Updates from the Review Committee for Pediatrics

Stephanie Dewar, MD, Review Committee Chair
Caroline Fischer, MBA, Executive Director
Conflict of Interest Disclosure

Speaker(s): Stephanie Dewar, MD; Caroline Fischer, MBA

Disclosure

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

- Maria Condus, PhD (Public Member)
- Stephanie B. Dewar, MD (Chair)
- Shawna Seagraves Duncan, DO
- Jason Homme, MD
- Deborah Hsu, MD
- Jennifer Kesselheim, MD (Vice Chair)
- Joanna Lewis, MD, FAAP
- Su-Ting Li, MD, MPH
- Michelle Montalvo Macias, MD
- Kenya McNeal-Trice, MD
- Heather A. McPhillips, MD, MPH (Chair-Elect)
- Adam Rosenberg, MD
- Andrea Tou, MD (Resident Member)
- Patricia Vuguin, MD
- Linda Waggoner-Fountain, MD, MAMEd, FAAP

**Beginning 7/1/2024:**
- Angela Czaja, MD, MSc, PhD
- Jennifer K. O’Toole, MD, MEd
- Margarita Vasquez, MD
- Tyree M.S. Winters, DO
Current members:
CA (2), CO, IL (2), MA, MN, NY, NC, OK, PA (2), SC, VA, and WA

Incoming members:
CO, NJ, OH, and TX
# 2022-2023 Status Decisions

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### Status Decisions

**September 2023 and January 2024 Meetings**

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2022-2023 Citations vs. Areas for Improvement (AFIs)
2022-2023 Frequent Citations
*Pediatrics Programs*

- **Faculty Qualifications**
  - Lack of board certification or acceptable alternate qualifications
  - Lack of subspecialty faculty (adolescent medicine, developmental-behavioral pediatrics)

- **Culture of Professional Responsibilities**
  - Appropriate blend of patient care responsibilities, clinical teaching, and didactics
  - Excessive reliance on residents to fulfill non-physician service obligations
2022-2023 Frequent Citations
Pediatrics Programs

- Evaluations
  - Timely faculty feedback
  - Required language – readiness to progress to the next year; attestation that
    the resident has demonstrated the knowledge, skills, and behaviors
    necessary to enter autonomous practice

- Responsibilities of the Faculty
  - Role models of professionalism
  - Interest in resident education

- Curricular Development
  - Longitudinal experience (26 weeks; 36 half days; panel of patients)
2022-2023 Frequent Citations

Pediatric Subspecialty Programs

- **Evaluations**
  - Required language – readiness to progress to the next year; attestation that the fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice.
  - Program action plan not distributed
  - Access to evaluations

- **Faculty Responsibilities**
  - Role models of professionalism
  - Interest in fellow education
  - Time devoted to the program
2022-2023 Frequent Citations
Pediatric Subspecialty Programs

- **Supervision**
  - Supervision policy lacking:
    - When the presence of a supervising physician is required
    - When fellows must communicate with the supervising faculty member
    - Classification of supervision

- **Faculty Qualifications**
  - Specialty certification
  - Availability of other required faculty members/consultants
2022-2023 Frequent Citations
Pediatric Subspecialty Programs

- Curricular Development
  - Formally structured program lacking
  - Instruction in basic and fundamental disciplines lacking
2022-2023 Frequent AFIs
Pediatrics Programs

- **Resources**
  - Balance between education and patient care
  - Protected time to participate in structured learning activities
  - Safety and health conditions

- **Professionalism**
  - Satisfaction with the process for dealing with problems and concerns
  - Residents' ability to raise concerns without fear or intimidation
  - Experienced or witnessed abuse
2022-2023 Frequent AFIs
Pediatrics Programs

- Clinical and Educational Work – 80 hours
- Patient Safety
  - Interprofessional teamwork skills modeled/taught
  - Loss of information during shift changes or patient transfers
  - Culture that emphasizes patient safety
  - Participation in adverse event analysis
- Faculty Supervision and Teaching
2022-2023 Frequent AFIs
Pediatric Subspecialty Programs

- Professionalism
  - Process to deal with problems/concerns
  - Ability to raise concerns without fear
  - Process in place for confidential reporting of unprofessional behavior
  - Experienced or witnessed abuse

- Faculty Supervision and Teaching
- Accurate/Complete Information

- Resources
  - Balance between education and patient care
  - Protected time to participate in structured learning activities

- Patient Safety
  - Interprofessional teamwork skills modeled/taught
  - Participation in adverse event analysis
  - Information lost during shift changes or patient transfers
Incomplete/Inaccurate Data

- Faculty Roster | Current Certification Information
  - Review American Board of Medical Specialties (ABMS) data
  - Programs may add updated information
- CVs | Current Licensure, Scholarly Activities from Last Five Years
- Block Diagram | Follow specialty-specific instructions in the Accreditation Data System (ADS), provide a key for abbreviations, do not include individual schedules
Specialty-Specific Block Diagram Instructions

Pediatrics Residency Programs

Guide to Construction of a Block Diagram for Pediatrics Residency Programs

A block diagram is a representation of the rotation schedule for a resident in a given postgraduate year. It offers information on the type, location, lengths, and variability of rotations for that year. The block diagram shows the rotations a resident would have in a given year, but it does not represent the order in which they occur. There should be only one block diagram for each year of education in the program. The block diagram should not include resident names.

- Create and upload a PDF of the program's block diagram using the information below as a guide.
- Two common models of the block diagram exist: the first is organized by month; the second divides the year into 10 four-week blocks. Rotations may span several of these time segments, particularly for subspecialty programs. Regardless of the model used, the block diagram must indicate how vacation time is taken. This can be done by ascertaining a time block is vacation, or by indicating this in a "notes" section accompanying the block diagram.
- In constructing the block diagram, include the participating sites at which a rotation takes place, as well as the name of the rotation. If the name of the rotation does not clearly indicate the nature of the rotation, then clarifying information should be provided as a footnote to the block diagram or elsewhere in the document. The following abbreviations should be used when completing the block diagram:

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**Sample Notes**

Four months of required subspecialty experiences may include:

- Pediatric Cardiology
- Pediatric Endocrinology
- Pediatric Gastroenterology
- Pediatric Nephrology
- Pediatric Neurology
- Pediatric Pulmonology

Three months of additional subspecialty experiences may include:

- Child and Adolescent Psychiatry
- Pediatric Anesthesiology
- Pediatric Orthopaedic Surgery
- Pediatric Radiology
Guide to Construction of a Block Diagram

A block diagram is a representation of the rotation schedule for a resident in a given postgraduate year. It offers information on the type, location, length, and variety of rotations for that year. The block diagram shows the rotations a resident would have in a given year, but does not represent the order in which they occur. There should be only one block diagram per year of each program. The block diagram should not include resident names.

1. Create and upload a PDF of your program's block diagram using the information below as a guide.

2. Two common models of the block diagram exist: the first is organized by month, the second divides the year into 13 four-week blocks. Rotations may span several of these time segments, particularly for subspecialty programs. Both models must indicate how vacation time is taken. This can be done by allowing a time block to vacation, or by indicating this in a "Notes" section accompanying the block diagram. Examples of other models are also provided below.

3. In constructing the block diagram, include the participating site in which a rotation takes place, as well as the name of the rotation. If the name of the rotation does not clearly indicate the nature of the rotation, then clarifying information should be provided as a footnote to the block diagram or elsewhere in the document.

4. Group the rotations by site. For example, list all of the rotations in Site 1 first, followed by all of the rotations in Site 2, etc. The site numbers listed in the Accreditation Data System (ADS) should be used to create the block diagram.

5. When "elective" time is shown in the block diagram, the choice of elective rotations available for residents should be listed below the diagram. Elective rotations do not require a participating site.

6. Clinical rotations for some specialties may also include structured outpatient time. For each rotation, the percentage of time the resident spends in outpatient activities should be noted.
ADS Annual Update

- All programs are required to provide a response during the Annual Update window, but programs can continue to update/edit ADS throughout the academic year.
- Some information should be reported in real time (e.g., program director, faculty, and resident/fellow changes; response to citations; major changes).
- Milestones and scholarly activity for the previous academic year cannot be updated once the year-end rollover takes place.
Major Changes and Other Updates

Describe major changes to the program since the last academic year, including changes in leadership and rotations. This may also include improvements and/or innovations implemented to address potential issues identified during the annual program review.

- Be proactive
- Provide context
- Describe outcomes
Program Requirements for Graduate Medical Education in Pediatrics

Objectives of Major Revision

- Relieve administrative burden
  - Reduction in number of requirements
- Focus on the future
- Provide flexibility/be less prescriptive
  - Allow for innovation
Educational/Training Framework

- Equal balance of inpatient, outpatient, and individualized experiences
- Recognition of importance of both general pediatrics and subspecialty experiences
- Maintenance of longitudinal outpatient experience (continuity clinic) but without restriction of occurring over 26 weeks
- Introduction into ambulatory subspecialty experience early in the program
- Addition of mandatory mental health experience
Educational/Training Framework cont.

- Flexibility is encouraged outside of required ambulatory, inpatient, and individualized experiences
  - Time spent in these experiences is now Core, not Detail
- Longitudinal clinic is in addition to required ambulatory experiences
- All Pediatrics Milestones 2.0 are incorporated
- All Entrustable Professional Activities (EPAs) are incorporated
  - These are found in either specialty-specific or Common Program Requirements to move toward competency-based medical education
Revisions Based on First Public Comment

- Core procedures with additional as necessary for future practice
  - Bag mask ventilation
  - Lumbar puncture
  - Neonatal delivery room stabilization
  - Peripheral intravenous catheter placement
  - Simple laceration repair

- Required faculty/faculty qualifications
  - Role of alternative qualifications
Revisions Based on First Public Comment

Specialty-Specific Background and Intent:

- The requirements that mandated faculty members in specific subspecialty areas have been removed; the Review Committee did not wish to specifically identify only a few subspecialty areas as that may suggest that only those subspecialties are required, which is not the case.
- The Review Committee still expects that there be subspecialty physician faculty members certified by the American Board of Pediatrics (ABP) or American Osteopathic Board of Pediatrics (AOBP) available to teach and supervise pediatrics residents, including subspecialty faculty members in adolescent medicine, developmental-behavioral pediatrics, neonatal-perinatal medicine, pediatric critical care medicine, pediatric emergency medicine, and in each available subspecialty rotation.
- Refer to faculty qualification requirements in Sections II.B.3. and IV.C.6. regarding required curricular components, including subspecialty experiences.
Revisions Based on First Public Comment

Program Requirements:

II.B.3.b)  Physician faculty members must:
II.B.3.b).(1)  have current certification in the specialty by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics, or possess qualifications judged acceptable to the Review Committee. (Core)

II.B.3.c)  For all pediatric subspecialty rotations there must be pediatric subspecialty physician faculty members who have current certification in their subspecialty by the ABP or the AOBP, or possess qualifications judged acceptable to the Review Committee. (Core)

II.B.3.d)  Other physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)

Alternate qualifications will not be considered for those individuals eligible to take the ABP or AOBP certifying examination.
Additional Changes

- **Patient Care:**
  IV.B.1.b). (1). (a). (xi) Residents must demonstrate the ability to provide comprehensive medical care to infants, children, and adolescents, including participating in real or simulated end-of-life care coordination and grief and bereavement management; (Detail)

- **Procedures:**
  IV.B.1.b). (2). (a). (iii) neonatal delivery room stabilization resuscitation (Core)
  IV.B.1.b). (2). (c) Residents must complete training, maintain certification, and achieve competence in pediatric advanced life support skills in pediatrics and advanced life support skills in neonates and neonatal resuscitation. (Core)
Additional Changes cont.

- **Ambulatory Care:**
  Specialty-Specific Background and Intent (PR IV.C.4.a).(1)):
  - The Review Committee recognizes the value of ambulatory training to align with pediatric practice trends for the care of well children, the acutely ill and those with chronic diseases. The 8 weeks of general ambulatory pediatric clinic is in addition to the longitudinal clinic. Programs need to find the experiences that best fulfill this requirement in their own institutions.
  - Patients seen in urgent care sites may be counted toward the general ambulatory pediatric clinic experience. However, it is up to the program director to ensure that a broad experience be provided that will reflect the experience graduates will encounter in practice.
Additional Changes cont.

- Ambulatory Care:

  IV.C.4.a) A minimum of 40 weeks of primarily ambulatory care experiences including elements of community pediatrics and child advocacy, to include a minimum of:
  
  - IV.C.4.a).(1) 8 weeks of general ambulatory pediatric clinic; (Core)
  
  - 4 weeks of community advocacy; (Core)

  IV.C.4.a).(2) A minimum of 40 weeks of ambulatory care experiences, to include a minimum of] 4 weeks of subspecialty outpatient experience, composed of no fewer than two subspecialties, in the first 18-24 months of the program; (Core)
Program Requirements | New vs. In Effect

**New**
- 4 weeks x 8 half days
- 4 weeks x 8 half days
- 4 x 4-week periods
- 36 half days
- interval ≤ 8 weeks

**Current**
- Inpatient: 200 hours
- Ambulatory: Min. 32 half days
- Supervisory: 5 educational units
- Longitudinal Clinic: 36 half days
- Longitudinal Clinic Restriction: occur over 26 weeks
Inpatient Comparison

New # 4-week periods

- Inpatient: 10
- General Inpatient Pediatrics/PHM: 4
- General Inpatient Pediatrics/PHM v SS: 2
- NICU: 1 (+1)
- PICU: 1 (+1)
- Newborn: 1

Current # educational units

- Inpatient: 10
- General Inpatient Pediatrics/PHM: 5
- NICU: 2
- PICU: 2
- Newborn: 1
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SAMPLE Block Schedule Based on 2025 Program Requirements for Pediatrics

General Block Schedule

Supervisory Experience Requirements: Minimum of 16 weeks during final two years in the program. Eight weeks should be on the inpatient general pediatrics/PHM hospital medicine service.

Ambulatory Care Experiences: minimum of 40 weeks
- ED - peds EM in ED (8 weeks)
- ED/UCC - acute care (4 weeks could be in pediatrics ED or other site)
- amb care - general ambulatory pediatric clinic (8 weeks)
- *amb care - program designated additional ambulatory care experience (4 weeks)

Inpatient Care Experiences: minimum of 40 weeks
- IP GP/PHM - inpatient general pediatrics or pediatrics hospital medicine service (minimum of 16 weeks)
- IP other - remaining time on inpatient service, can be on GP/PHM services or other subspecialty services with no more than 4 weeks spent on a single subspecialty service, exclusive of

Individualized Curriculum: minimum of 40 weeks
- *IC - individualized curriculum
- *IC/Sub - individualized curriculum of at least five additional

Program Discretion: time not accounted for by other RC requirements 24 weeks
Accreditation of Combined Programs

- The ACGME has developed a plan to initiate accreditation of combined programs. *This does not apply to currently accredited Internal Medicine-Pediatrics programs.*
- The ACGME will develop a set of Program Requirements specific to programs offering combined formats.
  - It is anticipated that proposed Program Requirements will be posted for a 45-day public review and comment period in Spring 2024.
  - The final Program Requirements will then be reviewed by the Committee on Requirements of the Board of Directors and the full Board for approval at the Board’s September 2024 meeting.
Accreditation of Combined Programs

- Existing unaccredited combined programs currently listed in the ACGME’s Accreditation Data System (ADS) will be offered the opportunity to opt into the accreditation process without having to apply for accreditation.

- Pending approval, applications for new combined programs will be available to the GME community on the ACGME website in the fall of 2024.

  - Current unaccredited programs that choose to opt into the accreditation process will receive an accreditation status of Initial Accreditation effective July 1, 2025.
Site Visits for Programs on Continued Accreditation

- 10-Year Accreditation Site Visits discontinued
- Continued Accreditation Site Visits
- Random sampling of one to two percent of programs
  - Programs that have not had a site visit in at least 10 years
  - Help assess program compliance with the Common Program Requirements and applicable specialty-specific Program Requirements
- For 2024, all selected programs for these site visits were notified in January of their future approximate site visit target date
Program Self-Study

- The program Self-Study will continue to be a Program Requirement (V.C.2.)
- The program Self-Study will no longer be linked to or reviewed during a site visit
- Graduate Medical Education Committee (GMEC) oversight of the program Self-Study
Temporary Complement Increase Requests

- All Review Committees will allow extensions of education up to 90 days without requiring formal submission of a temporary complement increase request.
- This applies to all specialty/subspecialty programs except one-year programs.
- Requests for temporary changes in complement longer than 90 days are still required and must be approved by the designated institutional official (DIO) prior to being submitted in ADS for Review Committee consideration.
Resident/Fellow and Faculty Surveys

- The reporting period for the ACGME’s annual surveys was February 12 through April 7
- The ACGME anticipates that Sponsoring Institutions and programs will receive survey reports in early May
- The ACGME will NOT notify your survey takers directly
- As in previous years, program leadership is charged with alerting survey takers about their participation using existing mechanisms available within ADS
Docs with Disabilities Initiative Partnership (DWDI)

- The ACGME is partnering with DWDI on Multimedia Resource Hub for the Disability Inclusion in GME project, which will host resources on topics including:
  - normalizing disability inclusion
  - creating safe environments for disclosing disabilities
  - meeting legal obligations for disability inclusion
- Calls for community involvement and inclusion in the hub will be forthcoming
Women with Disabilities in Medicine/Disability in Graduate Medical Education Panel: Transitioning from UME to GME

- Leaders and learners will share insights on navigating the pathway from medical school to residency, thriving as a resident with a disability, and addressing the unique challenges that often disproportionately impact women.
- Session was held in March
- Webinar is open to all at no cost
ACGME Clinician Educator Journal Club

- Monthly online meeting of graduate medical educators, authors, and ACGME staff members coming together to discuss the latest journal articles and timely topics in medical education
- Inaugural session was held in March
- Topic: Creation of the Clinician Educator Milestones
- Speakers: John Mahan, MD and Amy Miller Juve, EdD, Med
- There is no cost to attend, and the session is open to all. Registration is required. Register Today – Link in ACGME e-Communication
The ACGME is accepted nominations for the 2025 ACGME Awards.

Deadline was in March

For additional information and to download nomination materials: https://www.acgme.org/initiatives/awards/
• Funding opportunity for resident-/fellow-led teams
• Builds deeper connections with patients

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

DEADLINE: APRIL 22, 2024
Program Resources
www.acgme.org

- Accreditation Data System | ADS Public Site
- ACGME Policies and Procedures
- Clinical Competency Committee (CCC) Guidebook
- Milestones Resources | Guidebooks and FAQs
- How to Complete an Application
- Institutional Requirements
- Resident Survey Crosswalk Document
- Faculty Survey Crosswalk Document
- Journal of Graduate Medical Education
- Specialty-Specific Resources (Program Requirements, application forms, complement change policy, Guide to Construction of a Block Diagram) | Access via specialty pages
- Common Resources (e.g., Guide to the Common Program Requirements, ACGME Glossary of Terms, Common Program Requirements FAQs, Key to Standard LON | Access via specialty pages
- Site Visit Information (e.g., types of visits, Site Visit FAQ, listing of accreditation field representatives)
- Weekly e-Communication | Sent via email
Learn at ACGME Redesign

Coming Soon!

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

Have a question or need assistance? Contact us!

desupport@acgme.org
These self-directed curricula provide the fundamentals of diversity, equity, and inclusion, and will enable participants to move through progressively more complex concepts.

- Trauma-Responsive Cultures
- Steps Leaders Can Take to Increase Diversity, Enhance Inclusion, and Achieve Equity
- Naming Racism and Moving to Action Part
- Women in Medicine
- Exposing Inequities and Operationalizing Racial Justice
- Patient Safety, Value, and Healthcare Equity: Measurement Matters
- American Indian and Alaskan Natives in Medicine
- And many more!

The ACGME designates this enduring material for a maximum of 18.0 AMA PRA Category 1 Credits™.
Remediation Toolkit

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

If You Build It, They Will Come:
Designing a Centralized Remediation Program

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

The ACGME designates this enduring material for a maximum of 5.25 AMA PRA Category 1 Credits™
Faculty Development Toolkit:
Improving Assessment Using Direct Observation

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

- For new and seasoned coordinators
- Covers a wide range of topics important to program coordinators
- Videos from working coordinators
- Summer 2024
Virtual Workshop
Self-Empowerment for Program Coordinators

- Seven-day workshop for new and experienced program coordinators
- Interactive activities and virtual synchronous workshop
  - Leadership strategies
  - Networking opportunities
  - Asserting your professionalism
- April 15-21, 2024
- Registration required
Applying for Program Accreditation Course

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

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ACGME Contacts

**ADS Team**
Technical Support

- ADS General [ADS@acgme.org](mailto:ADS@acgme.org)
- Resident/Fellow Survey [resurvey@acgme.org](mailto:resurvey@acgme.org)
- Faculty Survey [facsurvey@acgme.org](mailto:facsurvey@acgme.org)
- Heidi Sowl [hsowl@acgme.org](mailto:hsowl@acgme.org)

**Field Activities**
Site Visit, Self-Study Questions

- General Questions [fieldrepresentatives@acgme.org](mailto:fieldrepresentatives@acgme.org)
- Linda Andrews, MD [landrews@acgme.org](mailto:landrews@acgme.org)
- Andrea Chow [achow@acgme.org](mailto:achow@acgme.org)
- Penny Iverson-Lawrence [pil@acgme.org](mailto:pil@acgme.org)

**Accreditation Team**
Requirements, LON Questions

- Accreditation General (non-specialty-specific) [accreditation@acgme.org](mailto:accreditation@acgme.org)
- Caroline Fischer, MBA [cfischer@acgme.org](mailto:cfischer@acgme.org)
- Denise Braun-Hart [dbraun@acgme.org](mailto:dbraun@acgme.org)
Thank You