

1996 ANNUAL REPORT

Accreditation
Council
for
Graduate
Medical
Education



ACCGME

ASSURING THE QUALITY OF MEDICAL CARE

The ACGME is sponsored by:

American Board of Medical Specialties
American Hospital Association
American Medical Association
Association of American Medical Colleges
Council of Medical Specialty Societies

The Accreditation Council for Graduate Medical Education is responsible for evaluating and accrediting residency programs in the United States. We are a private-sector council, operating under the aegis of five medical organizations.

Most importantly, we act as a catalyst, bringing together knowledgeable healthcare practitioners, educators and administrators to resolve critical issues concerning graduate medical training.

These volunteers, who participate in our Residency Review Committees, are key to the efficacy of our process. Through their work, we directly influence the quality of graduate medical education, the quality of healthcare institutions and, ultimately, the quality of medicine in America. Because of them, the ACGME is improving the pattern of medical education and the course of patient care.



LETTER FROM THE EXECUTIVE DIRECTOR



The ACGME completed a year of healthy self-examination and change. As reported in Dr. Richard Allen's message, the ACGME has proposed a number of structural changes to improve its functioning. We expect revised *Bylaws* incorporating some of these changes in 1997.

Important changes have occurred at the operational level, as well. Early in the year, the Council appointed an Institutional Review Committee composed of individuals with extensive experience in institutional oversight of graduate medical education. After an initial organizational meeting, the committee met twice to review institutions for compliance with ACGME's Institutional Requirements. This process, using these experienced peer reviewers, marks a new stage in our mandate that institutions take responsibility for the programs they sponsor. This responsibility was first articulated in the *General Requirements* that became effective in 1982. During succeeding years, the ACGME has placed increasing emphasis on assessing institutions' ability to carry out a residency education mission, particularly as more academic medical centers change or merge.

A second area of emphasis in 1996 has been an attempt to focus graduate medical education more clearly on educational outcomes. Much of the current structure is based on time experiences such as rotations of specific length. We believe more flexibility in education can be achieved if we evaluate competencies of the individuals completing the education. Susan R. Swing, PhD, head of the ACGME's Department of Research, has worked with a committee of Chairs of Residency Review Committees to develop an initial strategy for enhancing the assessment of outcomes in

graduate medical education. I am hopeful that we can secure foundation support to identify and disseminate the best existing practices. During the coming year, the ACGME plans to host a working conference to build RRC and program director awareness of assessment strategies.

At a year-end meeting, the Executive Committee proposed making one of the ACGME committees responsible for a broad overview of graduate medical education and for identifying strategic issues on which we can provide leadership. We expect this committee will prove invaluable in helping to keep accreditation responsive to the dynamic medical environment.

During 1996, the ACGME also continued regular activities. As can be seen elsewhere in this report, a surprisingly large number of residency programs received some review by the relevant RRC. In addition, 11 sets of Program Requirements were revised and approved. We also adopted standards for four new areas of accreditation: musculoskeletal radiology, spinal cord injury medicine, forensic psychiatry and pediatric infectious disease.

In closing, I join Dr. Allen in thanking all of the individuals who contributed to the work of the ACGME through RRCs, on-site reviews and boards of appeal.

John C. Gienapp, PhD
Executive Director
Accreditation Council for Graduate
Medical Education

MESSAGE FROM THE CHAIR

This report gives me the opportunity to discuss the 1996 activities of the ACGME and outline the challenges that face graduate medical education in the changing environment of managed care.

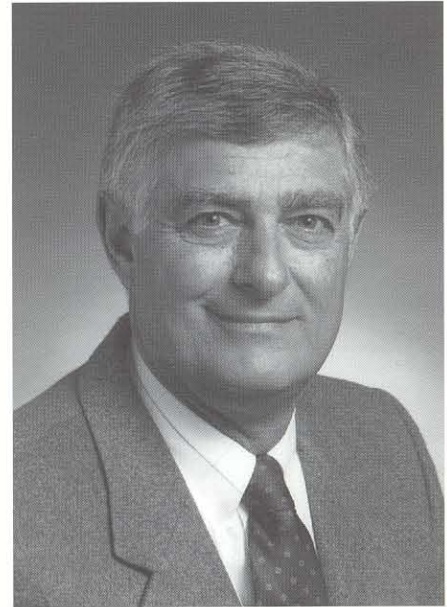
Early in the year, the Executive Committee began a significant reassessment of the structure and functions of the ACGME. Out of this analysis came several recommendations, among them modifying the ACGME structure to make individuals serving on the Council more responsible for timely decision-making. In addition, the ACGME completely redrafted its services agreement with the AMA to clarify reporting lines and accurately reflect the way in which the ACGME purchases staff support.

I would now like to turn to larger healthcare issues. Graduate medical education faces greater challenges in the last few years of this century than in several previous decades. Proposals for significant change abound. For example, a proposed consensus statement on physician workforce drafted by a number of organizations, including the AMA and the Association of American Medical Colleges, looks to establish a national commission to monitor the physician workforce; reduce the number of entry-level residency positions to more closely align with the number of graduates of U.S. medical schools; encourage physicians-in-training to receive experiences in rural and inner-city locations; and develop a national all-payer fund to provide a stable source to cover the direct costs of graduate medical education, transitional funds to support certain teaching hospitals

and a national fund for activities now supported by the Medicare indirect medical education adjustment. Since Congress is seeking a way to reduce Medicare support for graduate medical education, it would be wise for the house of medicine to help find solutions proactively.

With diminished government funding to curtail the number of physicians in training, the role of the ACGME will be to sustain quality standards while affording sufficient flexibility to allow innovation in curricula and partnerships with the emerging healthcare delivery systems. Of particular importance is maintaining the appropriate clinical component of residency education without using residents simply to provide healthcare services that have little or no educational value. *Service should never take precedence over education.* Achieving these goals will be a challenge, but the health professionals participating in the work of the ACGME bring a wide range of experiences that will help us respond creatively.

In closing, I want to thank the distinguished clinicians and educators who served during 1996 on Residency Review Committees, conducted on-site inspections and sat on boards of appeal. These volunteers devoted more than 39,000 hours of increasingly precious time to the ACGME's work. Each deserves our gratitude.



A handwritten signature in dark ink that reads "Richard Allen, MD". The signature is fluid and cursive, with a large initial "R" and "A".

Richard Allen, MD
Chair
Accreditation Council for Graduate
Medical Education

MILESTONES FOR 1996

The primary responsibility of the ACGME is accreditation of residency programs. One of the most important measures of annual activity, therefore, is the number of programs reviewed. Of the 7,519 programs accredited by the end of 1996, a full 3,756 appeared on Residency Review Committee agendas during the year, including 2,582 that were scheduled for regular accreditation status reviews.

As a result, 50 percent of all programs were examined and 34 percent were subject to routine accreditation actions.

SCOPE OF RESPONSIBILITY

ACGME-accredited programs	7,519
ACGME-accredited specialties	27
ACGME-accredited training areas	69
Residents affected by ACGME accreditation	101,000

ACGME field staff conducted 1,711 surveys, including 81 institutional surveys, 884 surveys of programs in the basic disciplines, and 746 surveys of sub-specialty programs. Volunteer physician specialists conducted an additional 368 surveys.

During regular accreditation reviews, RRCs proposed adverse evaluations for 224 programs, or nine percent. Accreditation was withheld upon application in 60 cases and withdrawn in 44 cases. One hundred and twelve programs were placed on probation, and eight reductions in resident complement were mandated. Eight programs were administratively withdrawn, and 185 programs withdrew voluntarily.

The ACGME considered 15 appeals after formal hearings by specially constituted Boards of Appeals.

Another indicator of ACGME's 1996 activity is the number of people and tasks necessary to accomplish this vital process. The staff of ACGME surveyors spent approximately 600 weeks on the road. In addition, volunteer surveyors made 368 trips to visit programs. RRCs held 60 meetings; the Institutional Review Committee met three times; and the entire ACGME council met three times. Appeals brought 45 physicians to Chicago for one-day hearings.

All told, volunteer physicians and administrators contributed an estimated 39,000 hours in 1996. The ACGME staff of 67 employees supported their invaluable work.

EVALUATION ACTIVITY

Total agenda items	3,756
Regular accreditation status reviews	2,582
Adverse actions	
Withheld	60
Withdrawn	44
Probation	112
Appeals	
Sustained	8
Reversed	7

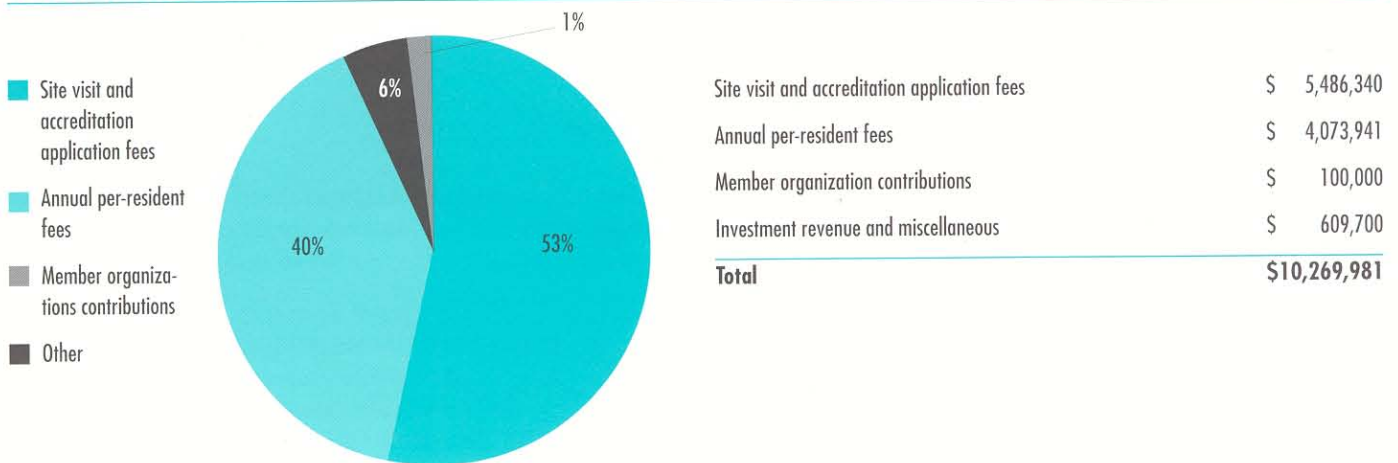
1996 FINANCIAL HIGHLIGHTS

The ACGME's 1996 revenues came primarily from fees charged to programs. The largest portion of these revenues was derived from fees charged for site visits. Much of the remainder came from annual fees charged to each program based on the number of residents enrolled. Direct contributions from the five member organizations constituted approximately one percent of the ACGME's support.

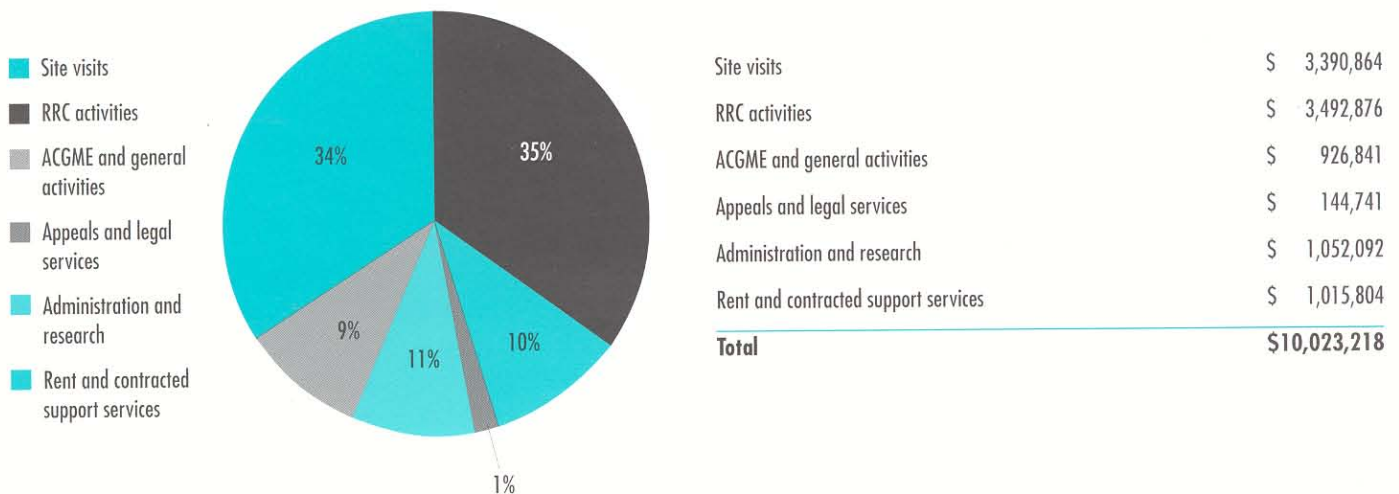
ACGME expenditures for 1996 were \$10 million. This total was slightly higher than the previous year.

At year-end, cash and investments totaled \$5.9 million.

REVENUES



EXPENSES



RESIDENCY REVIEW COMMITTEES

Each of the 26 Residency Review Committees is sponsored by the two or three organizations listed below. The sponsoring organizations are the medical specialty boards, the American Medical Association (AMA), and in many instances an appropriate major specialty organization. Members of the Residency Review Committees, which vary in size from six to 15 persons, are appointed in equal numbers by the sponsoring organizations. In addition to the specialty area which forms the name of the committee, other specialized training areas accredited by the committee are also indicated.

In addition to programs in these areas, the ACGME accredits special one-year general clinical programs called Transitional Year Programs. The ACGME also provides for an Institutional Review Committee, which evaluates sponsoring institutions for compliance with the ACGME Institutional Requirements.

Allergy and Immunology	<i>Specialized Area: Clinical and Laboratory Immunology</i>	<ul style="list-style-type: none"> • American Board of Allergy and Immunology (A Conjoint Board of the American Board of Internal Medicine and the American Board of Pediatrics) • AMA Council on Medical Education
Anesthesiology	<i>Specialized Areas: Critical Care Medicine Pain Management</i>	<ul style="list-style-type: none"> • American Board of Anesthesiology • AMA Council on Medical Education • American Society of Anesthesiologists
Colon and Rectal Surgery		<ul style="list-style-type: none"> • American Board of Colon and Rectal Surgery • AMA Council on Medical Education • American College of Surgeons
Dermatology	<i>Specialized Area: Dermatopathology</i>	<ul style="list-style-type: none"> • American Board of Dermatology • AMA Council on Medical Education
Emergency Medicine	<i>Specialized Area: Sports Medicine</i>	<ul style="list-style-type: none"> • American Board of Emergency Medicine • AMA Council on Medical Education • American College of Emergency Physicians
Family Practice	<i>Specialized Areas: Geriatric Medicine Sports Medicine</i>	<ul style="list-style-type: none"> • American Board of Family Practice • AMA Council on Medical Education • American Academy of Family Physicians
Internal Medicine	<i>Specialized Areas: Cardiovascular Disease Clinical Cardiac Electrophysiology Critical Care Medicine Endocrinology, Diabetes, and Metabolism Gastroenterology Geriatric Medicine Hematology Hematology and Oncology Infectious Disease Nephrology Oncology Pulmonary Disease Pulmonary Disease and Critical Care Medicine Rheumatology Sports Medicine</i>	<ul style="list-style-type: none"> • American Board of Internal Medicine • AMA Council on Medical Education • American College of Physicians

Medical Genetics		<ul style="list-style-type: none"> • American Board of Medical Genetics • AMA Council on Medical Education • American College of Medical Genetics
Neurological Surgery	<i>Specialized Area: Pediatric Neurological Surgery</i>	<ul style="list-style-type: none"> • American Board of Neurological Surgery • AMA Council on Medical Education • American College of Surgeons
Neurology	<i>Specialized Areas: Child Neurology Clinical Neurophysiology</i>	<ul style="list-style-type: none"> • American Board of Psychiatry and Neurology • AMA Council on Medical Education • American Academy of Neurology
Nuclear Medicine		<ul style="list-style-type: none"> • American Board of Nuclear Medicine • AMA Council on Medical Education • Society of Nuclear Medicine
Obstetrics and Gynecology		<ul style="list-style-type: none"> • American Board of Obstetrics and Gynecology • AMA Council on Medical Education • American College of Obstetricians and Gynecologists
Ophthalmology		<ul style="list-style-type: none"> • American Board of Ophthalmology • AMA Council on Medical Education • American Academy of Ophthalmology
Orthopaedic Surgery	<i>Specialized Areas: Adult Reconstructive Orthopaedics Foot & Ankle Orthopaedics Hand Surgery Musculoskeletal Oncology Orthopaedic Sports Medicine Orthopaedic Surgery of the Spine Orthopaedic Trauma Pediatric Orthopaedics</i>	<ul style="list-style-type: none"> • American Board of Orthopaedic Surgery • AMA Council on Medical Education • American Academy of Orthopaedic Surgeons
Otolaryngology	<i>Specialized Area: Otology-Neurotology Pediatric Otolaryngology</i>	<ul style="list-style-type: none"> • American Board of Otolaryngology • AMA Council on Medical Education • American College of Surgeons
Anatomic and Clinical Pathology	<i>Specialized Areas: Blood Banking/Transfusion Medicine Chemical Pathology Cytopathology Dermatopathology Forensic Pathology Hematology Immunopathology Medical Microbiology Neuropathology Pediatric Pathology</i>	<ul style="list-style-type: none"> • American Board of Pathology • AMA Council on Medical Education

Pediatrics	<i>Specialized Areas:</i> <i>Neonatal-Perinatal Medicine</i> <i>Pediatric Cardiology</i> <i>Pediatric Critical Care Medicine</i> <i>Pediatric Endocrinology</i> <i>Pediatric Gastroenterology</i> <i>Pediatric Hematology/Oncology</i> <i>Pediatric Infectious Disease</i> <i>Pediatric Nephrology</i> <i>Pediatric Pulmonology</i> <i>Pediatric Rheumatology</i> <i>Pediatric Sports Medicine</i>	<ul style="list-style-type: none"> • American Board of Pediatrics • AMA Council on Medical Education • American Academy of Pediatrics
Physical Medicine and Rehabilitation	<i>Specialized Area:</i> <i>Spinal Cord Injury Medicine</i>	<ul style="list-style-type: none"> • American Board of Physical Medicine and Rehabilitation • AMA Council on Medical Education • American Academy of Physical Medicine and Rehabilitation
Plastic Surgery	<i>Specialized Area:</i> <i>Hand Surgery</i>	<ul style="list-style-type: none"> • American Board of Plastic Surgery • AMA Council on Medical Education • American College of Surgeons
Preventive Medicine		<ul style="list-style-type: none"> • American Board of Preventive Medicine • AMA Council on Medical Education
Psychiatry	<i>Specialized Areas:</i> <i>Addiction Psychiatry</i> <i>Child and Adolescent Psychiatry</i> <i>Forensic Radiology</i> <i>Geriatric Psychiatry</i>	<ul style="list-style-type: none"> • American Board of Psychiatry and Neurology • AMA Council on Medical Education • American Psychiatric Association
Radiology-Diagnostic	<i>Specialized Areas:</i> <i>Musculoskeletal Radiology</i> <i>Neuroradiology</i> <i>Nuclear Radiology</i> <i>Pediatric Radiology</i> <i>Vascular and Interventional Radiology</i>	<ul style="list-style-type: none"> • American Board of Radiology • AMA Council on Medical Education • American College of Radiology
Radiation Oncology		<ul style="list-style-type: none"> • American Board of Radiology • AMA Council on Medical Education • American College of Radiology
Surgery	<i>Specialized Areas:</i> <i>General Vascular Surgery</i> <i>Hand Surgery</i> <i>Pediatric Surgery</i> <i>Surgical Critical Care</i>	<ul style="list-style-type: none"> • American Board of Surgery • AMA Council on Medical Education • American College of Surgeons
Thoracic Surgery		<ul style="list-style-type: none"> • American Board of Thoracic Surgery • AMA Council on Medical Education • American College of Surgeons
Urology	<i>Specialized Area:</i> <i>Pediatric Urology</i>	<ul style="list-style-type: none"> • American Board of Urology • AMA Council on Medical Education • American College of Surgeons
Transitional Year		<ul style="list-style-type: none"> • ACGME Standing Committee

LIST OF PARTICIPANTS

Residency Review Committee Members

Allergy and Immunology

Emil Bardana, Jr., MD
Oregon Health Sciences University
School of Medicine
Portland, Oregon
Chair

Bernard H. Booth, MD
University of Mississippi
School of Medicine
Jackson, Mississippi

James T. Li, MD
Mayo Graduate School of Medicine
Rochester, Minnesota

Dennis R. Ownby, MD
Henry Ford Hospital
Detroit, Michigan

Gary S. Rachelefsky, MD
UCLA School of Medicine
Los Angeles, California
Vice-Chair

William T. Shearer, MD, PHD
Texas Children's Hospital
Houston, Texas

Raymond Slavin, MD
St. Louis University School of
Medicine, St. Louis, Missouri

Betty B. Wray, MD
Medical College of Georgia
Augusta, Georgia

John W. Yunginger, MD
Mayo Graduate School of Medicine
Rochester, Minnesota
Ex-Officio

Anesthesiology

Burton S. Epstein, MD
George Washington University
School of Medicine
Washington, DC
Chair

Bruce F. Cullen, MD
Harborview Medical Center
Seattle, Washington

Joseph C. Gabel, MD
UCLA School of Medicine
Los Angeles, California

D. David Glass, M.D.
American Board of Anesthesiology
Raleigh, North Carolina
Ex-Officio

Shirley A. Graves, MD
University of Florida School of
Medicine, Gainesville, Florida

Craig H. Leicht, MD
Mayo Graduate School of Medicine
Rochester, Minnesota

M. Jane Matjasko, MD
University of Maryland
School of Medicine
Baltimore, Maryland

Frank L. Murphy, MD
University of Pennsylvania
School of Medicine
Philadelphia, Pennsylvania

Stephen J. Thomas, MD
Cornell University School of
Medicine, New York, New York

Gale E. Thompson, MD
Virginia Mason Clinic
Seattle, Washington

Colon and Rectal Surgery

Herand Abcarian, MD
American Board of Colon & Rectal
Surgery, Detroit, Michigan
Ex-Officio

H. Randolph Bailey, MD
University of Texas
Medical School at Houston
Houston, Texas

Robert D. Fry, MD
Thomas Jefferson University
School of Medicine
Philadelphia, Pennsylvania

Terry C. Hicks, MD
Ochsner Clinic
New Orleans, Louisiana

Frank Padberg, MD
American College of Surgeons
Chicago, Illinois
Ex-Officio

Elliot Prager, MD
Sansum Medical Clinic
Santa Barbara, California
Vice-Chair

Thomas R. Russell, MD
San Francisco, California

David J. Schoetz, Jr., MD
Lahey Clinic
Burlington, Massachusetts
Chair

Dermatology

Rex A. Amonette, MD
Memphis, Tennessee

Ronald J. Barr, MD
University of California Irvine
Medical Center, Orange, California
Chair

Kenneth E. Greer, MD
University of Virginia Medical
Center, Charlottesville, Virginia

Antoinette Hood, MD
Indiana University School of
Medicine, Indianapolis, Indiana

Harry J. Hurley, MD
American Board of Dermatology
Detroit, Michigan
Ex-Officio

Joseph L. Jorizzo, MD
Bowman Gray School of Medicine
Winston-Salem, North Carolina

Charles J. McDonald, MD
Roger Williams Medical Center
Providence, Rhode Island
Vice-Chair

Randall K. Roenigk, MD
Mayo Graduate School of
Medicine, Rochester, Minnesota

Sophie Marie Worobec, MD
Rochester, New York

Emergency Medicine

Joseph E. Clinton, MD
Hennepin County Medical Center
Minneapolis, Minnesota

Constance S. Greene, MD
Cook County Hospital
Chicago, Illinois
Vice-Chair

Robert C. Jordan, MD
Maricopa Medical Center
Phoenix, Arizona

Ronald L. Krome, MD
William Beaumont Hospital
Royal Oak, Michigan

Jo Ellen Linder, MD
Altadena, California

Vincent Markovchick, MD
Denver General Hospital
Denver, Colorado
Chair

John C. Moorhead, MD
Oregon Health Sciences University
School of Medicine
Portland, Oregon

Benson Munger, PhD
American Board of Emergency
Medicine, East Lansing, Michigan
Ex-Officio

Thomas A. Sames, MD
Kirkland Air Force Base
Albuquerque, New Mexico

Michael Sheridan
American College of Emergency
Physicians, Irving, Texas
Ex-Officio

Corey M. Slovis, MD
Vanderbilt University School of
Medicine, Nashville, Tennessee

David K. Wagner, MD
MCP/Hahnemann University
School of Medicine
Philadelphia, Pennsylvania

Family Practice

John C. Anderson, MD
Cle Elum Family Medical Center
Cle Elum, Washington

Diane Kaye Beebe, MD
University of Mississippi Medical
Center, Jackson, Mississippi

Edward T. Bope, MD
Riverside General Hospital
University Medical Center
Columbus, Ohio
Vice-Chair

Stephen Brunton, MD
Long Beach Memorial Medical
Center, Long Beach, California

Michael D. Hagen, MD
University of Kentucky School of
Medicine, Lexington, Kentucky

Margaret Hayes, MD
Oregon Health Sciences University
School of Medicine
Portland, Oregon
Resident

David M. Holden, MD
Long Island College Family Care
Center, Brooklyn, New York
Chair

Daniel J. Ostergaard, MD
American Academy of Family
Physicians, Kansas City, Missouri
Ex-Officio

Perry A. Pugno, MD
Methodist Hospital of Sacramento
Sacramento, California

William MacMillan Rodney, MD
University of Tennessee School of
Medicine, Memphis, Tennessee

E. Lee Taylor, Jr., MD
Texas Tech University Health
Science Center at Amarillo
Amarillo, Texas

Joseph W. Tollison, MD
Medical College of Georgia
School of Medicine
Augusta, Georgia

Mary Willard, MD
West Jersey Health System
Voorhees, New Jersey

Paul R. Young, MD
American Board of Family Practice
Lexington, Kentucky
Ex-Officio

Internal Medicine

William J. Arnold, MD
Lutheran General Hospital
Park Ridge, Illinois

Michael Bernstein, MD
Overlook Hospital
Summit, New Jersey

Nadine C. Bruce, MD
Mount Sinai Medical Center of
Cleveland, Cleveland, Ohio

F. Daniel Duffy, MD
University of Oklahoma
College of Medicine-Tulsa
Tulsa, Oklahoma
Chair

Patrick J. Fahey, MD
Loyola University Medical Center
Maywood, Illinois

Donald Feinstein, MD
University of Southern California
School of Medicine
Los Angeles, California

Richard J. Glasscock, MD
University of Kentucky College of
Medicine, Lexington, Kentucky
Vice-Chair

Stephen E. Goldfinger, MD
Massachusetts General Hospital
Boston, Massachusetts

Harry R. Kimball, MD
American Board of Internal
Medicine
Philadelphia, Pennsylvania
Ex-Officio

Allan Pont, MD
California Pacific Medical Center
San Francisco, California

Linda R. Edwards, MD
University of Florida Health
Science Center
Jacksonville, Florida

Arthur H. Rubenstein, MD
University of Chicago School of
Medicine, Chicago, Illinois

Geraldine Schechter, MD
Veterans Affairs Medical Center
Washington, D.C.

Stanley R. Shane, MD
Veterans Affairs Medical Center
Reno, Nevada

Kathleen E. Squires, MD
University of Alabama School of
Medicine at Birmingham
Birmingham, Alabama

Herbert Waxman, MD
American College of Physicians
Philadelphia, Pennsylvania
Ex-Officio

Donald Wilson, MD
University of Maryland School of
Medicine, Baltimore, Maryland

Medical Genetics

Suzanne B. Cassidy, MD
University Hospitals of Cleveland
Cleveland, Ohio
Vice-Chair

Charles Epstein, MD
University of California
San Francisco School of Medicine
San Francisco, California
Chair

Lewis B. Holmes, MD
Massachusetts General Hospital
Boston, Massachusetts

Michael Kaback, MD
Children's Hospital
San Diego, California

Edward McCabe, MD, PhD
UCLA School of Medicine
Los Angeles, California

Joe Leigh Simpson, MD
Baylor College of Medicine
Houston, Texas

Neurological Surgery

William A. Buchheit, MD
Temple University School of
Medicine
Philadelphia, Pennsylvania

David L. Kelly, Jr., MD
Bowman Gray School of Medicine
Winston-Salem, North Carolina

George A. Ojemann, MD
University of Washington
School of Medicine
Seattle, Washington

Robert G. Ojemann, MD
Massachusetts General Hospital
Boston, Massachusetts
Vice-Chair

Frank Padberg, MD
American College of Surgeons
Chicago, Illinois
Ex-Officio

David G. Piepgras, MD
Mayo Graduate School of
Medicine, Rochester, Minnesota
Chair

Edward Seljeskog, MD
American Board of Neurological
Surgery, Houston, Texas
Ex-Officio

John Van Gilder, MD
University of Iowa College of
Medicine, Iowa City, Iowa

Neurology

Rosalie Burns, MD
MCP/Hahnemann University
School of Medicine
Philadelphia, Pennsylvania

Ruthmary K. Deuel, MD
Washington University
School of Medicine
St. Louis, Missouri

Marvin Fishman, MD
Baylor College of Medicine
Houston, Texas

Robert C. Griggs, MD
University of Rochester School of
Medicine, Rochester, New York

Jack H. Petajan, MD
University of Utah School of
Medicine, Salt Lake City, Utah

Stephen C. Scheiber, MD
American Board of Psychiatry and
Neurology, Deerfield, Illinois
Ex-Officio

Thomas Swift, MD
Medical College of Georgia
Augusta, Georgia

Nuclear Medicine

Naomi Alazraki, MD
Emory University School of
Medicine, Atlanta, Georgia

William Blahd, MD
Veterans Affairs Medical Center
(West Los Angeles)
Los Angeles, California
Chair

Eva V. Dubovsky, MD
University of Alabama
School of Medicine
Birmingham, Alabama

James W. Fletcher, MD
Veterans Affairs Medical Center
(St. Louis), St. Louis, Missouri

Richard N. Pierson, Jr., MD
St. Luke's - Roosevelt Medical
Center, New York, New York

David C. Price, MD
University of California
San Francisco School of Medicine
San Francisco, California

Obstetrics/Gynecology

Marion C. Craighill, MD
Boston, Massachusetts

Stephen L. Curry, MD
Hartford Hospital
Hartford, Connecticut

Sharon Dooley, MD
Northwestern University School of
Medicine, Chicago, Illinois

John Fishburne, Jr., MD
University of Oklahoma Health
Sciences Center
Oklahoma City, Oklahoma
Chair

Stanley A. Gall, MD
University of Louisville
School of Medicine
Louisville, Kentucky

Norman F. Gant, MD
American College of Obstetrics &
Gynecology, Dallas, Texas
Ex-Officio

Ralph Hale, MD
American College of Obstetricians
and Gynecologists
Washington, DC
Ex-Officio

Arthur L. Herbst, MD
University of Chicago School of
Medicine, Chicago, Illinois

Hal Lawrence, III, MD
Mountain Area Health Education
Center Program
Asheville, North Carolina

John H. Mattox, MD
Good Samaritan Regional Medical
Center, Phoenix, Arizona

Sumeeta M. Nanda, MD
Tulsa, Oklahoma
Resident

Joel I. Polin, MD
Abington Memorial Hospital
Abington, Pennsylvania

Vickie Seltzer, MD
Long Island Jewish Medical Center
New Hyde Park, New York

Morton A. Stenchever, MD
University of Washington School of
Medicine, Seattle, Washington

Gerson Weiss, MD
UMDNJ-New Jersey Medical School
Newark, New Jersey

Ophthalmology

George Bohigian, MD
St. Louis, Missouri

Judie F. Charlton, MD
West Virginia University
School of Medicine
Morgantown, West Virginia

James L. Kinyoun, MD
University of Washington
School of Medicine
Seattle, Washington

James P. McCulley, MD
University of Texas
Southwestern Medical School at
Dallas, Dallas, Texas

Alfredo A. Sadun, MD, PhD
Doheny Eye Institute
Los Angeles, California

M. Bruce Shields, MD
Duke University School of Medicine
Durham, North Carolina

Morton E. Smith, MD
University of Wisconsin at Madison
School of Medicine
Madison, Wisconsin
Chair

Robert L. Stamper, MD
California Pacific Medical Center
San Francisco, California

Robert D. Yee, MD
Indiana University School of
Medicine, Indianapolis, Indiana

Orthopaedic Surgery

James G. Buchholz, MD
Lutheran Hospital of Indiana
Fort Wayne, Indiana

Robert W. Bucholz, MD
University of Texas Southwestern
Medical Center, Dallas, Texas

G. Paul DeRosa, MD
American Board of
Orthopaedic Surgery
Chapel Hill, North Carolina
Chair

Mark C. Gebhardt, MD
Massachusetts General Hospital
Boston, Massachusetts

Richard J. Haynes, MD
Phoenix, Arizona

James V. Luck, Jr., MD
Orthopaedic Hospital
Los Angeles, California
Vice Chair

David F. Martin, MD
Bowman Gray School of Medicine
Winston-Salem, North Carolina

Michael F. Schafer, MD
Northwestern University Medical
School, Chicago, Illinois

Michael A. Simon, MD
University of Chicago
School of Medicine
Chicago, Illinois

Otolaryngology

Robert W. Cantrell, MD
American Board of
Otolaryngology, Houston, Texas
Ex-Officio

Nicholas J. Cassisi, MD
University of Florida
School of Medicine
Gainesville, Florida

Bruce J. Gantz, MD
University of Iowa
College of Medicine
Iowa City, Iowa

Gerald B. Healy, MD
Children's Hospital
Boston, Massachusetts

Robert H. Miller, MD
Tulane University School of
Medicine, New Orleans, Louisiana
Chair

Robert H. Ossoff, MD
Vanderbilt University
School of Medicine
Nashville, Tennessee
Vice Chair

Frank Padberg, MD
American College of Surgeons
Chicago, Illinois
Ex-Officio

Dale H. Rice, MD
University of Southern California
School of Medicine
Los Angeles, California

Alexander J. Schleuning, MD
Oregon Health Sciences
University School of Medicine
Portland, Oregon

Fred J. Stucker, MD
Louisiana State University
School of Medicine in Shreveport
Shreveport, Louisiana

J. Regan Thomas, MD
St. Louis University
School of Medicine
St. Louis, Missouri

Pathology

Stephen D. Allen, MD
Indiana University
School of Medicine
Indianapolis, Indiana

Barbara F. Atkinson, MD
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312.464.4920