

Accreditation Council for Graduate Medical Education

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2005-2006 Annual Report

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We are the ACGME

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

OUR VISION

OUR MISSION

Exemplary accreditation

OUR VALUES

Accountability

Processes and results that are: Open and transparent Responsive to the educational community and the health of the public Reliable, valid and consistent

Excellence

Accreditation that is: Efficient and effective Outcomes-based Improvement-oriented Innovative

Professionalism

Actions that are: Respectful and collaborative Responsive Ethical Fair



cademic year 2005–2006 has been an important year for the ACGME. We celebrated our 25th anniversary with a memorable dinner and dance in a wonderful setting, the Navy Pier in Chicago. This happy event brought together not only current volunteers but many friends and leaders who have given generously of their time over many years in an effort to improve medical education in our country, through their work for the review committees and the ACGME. It was a wonderful evening and we were all appreciative of the planning and good work of Linda Gordon and her staff committee that planned the event.

Many ACGME initiatives converged this year and a threat to the organization was lifted: In early June, the U.S. Court of Appeals for the District of Columbia upheld the U.S. District Court's August 2004 finding in the Jung lawsuit in favor of the defendants, which included the ACGME. Our extensive self-assessment of the prior two years has provided us with an updated set of mission, vision, and values; and, most importantly, with a strategic plan which includes our four strategic objectives that will guide the organization and focus its efforts in the coming years: "Fostering innovation and improvement in the learning environment; enhancing the accreditation emphasis on educational outcomes; reducing burden and simplifying the accreditation process; and improving communication and collaboration with key stakeholders." During the past year, and in accordance with these strategic objectives, the Council of Review Committee Chairs, chaired by Dr. David Osguthorpe; the Institutional Review Committee, chaired by Dr. H. Worth Parker; and the ACGME's review committees' staff, under the leadership of Dr. Jeanne Heard, have worked hard towards reconciling common program requirements with institutional requirements and specialty program requirements; and towards standardizing program requirements to the extent possible.

Certainly, this seems a good time for the ACGME to undertake a thorough internal review of its entire structure and function, in light of our new mission/vision/values and strategic plan.

In addition, the Committee on Innovation in the Learning Environment (CILE), chaired by Dr. Wm. James Howard, has collected a great deal of information on what constitutes – or contributes to – a good learning environment, and has made plans for a September 2006 Design Conference which will attempt to integrate all available data into a model of the optimal learning environment. Of course, several review committees are continuing their pilot programs which are designed to both foster innovation and reduce lengthy and – at times repetitive – documentation requirements.

So, what is next for the organization? Over the past twenty five years the ACGME has grown considerably and has incorporated, but its basic structure and relationship to the review committees has changed very little. Certainly, this seems a good time for the ACGME to undertake a thorough internal review of its entire structure and function, in light of our new mission/vision/values and strategic plan.

Towards that end, I want to thank Mr. David Jaffe, ACGME Director, for chairing a committee which will consider and recommend to the Board a process and steps for undertaking such a review. Also, although the Board has consistently upheld its position of accrediting only GME programs physically located within the United States, the number of requests for the ACGME to assist in the development of international GME accreditation standards has increasingly highlighted a need for the organization to explore what international role, if any, it might appropriately consider; and what contributions, if any, it might be able to make to the international GME community. I am grateful to Mr. Michael Klowden, public member of the board, for agreeing to chair a committee which has been charged with exploring this issue and making recommendations to the Board.

This is my last year of seven that I have served on the ACGME Board and I want to acknowledge what a great privilege it has been to be associated with this remarkable organization and, most recently, to serve as Board chair. The ACGME brings together professionals of widely different backgrounds and makes it possible for all of us to work together towards a common good: improving resident education and ultimately the quality of health care in our country. As with any organization, it is ultimately the quality of the people – for us, both the volunteers and the staff – that counts, and the ACGME has been blessed in both areas. Our review committee executive directors deserve special recognition for their consistently outstanding work, and I want to particularly acknowledge the superb contributions of Dr. Doris Stoll who will be retiring at the end of this year, after 17 highly productive years with the ACGME.

It is difficult for me to find the proper words to adequately thank our executive director, Dr. David Leach, for his efforts, leadership and wisdom. His high standards, generosity of spirit and commitment to what is best, and authentic not only in medical education but in medical educators, helps bring out the best in all of us! Finally, to Dr. William Hartmann, who will replace me as ACGME Chair, to my volunteer colleagues on the Board and on the review committees, and to the entire ACGME staff, I want to say that it has been a truly humbling but profoundly rewarding experience to work with each one of you. I will miss our work together, but can say farewell knowing that accreditation standards for graduate medical education in our country could not be in better hands. Thank you!

Emmanuel G. Caesmath

Emmanuel G. Cassimatis, MD Chair Accreditation Council for Graduate Medical Education



he ACGME turned twenty-five in 2006; it used the year to clarify its mission, vision, and values and to establish strategic priorities for the next phase of its evolution. Organizations, like people, are judged by both fidelity and effectiveness, fidelity to values and effectiveness in operations. Our values: accountability, excellence and professionalism guide our behaviors and our vision: exemplary accreditation sets the bar for our operations.

Last year the ACGME completed an extensive self-assessment with input from the forty-four organizations that nominate members of the review committees, as well as from our member organizations, program directors, residents, designated institutional officials (DIOs), and the public. Many things, in the view of our constituents, are done well and yet we also have abundant opportunity to improve. Since then we developed and finalized a strategic plan and clarified four strategic priorities, priorities that we think will improve our work. They include: fostering innovation and improvement in the learning environment; increasing the accreditation emphasis on educational outcomes; increasing efficiency and reducing the burden of accreditation; and improving communication and collaboration with key internal and external stakeholders. These four priorities will guide our decisions for the next few years.

It is our plan to become the best accrediting body in the world. We have a lot of work to do. The four priorities enable experimenting with different models of accreditation, models that can encourage better graduate medical education and foster better accreditation. Several pilots are already underway and more will follow. The purpose, principles, priorities, and people are right; needed are thoughtful improvements and clarifying conversations with the broader community to study their effects. That is the work of the coming year.

The ACGME was formed in 1981 replacing an especially cumbersome apparatus in which residency review committees submitted their accreditation decisions to the Liaison Committee on Graduate Medical Education (LCGME), which in turn submitted its deliberations to a Coordinating Committee on Medical Education (a parent organization for the Liaison Committee for Medical Education, LCGME and Liaison Committee for Continuing Medical Education). The task before the then newly-formed ACGME was to coordinate the different procedures used by residency review committees for site visits, types of information gathered, standards, and habits of review. This work is not yet done.

Review committees are different by definition; and yet coherence for the whole emerges when these small groups of experts are both faithful to common purpose and principles and adapt intelligently to the educational needs of their particular specialty. Their expertise establishes definitive standards for the 120 different specialties and subspecialties that ACGME accredits. Achieving coherence for all GME, across the various specialties is important for institutions and for society: it is the hallmark of an authentic profession.

The real work of GME is, of course, done by program directors, faculty, and the residents themselves. We cannot thank them enough for the energy and thoughtfulness put into the work. Each year ACGME recognizes ten program directors with the Parker J. Palmer Courage to Teach Award. We have now had over 500 nominations

for this award. It is difficult to be a program director; it does take courage, dedication, and a deep commitment to the formation of young people. The future of the profession is in the hands of these under-recognized heroes and heroines. This award is a good thing. Some of the stories appear later in this annual report.

Dr. David Glass received the John C. Gienapp Award this year. This award was established to acknowledge outstanding service to the ACGME and the graduate medical education community. Dr. Glass has served the graduate medical education community as a member and chair of the Residency Review Committee for Anesthesiology and as an active member of the ACGME Board. His intelligence, practical wisdom, and good humor are gifts for all of us. He can take the very complicated and render it simple in minutes, going right to the heart of the issue. He sees organizational issues as clearly as clinicians see clinical issues. He is also an outstanding and dedicated clinician and teacher.

The four priorities enable experimenting with different models of accreditation, models that can encourage better graduate medical education and foster better accreditation.

This winter the ACGME will release a monograph on the chief resident. The difference between a first year and chief resident is breathtaking. No other time in a professional's life is the learning curve as steep. Chief residents are good doctors.

The ACGME convenes communities of people who take GME seriously. Board members and review committee members are all volunteers. Together they give untold hours of their time and best thinking – something in excess of 40,000 hours per year. They safeguard the values and standards of the profession. Through accreditation they improve the formation of residents and the care of patients. Thank you.

Jan OC Leach me

David C. Leach, MD Executive Director Accreditation Council for Graduate Medical Education

he ACGME is a data-driven organization. The organization gathers and analyzes data to assess programs and institutions. These data also illustrate the scope of the ACGME's work in accrediting programs. The statistics on these pages highlight the work of the dedicated field surveyors, volunteer review committee members, and ACGME staff who are carrying out the ACGME's mission to improve the quality of health care by assessing and advancing the quality of resident physicians' education. The numbers, charts, and graphs on these pages show the breadth and depth of the ACGME's accreditation activities from July 1, 2005 to June 30, 2006.

Programs

8,186 ACGME-accredited residency programs

3,936 core specialty programs

4,250 subspecialty programs

5,019 programs appeared on residency review committee agendas during the academic year

262 programs were newly accredited

17% in core specialties

83% in subspecialties

8,186 ACGME-accredited residency programs

4 new subspecialties were recognized – congenital cardiac surgery, adult cardiothoracic anesthesiology, transplant hepatology, and hospice and palliative care

13.2% of programs (1,081) had new program directors – 14.8% of core programs and 11.7% of subspecialty programs

1,122 of the programs reviewed received full or continued full accreditation

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

262 newly accredited programs

697 sponsoring institutions

RRCs proposed adverse actions for 8.9% of programs reviewed

33.1% of proposed adverse actions were sustained

64% of proposed adverse actions were rescinded

76 programs received accreditation with warning

45 programs were placed on probation

The ACGME heard 3 appeals; all were sustained

57 programs voluntarily withdrew accreditation effective during academic year 2005–06

12 programs had their accreditation withdrawn by the ACGME, effective during academic year 2005–06

Residents

103,367 residents were enrolled in ACGME-accredited programs

87,307 in core specialty programs

16,060 in subspecialty programs

Site Visits

Field staff conducted 1,999 site visits

Specialist site visitors conducted an additional 82 site visits

Sponsoring Institutions

697 sponsoring institutions

376 sponsoring institutions sponsor multiple programs and are reviewed by the Institutional Review Committee

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

421 were teaching or general hospitals

79 were LCME-accredited medical schools

2,610 institutions participate in resident training (residents spend at least one month in rotation there)

16.8% of institutions had new designated institutions officials (DIOs)

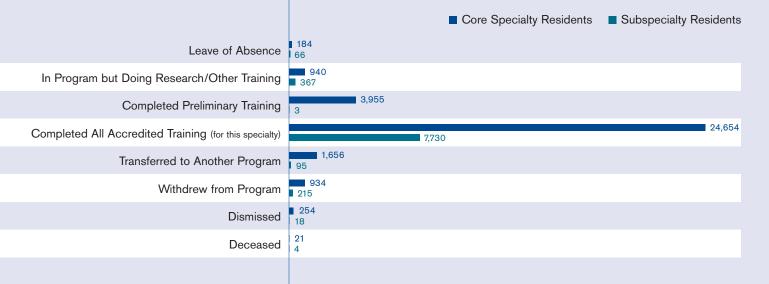
5,019 programs appeared on RRC agendas

Resident Physicians by Type of Medical School (2005-2006) Core Specialty Residents Subspecialty Residents 46 57 US Non-Accredited Medical School 9,814 US LCME-Accredited Medical School 58,350 764 Osteopathic Medical School 5.805 5,328 International Medical School 22,821 108 Canadian Medical School 274

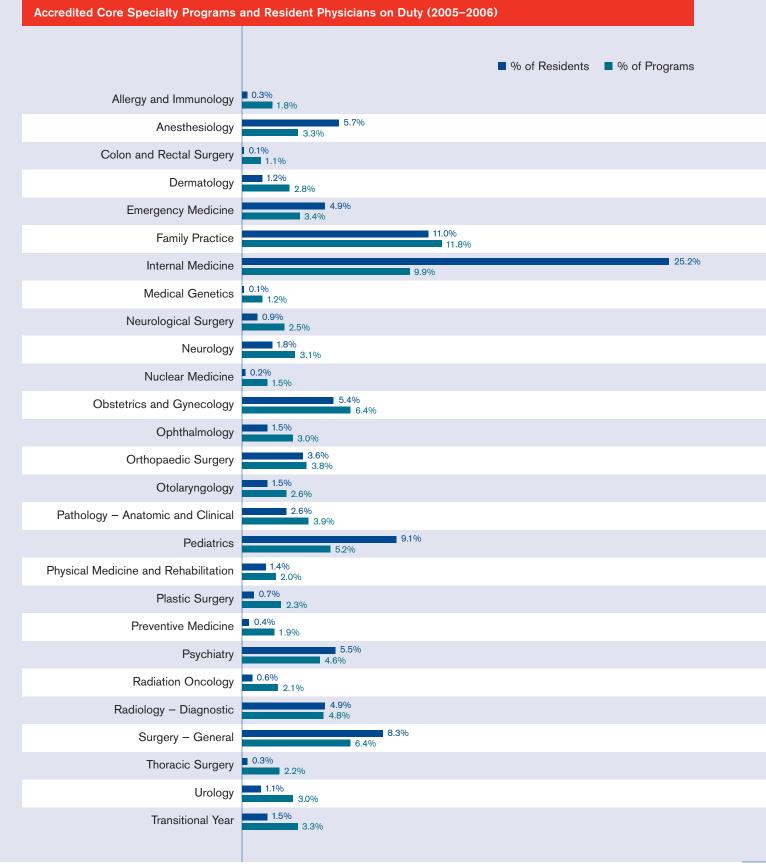
Status of Resident Physicians in Accredited Graduate Medical Education

Confirmed Status of Residents

During 2005-2006	Full-time	Part-time	Total	
Core Specialty Programs	87,114	193	87,307	84.46%
Subspecialty Programs	15,986	74	16,060	15.54%

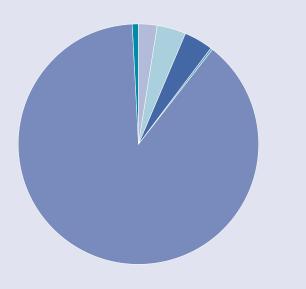


For the statuses "Completed Preliminary Training", "Completed All Accredited Training", "Transferred", "Withdrew", "Dismissed", and "Deceased", the resident left or completed the program between 9/1/2004 and 8/31/2005. All other statuses reflect the academic year (7/1/2005 through 6/30/2006).



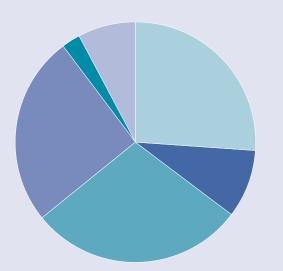
he ACGME's fiscal year runs from January 1 to December 31. The 2005 revenue came primarily from annual fees charged to all programs accredited during the academic year 2004–2005. Programs with more than four residents are charged \$3,500 annually and programs with fewer than five residents are charged \$2,750. 2005 marked the first year since 2000 that the fees have increased. The ACGME commits to keeping these fees stable for a minimum of three years. ACGME reserves, defined as cash and investments, totaled \$21.6 million, equivalent to ten months of operating expenses, at year end.

Revenues



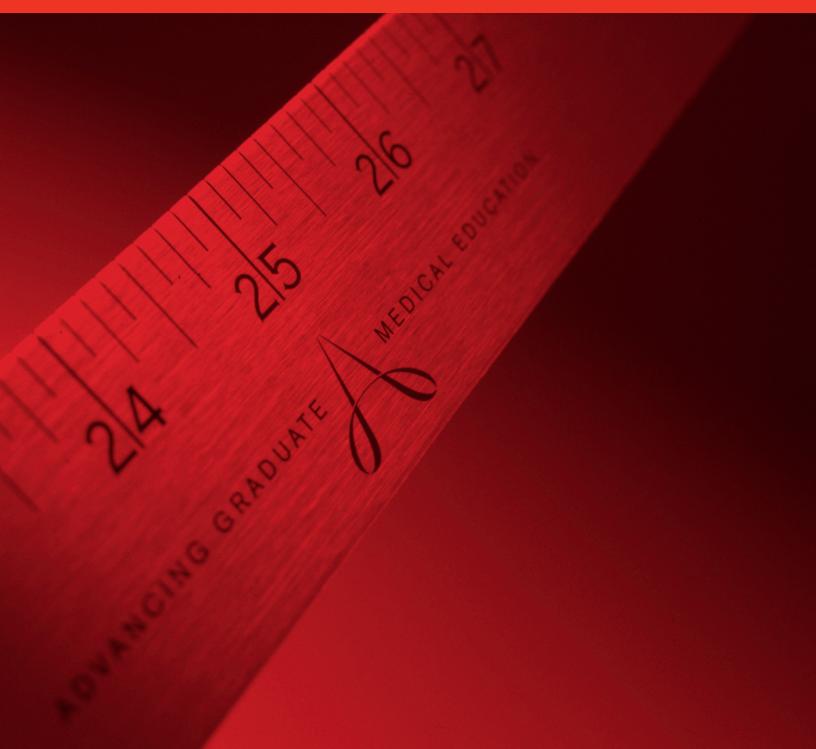
Inve	stment Revenue	\$	738,133	2.59%
Wor	kshops & Miscellaneous Income	-	1,097,349	3.85%
• Арр	lication Fees	-	1,118,000	3.93%
Gra	nts (not visible in chart)		39,542	0.14%
• Арр	eals Fees		85,543	0.34%
Ann	ual Program Accreditation Fees	25	5,147,247	88.29%
Ren [®]	t Revenue		223,281	0.78%
One	Time Income Proceeds (not visible in c	hart)	33,071	0.12%
Tota	ı	\$28	3,482,166	100.00%

Expenses



Administration & Research	\$ 6,145,266	26.29%
Rent & Contracted Support Services	2,117,461	9.06%
RRC Activities	6,776,665	28.99%
Field Staff Activities	5,933,818	25.39%
Appeals & Legal Services	633,694	2.71%
ACGME Activities	1,766,448	7.56%
Total	\$23,373,352	100.00%

Year in Review



n the 2005-2006 academic year, the Council of Review Committee Chairs (CRCC) was very busy. The council includes the chairs of 27 residency review committees (RRCs), the Institutional Review Committee (IRC) and the chair of the Council of Review Committee Residents, plus a representative from the Organization of Program Director Associations and the Royal College of Physicians and Surgeons of Canada. The CRCC continued to work on closely integrating processes among review committees (RCs) and to pare accreditation standards and associated paperwork required of program directors and designated institutional officials. Review committees have reviewed or will shortly review their specialtyspecific requirements and a list of the most commonly applied citations, with the goal of eliminating non-critical or rarely used requirements. The ACGME formed an ad hoc Reconciliation Committee composed of CRCC members and ACGME staff to examine the Common Program Requirements and the Institutional Requirements. The goal is to eliminate duplication which should further the ACGME's plan to reduce by 30 percent the paperwork burden on institutions and residency programs. In addition, the review committees have adopted a standardized set of notification letters to improve communication with programs and sponsoring institutions.

To maintain the quality of review committees, all new nominees to review committees from their recommending organizations (specialty board, the American Medical Association's Council on Medical Education, and often a specialty college, academy or association) are now formally reviewed by the review committees, and their comments regarding qualifications are considered by the ACGME Board before confirmation. New review committee members are also evaluated two years into their first appointment cycle by their review committee colleagues and the executive director. Praise or counseling is offered where needed, and withholding a reappointment can be suggested.

The goal is to eliminate duplication and the unnecessary, which should further the ACGME's plan to reduce by 30 percent the paperwork burden on institutions and training programs.

> The mini-retreat at the February meeting sought to identify the components of an ideal resident portfolio, which depending on the specialty, can include the 360degree evaluations, in-service training scores, publications and research projects, and procedural logs. A possible addition could be an evaluation of resident performance on index procedures; that is, procedures deemed representative of a specialty. This could be 10–20 procedures subject to careful evaluation and comment by a program director. The American Board of Medical Specialties is supportive of the portfolio approach and would be interested in acquiring information on residents for initial certification. Online, data collected from residents and their faculty would be convenient

and confidential. The Resident Review Committee for Urology has a pilot project that uses a modified version of the ACGME's Web-based, case log system in just this way.

Integral to the ACGME's June retreat on exemplary accreditation is a number of ACGME-sanctioned review committee pilot projects, such as those in emergency medicine and internal medicine. These RRCs have awarded review cycle lengths of up to 10 years for a subset of their best residency programs, with a charge to continue to improve and innovate residency education as manifested in yearly progress reports. This approach could be extended to selected institutions and a larger percentage of residency programs.

The portfolio approach and the nurturing of programs with excellence in education should facilitate competence based education, with verifiable performance expectations and possibly variability in individual length of residency education based on their achieving specified benchmarks. A pilot project between an RRC and its board may occur in the next five years to explore variable residency education length based on demonstrated competency.

I'd like to close this second and final year as CRCC Chair by thanking my vice-chair Henry Schultz, MD, and Jeanne Heard, MD, PhD, William Rodak, PhD, Debra Dooley, Doris Stoll, PhD, and all the review committee executive directors for their support, without which the review committees could not function. The support and patience exhibited by the ACGME Board and senior administration was gratifying. It has been an honor serving.

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

GME HISTORY

1889

Johns Hopkins Hospital opens and offers the first residency program in the United States.

1914

The American Medical Association's Council on Medical Education and Hospitals publishes a list of hospitals approved for physician internships.

1928

The American Medical publishes "Essentials of Approved Residencies and Fellowships." he Council of Review Committee Residents is composed of the resident members of the ACGME's 28 review committees. These residents, representing a geographically diverse group and drawn from the various medical specialties and subspecialties, participate fully in the review committees deliberations on programs and institutions.

The chair of the council serves on the ACGME Board of Directors, along with a second resident representative appointed by the American Medical Association's Resident and Fellow Section. The resident council meets twice a year in Chicago, to coincide with the major meetings of the ACGME committees and Board of Directors. The council serves as a sounding board to the various committees within the ACGME, thereby providing residents with a direct voice in policymaking. In addition, the council allows collaboration and crosstalk between residents of various specialties.

During the past year, the Council of Review Committee Residents has focused on improving communication between residents and the ACGME.

> During the past year, the Council of Review Committee Residents has focused on improving communication between residents and the ACGME. This has included aiding in the production of call room posters to increase the awareness of the ACGME among residents nationwide. In addition, the council has been intimately involved in giving key input into the ACGME learning portfolio project. The council is also planning on working with the ACGME to produce a video to raise the profile of the ACGME within residency programs. In addition, the council has been a valuable source of insight for members of the ACGME's Committee on Innovation and the Learning Environment. In the coming year, the Resident Council plans to increase awareness of the important roles residents play in the accreditation process and continue to increase the participation in ACGME policymaking.

Written by V. Seenu Reddy, MD, MBA, Chair, Council of Review Committee Residents

cademic year 2005–2006 was a milestone year for the Institutional Review Committee (IRC). In the ACGME Bylaws, Policies and Procedures, and Glossary, revised July 1, 2005, the ACGME Board of Directors granted the IRC delegated authority to accredit institutions. As a result, all accreditation actions and procedures applicable to accredited programs in the core specialties were made available to the IRC for institutional review. In addition, to emphasize the IRC's role in accreditation and its collaboration with the other ACGME Review Committees, staff support functions for the IRC were fully integrated into the Department of Accreditation Committees.

In the ACGME Bylaws, Policies and Procedures, and Glossary, revised July 1, 2005, the ACGME Board of Directors granted the IRC delegated authority to accredit institutions.

In February 2006, the IRC held its first annual advancement meeting wherein members focused on various matters of critical importance to advance the ACGME strategic priorities with regard to accreditation of sponsoring institutions. At this meeting, the IRC initiated discussion of revisions to the current Institutional Requirements, targeted for submission to the ACGME in February 2007. The committee will not engage in accreditation reviews during its advancement meetings. The IRC chair, H. Worth Parker, MD, designated institutional official (DIO) at Dartmouth-Hitchcock Medical Center, and vice-chair, Linda Famiglio, MD, DIO at Geisinger Health System, lead the committee's activities.

The IRC handled a total of 110 agenda items in 2005–2006. These items included:

- 80 continued accreditation actions
- 2 initial accreditation actions
- 6 proposed probationary actions
- 1 probationary action
- 1 deferred action
- 20 progress reports

Written by Patricia M. Surdyk, PhD, Executive Director, Institutional Review Committee

GME HISTORY

1940

The AMA Council on Medical Education, American Board of Internal Medicine, and American College of Physicians form the Conference Committee on Graduate Training in Internal Medicine.

1953

The Conference Committee on Graduate Training in Internal Medicine changes its name to the Residency Review Committee for Internal Medicine. Throughout the 1950s, RRCs are created for other specialties.



Left to right: David C. Leach, MD; Steven R. Cohen, MD; Marsha Miller; Deborah Cowley, MD; Jehan El-Bayoumi, MD; Ralph Greco, MD; Karen E. Deveney, MD; Shala Masood, MD; Kirk Keegan, MD; William Hartmann, MD; Kemuel Philbrick, MD; Volker Sonntag, MD

en residency program directors from across the country received the ACGME's 2006 Parker J. Palmer Courage to Teach Award. The annual award – named after Parker J. Palmer, PhD, a sociologist and educator who wrote *The Courage to Teach* – honors outstanding program directors. The program directors were nominated by their peers or students and selected by the ACGME Awards Committee from the many nominees.

"Good teachers teach who they are – these individuals are being honored not only for their commitment and effectiveness as teachers, but also because they are ideal role models for the next generation," said Dr. Leach. "All are unique and they demonstrate to the rest of us what it is like when 'the whole teacher/doctor shows up."

This year the ACGME launched a new award, the Courage to Lead Award, which honors distinguished designated institutional officials (DIOs). This year the ACGME presented the Courage to Lead to two DIOs, one from a community hospital and the other from an academic medical center.

Noted Dr. Leach, "Stewardships of graduate medical education is the key to improving patient care now and in the future. These two individuals provide exemplars for all of us."

The program directors and DIOs received their awards February 13, 2006 at a dinner held during the ACGME's winter Board of Directors meeting in Rosemont, Illinois. In May 2006, the award recipients attended an educational retreat at the Fetzer Institute in Kalamazoo, Michigan.

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

Courage to Teach Award

Steven R. Cohen, MD

Dermatology, Mount Sinai School of Medicine, New York, New York

The Parker J. Palmer Award brings distinction and honor to the career of clinicianeducator. The ACGME is saluted for the 'courage to recognize' the mettle and merit of physicians-as-teachers.

Deborah Cowley, MD

Psychiatry, University of Washington School of Medicine, Seattle, Washington

Receiving the Parker J. Palmer Courage to Teach award was both a wonderful surprise and a great honor. Personally, I was touched and deeply appreciative of the support of my staff, fellow faculty members, and residents who nominated me for this award. I can't think of any professional recognition I've received in my life that has been as meaningful as this, especially given the inspirational and deeply thoughtful approach that Parker Palmer has taken towards teaching and education. On the one hand, it seems almost indecent to receive an award for doing work that is already so intrinsically rewarding and satisfying! However, I applaud the ACGME for establishing the Parker Palmer awards and recognizing both his contributions and the often underappreciated work of program directors, DIOs, and educators.

Karen Deveney, MD

General Surgery, Oregon Health and Science University, Portland, Oregon

Receiving the Courage to Teach Award was a wonderful and humbling honor. The daily battles that a program director faces can lead one to question if the "war" will ever be won. Coming as it does from the testimonials of the residents themselves, the award is both gratifying and energizing. I am grateful to the ACGME for sponsoring these awards.

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Jehan El-Bayoumi, MD

Internal Medicine, George Washington University, Washington, DC

Being an award recipient is one of the highest honors of my career. It was almost too much for me to read the letters of nomination and to be thought of by the house staff in such high regard. With the daily grind of work, sometimes, it occurs to me, "couldn't I have chosen something less intense and is this really worth it?" Receiving the Parker Palmer Award validates my decision to have taken this particular career path and I will always treasure it.

Ralph Greco, MD

General Surgery, Stanford University School of Medicine, Stanford, California

Among the many things I have had the opportunity to do in my career, nothing is as fulfilling as leading two university-based surgical training programs. That letters from the trainees of both these programs were the major factor in my receipt of the Parker J. Palmer Award makes this the most cherished honor I have ever received.

Kirk A. Keegan Jr. MD

Obstetrics and Gynecology, University of California, Irvine, Irvine, California

In academic medicine, the privilege to teach is the honor. Receiving the Parker J. Palmer Courage to Teach Award, especially when initiated by one's students, rewards the value of that privilege.

Dorothy S. Lane, MD, MPH

Preventive Medicine, Stony Brook University, Stony Brook, New York

Since I already derive great joy from teaching and mentoring residents, receiving the Parker J. Palmer Award feels like double dipping – surely my cup runneth over! The courage to teach residents seems to me to be the courage to reach residents – as partners and colleagues on the pathway to life-long learning. That chemistry is a reversible equation, in that I continually learn from our energizing interaction. It is gratifying to have the ACGME acknowledge the value of the courage to teach, and it was very meaningful to me that my nomination resulted from the support of residents and colleagues. I believe that the honor of the award reflects on the program as a whole – and that other faculty, the residents and the institution share in the recognition. I also appreciate the invitation to participate in a retreat along with the other Parker J. Palmer awardees. Joining a community of teachers/mentors who share a common commitment provides a special opportunity to learn from one another. The potential to perhaps apply a collective wisdom is an exciting prospect; as is the anticipation of sharing the outcome of the collective experience with those back home who follow in our footsteps.

Shahla Masood, MD

Pathology, University of Florida Health Science Center, Jacksonville, Florida

I take significant pride in receiving the ACGME Parker J. Palmer Courage to Teach Award and induction as a member of the Gold Humanism Honor Society. I view this award as a reflection of the trust and high regard that my residents and fellows hold for my contribution to their professional growth. The February 13th ceremony in Chicago was similar to receiving the Oscar for the role that I play as a teacher. I would like to express my appreciation to the leadership of the ACGME for establishment of this award and for celebrating the spirit of education.

Kemuel Philbrick, MD

Psychiatry, Mayo Clinic College of Medicine, Rochester, Minnesota

Truly good teachers are masters at getting out of the way. They intrigue the student and live out the fun of learning, inspiring the student to plunge ahead alone. They delight in slipping out of the picture, confident that it is the joy and challenge of learning that has captured the student, not the teacher.

Truly good teachers are masters at getting out of the way. They intrigue the student and live out the fun of learning, inspiring the student to plunge ahead alone.

Volker Sonntag, MD

Neurological Surgery, Barrow Neurological Institute, Phoenix, Arizona

Teaching is one of the highest callings I have the privilege to do. Seeing young residents/fellows mature and develop into well-rounded neurosurgeons and then contribute to the neurosurgical community as well as to society is indeed a great reward. To be recognized for this is appreciated but really a reflection of the young men and women that I have had the honor of teaching.

Courage to Lead Award

Pamela J. Boyers, PhD

Director, Medical Education, and DIO, Riverside Methodist Hospital, Columbus, Ohio

The Courage to Lead Award that recognizes DIOs is a wonderful idea. Those of us who are DIOs do not do this for any recognition, but sometimes it is very lonesome and most certainly very often challenging. So thank you to those of you who conceived this prestigious award and my sincere gratitude for being one of the first honorees. It is a tremendous honor.

Rosemarie L. Fisher, MD

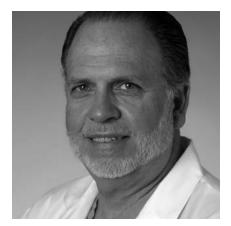
Director and Associate Dean, Graduate Medical Education, and DIO, Yale-New Haven Hospital and Yale School of Medicine

Receiving the Courage to Lead Award from the ACGME stands as a major event in my academic life. It is often said that there is not greater reward than the rewards bestowed by one's peers and colleagues. Receiving this award is exactly that. To know that the work that you enjoy doing is appreciated by those whom you are trying to help in the pursuit of the improvement of their programs and their own careers is the true award. Thank you, ACGME, for having this be possible.

GME HISTORY

1972

The American Board of Medical Specialties, American Hospital Association, American Medical Association, Association of American Medical Colleges, and Council on Medical Specialty Societies create the Liaison Committee on Graduate Medical Education to oversee RRCs' review and accreditation of residency programs.



D. David Glass, MD

he chair of the subcommittee that oversaw the initial implementation of the ACGME's duty hour standards for residents in all accredited programs, D. David Glass, MD, was the Council's 2006 John C. Gienapp Award honoree. The award, which recognizes individuals for outstanding contributions to graduate medical education, is named after the ACGME's first executive director, John C. Gienapp, PhD. Dr. Glass received his award at a dinner held February 13 during the ACGME's winter 2006 Board meeting.

"I was quite surprised and deeply honored as the recipient of the ACGME 2006 John C. Gienapp Award," said Dr. Glass. "It has been a unique privilege throughout my professional career to be associated with the ACGME and to receive this award was the highlight of that relationship."

ACGME Executive Director David C. Leach, MD, praised Dr. Glass for setting "high standards for those interested in community and professional service."

"He has devoted decades to the improvement of graduate medical education through extensive volunteer work with the certifying boards, residency review committees, and the ACGME itself," said Dr. Leach. "He is very committed to patient safety, quality education, and bringing professional values into the new world. His substantial intellect and practical approach to improvement have inspired us all."

He is very committed to patient safety, quality education, and bringing professional values into the new world. His substantial intellect and practical approach to improvement have inspired us all.

> Dr. Glass, in addition to chairing the ACGME's duty hours subcommittee from 2002 to 2004, was a member of the ACGME's Residency Review Committee for Anesthesiology from 1992 to 1996, and has been a director on the ACGME Board since 1996. He served as treasurer from 2001 to 2002, and chaired the Monitoring Committee from 2002 to 2003.

> Dr. Glass, who is board-certified in anesthesiology and critical care medicine, is a professor of anesthesiology and medicine at Dartmouth Medical School and chair of the department of anesthesiology at Dartmouth-Hitchcock Medical Center.

he 2006 ACGME Annual Educational Conference drew about 1,000 program directors, program coordinators, designated institutional officials, and residents. The conference was held March 2–5 at the Gaylord Palms Resort and Conference Center in Kissimmee, Florida. In honor of the ACGME's 25th anniversary, the conference's theme was "ACGME – Advancing Competence in Graduate Medical Education – 25 Years."

The conference featured 58 sessions on topics including the accreditation process, site visits, the general competencies, patient safety, and the resident survey, as well as specialty-specific updates. Other activities included the Marvin R. Dunn Poster Session and drop-in technology consultations with ACGME staff.

Parker J. Palmer, PhD, gave the keynote address. Dr. Palmer, a sociologist and teacher who wrote *The Courage to Teach*, which inspired the ACGME's Courage to Teach awards, talked about how residency programs can "support the heart of the healer" He encouraged residency program directors to nurture the "education of the heart" and to "keep programs open to student-initiated challenges and changes."

2006 Marvin R. Dunn Poster Session Winners

First Place

Implementation of a Multi-Rater Competency-Based Videotape Evaluation Process

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

Second Place

A Graduate Medical Education Initiative to Promote Professional Excellence Among Residency Program Coordinators

Ann Norwood, Elizabeth Hicks, Carol Thrush, Majka Woods, Jim Clardy, University of Arkansas for Medical Sciences College of Medicine and Office of Educational Development

Third Place

General Surgery Morning Report: A Competency-Based Conference That Enhances Patient Care and Resident Education

Brendon M. Stiles, T. Brett Reece, Traci L. Hedrick, Robert A. Garwood, Michael G. Hughes, Joseph J. Dubose, Hilary A. Sanfey, Reid B. Adams, Bruce D. Schirmer, Robert G. Sawyer University of Virginia, Charlottesville, Virginia

Judges Awards

A Systems-Based Practice Workshop for Interns

Arnold R. Eiser, MD, Joanne Connaugton, MD, Department of Medical Education, Mercy Catholic Medical Center and Drexel University College of Medicine, Philadelphia, Pennsylvania

Systems-Based Practice Projects in Anesthesia Education

Melissa Davidson, MD and Ellise Delphin, MD, MPH; Department of Anesthesiology, UMDNJ–New Jersey Medical School.

Incorporating Practice-Based Learning, Face-to-Face Feedback, and Objective Assessment of Interpersonal and Communication Skills in a Busy Ambulatory Teaching Clinic

Gunjan Y. Gandhi, MD, MSc, Denise A. Bargsten, Kurt A. Kennel, MD, Neena Natt, MD, Mayo Clinic College of Medicine, Rochester, Minnesota

Honorable Mentions

Redesigning the Morbidity and Mortality Conference – Integrating Clinical Practice, Quality Improvement, and the ACGME Competencies

Julie M. Stausmire MSN, CNS, APRN-BC, Mercy Family Medicine Residency and Transitional Year Programs, Toledo, Ohio

Cleveland Clinic Neurosurgery Resident Competency Assessment

Edward C. Benzel, MD, Connie Murphy, Deborah Benzil, MD

Evaluating the Competencies: A Comprehensive, Longitudinal Approach

Timothy S. Meneely, DO, Director, Family Medicine Residency Program, Bharat Gopal MD, Associate Director, Family Medicine Residency Program, Nancy F. Barrett EdD, Education Specialist, Family Medicine Residency Program, Carle Foundation Hospital

Extending the Boundaries of Procedural Competence: Getting Beyond Medical Knowledge and Patient Care in E-Learning

Rubinfeld I., Paxton J.H., Horst H.M., Watson P., Drake S., Kwon D., Butler J., Gnamm G., Jordan J., Shepard A., Henry Ford Hospital, Detroit, Michigan

Department of Accreditation Committees

The Department of Accreditation Committees houses the administrative staff for the review committees that accredit residency programs and sponsoring institutions. The 28 review committees (26 residency, one transitional year and one institutional) are appointed by the American Medical Association, member boards of the American Board of Medical Specialties, academic specialty organizations, and the ACGME. The review committee staffs consist of executive directors, accreditation administrators, and secretaries. The department staff and review committees prepare program and institutional accreditation files, review programs and institutions for compliance, review applications for new programs, make accreditation status decisions, and develop and revise accreditation standards.

In academic year 2005–06, the department:

- Administered review committee improvement projects and ACGME Board-approved pilot projects;
- Oriented 47 new review committee members and six new review committee chairs;
- Hired a new executive director for the Institutional Review Committee and moved the IRC staff to the department for better interaction with residency review committee staff;
- Created new development sessions for review committees about assessing the general competencies;
- Developed a standard procedure to seek and receive appointments of RC members;
- · Began evaluating review committee members based on their responsibilities;
- Started an e-mail notification system following each review committee meeting to inform program directors and designated institutional officials of accreditation status and cycle length;
- Developed standard language for notification letters for use by all review committee teams; and
- Wrote new FAQs for program letters of agreement and master affiliation agreements.

Written by Jeanne K. Heard, MD, PhD, Director of the Department of Accreditation Committees

Department of Field Activities

The Department of Field Activities is responsible for coordinating all the activities of the 31 accreditation field representatives who conduct site visits for the ACGME, including site visit scheduling and logistics, processing the information from these visits, and associated professional development and improvement activities. In academic year 2005–06, the department:

- · Added and oriented four new accreditation field representatives;
- Held two dedicated professional development meetings for field staff that included updates, open discussions, and mock site visit educational sessions;
- Had several members of the department field staff speak at educational conferences; and
- Participated in efforts to implement the ACGME strategic priorities, including initiatives to improve quality and reduce burden in the accreditation process and operational improvements to the accreditation site visit process.

Written by Ingrid Philibert, Director of Field Activities

Department of Research and Education

The Research and Education Department seeks to improve accreditation, graduate medical education, and patient care through research and education. Department members have expertise in educational theory, medical education, training, and qualitative and quantitative research methods.

The department primarily contributes to education and development activities related to the ACGME Outcome Project. Accomplishments and activities during 2005–2006 include the following:

- Launch of "Educating Physicians for the 21st Century" a five-module educational program designed for faculty development in the general competencies and outcome assessment;
- Overall organization and management of the 2006 ACGME Educational Conference program as well as convening or offering two workshops and nine sessions on teaching and assessing the general competencies;
- Presentations to program director and other medical specialty organizations;
- Guest editorship of the Outcome Project special issue of the ACGME Bulletin and its 22 articles on use of data for improving resident education and performance;
- Exploration of the utility of patient care quality measures for assessing the educational effectiveness of residency programs; and
- Construction of an extensive database and bibliography on portfolio use in education.

Written by Susan Swing, PhD, Director of Research and Education

GME HISTORY

1981

The Accreditation Council for Graduate Medical Education is established as the official accrediting organization for residency programs, replacing the LCGME.



2000

The ACGME becomes a separately incorporated organization.

2003

The ACGME institutes common duty hour standards for residents in all ACGME-accredited programs.

2006

The ACGME observes its 25th anniversary.

Committee on the Learning Environment (CILE)

The committee was inaugurated in 2004 to expand the focus from resident duty hours to the greater environment in which residents learn. Committee members include ACGME and public directors, residents, program and institutional leaders, and researchers at the interface of education and clinical care. Activities encompass the collection and interpretation of information on the relationship between duty hours and other aspects of the learning environment, focus groups to explore the perspective of residents, exploration of whether existing ACGME standards could be used to stratify performance above a minimum compliance level, and identify the factors that contribute to excellence in the learning environment. The committee also seeks to apply industrial and human factors engineering principles to the learning environment. Associated activities include collecting and disseminating information on notable practices that enhance the environment for residents, and exploring ways to share ideas and collaborate with other organizations in graduate medical education.

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

Monitoring Committee

The ACGME Monitoring Committee is responsible for evaluating the performance of review committees, monitoring review committee activities and ensuring that common program requirements are applied consistently across review committees. It makes recommendations to the ACGME Board of Directors about review committee activities and the delegation of accrediting authority of the review committees.

In addition, the Monitoring Committee identifies best practices of review committees and shares the information with the ACGME Board of Directors and chairs of review committees and reviews and monitors special issues as requested by the Board.

During academic year 2005–2006, the Monitoring Committee reviewed six residency review committees, including allergy and immunology, family medicine, orthopaedic surgery, transitional year, colon and rectal surgery, and otolaryngology; and monitored the pilot projects of three review committees. The Monitoring Committee also reviewed the program compliance with the duty hour standards and made recommendations to the Board regarding review committee follow-up procedures. The committee meets three times annually at the time of ACGME Board of Directors meeting.

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

Committee on Program Requirements

The ACGME Committee on Program Requirements makes recommendations to the ACGME Board on new and revised program requirements, institutional requirements, common program requirements, and the development of new subspecialties. Carol Berkowitz, MD, served as chair during 2005–06.

In academic year 2005–06, the committee approved 20 sets of new and revised requirements.

Written by Kathy Malloy, Associate Executive Director of Accreditation Committees and staff liaison to the Committee on Requirements

Committee on Strategic Initiatives

The Committee on Strategic Initiatives comprises nine ACGME directors, the chair of the Council of Review Committee Chairs and an ACGME staff representative. In 2005–06, the committee completed the revision of the ACGME's mission, vision, and values and the development of the ACGME's first official strategic plan. This plan formalizes four strategic priorities set by the ACGME Executive Committee:

- 1. Foster innovation and improvement in the learning environment;
- 2. Enhance the accreditation emphasis on outcomes;
- 3. Increase efficiency and reduce burden in accreditation; and
- 4. Improve communication and collaboration with key stakeholders.

The priorities, which link closely to the ACGME mission, vision, and values, will constitute a major focus for the ACGME in the coming two years. The committee also began to assess the implications for "patient-centered care" as a property of the health care system on the education and on the clinical involvement of residents.

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

July 1, 2005 to June 30, 2006

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

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

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

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

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

Susan Day California Pacific Medical Center San Francisco, California

Timothy Flynn, MD University of Florida College of Medicine Gainesville, Florida

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

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

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

The ACGME thanks the Board members and is grateful for their dedicated service to graduate medical education.

Joseph C. Honet, MD Sinai Grace Hospital Franklin, Michigan

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

David Jaffe Harborview Medical Center Seattle, Washington

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

Michael L. Klowden Milken Institute Santa Monica, California Public Director

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

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

John C. Maize, Sr., MD Maize Center for Dermatopathology Mount Pleasant, South Carolina

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

Sheldon Miller, MD Northwestern Memorial Hospital Chicago, Illinois Sandra F. Olson, MD Chicago, Illinois

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

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

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

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

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

Seenu V. Reddy, MD University of Texas Health Science Center San Antonio, Texas

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



First row (left to right): Deborah Powell, MD; Melissa Merideth, MD; Carol Berkowitz, MD; David C. Leach, MD; Emmanuel Cassimatis, MD (Chair); William Hartmann, MD (Chair-elect); Michael Klowden. Second row (left to right): Steven Altschuler, MD; Susan Day, MD; Seenu Reddy, MD; Paul Gardent; Karen Holbrook, MD; Sandra Olson, MD. *Third row (left to right):* John Maize, MD; Maximilian Buja, MD; David Jaffe; Joseph Honet, MD; Richard Pan, MD. *Fourth row (left to right):* Bernett Johnson, MD; Wm. James Howard, MD; J. David Osguthorpe, MD; Mark Laret; Edward Bope, MD

REVIEW COMMITTEES

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

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

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

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

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

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

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

Allergy & Immunology

Vincent R. Bonagura, MD Schneider Children's Hospital Great Neck, New York *Vice-Chair*

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

Marianne Frieri, MD, PhD Bayside, New York

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

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

Dennis K. Ledford, MD University of South Florida College of Medicine Tampa, Florida

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

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

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

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

Anesthesiology

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

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

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

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

Neal H. Cohen, MD UCSF School of Medicine San Francisco, California *Term began January 1, 2006*

Corey E. Collins, DO Children's Hospital Boston Medford, Massachusetts *Resident* Term ended December 31, 2005

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

Maggie Ann Jeffries Johns Hopkins Medical Center Baltimore, Maryland *Resident Term began January 1, 2006*

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

Philip D. Lumb, MBBS University of Southern California Los Angeles, California *Term ended December 31*, 2005 Rita M. Patel, MD University of Pittsburgh Medical Center Pittsburgh, Pennsylvania *Term began January 1, 2006*

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

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

Colon and Rectal Surgery

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

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

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

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

Patrick Recio, MD Ochsner Clinic Foundation Program New Orleans, Louisiana Resident Term ended June 30, 2006

Clifford L. Simmang, MD Dallas, Texas

Eric G. Weiss, MD Cleveland Clinic Florida Weston, Florida W. Douglas Wong, MD Memorial Sloan Kettering Cancer Center New York, New York

Dermatology

Terry L. Barrett, MD University of Texas, Southwestern Dallas, Texas *Vice-Chair*

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

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

Maria K. Hordinsky, MD University of Minnesota Minneapolis, Minnesota

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

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

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

CPT Joshua D. Sparling, MD Walter Reed Army Medical Center Washington, DC *Resident* Abel Torres, MD Loma Linda University Loma Linda, California *Vice-Chair*

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

Duane C. Whitaker, MD University of Arizona Tucson, Arizona

Emergency Medicine

Louis S. Binder, MD Metro Health Medical Center Cleveland, Ohio

Charles K. Brown, MD Pitt County Memorial Hospital Greenville, North Carolina

Dane Michael Chapman, MD, PhD Spring City, Utah

Rebecca Smith-Coggins, MD Stanford University Stanford, California

Francis Counselman, MD Eastern Virginia Medical Center Norfolk, Virginia

Daniel Danzl, MD University of Louisville Louisville, Kentucky *Chair*

Mark Hostetler, MD University of Chicago Hospitals Chicago, Illinois

Robert L. Muelleman, MD University of Nebraska Medical Center Omaha, Nebraska

David T. Overton, MD Michigan State University Kalamazoo Center for Medical Sciences Kalamazoo, Michigan

Sandra M. Schneider, MD, FACEP University of Rochester School of Medicine and Dentistry Rochester, New York

Camie J. Sorenson, MD Beth Israel Deaconess Medical Center Boston, Massachusetts *Resident*

Family Medicine

Samuel W. Cullison, MD Providence Medical Center Seattle, Washington *Vice-Chair* William (Craig) Denham, MD University of Louisville (Glasgow) Glasgow, Kentucky *Resident*

Charles E. Driscoll, MD Centra Health Program Lynchburg, Virginia *Chair*

Ted Epperly, MD Family Medicine Residency of Idaho Boise, Idaho

Margaret Hayes, MD Oregon Health Sciences University Portland, Oregon Alternate

James Martin, MD Christus Santa Rosa Health Care San Antonio, Texas

Richard Neill, MD Hospital of the University of Pennsylvania Philadelphia, Pennsylvania *Term began January* 1, 2006

Janice E. Nevin, MD, MPH Christiana Care Health System Wilmington, Delaware

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

Perry A. Pugno, MD American Academy of Family Physicians Leawood, Kansas *Ex-Officio*

Martin A. Quan, MD University of California, Los Angeles Los Angeles, California

Penelope K. Tippy, MD Southern Illinois University Carbondale, Illinois

Robin O. Winter John F. Kennedy Medical Center Edison, New Jersey *Term began May 1, 2006*

Internal Medicine

Roger Bush, MD The Virginia Mason Clinic Seattle, Washington

Dennis Boulware, MD The University of Alabama at Birmingham Birmingham, Alabama

Thomas Cooney, MD Oregon Health and Science University Portland, Oregon David A. Faxon, MD Brigham and Women's Hospital Boston, Massachusetts

Rosemarie Fisher, MD Yale-New Haven Hospital New Haven, Connecticut *Vice-Chair*

John Fitzgibbons, MD Lehigh Valley Hospital Allentown, Pennsylvania

John Frohna, MD University of Michigan Ann Arbor, Michigan

Suzanne Gebhart, MD Emory University Hospital Atlanta, Georgia

Benjamin George, MD Brooke Army Medical Center Fort Sam Houston, Texas *Resident*

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

Khaled Ismail, MD Henry Ford Hospital Detroit, Michigan *Resident*

Mariell Jessup, MD University of Pennsylvania School of Medicine Philadelphia, Pennsylvania *Term ended May 31, 2006*

Glenn Mills, MD Louisiana State University Shreveport, Louisiana

Jeanette Mladenovic, MD Greater Miami Veterans Health System Miami, Florida

Stuart F. Quan, MD University of Arizona School of Medicine Tucson, Arizona

Eileen Reynolds, MD Beth Israel Deaconess Medical Center Boston, Massachusetts

Paul H. Rockey, MD American Medical Association Chicago, Illinois *Ex-Officio*

Henry Schultz, MD Mayo Foundation Rochester, Minnesota Richard Simons, MD Penn State College of Medicine Hershey, Pennsylvania

Kenneth G. Torrington, MD Central Texas Veterans Health Care System Temple, Texas

Mary N. Walsh, MD The Care Group LLC Indianapolis, Indiana *Term began June 1, 2006*

Steven Weinberger, MD American College of Physicians Philadelphia, Pennsylvania *Ex-Officio*

Medical Genetics

John W. Belmont, MD, PhD Baylor College of Medicine Houston, Texas *Vice-Chair*

Mira B. Irons, MD Children's Hospital Boston, Massachusetts

Bruce R. Korf, MD, PhD University of Alabama Medical Center Birmingham, Alabama

Charles J. Macri, MD George Washington University School of Medicine Washington, DC Term ended December 31, 2005

Douglas Riegert-Johnson, MD Mayo Clinic Rochester, Minnesota *Resident*

Nathaniel H. Robin, MD University of Alabama Medical Center Birmingham, Alabama

Howard M. Saal, MD Cincinnati Children's Hospital Medical Center Cincinnati, Ohio

Georgia L. Wisener, MD Case Western Reserve University Cleveland, Ohio *Chair*

Neurological Surgery

Ralph G. Dacey, Jr., MD Washington University School of Medicine St. Louis, Missouri

Arthur L. Day, MD Brigham and Women's Hospital Boston, Massachusetts Vishal C. Gala, MD University of Michigan Health System Ann Arbor, Michigan *Resident*

Steven L. Giannotta, MD University of Southern California Los Angeles, California *Chair*

Robert Ratcheson, MD University Hospitals of Cleveland Cleveland, Ohio

Volker K. H. Sonntag, MD Barrow Neurological Institute Phoenix, Arizona

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

Neurology

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

Terrence L. Cascino, MD Mayo Clinic Rochester, Minnesota

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

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

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

Robert Pascuzzi, MD Indiana University Medical School Indianapolis, Indiana

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

Nuclear Medicine

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

Tracy Brown, MD Johns Hopkins Medical Center Baltimore, Maryland *Resident Term began January 1, 2006*

Michael M. Graham, MD, PhD University of Iowa Iowa City, Iowa Heather Jacene, MD Johns Hopkins Medical Center Baltimore, Maryland *Resident Term ended December 31, 2005*

Bruce R. Line, MD University of Maryland Medical System Baltimore, Maryland *Term began January 1, 2006*

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

Tom R. Miller, MD, PhD Mallinckrodt Institute of Radiology/ Washington University School of Medicine St. Louis, Missouri *Chair*

Lalitha Ramanna, MD Little Company of Mary Hospital Torrance, California *Vice-Chair*

Patrice Rehm, MD University of Virginia Health Systems Charlottesville, Virginia

Obstetrics and Gynecology

Fritz Apollon, MD Boca Raton, Florida

Howard A. Blanchette, MD Danbury Hospital Danbury, Connecticut

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

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

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

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

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

Erica Marsh, MD Brigham and Women's Hospital Boston, Massachusetts *Resident Term ended May 31, 2006* **Michael Mennuti, MD** University of Pennsylvania Philadelphia, Pennsylvania

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

Andrew Satin, MD Uniformed Services University Bethesda, Maryland

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

Ronald Strickler, MD Henry Ford Hospital Detroit, Michigan

Ophthalmology

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

Preston Blomquist, MD University of Texas, Southwestern Dallas, Texas *Vice-Chair*

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

Jack A. Cohen, MD, FACS Rush University Chicago, Illinois

Martha J. Farber, MD Delmar, New York

Mark S. Juzych, MD Wayne State University Detroit, Michigan

Marlon Maus, MD Berkeley, California

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

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

Susan M. Stenson, MD New York, New York

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

Orthopaedic Surgery

Stephen A. Albenese, MD SUNY Upstate Syracuse, New York

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Richard J. Haynes, MD Shriners Hospital for Children Houston, Texas

M. Mark Hoffer, MD Orthopaedic Hospital Los Angeles, California *Term ended January 31, 2006*

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

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Otolaryngology

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

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

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Ross E. Zumwalt, MD University of New Mexico Albuquerque, New Mexico *Term ended December 31, 2005*

Pediatrics

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

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

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

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

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

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

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

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

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