworthy special projects and work.

Surveys have been implemented as an optional attachment to the ACGME’s annual Resident/Fellow Survey since 2013. Annual responses have provided large amounts of voluntary data on resident and fellow perceptions of the quality of their educational programs. This data has been the focus of much scholarly research, and a number of posters and abstracts featuring the data have been presented nationally. While the decision was made not to administer this survey in 2017, due to the implementation of a required survey on resident wellness beginning in 2018, analysis of this data continues.

In 2017, John Combes, MD, John Duval, MBA, and Bethanie Clausen, MPH joined the department to begin a project called Engagement of Hospital and Health System C-Suite with the Work of the ACGME: A Study of the Impressions of Chief Executive Officers on the Importance of GME to Sponsoring Institutions. Informed by CLER Program (see article p. 6) findings, program and institutional accreditation standards are being proposed that will set new and enhanced expectations for Sponsoring Institutions to integrate graduate medical education programs into essential quality and safety programs. A detailed articulation of themes and impressions arising from interviews that informed this study will be shared upon project completion.
In 2017, the ACGME’s Accreditation Field Representatives conducted the first 10-Year Accreditation Site Visits that follow completion of the program Self-Study. The 10-Year Accreditation Site Visit is the final building block in the improvement-focused approach to the accreditation site visit in the ACGME’s revised accreditation model.

**NEW FOCAL QUESTIONS FOR THE 10-YEAR ACCREDITATION SITE VISIT**

Starting in 2018, Accreditation Field Representatives ask questions in four focal areas during the 10-Year Accreditation Site Visit: 1) clinical experiences, didactics, and assessments that collectively promote readiness for unsupervised practice (or the next phase of residents’ education); 2) a learning environment where residents find meaning in work and have input into changes in their environment; 3) faculty development focused on faculty members’ roles in resident/fellow education; and 4) program-level priorities for resident/fellow and faculty member well-being. Accreditation Field Representatives offer formative feedback in these areas, and collect data on patterns and information on notable practices for dissemination.

**DIRECT FEEDBACK TO PROGRAMS AFTER THE 10-YEAR ACCREDITATION SITE VISIT**

Following a large-scale pilot for programs that have undergone a 10-Year Accreditation Site Visit, the ACGME is sending the Self-Study feedback reports prepared by the Accreditation Field Representatives directly to programs. Review Committee reviews continue to focus on **summative** feedback in the form of accreditation decisions communicated via the letters of notification (LONs). **Formative** feedback on the Self-Study is being sent after the LON, accompanied by a cover letter offering suggestions on how to interpret and use the feedback. The ACGME is collecting information on programs’ perceptions of the value of this feedback.

**DEPARTMENT OF FIELD ACTIVITIES REFINES SELF-STUDY**

The Department of Field Activities continues to solicit input from the graduate medical education (GME) community on the Self-Study and 10-Year Accreditation Site Visit to enhance its value. In 2017-2018, refinements included consolidation to a single, shorter format for the Self-Study Summary, and condensing the Self-Study feedback to a two-page, high-level information report focusing on actionable highlights easily consumed by program administrators.
2017 marked the culmination of a Self-Study Visit pilot program, a two-year collaboration with the GME community to identify effective approaches to improve program assessment through voluntary site visits following completion of the Self-Study. Nearly 400 site visits were conducted as part of the pilot.
TRANSFORMING GRADUATE MEDICAL EDUCATION:

MILESTONES REACH A MILESTONE

Department of Milestones

Implementation of the Milestones began in 2013 with seven specialties. In 2018, the Milestones are now used by more than 11,000 residency and fellowship programs in more than 180 specialties and subspecialties. Much has been learned much over the past five years, as the next phase of Milestones development, outreach, and research unfolds.

MILESTONES 2.0

The Milestones 2.0 revision and development process has formally launched. Currently, the Milestones team is working with 25 different specialties on review and revision. Neurological surgery has already completed its Milestones revisions, and programs will start using the new version in the upcoming academic year. Ideally, all specialties will have at least begun Milestones revision by 2020-2021. The process for Milestones 2.0 includes changes in several important areas. First, all specialties issued a Call for Volunteers. The response has been gratifying, with a large amount of interest across the specialties. Second, each Milestones 2.0 Working Group will have a public and a resident/fellow member. Third, each group will develop a Supplemental Guide, intended to assist programs in implementing the revised Milestones. Finally, a new Milestones Implementation Guide is targeted for release in Summer 2018.

MILESTONES RESEARCH

The Milestones team has also been busy in research. National or multi-institutional validity studies have been published for emergency medicine, family medicine, internal medicine, neurological surgery, and pediatrics. Several qualitative studies regarding early experience with Milestones have been published in internal medicine, neurological surgery, radiology, and surgery. The Milestones section of the ACGME website now has a bibliography of published Milestones research, and this bibliography will be updated every six months. The Milestones team is also working on using longitudinal Milestones data for learning analytics and the predictive utility of the Milestones as potentially useful feedback for graduate medical education programs. Finally, the group is just beginning to explore outcomes-based research using clinical practice data of graduates. This focus on outcomes will be a growing area of interest in the next few years.

OUTREACH AND EDUCATION

The Milestones team has created a number of useful resources: the Clinical Competency Committee Guidebook; the Milestones Guidebook; and the Milestones Guidebook for Residents and Fellows. These are updated every 18-24 months as the Milestones literature is tracked in tandem with internal research and feedback. The first interactive web-based module on the basics of assessment, accessible from the Milestones section of the ACGME website, launched in May. Additional web-based modules on Milestones and the Clinical Competency Committee are in production and will be released during the next academic year.
year. Milestones staff members continue to participate and collaborate with program director groups and other key stakeholders.

FACULTY DEVELOPMENT IN ASSESSMENT

The ACGME successfully delivered three weeklong courses in assessment this past year, and has now trained more than 450 faculty members in assessment since 2015. This has catalyzed the creation of the “regional hub” model of faculty development. The hubs are a collaboration between the ACGME and a team at another institution to provide shorter, hands-on versions of the full Chicago course to clinician-educators in a particular region. There are currently five active hubs: Vanderbilt University; Cleveland Clinic Foundation; UCLA; the Philadelphia Consortium; and Michigan State University School of Osteopathic Medicine. Agreements are underway with five additional institutions. These hubs will stay together as a learning community. In May, the Milestones team also launched two new courses in assessment: a follow-up to the weeklong introductory course; and an assessment course specifically for designated institutional officials.

TRANSFORMATION THROUGH COLLABORATION

The Milestones team has collaborated with multiple stakeholders in launching the Milestones 2.0 initiative. This has included collaboration with multiple program director groups and expanded faculty development in assessment in partnership with nine academic organizations. Collaboration with nine certification boards on Milestones research is also underway.
In 2017, submissions to JGME topped 1,000 for the first time (see table), and the Journal transitioned to six issues per year. In addition, a move to “print optional” in mid-2018 will reduce printing and mailing costs, and be more environmentally conscious.

**TRANSITION TO A BI-MONTHLY JOURNAL**

Calendar year 2017 represented the first year in which JGME published its full complement of six issues. The phased transition from a quarterly to a bimonthly journal was accomplished over a two-year period, and went smoothly. The decision was aided by a growing submission volume, which topped 1,000 freely submitted manuscripts in 2017.

The six-issue format allows for more timely publication of new information for readers, and reduces the publication lag time for manuscript authors. Concurrently, journal leadership slightly reduced the size of each issue to increase readability.

**JGME GOING GREEN**

Early 2018 marked the finalization of plans for the Journal’s “Going Green” campaign, which will move the Journal to a print-optional format by August 2018. An active “opt in” to receive the print issue will be required of readers. The “Going Green” campaign will result in reductions in printing and mailing costs. It also responds to comments from the reader community suggesting that some readers exclusively read JGME online, and regularly discard the print issue. Subscriptions in the US will continue to be available as print and online or online only; all international subscriptions and access by programs and institutions accredited by the ACGME International are online only.

Individuals newly appointed as program directors and designated institutional officials will receive an initial print issue of JGME, with a notice that to receive future print issues, the individual will need to actively “opt in.”
COLLABORATIONS IN THE AREAS OF MEDICAL EDUCATION AND QUALITY IMPROVEMENT

In 2017-2018, the JGME editorial team continued its collaborations with the Royal College of Physicians and Surgeons of Canada to present joint-juried awards to top research podium presentations and top resident podium presentations, selected from a sizable number of submissions to the College’s International Conference on Residency Education each fall, and with the Alliance of Independent Academic Medical Centers for a joint award of a top quality improvement abstract. Winning abstracts are published in JGME.

TRANSFORMATION THROUGH COLLABORATION

JGME leadership’s continued collaborations to offer joint juried awards expand the Journal’s outreach to new readers and communities.
At the November 2017 CRCC meeting, the group identified several initiatives through which it could contribute members’ collective expertise to the mission of the ACGME. One was to define the developmental skill sets required of a program director. This initiative then served as the focus of work during the Council’s May 2018 meeting.

CREATING THE ROADMAP

Formal program director development varies widely. While the ACGME has many valuable resources for program directors, the path to becoming an expert program director is often unclear. The CRCC undertook the “Program Director Development Roadmap” project to help faculty members potentially interested in becoming program directors, as well as sitting program directors and other education leaders, understand the many skills needed to do the job initially well, and ultimately expertly. Program directors can then use this Roadmap as they format their own individualized learning plans.

Planning for this activity included meeting with the Milestones team at the ACGME to determine the format for the work. Similar to the Milestones used for assessment of residents and fellows, the CRCC envisioned the path of a program director to be developmental in nature, with some skills being foundational and others being mastered over time. Thus, the group chose to use the methodology used in formulation of the specialty Milestones (see article p.14). Initially, CRCC members were divided into small groups to brainstorm the wide variety of skills required of program directors. Each group created a general list of what program directors need to know. The members then reconvened as a full group and identified themes and commonalities among the lists generated by each group (hospital-based, medical/osteopathic-based, surgical-based specialties). Finally, the members convened in small groups with varying specialties to identify the developmental levels (Entry-Level Program Director, Mid-Level Program Director, Experienced Program Director) for each skill identified.

This information will be formatted to create the Program Director Development Roadmap. The CRCC envisions it will be made available to program directors to assist them in identifying their own learning needs, can be used to inform creation of a Program Director Guidebook, and may assist the ACGME in consideration of future faculty development activities.
COUNCIL OF REVIEW COMMITTEE CHAIRS

Jessica L. Bienstock, MD, MPH
Chair – Term began
October 1, 2017
Review Committee for Obstetrics and Gynecology

Christian T. Cable, MD, MHPE
Vice Chair – Term began
October 1, 2017
Review Committee for Internal Medicine

Rowen K. Zetterman, MD, MACP, MACG
Chair, Board of Directors

Rosemary Gibson, MSc
Public Director, Board of Directors

Leonard Stallings, MD
Co-Chair, Council of Review Committee Residents

James C. Anderson, MD
Review Committee for Radiology

Jon A. Baldwin, DO, MBS
Review Committee for Nuclear Medicine

Nicholas M. Barbaro, MD
Review Committee for Neurological Surgery

Robert J. Boland, MD
Review Committee for Psychiatry

Steven H. Bowman, MD
Review Committee for Emergency Medicine

Susie Buchter, MD
Review Committee for Pediatrics

Robert Cain, DO
Osteopathic Principles Committee

Laurie A. Demmer, MD, MA
Review Committee for Medical Genetics and Genomics

Robert Gaiser, MD, MSED
Review Committee for Anesthesiology

Susan Guralnick, MD
Transitional Year Review Committee

Laurie Gutmann, MD
Review Committee for Neurology

Marko Jachtorowycz, MD, FACOG, FACS
Ex-Officio
Organization of Program Directors Associations

Rohit K. Katal, MD
Review Committee for Allergy and Immunology

Denece O. Kesler, MD, MPH, FACOEM
Review Committee for Preventive Medicine

Susan E. Kirk, MD
Institutional Review Committee

Kathleen A. Klink, MD, FAAFP
Veterans Health Administration

Jeffrey B. Matthews, MD
Review Committee for Surgery

Theodore W. Parsons III, MD, FACS
Review Committee for Orthopaedic Surgery

Stacy E. Potts, MD
Review Committee for Family Medicine

David W. Pruitt, MD
Review Committee for Physical Medicine and Rehabilitation

John Rhee, MD, MPH, FACS
Review Committee for Otolaryngology

Chad W. M. Ritenour, MD
Review Committee for Urology

Joel S. Schuman, MD
Review Committee for Ophthalmology

Anthony Senagore, MD, MBA, MS, FACS
Review Committee for Colon and Rectal Surgery

Hunter Sharp, DO
Review Committee for Osteopathic Neuromusculoskeletal Medicine

Ann E. Spangler, MD, MS
Review Committee for Radiation Oncology

Erik Stratman, MD
Review Committee for Dermatology

James R. Stubbs, MD, MGP
Review Committee for Pathology

Ara Vaporciyan, MD
Review Committee for Thoracic Surgery

Robert A. Weber Jr., MD
Review Committee for Plastic Surgery
The Back to Bedside initiative continues to grow as awardees work to build connections between residents and their patients. Expanding on prior leadership curricula, the CRCR is creating a leadership training program that will apply to residents at all levels.

**LEADERSHIP FOR ALL RESIDENTS**

The CRCR Leadership Subcommittee had successful presentations at the last two Annual Educational Conferences. At the 2018 conference, development of a longitudinal leadership curriculum was discussed with an expert panel, as well as in small group breakout sessions. Moving forward, the subcommittee plans to revamp the Leadership Curriculum developed in 2012, so it may serve as a blueprint for training programs for resident leadership education. With the help of Maureen Leffler, MD, the CRCR is also developing leadership modules to be used as a pilot for the ACGME’s Leadership Skills Training Programs for Chief Residents next year.

**CREATING A CULTURE OF WELL-BEING AND COMBATTING BURNOUT**

The CRCR Well-Being Subcommittee led a session at the Annual Educational Conference on how programs can navigate the challenges in getting well-being programs off the ground, engage resident participation, and foster interest. Participants worked in small groups to brainstorm how to improve each other’s respective initiatives, and an expert panel provided guidance on how to sustain momentum and navigate logistical difficulties in the age of resource constraints for health systems. The subcommittee’s goals for the upcoming year are to encourage a greater focus on well-being through social media, and to bring together another resident-led panel at the 2019 Annual Educational Conference, which will include experts from other industries in addition to medical professionals.

**TRANSFORMATION THROUGH COLLABORATION**

A Back to Bedside work group was created, including members of the Council of Review Committee Chairs, CRCR, Council of Public Members, and Board of Directors. The group is working with awardees to help bring their projects to fruition. At the 2019 ACGME Annual Educational Conference, the Back to Bedside project teams will be able to attend a pre-conference and present their work with the goal of fostering further leadership development.
COUNCIL OF REVIEW COMMITTEE RESIDENTS

Dinchen Jardine, MD, LCDR
Chair
(Term ended September 2017)

Jared L. Harwood, MD
Vice Chair
(Term ended September 2017)

Kristy Rialon, MD
Co-Chair
(Term began September 2017)

Leonard Stallings, MD
Co-Chair
(Term began September 2017)

Nickalus R. Khan, MD
Vice Chair
(Term began September 2017)

Christian T. Cable, MD, MHPE
Council of Review Committee Chairs Liaison

Helen Haskell, MA
Public Member
Board of Directors

Ferhina S. Ali, MD, MPH
Review Committee for Ophthalmology

Amanda Ashcraft Pannu, MD
Review Committee for Family Medicine

Rose Barham, MD, MS
Institutional Review Committee

Angelique Berens, MD
Review Committee for Otolaryngology

Lyneice Bowen, MD, MEd
Review Committee for Psychiatry

Meghan Brennan, MD, MS
Review Committee for Anesthesiology

Kate J. Buretta, MD
Review Committee for Plastic Surgery

Jessica R. Deslauriers, MD
Review Committee for Internal Medicine

Jeffrey Dewey, MD
Review Committee for Neurology

Ahmed M. El-Sabbagh, MD
Review Committee for Nuclear Medicine

Amin Esfahani, MD, MS
Review Committee for Dermatology

Laura Higginbotham, MD, MPhys
Review Committee for Preventive Medicine

Jordan Hoffman, MD, MPH
Review Committee for Thoracic Surgery

Eugene S. Jang, MD, MS
Review Committee for Orthopaedic Surgery

Sophia Kamran, MD
Review Committee for Radiation Oncology

Anai Kothari, MD, MS
CLER Evaluation Committee

Sandeep Krishnan, MD
AMA Resident Director

Evelyn Lomasney, MD
Review Committee for Allergy and Immunology

Christin M. Giordano McAuliffe, MD
Review Committee for Internal Medicine

Eric N. McDonald, MD
Review Committee for Emergency Medicine

Bridget McIlwvee, DO
Osteopathic Principles Committee

Judy-April Oparaji, MD, RD
Review Committee for Pediatrics

Krishna J. Patel, MD
Review Committee for Radiology

Anne Elizabeth Porter, MD
Review Committee for Obstetrics and Gynecology

Louisa C. Pyle, MD, PhD
Review Committee for Medical Genetics and Genomics

Edward Stanley Shipper III, MD
Review Committee for Surgery

Lakshmana Swamy, MD, MBA
CLER Evaluation Committee

Charles Michael Taylor II, MD, MS
Review Committee for Physical Medicine and Rehabilitation

Laura Warmke, MD
Review Committee for Pathology

Leah Welch, DO
Review Committee for Osteopathic Neuromusculoskeletal Medicine

Mary Elizabeth Westerman, MD
Review Committee for Urology

Joshua Wolf, MD
Review Committee for Colon and Rectal Surgery

Amanda Xi, MD
Review Committee for Transitional Year
The Council of Public Members gives a voice to the public perspective regarding graduate medical education and clinical learning environments by providing input into matters critical to achieving the ACGME’s strategic aims.

CLARIFYING COUNCIL PRIORITIES

This year, the Council defined key elements of its charge by developing a Purpose Statement and outlining the group’s duties and responsibilities. The Evaluation Work Group began defining how to measure success for public members on Review and Recognition Committees, as well as for the Council as a whole.

The Council’s Purpose Statement is:

With the goal of increasing public trust in physician residency and fellowship education to promote high-quality medical care for all, the purposes of the Council are to:

- Advise the Board of Directors from the public perspective, including on strategic and accreditation issues;
- Bring the voice of the public and patients to the ACGME;
- Engage with the public and patient population, as recommended by the ACGME; and,
- Enhance the effectiveness of the public members in their roles as members of the Review or Recognition Committees, the Board of Directors, and other committees and task forces.

DEVELOPING AND INTEGRATING PUBLIC MEMBERS

The Onboarding Work Group developed recommendations to strengthen the process and content of public member orientation and onboarding, and proposed a framework of knowledge, skills, and attitudes for public members to develop to best represent the public voice.

The group also proposed revisions to the public member section of the Review Committee Member Handbook, as well as a draft checklist for new public members. These tools will offer a valuable start to new public members regarding their roles on Review or Recognition Committees, as well as on the Council.

CONTRIBUTING THROUGH COLLECTIVE INPUT

The Council offered the public perspective in a variety of ACGME activities in addition to the Back to Bedside initiative.

The Council provided consensus comments on behalf of the group to the Common Program Requirements, and public members participated in ACGME initiatives and task forces, including Physician Well-Being, Sponsoring Institution 2025, the CLER Program, and Back to Bedside.

The Council of Public Members will continue pursuing opportunities to provide collective input to the ACGME’s strategic initiatives, and to collaborate with the Councils of Review Committee Chairs and Residents.
COUNCIL OF PUBLIC MEMBERS

Betsy Lee, RN, BSN, MSPH
Chair
Institutional Review Committee

Jennifer L. Bosma, PhD
Vice Chair
Review Committee for Radiology

Rosemary Gibson, MSc
Board of Directors

Helen Haskell, MA
Board of Directors

Claudia J. Wyatt-Johnson
Board of Directors

George Anderson, EdD, MBA
Review Committee for Medical Genetics and Genomics

Luther G. Brewster Jr., PhD
Review Committee for Thoracic Surgery

Kathy M. Bridges
Review Committee for Radiation Oncology

Barbara M. Castleberry, PhD, MT (ASCP)
Review Committee for Pathology

William (Cal) Chaney, JD
Review Committee for Emergency Medicine

Timothy Clapper, PhD
Review Committee for Anesthesiology

Marie M. Dotseth, MHA
Review Committee for Preventive Medicine

Barbara C. Grogg, APRN, C-FP
Review Committee for Osteopathic Neumusculoskeletal Medicine

Mary Beth Farrell, MS, CNMT, NCT, RT
Review Committee for Nuclear Medicine

Michael J. Farrell
Review Committee for Plastic Surgery
( Term ended January 10, 2018)

Nancy D. Harada, PhD, PT
Review Committee for Physical Medicine and Rehabilitation

Beverly B. Huckman
Review Committee for Allergy and Immunology

Carmen Hooker Odom
At-Large Member

Jeffrey E. Pettit, PhD
Review Committee for Transitional Year

Lori A. Pray, MBA
Review Committee for Urology

Harry Rosenbluth, MBA
Review Committee for Neurological Surgery

Maj. Gen. (Ret.) David Rubenstein, FACHE
Review Committee for Surgery

Judith S. Shaw, EdD, MPH, RN, FAAP
Review Committee for Pediatrics

Deborah Simpson, PhD
Review Committee for Psychiatry

Alison P. Smith, MPH, BSN, RN
Review Committee for Family Medicine

Jacqueline C. Stocking, RN, MSN, MBA, PhD, NEA-BC
Review Committee for Internal Medicine

James H. Taylor, DMan, MHA, MBA
Review Committee for Orthopaedic Surgery

Mary Theobald, MBA
Review Committee for Dermatology

Bryan D. Walker, MHS, PA-C
Review Committee for Neurology

TRANSFORMATION THROUGH COLLABORATION

The Council engaged with the Council of Review Committee Residents to develop the selection criteria and evaluation rubric for the Back to Bedside initiative. Additionally, four public members served as reviewers and one member was on the selection committee.
2018 ACGME Award Winners

JOHN C. GIENAPP AWARD FOR DISTINGUISHED SERVICE
The John C. Gienapp Award is given to recognize a notable individual dedicated to graduate medical education and who has made outstanding contributions to the enhancement of graduate medical education and ACGME accreditation activities. The ACGME congratulates the 2018 John C. Gienapp Awardee:

Timothy C. Flynn, MD, FACS

PARKER J. PALMER COURAGE TO TEACH AWARD
The Courage to Teach Award honors program directors who find innovative ways to teach residents/fellows and to provide quality health care while remaining connected to the initial impulse to care for others in this environment. The ACGME congratulates the 2018 recipients of the Courage to Teach Award:

Saadia Akhtar, MD
Program Director for Emergency Medicine
Mount Sinai Beth Israel/Ichan School of Medicine
New York, New York

John Del Valle, MD, AGAF, FACP
Program Director for Internal Medicine
University of Michigan
Ann Arbor, Michigan

Benjamin Doolittle, MD, MDiv
Program Director for Internal Medicine/Pediatrics
Yale University
Kensington, Connecticut

Kimberly D. Manning, MD
Program Director for the Transitional Year
Emory University School of Medicine
Atlanta, Georgia

Vishad Nabili, MD
Program Director for Otolaryngology
UCLA David Geffen School of Medicine
Los Angeles, California

Christopher Nagy, MD
Program Director for Anesthesiology
San Antonio Uniformed Services Health Education Consortium
Fort Sam Houston, Texas

Jerry Rushton, MD, MPH
Program Director for Pediatrics
Indiana University School of Medicine
Indianapolis, Indiana

Jamshid Shirani, MD
Program Director for Cardiovascular Disease
St. Luke’s University Health Network
Bethlehem, Pennsylvania

Suzanne K. Woods, MD
Program Director for Internal Medicine/Pediatrics
Duke University Hospital
Durham, North Carolina

PARKER J. PALMER COURAGE TO LEAD AWARD
The Courage to Lead Award honors designated institutional officials (DIOs) who have demonstrated excellence in overseeing residency/fellowship programs at their Sponsoring Institutions. DIOs have authority and responsibility for all graduate medical education programs in a teaching hospital, community hospital, or other type of institution that sponsors such programs. The ACGME congratulates the recipients of the 2018 Courage to Lead Award:

Jerri Curtis, MD
Designated Institutional Official
National Capital Consortium
Bethesda, Maryland

Karen E. Heiser, PhD
Designated Institutional Official
Nationwide Children’s Hospital
Columbus, Ohio

Tsveti Markova, MD, FAAFP
Designated Institutional Official
Wayne State University
School of Medicine
Troy, Michigan

GME INSTITUTIONAL COORDINATOR EXCELLENCE AWARD
The GME Institutional Coordinator Excellence Award honors and recognizes the pivotal position of the institutional coordinator. The ACGME congratulates the 2018 GME Institutional Coordinator Excellence Award recipient:

Michelle Valdez, MA
Naval Medical Center San Diego
San Diego, California
JOINT AWARDS

The ACGME, in partnership with other notable organizations, is proud to honor exceptional work in graduate medical education through the following jointly-sponsored awards:

- The ACGME and Gold Foundation DeWitt C. Baldwin, Jr. Award, in partnership with the Arnold P. Gold Foundation
- The Jeremiah A. Barondess Fellowship in the Clinical Transaction, in partnership with the New York Academy of Medicine

All of these exceptional awardees were honored at the Annual Educational Conference in March 2018.

DAVID C. LEACH AWARD

To honor former ACGME Executive Director David C. Leach, MD (1997-2007) and his contributions to resident education and well-being, the ACGME created this award in 2008. This award is unique in that it acknowledges and honors residents, fellows, and resident/fellow teams and their contributions to graduate medical education. The ACGME congratulates the 2018 recipients of the David C. Leach Award:

Jonathan Lim, MD  
Internal Medicine  
Baylor College of Medicine  
Houston, Texas

Srilakshmi Vallabhaneni, MD  
Internal Medicine  
Medstar Harbor Hospital  
Baltimore, Maryland

Brett Sadowski, MD  
Internal Medicine  
Walter Reed National Military Medical Center  
Bethesda, Maryland

Stella Yoo, MD  
Radiation Oncology  
LAC+USC Medical Center  
Los Angeles, California

GME PROGRAM COORDINATOR EXCELLENCE AWARD

The GME Program Coordinator Excellence Award honors and recognizes the crucial role of the program coordinator in the success of a residency/fellowship program. The ACGME congratulates the recipients of the 2018 GME Program Coordinator Excellence Award:

Denise M. Alton, C-TAGME  
Pediatrics  
University of Michigan  
Ann Arbor, Michigan

Melissa Beckman  
Surgery  
University at Buffalo School of Medicine  
Buffalo, New York

Linda Howell  
Pulmonary and Critical Care Medicine  
Emory University School of Medicine  
Atlanta, Georgia

Theresa Kiefer  
Pediatrics  
National Capital Consortium at Walter Reed National Medical Center  
Bethesda, Maryland

Denise Lesniak, MA, C-TAGME  
Emergency Medicine  
MetroHealth  
Cleveland, Ohio

Lisa Miller, C-TAGME  
Internal Medicine  
University of Michigan  
Ann Arbor, Michigan

THE DEWITT C. BALDWIN JR. AWARD

The DeWitt C. Baldwin Jr. Award is presented to Sponsoring Institutions by the ACGME and the Arnold P. Gold Foundation to recognize institutions with accredited residency/fellowship programs that are exemplary in fostering a respectful, supportive environment for medical education and the delivery of patient care, which leads to the personal and professional development of learners. The ACGME congratulates the recipients of the 2018 DeWitt C. Baldwin Jr. Award:

Excela Health  
Latrobe Hospital  
Latrobe, Pennsylvania

Memorial Hospital of South Bend  
South Bend, Indiana

THE JEREMIAH A. BARONDESS FELLOWSHIP IN THE CLINICAL TRANSACTION

The Jeremiah A. Barondess Fellowship in the Clinical Transaction is presented by the ACGME and the New York Academy of Medicine to enhance the ability of young physicians to conduct the essential elements of the clinical transaction, capacities required for effective clinical care. The ACGME congratulates the 2018 recipient of the Barondess Fellowship:

Bethany Joy Brisbin, MD  
Chief Fellow for Palliative Medicine  
The Ohio State University  
Wexner Medical Center
The ACGME Annual Educational Conference has become one of the largest gatherings of graduate medical educators in the world, bringing together designated institutional officials (DIOs), faculty members, program directors, coordinators, residents, fellows, and others passionate about education and collaboration. The 2018 conference theme, Engaging Each Other: Transformation through Collaboration, spoke to the goals of tuning in and working together, gathering, and initiating growth and change. With those guiding principles, the conference celebrated connections and the positive impact they have on graduate medical education (GME) and the care of patients.

“I’m so proud of our community and our team at the ACGME for what this conference has grown into. This is not as much an ACGME conference as a GME conference,” said Chief of Staff and Senior Vice President, Education Timothy P. Brigham, MDiv, PhD. “The genius is in the community, and we gather each year to share the excellence from this community; to ignite passion for patients and learners; to become energized to teach and learn; to positively transform medical education to benefit and serve the public through education that shapes and supports the physicians in training who will care for patients for the next 40 years.”

With 119 sessions, 57 of which were community-selected, an enormous wealth of knowledge and innovations was shared. Twelve sessions focused on physician well-being, and other sessions of interest addressed faculty and professional development, crisis management, resident remediation, the Milestones, specialty updates, ACGME initiatives, Program Requirements, distance learning, scholarly writing, the CLER Program, and more. Collaboration was highlighted through sessions presented by the Association of Osteopathic Directors of Medical Education (now the Assembly of Osteopathic Graduate Medical Educators), Association of American Medical Colleges, Educational Commission for Foreign Medical Graduates, and the American Board of Medical Specialties. As has been the case in recent years, pre-conferences were held all day Thursday before the main conference for coordinators, program directors, DIOs, and osteopathic programs and institutions transitioning to ACGME accreditation. There were two sessions led by members of the ACGME Council of Review Committee Residents, and five featured sessions: Professional Identity Formation in Graduate Medical Education: Helping Residents to ‘Think, Act, and Feel Like a Physician’; Achieving Health Equity: Tools for a National Campaign against Racism; GME and the Patient Care Dream Team; Milestones Five Years On: Lessons Learned and Practical Approaches to Improve Value; and The 21st-Century Physician: What SI2025 and CLER Are Teaching Us. And 67 exhibitors promoted educational tools and resources in the Exhibit Hall.

The conference welcomed approximately 3,300 attendees, including over 100 international registrants and about 60 percent of DIOs of accredited institutions. Networking opportunities included the Career Corner in the Exhibit Hall; sunrise yoga took place Friday and Saturday mornings; and the CEO Address and Dr. Jordan J. Cohen’s Marvin R. Dunn Keynote, Looking at the Road Ahead through the Rearview Mirror, were highlights.
Another new feature underscoring the Engaging Each Other theme was a Ribbon Wall, from which attendees chose ribbons with personal or professional “community identifiers” (coffee drinker, runner, coordinator, etc.), similar to those attached for staff/awardees/speakers, to add to their own badges. The idea was that people could self-identify, and the ribbons would facilitate connecting with people with similar interests and experiences throughout the conference.

In addition to the growth of the ACGME’s social media presence, noted by the hashtag #ACGME2018 and the scrolling Twitter boards featured prominently in the conference hallways, the Department of Communications piloted a blog in conjunction with the conference. Goals included engaging with both attendees of the conference and those who could not attend; providing greater information about activities at the conference and ACGME initiatives; giving the ACGME a new voice for communicating priorities and perspectives; and testing logistical management of such a communication tool with existing resources to determine if sustaining a blog beyond the pilot is realistic. The pilot launched two weeks prior to the conference with previews of key sessions and anticipated highlights. One to three posts were published each day of the conference, and a few posts per week provided recaps and summaries after the conference ended throughout March.

Discussions are underway to move the blog out of the pilot phase and into production in the near future—stay tuned!
Guided by its mission to improve health care and population health by assessing and advancing the quality of resident physicians’ education through accreditation, the ACGME has strived to not only improve health care for the public, but to integrate the public into the improvement process.

The number of non-physician volunteers working with the ACGME has blossomed from three Public Directors who sit on the ACGME Board of Directors to more than 30 public members in just three years. These volunteers serve as Review and Recognition Committee members, sit on task forces, and participate in other ACGME initiatives, providing unique insight and context that strengthen the accreditation process and hold the organization accountable to the public trust.

“We don’t do anything anymore without public members,” said Chief of Staff and Senior Vice President, Education Dr. Timothy P. Brigham. Every Review and Recognition Committee in the ACGME has a public member or is in the process of recruiting one.

When the public members gathered for their Council of Public Members meeting in May 2018, they listened to a discussion among ACGME leaders about the origins of engaging public perspective at the ACGME, and the value they bring to the organization. Participating in the discussion were Dr. Rowen Zetterman, chair of the ACGME Board; Dr. John Combes, ACGME scholar and former chief medical officer and senior vice president of the American Hospital Association; and Ms. Betsy Lee, Council of Public Members chair and public member of the ACGME’s Institutional Review Committee.

Public directors, who have been part of the ACGME Board for more than a decade, have backgrounds in legislative affairs, consumer advocacy, and patient advocacy, among other knowledge.

“We [deliberately] add a lot of people [who] give us breadth in areas we don’t have represented,” said Zetterman. The public members on Review and Recognition committees and those participating in other ACGME activities also bring a wide range of expertise in areas including administration, public or patient safety, human resources, and finance.
“A lot of boards and organizations like this will have people who are very familiar with what the work of what this organization is and what the processes are, and they will generally move as a group,” added Combes. “The public members offer a diversity of perspective that allows that groupthink to be questioned, that allows the norms to be questioned.”

When they participate in ACGME activities, public members not only look through the lens of ACGME volunteers, but also that of patients, and as holders of the public trust.

“I think [adding public members has] changed the way the committee looks at quality improvement, fatigue mitigation, and population health-related data,” Lee said. “I’m asking more questions about that, and we’re talking more about those domains.”

All three panelists agreed on this point.

“It’s that role of keeping the organization true to the mission and giving voice to the stakeholders, and the public is a stakeholder,” Combes said. “I think that’s a great role.”
Improving physician well-being is a topic of national discussion as residents, fellows, and practicing physicians seek to eliminate burnout and rediscover joy and meaning in work.

The ACGME has been committed to exploring causes of and solutions for physician well-being for as long as the organization has been serving the graduate medical education (GME) community. With an initial focus on research, the ACGME’s Physician Well-Being initiative has expanded in recent years within the work of the organization and through partnerships in the medical community.

In 2017, the ACGME revised Section VI of its Common Program Requirements to address more comprehensively the issue of well-being. The requirements emphasize that psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician.

Ranging from educational videos to toolkits to screening tools, materials are organized in the framework of Section VI of the Common Program Requirements. The page also includes a bibliography of selected articles on physician well-being and links to well-being programs and initiatives led by ACGME partners and other organizations dedicated to this critical issue.

Over the last year, the ACGME participated in several meetings and workshops, including three national meetings with a public session to allow discussion and engagement around well-being in the clinical learning environment. Topics ranged from loneliness in the work environment, diversity and inclusion, causes and effects of burnout, depression and anxiety, and humanism in art. The ultimate goal is to spark a national dialogue regarding the well-being of caregivers in the US, and the impact it has on the ability to fulfill the mission of quality health care service to society.
OTHER ACGME WELL-BEING ACTIVITIES

In May 2017, in an effort to improve well-being by bringing joy and meaning back to work, the Council of Review Committee Residents (see article p. 20) launched Back to Bedside, an initiative to empower residents and fellows to develop transformative projects that help them engage with patients on a deeper level. The ACGME awarded 30 grants to support these projects, and the positive impact is already visible.

For the fourth year in a row, the ACGME shined a spotlight on well-being at the Annual Educational Conference (see article p. 26). This included more than 10 sessions on well-being programs, and an address by ACGME President and CEO Dr. Thomas J. Nasca that raised the issue of resident and physician suicide and the responsibility to tackle this issue head on.

In November 2017, the ACGME brought together more than 150 stakeholders from inside and outside the medical continuum through its third Symposium on Physician Well-Being. And the Journal of Graduate Medical Education (see article p. 16) published approximately 30 articles on well-being in issues published between June 2017 and June 2018.

Also this year, the CLER Program (see article p. 6) released its CLER Pathways to Excellence Version 1.1. In this version, the Focus Area of Duty Hours, Fatigue Management, and Mitigation evolved into Well-Being, addressing four interrelated topics: work/life balance; fatigue; burnout; and support of those at risk of or demonstrating self-harm. This new Focus Area recognizes the important role of clinical learning environments in implementing systems that monitor and support physician well-being.

TRANSFORMATION THROUGH COLLABORATION

One far-reaching partnership in the effort to understand and improve well-being is with the National Academy of Medicine (NAM). The ACGME and the Association of American Medical Colleges (AAMC) joined forces with NAM in 2016 to form the Action Collaborative on Clinician Well-Being and Resilience, a network that now includes 150 organizations dedicated to reversing trends in clinician burnout.
Finding a Standard Within a Flexibility: The Review Committees-International

Holding Standards High

How does an international Review Committee work? Membership is comprised of both international and US medical educators. The “language” of medical educators is a common one, where a shared purpose permeates all decisions. Requirements are reviewed regularly, and public comments from all corners of the globe are considered. The Review Committees-International have allegiance to the patients and residents; no cultural walls can divide this focus.

Occasionally, international standards start de novo. Currently, the ACGME-I is creating the potential for fellowships designed to teach leadership skills in addition to advanced clinical care techniques. This need was identified by international colleagues, as health systems grow in their ability to provide the best care.
ALLOWING FLEXIBILITY

Certain elements of residency education seem to be set in stone. For example, length of a residency program in a particular specialty is a constant in the US, where exceptions are not only rare but also require justification. The era of competency-based education has not yet been fully reached. What if, however, the cultural norm for a full-time work week was 35 hours for all physicians? Or, what if pregnant women refused treatment by any male resident? If autopsies were not permitted? These and many more circumstances challenge (in a very positive way) the Review Committees-International to define requirements that provide essential knowledge to be a “whatever-ologist”, while at the same time respecting important cultural differences.

“Think globally, act locally.”

Others would say that “glocalization” is what is needed for international education of physicians. Respect these global trends in health care, yet provide the flexibility needed locally in order to serve patients.

TRANSFORMATION THROUGH COLLABORATION

The ACGME-I is unique in that it truly depends upon an international group to set standards. The Review Committees-International have addressed needs of particular regions in many disciplines, including family medicine, general surgery, pathology, and psychiatry. With proposed changes, standards will remain high, yet flexibility will allow educators to tailor specific requirements to societal needs.
Hippocrates intuited that a physician had to care for more than a patient, adding the need to train his/her successors as well. Flexner insisted that care must be evidence-based. This “triple threat” of patient care, teaching, and contributions that improve what can be offered is a significant part of the ACGME fabric. International requirements have mirrored these goals in the standards.

Scholarly Activity: Seeking Universal Truth

Under what Core Competency does scholarly activity fall? Might it not underpin all domains? How is the understanding of clinical experience, communications, and systems of care advanced?
A surprise outcome of introducing the ACGME-I standards is that faculty members want to stay. The requirement for scholarly activity has made the job more interesting.

THE VALUE OF SCHOLARLY ACTIVITY

Defining value for scholarly activity has not been a traditional imperative. As the ACGME-I is asked to initiate accreditation services, absence of scholarly activity has been a prevailing deficit. The importance of seeking out improvements, whether through rigorous research or a careful study of outcomes, is stressed. Further, the element of sharing one’s results with others—an essential part of scholarly activity’s definition—is lacking.

This “stick” of requiring scholarly activity creates change: symposia are created; faculty members serve as mentors for resident projects; publications occur. Through this activity, faculty members comment on how their chosen vocation takes on new meaning, and how adopting this spirit of inquiry spills over into patient care and teaching activities.

COMING SOON: JGME INTERNATIONAL SUPPLEMENT

Growth in international scholarly activity has led to a commitment from the Journal of Graduate Medical Education to issue a special international supplement in early 2019. Articles addressing unique aspects of global education will be featured. Submissions from both the US and the global graduate medical education community will accepted through December 2018.

TRANSFORMATION THROUGH COLLABORATION

The primary activity for physicians—caring for patients—has an extra layer when the teaching of resident physicians is added. The ACGME-I requirements set the bar even higher with scholarly activity.
Expanding Our Reach: Honoring Our Colleagues

FIRST INTERNATIONAL AWARDS

The international accreditation movement has been fortunate to have leaders in this process. The inaugural International Awards were given this year to one physician leader and one staff leader.

SERENDIPITY CALLS; OPPORTUNITIES ARISE

Consider the comfort of doing things in one way, only to be told there is a new system that must be adopted. New words, new reporting systems, new responsibilities, new policies must replace old habits, old comforts, and perhaps even the assurance there’s no reason to change.

What leaders are capable of doing is seeing the possibilities; of evolving into a new system and encouraging others to join in the journey. Above all, leaders are capable of seizing the opportunity and being part of a transformation that better serves a mission.

THE VALUE OF PEER RECOGNITION

Regardless of the area of focus, peers who have been singled out by their own hold such an honor dearly. For the inaugural International Awards, nominations were made by peers. A task force of the Review Committees-International vetted nominations. Final selection was made by the Awards Committee of the ACGME Board of Directors.

AND THE WINNERS ARE...

The ACGME-I was thrilled to recognize two outstanding representatives of the transition to ACGME-I accreditation through its first-ever International Awards. They are:

PHYSICIAN AWARD:
Dr. Abdulatif Al Khal
Hamad Medical Corporation
Doha, Qatar

As the designated institutional official, Dr. Al Khal has orchestrated institutional accreditation, as well as accreditation of 19 graduate medical education programs. He is an emeritus Review Committee-International member.

STAFF AWARD:
Ms. Jillian Ang Andrada
Singapore Health Services

Ms. Andrada’s expertise as Institutional Coordinator includes oversight of 23 graduate medical education programs.

CONGRATULATIONS!
Imagine the responsibility of a fundamental change to how one educates residents. Think of the effort that must be made to incorporate new concepts of robust structure, specific responsibilities, and data acquisition. The International Awards were created to honor those who have embraced such change, navigated barriers, and created effective educational teams.

INSTITUTIONS AND MEDICINE-BASED PROGRAMS

James Arrighi, MD
Chair
Warren Alpert Medical School of Brown University
United States

Sophia Archuleta, MD
Vice Chair
National University Health System
Singapore

Maha Al Fahim, MBBCh, Msci
Sheikh Khalifa Medical City
Abu Dhabi

Sally Chi Wei Ho, MBBS
SingHealth
Singapore

Halah Ibrahim, MD, MEHP
NYU Abu Dhabi
Abu Dhabi

Steven Ludwig, MD
Children’s Hospital of Philadelphia
United States

Sandra G.B. Sexson, MD
Medical College of Georgia
United States

David Turner, MD
Duke University School of Medicine
United States

Salah Zeineldine, MD
American University of Beirut
Lebanon

SURGICAL AND HOSPITAL-BASED PROGRAMS

Ken Simons, MD
Chair
Medical College of Wisconsin
United States

Salahddin Gehani, MBChB, MSc
Vice Chair
Hamad Medical Corporation
Qatar

Margaret Blott, MD
Corniche
Abu Dhabi

Ghalib Al Haneedi, MBChB
Hamad Medical Corporation
Qatar

Wallace Carter, MD
New York-Presbyterian Hospital
United States

Jim Hebert, MD
University of Vermont Medical Center – Fletcher Allen Health Care
United States

Roy Kan, MBBS, MMED
National Healthcare Group
Singapore

Llewellyn Lee, MBBS, MMED
National Healthcare Group
Singapore

Kay Vydareny, MD
Emory University School of Medicine
United States
PROGRAMS

Accredited Programs

During 2017-2018, there were 11,214 accredited programs of which 5,016 were specialty programs and 6,198 were subspecialty programs. Additionally, 620 programs were newly accredited during the academic year. This is partly due to 266 programs achieving Initial Accreditation in the transition to a single GME accreditation system and to programs accredited in new ACGME subspecialties. Forty-eight programs closed or voluntarily withdrew their accreditation.

During the 2017-2018 annual review cycle, Review Committees issued 9,491 accreditation decisions. The vast majority of programs (82.5%) did not require an in-depth examination by the Review Committee. The remaining programs were assessed by the Review Committees with or without a site visit. Most programs received a status of Continued Accreditation. A small number, 158 programs (1.7%), were granted a status of Continued Accreditation with Warning or placed on Probationary Accreditation.
INSTITUTIONS

There are 830 institutions that sponsor graduate medical education programs. Sixty-four percent sponsor multiple programs, while 31 percent sponsor a single program. Five percent of Sponsoring Institutions have no accredited programs, the majority representing newly accredited sponsors with programs that have not yet applied for or achieved Initial Accreditation. In the last year, the number of accredited sponsors increased by nine. Sponsoring Institutions use 6,575 participating sites to teach residents and fellows.

UPDATE: THE TRANSITION TO A SINGLE GME ACCREDITATION SYSTEM

The third year of the transition to a single accreditation system for American graduate medical education was marked by a continued increase in the number of programs applying for and achieving ACGME accreditation. The number of programs previously approved by the American Osteopathic Association that have achieved ACGME accreditation has doubled in less than a year.

The success of this transition is also reflected through the growth of Osteopathic Recognition of ACGME-accredited programs. Programs in primary care specialties (family medicine, internal medicine, obstetrics and gynecology, and pediatrics) were some of the first programs to pursue Osteopathic Recognition, but to date, the number of non-primary care specialty programs (allergy and immunology, anesthesiology, dermatology, emergency medicine, physical medicine and rehabilitation, psychiatry, radiology, surgery, and the transitional year) applying for and achieving Osteopathic Recognition is rising.
RESIDENTS

Active Residents

There are 135,326 active residents and fellows in 11,214 programs. This is an increase of 5,606 from last year, including 2,643 residents active in the 266 newly accredited programs previously approved by the American Osteopathic Association.

Active Residents by Medical School Type

Of the 135,326 active residents and fellows in ACGME-accredited programs during Academic Year 2017-2018, the majority, at 62 percent, graduated from Liaison Committee on Medical Education (LCME)-accredited medical schools in the US. International medical school graduates make up 23.7 percent, while 14.2 percent are graduates of osteopathic medical schools.

Active Residents

<table>
<thead>
<tr>
<th>Year</th>
<th>Residents/Fellows</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013-2014</td>
<td>120,108</td>
</tr>
<tr>
<td>2014-2015</td>
<td>121,599</td>
</tr>
<tr>
<td>2015-2016</td>
<td>124,409</td>
</tr>
<tr>
<td>2016-2017</td>
<td>129,720</td>
</tr>
<tr>
<td>2017-2018</td>
<td>135,326</td>
</tr>
</tbody>
</table>

Number of Residents in Pipeline Programs that lead to Initial Board Certification (minus Residents in the Preliminary Year)

<table>
<thead>
<tr>
<th>Year</th>
<th>Count of Residents/Fellows</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013-2014</td>
<td>27,004</td>
</tr>
<tr>
<td>2014-2015</td>
<td>27,534</td>
</tr>
<tr>
<td>2015-2016</td>
<td>28,456</td>
</tr>
<tr>
<td>2016-2017</td>
<td>29,826</td>
</tr>
<tr>
<td>2017-2018</td>
<td>31,355</td>
</tr>
</tbody>
</table>

Number of Fellows in Fellowship Programs

<table>
<thead>
<tr>
<th>Year</th>
<th>Count of Residents/Fellows</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013-2014</td>
<td>21,894</td>
</tr>
<tr>
<td>2014-2015</td>
<td>22,099</td>
</tr>
<tr>
<td>2015-2016</td>
<td>22,571</td>
</tr>
<tr>
<td>2016-2017</td>
<td>23,313</td>
</tr>
<tr>
<td>2017-2018</td>
<td>24,184</td>
</tr>
</tbody>
</table>

Number of Residents in Preliminary Positions and Transitional Year Programs

<table>
<thead>
<tr>
<th>Year</th>
<th>Count of Residents/Fellows</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013-2014</td>
<td>5,152</td>
</tr>
<tr>
<td>2014-2015</td>
<td>4,977</td>
</tr>
<tr>
<td>2015-2016</td>
<td>5,004</td>
</tr>
<tr>
<td>2016-2017</td>
<td>5,049</td>
</tr>
<tr>
<td>2017-2018</td>
<td>5,259</td>
</tr>
</tbody>
</table>

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

Medical School Type

<table>
<thead>
<tr>
<th>Medical School Type</th>
<th>Count of Residents/Fellows</th>
</tr>
</thead>
<tbody>
<tr>
<td>US LCME-accredited Medical School</td>
<td>83,923</td>
</tr>
<tr>
<td>International Medical School</td>
<td>32,040</td>
</tr>
<tr>
<td>Osteopathic Medical School</td>
<td>19,205</td>
</tr>
<tr>
<td>Canadian Medical School</td>
<td>157</td>
</tr>
<tr>
<td>Medical School Unknown</td>
<td>1</td>
</tr>
</tbody>
</table>

Note: Additional data and further details are provided in the ACGME’s Graduate Medical Education Data Resource Book, which can be found on the ACGME website.
During 2017, total operating revenue amounted to $58.8 million. Of this, the ACGME generated $56.2 million and the ACGME-I generated $2.6 million. Consolidated operating revenue comes primarily from annual fees charged to programs accredited during the academic year, accounting for 84.3 percent of total income. Applications for new programs accounted for 8.5 percent of total revenue, with conferences and workshops accounting for 6.7 percent.

Note: The ACGME’s fiscal year runs from January 1-December 31. These figures represent audited results from Fiscal Year 2017.
During 2017, total operating expenses amounted to $58.0 million.

The ACGME incurred $55.4 million, while the ACGME-I incurred $2.6 million in operating expenses. Salary and benefits, as well as travel and meeting costs, make up approximately 70 percent of the ACGME’s annual expenses.

During 2017, other income amounted to $1.6 million, largely due to investment income.

### 2017 Operating Expenses

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td>$34,342,833</td>
<td>59.2%</td>
</tr>
<tr>
<td>Facilities</td>
<td>$9,950,789</td>
<td>17.2%</td>
</tr>
<tr>
<td>Travel</td>
<td>$5,478,444</td>
<td>9.4%</td>
</tr>
<tr>
<td>Outside Services</td>
<td>$4,000,456</td>
<td>6.9%</td>
</tr>
<tr>
<td>Conferences and Workshops</td>
<td>$2,697,298</td>
<td>4.6%</td>
</tr>
<tr>
<td>Meetings</td>
<td>$789,564</td>
<td>1.4%</td>
</tr>
<tr>
<td>Other Expense</td>
<td>$767,805</td>
<td>1.3%</td>
</tr>
<tr>
<td><strong>TOTAL EXPENSES</strong></td>
<td><strong>$58,027,189</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

### Summary of Results

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenues</td>
<td>$58,813,974</td>
</tr>
<tr>
<td>Operating Expenses</td>
<td>$58,027,189</td>
</tr>
<tr>
<td>NET EARNINGS FROM OPERATIONS</td>
<td><strong>$786,785</strong></td>
</tr>
<tr>
<td>Other Income</td>
<td>$1,607,289</td>
</tr>
<tr>
<td>NET INCOME</td>
<td><strong>$2,394,074</strong></td>
</tr>
</tbody>
</table>
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<table>
<thead>
<tr>
<th>Committee</th>
<th>Specialized Areas</th>
<th>Appointing Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy and Immunology</td>
<td>Addiction Medicine, Adult Cardiopulmonary Medicine, Asthma Medicine, Critical Care Medicine, Clinical Informatics, Hospice and Palliative Medicine</td>
<td>American Academy of Allergy, Asthma and Immunology, American Board of Allergy and Immunology, American College of Allergy, Asthma and Immunology</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>Addiction Medicine, Adult Cardiopulmonary Medicine, Critical Care Medicine, Clinical Informatics, Hospice and Palliative Medicine, Pain Medicine, Pediatric Anesthesiology, Regional Anesthesiology and Acute Pain Medicine</td>
<td>American Board of Anesthesiology, American Osteopathic Association, American Society of Anesthesiology</td>
</tr>
<tr>
<td>Colon and Rectal Surgery</td>
<td>Dermatopathology, Microscopic Surgery and Dermatologic Oncology</td>
<td>American Board of Colon and Rectal Surgery, American College of Surgeons</td>
</tr>
<tr>
<td>Dermatology</td>
<td>Addiction Medicine, Clinical Informatics, Emergency Medical Services, Medical Toxicology</td>
<td>American Board of Dermatology, American Osteopathic Association</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>Addiction Medicine, Clinical Informatics, Emergency Medical Services, Medical Toxicology, Pediatric Emergency Medicine, Sports Medicine, Undersea and Hyperbaric Medicine</td>
<td>American Board of Emergency Medicine, American College of Emergency Physicians, American Osteopathic Association</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>Addiction Medicine, Clinical Informatics, Geriatric Medicine, Hospice and Palliative Medicine, Sports Medicine</td>
<td>American Academy of Family Physicians, American Board of Family Medicine, American Osteopathic Association</td>
</tr>
<tr>
<td>Institutional</td>
<td>Addiction Medicine, Adult Congenital Heart Disease, Advanced Heart Failure and Transplant Cardiology, Cardiovascular Disease, Clinical Cardiac Electrophysiology, Critical Care Medicine, Endocrinology, Diabetes, and Metabolism, Gastroenterology, Geriatric Medicine, Hematology, Hematology and Medical Oncology</td>
<td>American Board of Internal Medicine, American College of Physicians, American Osteopathic Association</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Genetics and Genomics</td>
<td>Clinical Informatics, Medical Biochemical Genetics, Molecular Genetic Pathology</td>
<td>American Board of Medical Genetics, American College of Medical Genetics</td>
</tr>
<tr>
<td>Neurological Surgery</td>
<td>Endovascular Surgical Neuroradiology</td>
<td>American Board of Neurological Surgery, American College of Surgeons, American Osteopathic Association</td>
</tr>
<tr>
<td>Neurology</td>
<td>Brain Injury Medicine, Child Neurology, Clinical Neurophysiology, Endovascular Surgical Neuroradiology, Epilepsy, Neurodevelopmental Disabilities, Neuromuscular Medicine, Pain Medicine, Sleep Medicine, Vascular Neurology</td>
<td>American Academy of Neurology, American Board of Psychiatry and Neurology, American Osteopathic Association, Child Neurology Society</td>
</tr>
<tr>
<td>Nuclear Medicine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obstetrics and Gynecology</td>
<td>Addiction Medicine, Female Pelvic Medicine and Reconstructive Surgery, Gynecologic Oncology, Maternal-Fetal Medicine, Reproductive Endocrinology and Infertility</td>
<td>American Board of Obstetrics and Gynecology, American College of Obstetricians and Gynecologists, American Osteopathic Association</td>
</tr>
<tr>
<td>Osteopathic Neuromusculoskeletal Medicine</td>
<td></td>
<td>ACGME Board of Directors, American Osteopathic Association</td>
</tr>
<tr>
<td>Committee</td>
<td>Specialized Areas</td>
<td>Appointing Organizations</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>--------------------------------------------------------</td>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>Osteopathic Principles (Osteopathic Recognition)</td>
<td>Neurology, Pediatric Otolaryngology</td>
<td>ACGME Board of Directors, American Osteopathic Association</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>Blood Banking/Transfusion Medicine, Chemical Pathology, Clinical Informatics, Cytopathology, Dermatopathology, Forensic Pathology</td>
<td>American Board of Otolaryngology, American College of Surgeons, American Osteopathic Association</td>
</tr>
<tr>
<td>Pathology</td>
<td>Otolaryngology, Otorhinolaryngology, Neurotology, Pediatric Otolaryngology</td>
<td>American Board of Pathology, Association of Pathology Chairs</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>Addiction Medicine, Adolescent Medicine, Child Abuse Pediatrics, Clinical Informatics, Developmental-Behavioral Pediatrics, Hospice and Palliative Medicine, Internal Medicine-Pediatrics, Neonatal-Perinatal Medicine, Pediatric Cardiology, Pediatric Critical Care Medicine, Pediatric Emergency Medicine</td>
<td>American Academy of Pediatrics, American Board of Pediatrics, American Osteopathic Association</td>
</tr>
<tr>
<td>Physical Medicine and Rehabilitation</td>
<td>Brain Injury Medicine, Neuromuscular Medicine, Pain Medicine</td>
<td>American Academy of Physical Medicine and Rehabilitation, American Board of Physical Medicine and Rehabilitation, American Osteopathic Association, American Board of Plastic Surgery, American College of Surgeons, American Osteopathic Association</td>
</tr>
<tr>
<td>Plastic Surgery</td>
<td>Craniofacial Surgery</td>
<td>American Board of Preventive Medicine, American Osteopathic Association</td>
</tr>
<tr>
<td>Preventive Medicine</td>
<td>Addiction Medicine, Clinical Informatics, Medical Toxicology</td>
<td>American Board of Preventive Medicine, American Osteopathic Association</td>
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<tr>
<td>Psychiatry</td>
<td>Addiction Medicine, Addiction Psychiatry, Brain Injury Medicine, Child and Adolescent Psychiatry, Forensic Psychiatry</td>
<td>American Board of Psychiatry and Neurology, American Osteopathic Association, American Psychiatric Association</td>
</tr>
<tr>
<td>Radiation Oncology</td>
<td>Hospice and Palliative Medicine</td>
<td>American Board of Radiology, American College of Radiology</td>
</tr>
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<td>Radiology</td>
<td>Abdominal Radiology, Clinical Informatics, Endovascular Surgical Neuroradiology, Interventional Radiology, Musculoskeletal Radiology</td>
<td>American Board of Radiology, American College of Radiology, American Osteopathic Association</td>
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<td>Surgery</td>
<td>Complex General Surgical Oncology, Hand Surgery, Pediatric Surgery</td>
<td>American Board of Surgery, American College of Surgeons, American Osteopathic Association</td>
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<td>Thoracic Surgery</td>
<td>Congenital Cardiac Surgery</td>
<td>American Board of Thoracic Surgery, American College of Surgeons</td>
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<td>Transitional Year</td>
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<td>ACGME Board of Directors, American Osteopathic Association</td>
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<tr>
<td>Urology</td>
<td>Female Pelvic Medicine and Reconstructive Surgery, Pediatric Urology</td>
<td>American Board of Urology, American College of Surgeons, American Osteopathic Association</td>
</tr>
</tbody>
</table>

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St. Jude Children’s Research Hospital  

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Karen E. Adams, MD  
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University of Chicago  

Sandra Carson, MD  
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