



Accreditation Council for Graduate Medical Education

2006–2007 Annual Report



- 2 Message from the Chair
- 3 Executive Director's Report
- 5 Farewell to Dr. Leach
- 6 2006–2007 Statistical Highlights
- 10 2006 Financial Report

Year in Review

- 12 Council of Review Committee Chairs Report
- 13 Council of Review Committee Residents Report
- 14 Institutional Review Committee Report
- 15 Learning Portfolio
- 16 2007 Courage to Teach and Courage to Lead Award Recipients
- 21 2007 Annual Educational Conference
- 22 Committee Highlights
- 24 Department and Committee Reports

- 26 ACGME Board of Directors
- 28 Review Committees
- 31 2006–2007 Review Committee Members
- 37 ACGME Staff

We are the ACGME

OUR MISSION

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

OUR VISION

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



2006–2007 Academic Year a Time of Transition

This was an eventful year in the history of the ACGME. My term of office began in September 2006 after the ending of that Board of Directors meeting. I met with Dr. Leach early this spring and he informed me he intended to retire after the September 2007 meeting, so my two-year term began with the assumption of the chairmanship of the Search Committee.

The February meeting of the ACGME Board was successful in that all business was tended to with discussion and dispatch. Highlights included:

1. Disposition of appeals.
2. Update of our ongoing internal organizational review.
3. Bylaws changes.
4. The ad hoc Committee on International Accreditation became a standing committee.
5. Discussion with the Royal College of Physicians and Surgeons of Canada in which we agreed to hold a conference on international accreditation of graduate medical education.
6. A discussion about the ongoing actions to establish an Alliance for Physician Competence.
7. Confirmation of new members for the review committees.
8. Endorsement of a recommendation from the Finance Committee to seek ways to bill for consultations with reference to inquiries for new specialties.
9. Exploration of new opportunities for program accreditation.
10. Recognition of the awardees for the John Gienapp, the Courage to Teach and the Courage to Lead Awards.

I had the pleasure of attending the 2007 ACGME Annual Educational Conference and am pleased to report that over 1,000 people registered. The four-day session was a success! Especially impressive was the Marvin R. Dunn Poster Session that demonstrated the tremendous work and enthusiasm of those who lead by participating in graduate medical education. They deserve greater recognition.

I would also suggest that all interested parties obtain a copy of a recent ACGME publication, if you have not already done so, *Journey to Authenticity: Voices of Chief Residents*.

At the September meeting, the Board appointed Thomas J. Nasca, MD, MACP, to be the next CEO of the ACGME to succeed Dr. Leach. We look forward to his assuming the leadership and establish the direction for the ACGME with a great deal of anticipation and to a long period of service on behalf of our residents and our patients.

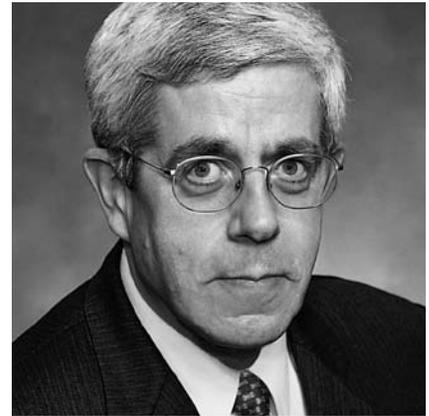
Any and all question should be directed to me at the ACGME office.

William H. Hartmann, MD
Chair, Accreditation Council for Graduate Medical Education

Governance Structure, Portfolios Focus of ACGME's Work in 2006–2007

Having developed a very good strategic plan, the ACGME used 2006–2007 to review its governance structure and to answer the question: *Does the ACGME have the right governance structure to conduct its business effectively and to implement its strategic plan and the four strategic priorities?* A thorough review of governance was conducted. Input was gathered from stakeholders throughout the graduate medical education community. In November 2006, 534 members of the ACGME community participated in an online survey; 77 also had supplemental in-depth interviews by telephone. In March 2007 a separate online survey of the Board of Directors was conducted to solicit their input into needed changes. In June 2007 the ACGME Board of Directors, the Council of Review Committee Chairs and representatives of the five founding organizations held an internal review retreat that processed the results of the surveys and interviews and generated an early draft of options and recommendations that will now be considered by the Board and founding organizations during the 2007–2008 year.

Several themes emerged: 1) the need to pay attention to both anatomy (structure) and physiology (relationships) within the ACGME and its review committees and across the broader community of those interested in GME; 2) a need to be more inclusive (broadening participation in the Council) and more effective (having a smaller Board of Directors charged with the fiduciary obligations demanded by modern corporate law); 3) getting independence and interdependence right; 4) more fully expressing a host of operational improvements already underway so that the review committees can make more data-driven decisions in ways that relieve burden for programs, reviewers and staff.



Does the ACGME have the right governance structure to conduct its business effectively and to implement its strategic plan and the four strategic priorities?

Portfolios constituted another major effort this past year. The resident's day does not begin with goals and objectives; it begins with experience and reflection on experience. One definition of competence is *the demonstrated habit of reflective practice*. Needed is an interactive professional development tool that can support individual residents as they have a variety of educational experiences and reflect on them. At its fall retreat the Executive Committee heard a report from the Competency-based Portfolio Advisory Committee. This advisory committee reviewed the widespread use of portfolios in both grade school and higher education. It examined the use of portfolios in other professions and made several recommendations to the Executive Committee and ACGME Board. This report, including an extensive bibliography on portfolios, is available on the ACGME website http://www.acgme.org/acWebsite/portfolio/learn_cbpac.asp. In

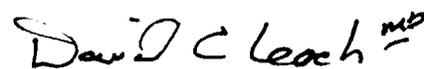
February the ACGME endorsed going forward with development of a learning portfolio. An alpha prototype has been developed and is being tested. Gradual deployment of the portfolio over the next few years will enable the larger community and the ACGME to learn how to best use this new technology to foster improvement in resident physician formation.

The ACGME has responded to its strategic priority of fostering improvement and innovation in a number of ways. Our improvement work in the past has been limited to the approximately eight percent of programs that are threatened by some sort of adverse accreditation action. There is abundant evidence that those programs improve – but improvement means that they now meet minimal requirements. What about the other 92 percent? A number of review committees have either approved program innovations in which particular requirements are waived or have offered outstanding programs the opportunity to participate in major improvements with as much as 40 percent of the requirements waived in exchange for annual outcome data and reporting of community learning. The Committee on Innovation in the Learning Environment is also encouraging program, institutional and review committee pilots that will enable designed improvements to be tested. One initiative – the Learning Innovation and Improvement Project – has identified exemplary institutions and is conducting in-depth interviews and site visits to understand the institutional attributes associated with sponsorship of outstanding educational programs. These are very different conversations than usually occur between accreditors and the organizations they accredit.

It has been a deep privilege to be the ACGME's executive director for the past ten years.

Lastly, I would like to thank ACGME, its employees and volunteers, as well as the larger community of those who take graduate medical education seriously. It has been a deep privilege to be ACGME's executive director for the past ten years. My decision to retire is the right one, but I leave humbled by the depth and breadth of our communities. The agenda is compelling and consistently attracts talent and energy. I have had a wonderful time and am grateful to all of you.

Thank you.



David C. Leach, MD

Executive Director, Accreditation Council for Graduate Medical Education

Dr. Leach Ends Decade of Leadership at the ACGME with September Retirement

The ACGME family said farewell in September to David C. Leach, MD, the organization’s executive director and CEO, when he retired after 10 years of leading the organization.

Dr. Leach, a board-certified internist, joined the ACGME in 1997 after serving for 28 years as a medical director at Henry Ford Health System in Detroit. He also was an assistant dean for the University of Michigan Medical School.

During his tenure as executive director, Dr. Leach capably guided the Council through years of change and growth as the ACGME moved to an outcomes-based emphasis on evaluating programs, adopted common duty hour standards, created a long-term strategic plan, moved to computerized data collection, and developed an online learning portfolio system for residents.

“David’s quiet and effective leadership has moved the ACGME in new and important directions for the benefit of residents and the public. He will be missed,” said William H. Hartmann, MD, chair of the ACGME Board of Directors.

What I Have Learned So Far

Meditation is old and honorable, so why should I not sit, every morning of my life, on the hillside, looking into the shining world? Because, properly attended to, delight, as well as havoc, is suggestion. Can one be passionate about the just, the ideal, the sublime, and the holy, and yet commit to no labor in its cause? I don't think so.

All summations have a beginning, all effect has a story, all kindness begins with the sown seed. Thought buds toward radiance. The gospel of light is the crossroads of — indolence, or action.

Be ignited, or be gone.

by Mary Oliver



CEO David C. Leach, MD, accepts a retirement gift from the ACGME community presented by ACGME chair William H. Hartmann, MD.

REFLECTIONS

“In truth, you have spent your life making countless people look better than they are or, more precisely, better than they knew they were. This gift has been at the heart of your exceptional leadership as a physician and as an administrator.”

Parker J. Palmer, PhD, author of *The Courage to Teach*

His devotion is always to teach
His advice we so often beseech
This man we admire
And now he'll retire
Congrats to our David C. Leach!

Nancy Spector, Director of Education,
National Council of State Boards of Nursing

“You have managed the Council, its committees, and the Executive Committee masterfully by making suggestions rather than requests or demands, and by inviting their best thinking to the issues at hand.”

David L. Nahrwold, MD, Chairman of the Board of Commissioners, Joint Commission

“David, you have put your mark on medical education — vividly on graduate medical education ... that mark is a positive, innovative, and aspirational one. It will, as they say, have legs.”

Bruce E. Spivey, MD, Deputy Executive Vice President, Council of Medical Specialty Societies

The statistics on these pages illustrate the work of the dedicated members of the ACGME – community-field surveyors, review committee members, Board 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 figures, charts and graphs show the ACGME’s activities by the numbers from July 1, 2006 to June 30, 2007.

Programs

8,355 ACGME-accredited residency programs

4,008 core programs

4,347 subspecialty programs

298 programs were newly accredited — 115 core programs and 183 subspecialty programs

13.4% of programs had new program directors — 15% of core programs and 11.8% of subspecialty programs

8,355 ACGME-accredited residency programs

106,383 residents enrolled in ACGME-accredited programs

89,607 (84%) in core programs

16,776 (16%) in subspecialty programs

5,320 programs appeared in review committee agendas during the academic year

2,057 programs reviewed received accreditation or continued accreditation

97 programs reviewed received initial accreditation

3 programs received accreditation with warning

298 newly accredited programs

697 sponsoring institutions

32 programs received probationary accreditation or continued probationary accreditation

59 programs voluntarily withdrew their accreditation

12 programs had their accreditation withdrawn

One new subspecialty, medical biochemical genetics, was approved

The ACGME heard three appeals. One decision was sustained and two were rescinded.

Review committees proposed first-time adverse actions for 7.7% of programs reviewed

24.5% of proposed adverse actions were sustained

71.9% of proposed adverse actions were rescinded

Site Visits

Field staff conducted 1,959 site visits including:

68 institutional site visits

1,005 site visits of core programs

829 site visits of subspecialty programs

57 site visits conducted by specialist site visitors

Sponsoring Institutions

697 sponsoring institutions

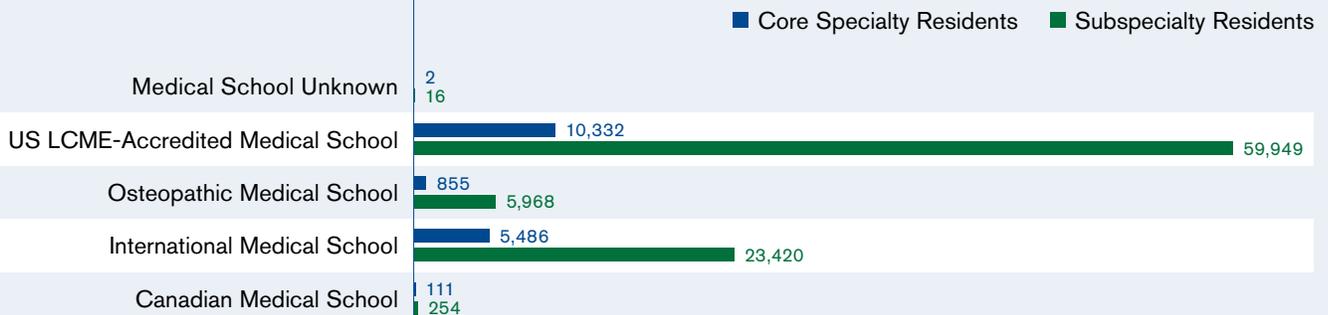
319 institutions sponsor one program

378 sponsor multiple programs

2,858 institutions participate in resident education (residents spend at least one month in rotation)

5,320 programs appeared on RRC agendas

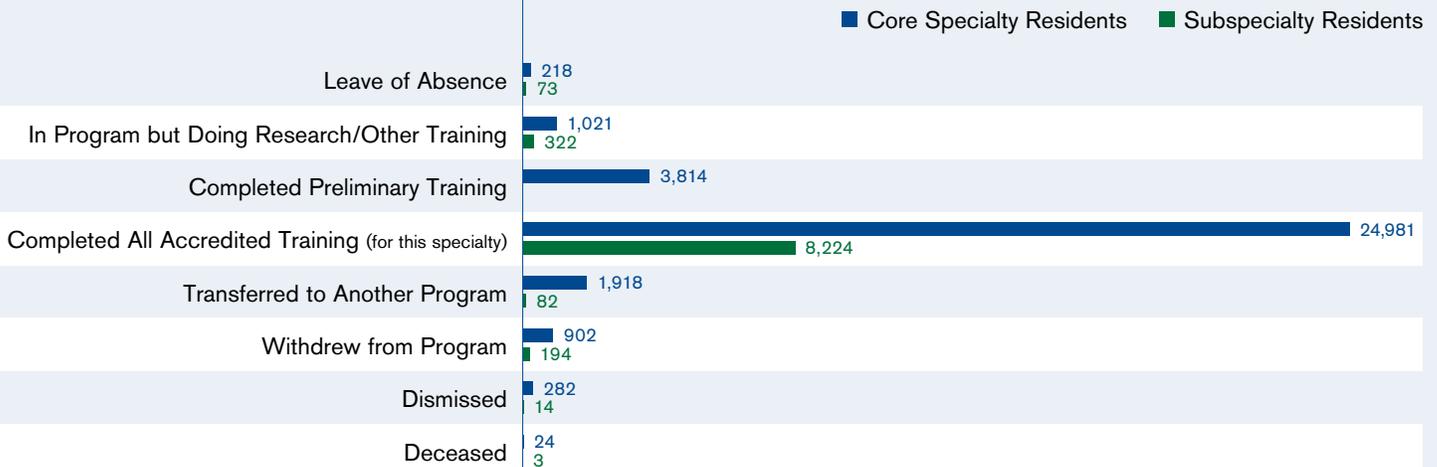
Resident Physicians by Type of Medical School (2006–2007)



Status of Resident Physicians in Accredited Graduate Medical Education

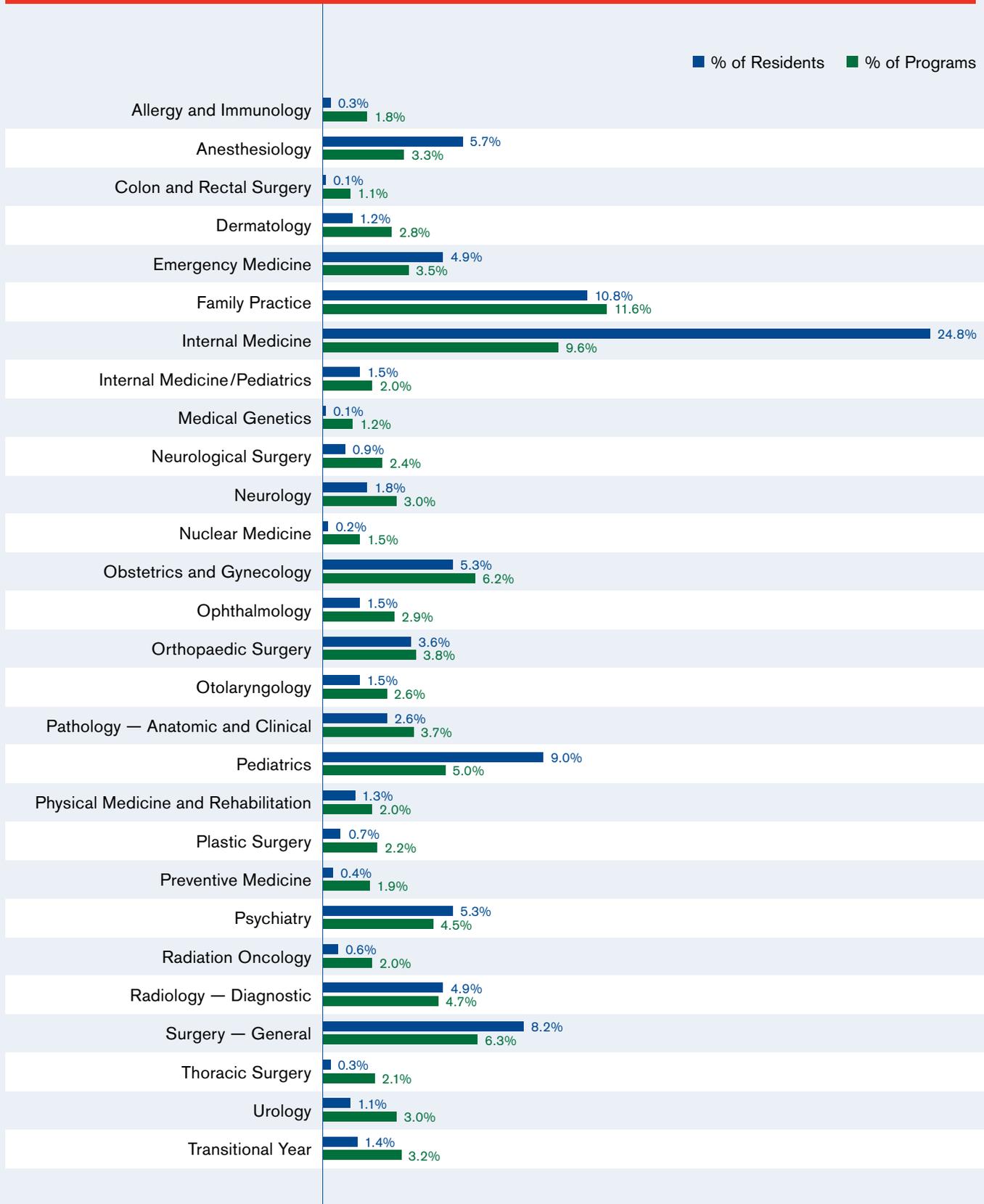
**Confirmed Status of Residents
During 2006–2007**

	Full-time	Part-time	Total	
Core Specialty Programs	89,419	188	89,607	84.23%
Subspecialty Programs	16,706	70	16,776	15.77%



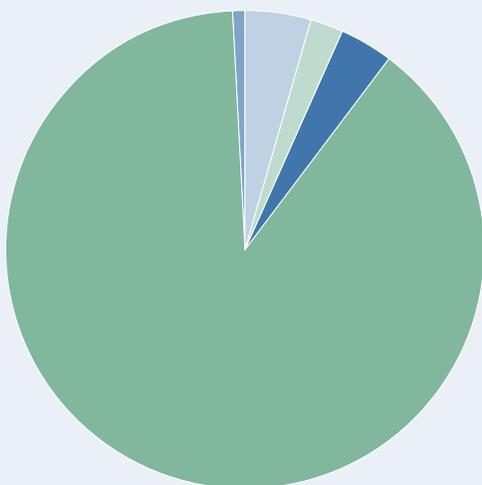
For the statuses "Completed Preliminary Training", "Completed All Accredited Training", "Transferred", "Withdrew", "Dismissed", and "Deceased", the resident left or completed the program between September 1, 2005 and August 31, 2006. All other statuses reflect the academic year (July 1, 2006 through June 30, 2007).

Accredited Core Specialty Programs and Resident Physicians on Duty (2005–2006)



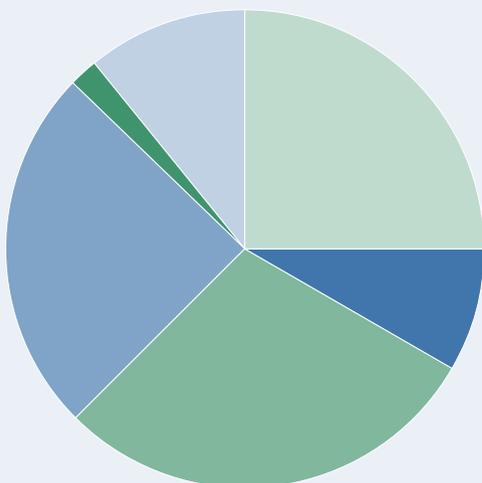
The ACGME's fiscal year runs from January 1 to December 31. The 2006 revenue came primarily from annual fees charged to all program accredited during the academic year 2005-06. Programs with five or more residents are charged \$3,500 annually, and programs with fewer than five residents are charged \$2,750. Fees for 2006 remained unchanged from those of 2005. The ACGME commits to keeping these fees stable for a minimum of three years. ACGME reserves, defined as cash and investments, totaled \$25.6 million, equivalent to ten months of operating expenses, at year's end.

Revenues



Investment Revenue	\$ 1,268,158	4.51%
Workshops and Miscellaneous Income	637,820	2.27%
Application Fees	988,060	3.52%
Grants (not visible in chart)	18,850	0.07%
Appeals Fees (not visible in chart)	11,736	0.05%
Annual Program Accreditation Fees	24,945,190	88.80%
Rent Revenue	221,971	0.79%
Total	\$28,091,785	100.00%

Expenses



Administration and Research	\$ 6,614,294	25.14%
Rent & Contracted Support Services	2,200,760	8.37%
RRC Activities	7,659,046	29.11%
Field Staff Activities	6,484,211	24.65%
Appeals & Legal Services	558,919	2.12%
ACGME Activities	2,789,878	10.61%
Total	\$26,307,108	100.00%

Year in Review



CRCC Addresses Common Program Requirements, Strategic Priorities

The Council of Review Committee Chairs (CRCC) advises the ACGME Board of Directors on matters related to accreditation and the work of the review committees (RCs). Council members include the chairs of the 27 specialty review committees, the Institutional Review Committee (IRC), and the Transitional Year RC; a member representing the Organization of Program Director Associations; and a representative of the Royal College of Physicians and Surgeons of Canada. The director of medical and dental education from the Office of Academic Affiliations of the Veterans Administration also sits on the Council as an official observer.

The CRCC is actively engaged with the ACGME Board of Directors through representation on various Board committees. The chair acts as an official observer on the ACGME Executive Committee and as a voting member of the ACGME Board of Directors and the Committee on Strategic Initiatives. The vice chair of the Council sits as an official observer on the Committee on Requirements and as a member of the Awards Committee. The CRCC also appoints an observer to the ACGME Monitoring Committee.

The CRCC engaged in several key activities during 2006–2007:

- Led by Margaret M. Grimes, MD, Chair of the RC for Pathology, the CRCC completed its extensive work on revising the Common Program Requirements (CPRs), approved by the ACGME in February 2007 and effective on July 1, 2007. Dr. Grimes chaired the Committee to Reconcile the Common Program Requirements which included representatives from the CRCC and the IRC.
- The CRCC contributed to conceptualizing the potential RC reporting function for the initial stages of the ACGME portfolio project.
- The first orientation session for new chairs was held in conjunction with the ACGME's February 2007 Board meeting. The CRCC Chair and ACGME staff provided useful information regarding the chairs' responsibilities outlined in the ACGME's *Bylaws, Policies, and Procedures*.
- In June 2007, CRCC members participated with the Board of Directors in a day-long retreat to develop recommendations for changes/improvements to better align the ACGME governance structure with its strategic priorities. Discussions focused on the results of the ACGME Internal Review Survey in which the chairs also participated.
- The CRCC listserv was initiated as a tool to facilitate communication among the members.

Each chair member of the CRCC engages in regular review committee review work in addition to participation in this leadership organization within the ACGME. Members' collective efforts are a vital manifestation of ACGME's commitment to its vision for exemplary accreditation.

*Written by Louis B. Cantor, MD, Chair, Council of Review Committee Chairs
Chair, Review Committee for Ophthalmology*

Residents' Council Discusses Learning Portfolio, Faculty Evaluation

The Council of Review Committee Residents is comprised of all of the resident appointees to the 26 review committees representing their respective specialties, the resident member of the IRC and the AMA's resident appointee to the ACGME Board. It is served by a chair and vice chair, each elected from among the Council's resident members. The chair of this Council serves on the Board of Directors of the ACGME, and the vice chair and chair also serve on two key ACGME committees, the Committee on Program Requirements and the Committee on Innovation in the Learning Environment.

In 2007, the Council had an active year. The Council meets biannually in February and September in Chicago to coincide with Board meetings. The priorities of the Council are:

- Provide direct and broad input to the ACGME staff and leadership regarding policy;
- Increase communication between residents and the ACGME;
- Provide a resident perspective on accreditation, resident education and policy or innovation endeavors.

The Council also has as a priority to be actively involved in the formulation and implementation of the learning portfolio as it relates to graduate medical education and accreditation of residency training programs.

The Council also had a leadership change in 2007 with Drs. Seenu Reddy and Cynthia Bodkin completing their terms as chair and vice chair and Dr. Karen Hsu Blatman being elected as the new chair for a two year-term.

The Council had an engaging and informative meeting in September 2007.

- Issues regarding the ACGME's role as a resource and source of educational innovation were discussed;
- Residents on the Council were updated regarding the learning portfolio;
- The Council also opened a dialogue with the Federation of State Medical Boards with regard to its Credential Verification Services and the information it collects with regard to resident education and events during the residency years;
- The Council also sent communication to the Committee on Program Requirements encouraging the recognition of alternate forms of scholarship or teaching when evaluating faculty members in program reviews.

Written by V. Seenu Reddy, MD, MBA, 2005–2007 chair of the Council of Review Committee Residents

IRC Revises Requirements, Tackles 116 Agenda Items

In addition to its regular accreditation review work, the Institutional Review Committee focused a great deal of its attention on revising the Institutional Requirements. As part of that process, two IRC members collaborated with members of the Council of Review Committee Chairs on the Committee to Reconcile the Common Program Requirements. This reconciliation effort to assure consistency and to eliminate unnecessary redundancy between the Institutional Requirements and Common Program Requirements was the first ever by the ACGME and represents a response to the ACGME's Strategic Plan. The wider graduate medical education (GME) community demonstrated a great deal of interest in the proposed revision; at its annual advancement meeting the IRC reviewed and responded to 31 pages of comments from the field.

The revised Institutional Requirements were approved by the ACGME Committee on Requirements in February 2007 and became effective on July 1, 2007. The final document was approximately 700 words shorter than the previous version and was significantly reorganized for easier reference. The IRC also revised the Institutional Review Document (IRD) into a shorter, more user-friendly document which has been met with positive reaction by designated institutional officials (DIOs) and GME coordinators.

The final document was approximately 700 words shorter than the previous version and was significantly reorganized for easier reference.

As part of the ACGME's Annual Education Conference, members of the IRC staged a mock review meeting based on actual de-identified cases. Participant comments in follow up evaluation strongly supported the transparency of the process which led to much greater understanding of the IRC's expectations.

The IRC's new leadership includes chair Linda Famiglio, MD, associate chief medical officer and DIO at Geisinger Health System; and vice chair, Andrew M. Thomas, MD, assistant dean for GME at Ohio State University.

During 2006–2007, the Institutional Review Committee (IRC) processed a total of 116 agenda items. These items included:

- 79 continued accreditation actions
- 4 initial accreditation actions
- 5 proposed probationary actions
- 1 probationary action
- 29 progress reports
- No deferred actions

Written by Patricia M. Surdyk, PhD, executive director, Institutional Review Committee

ACGME Begins Alpha Testing of Learning Portfolio

The ACGME Learning Portfolio (ALP) initiative has gained exciting momentum during the 2006–2007 academic year, after receiving additional authorization and endorsement from the ACGME Board of Directors in February 2007 to move forward with development.

Key accomplishments and activities in academic year 2006–2007 included the following:

- **Competency-Based Portfolio Advisory Committee:** In spring 2006 – to broaden input and insights into the development of an electronic web-based portfolio to support resident learning, evaluation, and professional development – Dr. David Leach convened an ad-hoc committee composed of representatives from residency programs, specialty boards, review committees, and ACGME staff to advise the ACGME. The committee met three times and prepared a report, the recommendations of which were approved by the Board in February 2007. A copy of the report is posted on the website, www.acgme.org.
- **Prototype Development:** The ALP Development Team (composed of ACGME senior leadership, portfolio innovators from two academic medical centers, project management staff, and a web applications developer) is leading the design and development of the portfolio prototype. The portfolio is learner-centered and contains pre-loaded evaluation tools that are competency-based (with the capacity to easily create tools from a pool of evaluation items). Testing of the alpha-prototype version began in August 2007.
- **Alpha Testing:** The alpha-test phase is being conducted with a very small subset of programs (8–10) to test and garner feedback on the overall functionality and usability of the alpha-prototype system from both technical and educational use perspectives. Alpha testing began in August 2007 and will continue through June 2008.
- **Developmental Evaluation:** In June 2007, Michael Quinn Patton, PhD, an expert in program evaluation led a workshop on developmental evaluation for those identified as early users of ALP. Dr. Patton will assist with the evaluation planning for the alpha-test phase and the formative evaluation report to be presented to the ACGME Board in February 2008.

In addition to the work above, we have also begun to acquire a list of programs interested in being involved as beta-test sites for the portfolio. We are seeking a cross-section of programs to work together by specialty to assess the stability and usability of the beta-prototype portfolio, and to develop and test portfolio components to meet unique specialty needs. Beta testing is anticipated to begin in mid-July 2008.

Written by Lisa C. Johnson, MBA, Manager, ACGME Learning Portfolio

TIMELINE – ALP APPROVAL PROCESS

September 2005

ACGME Board Executive Committee authorizes initial exploration and development of a portfolio

February 2006

ACGME Committee on Strategic Initiatives and the Council of Review Committee Chairs endorse authorization

November 2006

ACGME Board Executive Committee approves Competency-Based Portfolio Advisory Committee (CBPAC) report with minor modifications

February 2007

ACGME Board of Directors accepts final recommendations of the CBPAC



Front row (left to right): Allen Silbergleit, MD; Paul B. Batalden, MD; Robert Cefalo, MD; David C. Leach, MD; John Weinerth, MD; David B. Allen, MD; Neil C. Mitnick, DO; Humberto Quintana, MD. Back row (left to right): Hasan Bazari, MD; Robert C. Heros, MD; Gary S. Clark, MD; Jeffrey G. Wiese, MD; Javier Gonzalez del Rey, MD. Not pictured: Carey Chisholm, MD; Debra Weinstein, MD.

Ten residency program directors and three designated institutional officials were honored with the ACGME's 2007 Parker J. Palmer Courage to Teach Award and Courage to Lead awards.

The Courage to Teach Award is named after Parker J. Palmer, PhD, a sociologist and educator who wrote *The Courage to Teach*, a book of reflections on the intellectual, emotional and spiritual aspects of teaching. Each year the ACGME chooses the Courage to Teach recipients from among numerous nominees submitted to the Council. The award honors program directors for their exemplary teaching of residents and leadership of innovative and effective residency programs.

"It takes real courage to teach in today's frenzy-laden world," noted Dr. Leach. "Teaching creates a space in which obedience to truth is practiced; properly done, it affords an opportunity for deep reflection. These program directors have demonstrated skills not only of the heads and hands, but of the heart. They have modeled what it looks like when the whole doctor shows up."

The three designated institution officials who received the Courage to Lead Award were honored for their outstanding leadership; dedication to promoting the professional, ethical, and personal development of residents; and commitment to safe and appropriate care of patients.

The Courage to Teach and Courage to Lead award winners were honored at a dinner during the ACGME's winter Board of Directors meeting. They also were invited to participate in a retreat at the Fetzer Institute in Kalamazoo, Michigan.

To learn more about the 2007 Courage to Teach and Courage to Lead award recipients, go to www.acgme.org/acWebsite/palmerAward/pa_awardRecipient07.asp and www.acgme.org/acWebsite/courageLeadAward/co_awardRecipient07.asp.

Courage to Teach Award

David B. Allen, MD

Pediatrics, University of Wisconsin Children's Hospital, Madison, Wisconsin

I was deeply honored to receive the 2007 Courage to Teach Award in concert with the other awardees. All program directors have been particularly challenged during the past several years, and it is gratifying to be reminded that some students, colleagues, and the ACGME are cognizant of the exceptional commitment of time, energy, and perseverance required to keep the education mission thriving in training programs. Personally, since mentoring in critical thinking and professionalism was a primary reason that I sought the responsibility as program director in the first place many years ago, I was especially pleased to learn that my work in this area was the primary reason for my receiving the award. Recalling the spirit of the Courage to Teach Award will provide an impetus for me to carry this same focus forward enthusiastically as I turn my energies toward fellowship training in my specialty of pediatric endocrinology.

Hasan Bazari

Internal Medicine, Massachusetts General Hospital, Boston, Massachusetts

For me the award and reading Parker J. Palmer's works have given me permission to accept that my role as a teacher with all the challenges and trepidations is valued. It has reassured me that I can make a contribution sharing what I do not know as much as teaching what I do know.

For me the award and reading Parker J. Palmer's works have given me permission to accept that my role as a teacher with all the challenges and trepidations is valued.

Carey Chisholm

Emergency Medicine, Indiana University School of Medicine, Indianapolis, Indiana

Five things crossed my mind when I received notification about the award. 1) Disbelief. 2) Appreciation of my mentors, most of whom are teachers. 3) My colleagues. I have been blessed by having terrific people to work for, and with, and without their encouragement, camaraderie, expertise and support, my career would not have unfurled in the fashion it has. 4) My family. They've lived my life as a program director, from social events to the odd hours of work. 5) The residents. I've had the opportunity to work as a program director since 1985. Having the privilege of participating in a process through which a very inexperienced EMR1 develops and departs as an accomplished EM physician several years later is the most rewarding career I could imagine.

Gary S. Clark, MD

Physical Medicine and Rehabilitation, MetroHealth Rehabilitation Institute, Cleveland, Ohio

Teaching residents and medical students is a privilege, a responsibility, and an investment in the future – theirs individually and ours collectively. It is also a passion, as Parker Palmer so eloquently points out. To be recognized with the Courage to Teach Award, based on testimonials of my students and peers, is a truly gratifying, humbling and re-energizing experience; it is clearly the highest and most appreciated honor of my career.

Javier Gonzalez del Rey, MD

Pediatric Emergency Medicine, Cincinnati Children's Hospital, Cincinnati, Ohio

Disbelief, honored, appreciation, energized, thankful, overwhelmed, speechless. These are some of the words which may get close to describe the feelings I experienced when I was nominated by my residents and when I received the call from Dr. Leach. Now I know how athletes feel about their jobs when they are recognized for having fun in their jobs! After a few days, after all the excitement ... then came a new word: Challenge. To do better, to learn how to do better, to ensure that every learner has the opportunity to be the best, to do it with pride, with passion and with such fun that one of them may be in the future another recipient of the Parker J. Palmer Courage to Teach award. To all of my residents, my family, my patients, and the ACGME ... thanks!

Teaching residents and medical students is a privilege, a responsibility, and an investment in the future – theirs individually and ours collectively.

Roberto C. Heros, MD

Neurological Surgery, University of Miami, Miami, Florida

The Parker Palmer Courage to Teach Award has been the climax of the most rewarding and hopefully the most enduring aspect of my professional career: the mentoring of residents. It was particularly significant that the complex nomination process for my award was led and executed completely by my residents.

Neil Mitnick, DO

Family Medicine, Albany Medical College, Albany, New York

Humberto Quintana, MD

*Child and Adolescent Psychiatry, Louisiana State University Health Sciences Center,
New Orleans, Louisiana*

Receiving this award meant a great deal to me, and the retreat at Kalamazoo has made a major difference in my life.

Allen Silbergleit, MD, PhD

General Surgery, St. Joseph Mercy Oakland, Pontiac, Michigan

For a person who believes that the greatest calling in life is teaching and who believes in his work with every fiber of his being, the Parker J. Palmer Courage to Teach Award might as well be a Nobel Prize. What could be more important than the advancement of civilization by the young men and women we imbue with the spirit of humanism and inquiry? I salute the ACGME leadership for the sensitivity, courage, and will to establish the Parker J. Palmer Award. On the home front, I thank my residents, my students, my colleagues, and my family who make everything worthwhile.

What could be more important than the advancement of civilization by the young men and women we imbue with the spirit of humanism and inquiry?

Jeffrey Wiese, MD

Internal Medicine, Tulane University School of Medicine, New Orleans, Louisiana

Done correctly, being a program director is an exercise in courage in its own right. Thousands of people will pass through his life ... and his soul is divided in as many pieces. As each resident hurts or fails, it is she who feels the pain. As each resident rejoices or triumphs, it is he that silently exhilarates. And all the while, she is saddled with the responsibility of being at the vanguard of cultural change in graduate medical education, fighting the good fight to protect her team from all who would abuse the privilege of medical education. Sometimes walking that road alone, there are countless moments when he finds himself brought to his knees by the seemingly impossible task that lies before him. Precisely at the moment when he gets back up to begin again, to try again, is where courage is found again.

To be recognized as a Parker Palmer recipient is humbling, for so many are deserving. It is a great honor for me, the joy of which is exceeded only by the knowledge that the award will draw attention to the courage that is intrinsic to every program director, now, and forever.

Courage to Lead Award

Robert C. Cefalo, MD, PhD

DIO, University of North Carolina Hospitals, Chapel Hill, North Carolina

Being the head of graduate medical education and DIO for UNC, Chapel Hill for almost 25 years had been gratifying in ways that complemented my professional career as an obstetrician/gynecologist. My goal in academic medicine had always been to be connected with good teachers of both the science and art of medicine, which in turn are both connected to the patient's health and welfare. Receiving the ACGME Courage to Lead award highlighted my career and solidified my belief that leadership begins with self. Oliver Wendell Holmes said "What lies behind us and what lies before us are tiny matters compared to what lies within us." The Courage to Lead award epitomizes my attempt to make every program director, faculty and resident a professional role model by which the true art of medicine is practiced and patients are better served. I thank the committee for the honor.

The Courage to Lead award epitomizes my attempt to make every program director, faculty and resident a professional role model by which the true art of medicine is practiced and patients are better served.

John L. Weinerth, MD

DIO, Duke University Hospital, Durham, North Carolina

I am very grateful to the ACGME for the institution of the Courage to Lead award and for naming me as one of the recipients. The award really recognizes all of the people behind our effort in achieving institutional competence: residents, program directors, faculty, GME personnel, administrators, and patients. It is not difficult to have courage or to lead when they are your team. The award causes additional impetus to move forward when you realize your bar has been raised.

Debra Weinstein, MD

DIO, Brigham and Women's Hospital, Boston, Massachusetts

It is a great honor to be recognized by the ACGME with the Courage to Lead Award. Working to optimize graduate medical education has been a compelling challenge. It has been a privilege to pursue this goal with a network of gifted and inspiring colleagues – from Partners HealthCare System, the ACGME, the AAMC and our GME community across the U.S. – who embrace a commitment to collaboration, innovation and excellence as we engage together in educating the next generation of physicians.

2007 Annual Educational Conference Attracts 1,000 Attendees

The 2007 ACGME Annual Educational Conference was held March 2–4 at the Gaylord Palms Resort and Convention Center in Kissimmee, Florida. The conference featured 51 sessions, technology consultations, and a poster exhibit. Nearly 1,000 people attended, including program directors, program coordinators, designated institutional officials, and residents.

The keynote speakers were Thomas S. Inui, MD, president and CEO of Indiana University School of Medicine, and Paul Gardent, an ACGME Board member. Dr. Inui used a haiku about a pepper tree that turns into a dragonfly to illustrate how academic medical centers can use conversations and the sharing of stories to change the culture of an organization. Mr. Gardent discussed the ACGME’s “Learning Innovation and Improvement Project.”

Nine graduate medical education projects were given awards at the Marvin R. Dunn Poster Session. The winning projects were among 100 abstracts entered into the poster session, all of which had to address some aspect of re-inventing the learning environment for resident physicians. The authors of the honored posters were invited to give oral presentations on their projects at the conference. The winning posters are listed on the ACGME website at http://www.acgme.org/acWebsite/newsReleases/newsRel_3_14_07.asp

The 2008 ACGME Annual Educational Conference will take place February 29–March 2 at the Gaylord Texan in Grapevine, Texas.



Clockwise from left: The 1,000 attendees at the 2007 ACGME Annual Educational Conference enjoyed the tropical ambiance of the Gaylord Palms Resort and Convention Center; participants networked during a break between sessions; ACGME Executive Secretary Rose Cross and Systems Coordinator Betty Cervantes assisted at the registration desk.

CILE Releases First Report

The Committee on Innovation in the Environment was inaugurated in 2004 to expand the focus from resident duty hours to the greater environment in which residents learn. Committee leaders include its chair, Wm. James, Howard, MD, Vice President, Academic Affairs, Washington Hospital Center; and its vice chair, Paul Gardent, Senior Associate, Health Care Improvement Leadership Development, Center for Evaluative Clinical Sciences, Dartmouth Medical School. Members comprise ACGME and public directors, residents, program and institutional leaders, and researchers at the interface of education and clinical care.

In the first two years of its current five-year charter, CILE engaged in broad discussions on innovation and improvement in the learning environment. In 2006–2007 CILE released its first report. It addresses five areas, linked to the committee's charge, with an overall aim of advancing innovation and improvement in programs and institutions and in the accreditation process:

- Analyze the factors that facilitate innovation and improvement in the learning environment by studying places that are fertile ground for changes that meet the objectives of high-quality patient care, resident learning and professional development;
- Use accreditation to stimulate and reinforce program and institutional innovation, by applying results of the study of innovation and excellence in the learning environment to the accreditation process;

In the first two years of its current five-year charter, CILE engaged in broad discussions on innovation and improvement in the learning environment.

- Collect and disseminate information on innovative practices to assist programs and institutions in efforts to make changes in their learning environment;
- Integrate care delivery and clinical education by enhancing understanding how programs and institutions can benefit from adapting and applying innovative approaches;
- Broaden input into the redesign of the learning environment through collaboration with the organizations and individuals with a stake in graduate medical education.

Current activities include formulating ACGME-supported accreditation pilots that allow review committees to test specialty-specific refinements to the common duty hour standards, and the six general competencies; development of a Request for Proposals (RFP) process to allow individual programs and institutions to innovate

in their learning environment; and a follow-up study on innovative approaches in the learning environment published between 1998 and 2005, to assess the factors that lead to the success or failure of an intervention.

Another effort, the Learning Innovation and Improvement Project (LIIP), seeks to identify institutions that innovate in their learning environment, and study their attributes. The goal is to gather ground-level observations on the attributes of institutions and programs that succeed in innovation and improvement and disseminate this information for adoption and adaptation. An alpha pilot of this effort is underway, and the ACGME will expand the study to a larger group of institutions in early 2008. A related goal is to study whether the current accreditation standards and processes pose barriers to innovation in the learning environment, with the goal of removing these barriers.

Written by Ingrid Philibert, MHA, MBA, Senior Vice President, Department of Field Activities and co-staff, Committee on Innovation in the Learning Environment

Strategic Initiatives Launches Work Group on Patient-centered Care

The Committee on Strategic Initiatives comprises nine ACGME directors, the chair of the Council of Review Committee Chairs and an ACGME staff representative. It is chaired by Mark Laret, CEO, University of California at San Francisco Medical Center. In 2006–2007, the committee oversaw the first year of the implementation of the ACGME’s four strategic priorities:

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.

Activities included a retreat for ACGME staff, held in August 2006, and related survey and interview activities to assess progress on the strategic priorities, which link closely to the ACGME mission, vision, and values. The Strategic Initiatives Committee also continued its work on “patient-centered care” as a property of the learning and patient care environment for residents. The Strategic Initiatives committee has formed a work group on patient-centered care, with expert representation, with the goal of formulating recommendations for how to make care in teaching settings more patient-centered and how to incorporate teaching of patient-centered care into residents’ curricula and learning experiences.

Written by Ingrid Philibert, MHA, MBA, Senior Vice President, Department of Field Activities and staff, Strategic Initiatives Committee



Department of Accreditation Committees Leadership Team Seated (left to right): Executive Director, Patricia M. Surdyk, PhD; Executive Director, Kathy Malloy; Senior Vice President, Jeanne K. Heard, MD, PhD; Project Manager, Pam Derstine, PhD. Standing (left to right): Senior Executive Director, Steven Nestler, PhD; Senior Executive Director Larry Sulton, PhD; Executive Assistant, Mary Cleveland; Senior Executive Director, William Rodak, PhD.

Department of Field Activities Revises Site Visit Reports, Improves Process

The Department of Field Activities is responsible for all aspects of the approximately 2,000 accreditation site visits the ACGME conducts annually. Activities include coordinating the work and scheduling of 30 accreditation field representatives, processing the information from site visits, and managing all associated professional development and process improvement activities. In academic year 2006–2007, the department:

- Instituted major revisions to the site visit reports to enhance consistency and reduce the work for review committee reviewers and site visitors;
- Recruited, hired and oriented four new accreditation field representatives;
- Instituted a working group of eight senior field representatives to advise management on site visit and related matters;
- Held two dedicated professional development meetings for field staff that included updates, open discussions and sessions with other ACGME staff;
- Had several members of the department staff field staff speak at educational conferences;
- Initiated a process for ACGME field representatives to collect information on innovative approaches identified during site visits for dissemination and adoption and adaptation by other programs;
- Participated in other efforts to implement the ACGME strategic priorities, including operational improvements to the accreditation site visit process, efforts to reduce burden in accreditation, and efforts to enhance innovation and improvement in the learning environment.

*Written by Ingrid Philibert, MHA, MBA, Senior Vice President,
Department of Field Activities*

Department of Accreditation Committees Reorganizes to Improve Efficiency, Reduce Burden

The Department of Accreditation Committees houses the administrative staff for the 28 review committees (26 residency, one transitional year, one institutional) that accredit residency/fellowship programs and sponsoring institutions. In academic year 2006–2007, the department reorganized staff teams into three larger groups led by senior executive directors in order to focus on improving efficiency and communication and reducing burden in the accreditation process. In addition, the department:

- Oriented 60 new review committee members and 7 new review committee chairs.
- Hired a new executive director for the review committees for anesthesiology, diagnostic radiology, nuclear medicine and a senior project manager for review committee development.

-
- Provided a development course about the general competencies for all residency review committees.
 - Formed a requirement development committee, composed of experts in accreditation processes, item writing, competency-based assessment, and editing, to assist each review committee with revision and development of requirements and accreditation forms.
 - Developed an online common accreditation form for use by all review committees to assess compliance with the common program requirements.
 - Posted detailed contact information by topic/person for each review committee webpage.

Written by Jeanne K. Heard, MD, PhD, Senior Vice President, Accreditation Committees

The department reorganized staff teams into three larger groups led by senior executive directors in order to focus on improving efficiency and communication and reducing burden in the accreditation process.

Research Department Introduces Online Educational Materials, Launches Advisory Committee

The Department of Research and Education seeks to improve accreditation, graduate medical education and patient care through research and education. Department staff initiate and lead research, education, and strategic development projects as well as participate as collaborators on numerous other ACGME activities. During 2006–2007, department activities and accomplishments included the following:

- Coordination of the program for the 2007 ACGME Annual Educational Conference, including organization of 12 sessions on teaching and assessing the general competencies, and coordination of the IHI/ACGME Invitational Conference on Communication Skills and Practice-Based Learning;
- Preparation and online posting of educational materials to support teaching of the competencies: *Educating Physicians for the 21st Century* PowerPoint presentation and facilitator guide sets, *Introduction to the Outcome Project* online learning module, and notable practices from the field (RSVPs);
- Launch of the ACGME Advisory Committee on Educational Outcome Assessment;
- Scholarly work examining changes in education and assessment related to the Outcome Project.

Written by Susan Swing PhD, Vice President, Research and Education

July 1, 2006 to June 30, 2007

The ACGME Board comprises four directors from each of the ACGME's five 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. The member organizations nominate the directors, who are elected by the Board. The 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's Resident and Fellow Section, three public members, and a non-voting federal government representative.

The ACGME is grateful to the Board members for their dedication and hard work on behalf of the Council and graduate medical education.

Steven M. Altschuler, MD

The Children's Hospital of Philadelphia
Philadelphia, Pennsylvania

Edward T. Bope, MD

Riverside Methodist Hospital
Columbus, Ohio

Louis B. Cantor, MD

Indiana University School of Medicine
Indianapolis, Indiana

Baretta R. Casey, MD, MPH

University of Kentucky College of Medicine
Pikeville, Kentucky

Susan H. Day MD

California Pacific Medical Center
San Francisco, California
Vice-Chair

Timothy Flynn, MD

University of Florida College of Medicine
Gainesville, Florida

Paul B. Gardent

Dartmouth Medical School
Lebanon, New Hampshire

William H. Hartmann, MD

Tampa, Florida
Chair

Anton N. Hasso, MD

University of California, Irvine Medical Center
Orange, California

Karen A. Holbrook, PhD

Longboat Key, Florida

Joseph C. Honet, MD

Sinai Grace Medical Center
Franklin, Michigan

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

Mahendr Kochar, MD

The Medical College of Wisconsin
Milwaukee, Wisconsin

David C. Leach, MD

ACGME Executive Director
Chicago, Illinois
Ex-Officio

Mark Laret

UCSF Medical Center
San Francisco, California

John C. Maize, Sr., MD

Maize Center for Dermatopathology
Mount Pleasant, South Carolina

Daniel G Mareck, MD

Bureau of Health Professions
Rockville, Maryland

Richard J.D. Pan, MD,

UC Davis Medical Center
Sacramento, California

Carl Patow, MD

HealthPartners Institute for Medical Education
Minneapolis, Minneapolis

Roger L. Plummer

Plummer and Associates
Chicago, Illinois

Deborah E. Powell MD

University of Minnesota Medical School
Minneapolis, Minnesota

Sadeq A. Quraishi, MD

Penn State College of Medicine
Hershey, Pennsylvania

V. Seenu Reddy, MD

University of Texas Health Science Center
San Antonio, Texas

Carol M. Rumack, MD

University of Colorado School of Medicine
Denver, Colorado

Ajit K. Sachdeva, MD, FRCSC, FACS

American College of Surgeons
Chicago, Illinois

Melissa Thomas, MD, PhD

Massachusetts General Hospital
Boston, Massachusetts



First row (left to right): Melissa Thomas, MD, PhD; Paul B. Gardent; David C. Leach, MD; William H. Hartmann, MD; Susan Day, MD; Karen Holbrook, PhD; Mahendr S. Kochar, MD. *Middle row (left to right):* Richard J.D. Pan, MD, MPH; Roger Plummer; Ajit K. Sachdeva, MD; Baretta Casey, MD, MPH; Joseph Honet, MD; Anton Hasso, MD; Carol Rumack, MD; Deborah Powell, MD; Timothy Flynn, MD. *Top row (left to right):* Mark Laret; Carl A. Patow, MD, MPH, MBA; Daniel Mareck, MD; Louis Cantor, MD; V. Seenu Reddy, MD, MBA; Steven Altschuler, MD; David Jaffe; Edward Bope, MD. *Not pictured:* Bernett L. Johnson, MD; Michael Klowden; John C. Maize Sr., MD; Sadeq A. Quaraishi, MD.

Review Committee	Specialized Areas	Appointing Organizations*
Allergy and Immunology	Clinical and Laboratory Immunology	American Board of Allergy And Immunology <i>(a conjoint board of the American Board of Internal Medicine and the American Board of Pediatrics)</i>
Anesthesiology	Adult Cardiothoracic Critical Care Medicine 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 Nephrology Oncology 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 Medical Biochemical Genetics	American Board of Medical Genetics American College of Medical Genetics
Neurological Surgery	Endovascular Neuroradiology	American Board of Neurological Surgery American College of Surgeons
Neurology	Child Neurology Clinical Neurophysiology Neurodevelopmental Disabilities Neuromuscular Medicine Pain 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 RRCs 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	Otology-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 Infectious Diseases Pediatric Nephrology Pediatric Pulmonology Pediatric Rheumatology Sleep Medicine Sports Medicine	American Board of Pediatrics American Academy of Pediatrics

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

Review Committee	Specialized Areas	Appointing Organizations*
Physical Medicine and Rehabilitation	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 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	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 RRCs except Transitional Year programs.

The physicians who volunteer to serve on the ACGME's review committees are committed to excellence in graduate medical education. Each review committee member attends at least two review committee meetings a year, and devotes many more hours outside of meetings reviewing site visit reports and program information forms. Their dedicated service contributes greatly to the ACGME's mission to improve health care by ensuring and improving the quality of resident physicians' education. The ACGME recognizes their services with pride and gratitude.

Residency review committee members 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 institution review committees are appointed by the ACGME.

Allergy and Immunology

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

Marianne Frieri, MD, PhD
Bayside, New York

James E. Gern, MD
University of Wisconsin Hospital
Madison, Wisconsin
Term began January 1, 2007

J. Andrew Grant, MD
University of Texas Medical Branch
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, District of Columbia
Chair

Eyal Oren, MD
Massachusetts General Hospital
Boston, Massachusetts
Resident

Laurie J. Smith, MD
Walter Reed Army Medical Center
Washington, District of Columbia

John W. Yunginger, MD
Rochester, Minnesota
Ex-Officio

Anesthesiology

J. Jeffrey Andrews, MD
University of Alabama
Birmingham, Alabama
Term ended December 31, 2006

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
Term ended December 31, 2006

Neal H. Cohen, MD
UCSF School of Medicine
San Francisco, California

Orin Frederick Guidry, MD
Ochsner Clinic Foundation
New Orleans, Louisiana
Term began January 1, 2007

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

Maggie Ann Jeffries, MD
Johns Hopkins University
Baltimore, Maryland
Resident

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

Rita M. Patel, MD
University of Pittsburgh
Medical Center
Pittsburgh, Pennsylvania

James P. Rathmell, MD
Massachusetts General Hospital
Boston, Massachusetts
Term began January 1, 2007

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

Colon and Rectal Surgery

Alan V. Abrams, MD
New York Presbyterian Hospital
New York, New York
Term ended December 31, 2006

Eric J. Dozois, MD
Mayo Clinic
Rochester, Minnesota
Term began January 1, 2007

Susan Garand, DO
Baltimore Colorectal
Surgical Specialists
Towson, Maryland

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

Renee Mueller, MD
Colon and Rectal Associates
Shreveport, Louisiana
Resident
Term ended June 30, 2007

Jan Rakinic, MD
Southern Illinois University
School of Medicine
Springfield, Illinois
Chair

David Schoetz, MD
Leahy Clinic
Burlington, Massachusetts
Ex-Officio

Clifford L. Simmang, MD
Coppell, Texas

Eric G. Weiss, MD
Cleveland Clinic Florida
Weston, Florida

W. Douglas Wong, MD
Memorial Sloan Kettering
Cancer Center
New York, New York
Vice-Chair

Dermatology

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

Jeffrey P. Callen, MD
University of Louisville
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
Term ended December 31, 2006

Ronald L. Moy, MD
UCLA Medical Center
Los Angeles, California
Term began February 15, 2007

Lee T. Nesbitt, Jr., MD
University of Louisiana, New Orleans
New Orleans, Louisiana

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

CPT Joshua D. Sparling, MD
Walter Reed Army Medical Center
Washington, District of Columbia
Resident
Term ended December 31, 2006

R. Stan Taylor, MD
University of Texas Southwestern
Medical Centers
Dallas, Texas
Term began February 15, 2007

Ruth Ann Vleugels, MD
Harvard Medical School
Boston, Massachusetts
Resident
Term began February 15, 2007

Karen E. Warschaw, MD
Mayo Clinic
Scottsdale, Arizona

Duane C. Whitaker, MD
University of Arizona
Tucson, Arizona
Term ended December 31, 2006

Emergency Medicine

Louis Binder, MD
MetroHealth Medical Center
Cleveland, Ohio

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

Dane Michael Chapman, MD
Spring City, Utah

Daniel Danzl, MD
University of Louisville
Louisville, Kentucky
Chair

Mark Hostetler, MD
University of Chicago Hospitals
Chicago, Illinois

Robert Muelleman, MD
University of Nebraska
Medical Center
Omaha, Nebraska
Vice-Chair

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

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

Rebecca Smith-Coggins, MD
Stanford University
Stanford, California

Camie J. Sorensen, MD
Beth Israel Deaconess
Medical Center
Boston, Massachusetts
Resident
Term ended June 30, 2007

Michael J. Tocci, MD
New Haven, Connecticut
Resident

Family Medicine

Molly Cohen-Osher, MD
MacNeal Memorial Hospital
Berwyn, Illinois
Resident
Term began January 1, 2007

Samuel W. Cullison, MD
Providence Medical Center
Seattle, Washington
Vice-Chair

William C. Denham, MD
University of Louisville (Glasgow)
Glasgow, Kentucky
Resident
Term ended December 31, 2006

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

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

James Martin, MD
Christus Santa Rosa Hospital
San Antonio, Texas

Richard Neill, MD
University of Pennsylvania
Health System
Philadelphia, Pennsylvania

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
UCLA Medical Center
Los Angeles, California

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

Robin O. Winter, MD
John F. Kennedy Medical Center
Edison, New Jersey

Internal Medicine

Beverly M. K. Biller, MD
Massachusetts General Hospital
Boston, Massachusetts

Karen Hsu Blatman, MD
Charlottesville, Virginia
Resident

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

Roger Bush, MD
The Virginia Mason Clinic
Seattle, Washington

Thomas Cooney, MD
Oregon Health and Science University
Portland, Oregon
Vice-Chair

David A. Faxon, MD
Brigham and Women's Hospital
Boston, Massachusetts

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

John Fitzgibbons, MD
Lehigh Valley Hospital
Allentown, Pennsylvania

John G. Frohna, MD
University of Michigan
Ann Arbor, Michigan

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

Khaled Ismail, MD
Henry Ford Hospital
Detroit, Michigan
Resident

Michael R. Lucey, MD
University of Wisconsin-Madison
Medical School
Madison, Wisconsin

Glenn Mills, MD
Louisiana State University
Shreveport, Louisiana

Grace Y. Minamoto, MD
Montefiore Medical Center
Bronx, New York

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

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

Kristine M. King, MD
Oregon Health & Science University
Portland, Oregon
Resident

Bruce R. Korf, MD, PhD
University of Alabama
Birmingham, Alabama
Chair

Cynthia M. Powell, MD
University of North Carolina
Chapel Hill, North Carolina
Term began February 15, 2007

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

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

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University Hospitals of Cleveland
Cleveland, Ohio
Term ended February 28, 2007

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Washington University
School of Medicine
St. Louis, Missouri

Arthur L. Day, MD
Brigham and Women's Hospital
Boston, Massachusetts

Michael Louis DiLuna, MD
Yale University School of Medicine
New Haven, Connecticut
Resident

Vishal C. Gala, MD
University of Michigan Health System
Ann Arbor, Michigan
Resident
Term ended December 31, 2006

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University of Southern California
Los Angeles, California
Chair

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University Hospitals of Cleveland
Cleveland, Ohio

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

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Yale University School of Medicine
New Haven, Connecticut
Vice-Chair

Neurology

Cynthia Leta Bodkin, MD
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Jacksonville, Florida
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Term ended December 31, 2006

Jose Carrillo, MD
Long Beach, California
Resident

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Mayo Clinic
Rochester, Minnesota

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University of California
San Francisco
San Francisco, California
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Baltimore, Maryland
Chair
Term ended December 31, 2006

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New Hyde Park, New York
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Children's Memorial Hospital
Chicago, Illinois

Nuclear Medicine

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Our Lady of the Lake Regional
Medical Center
Baton Rouge, Louisiana
Term ended December 31, 2006

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Johns Hopkins Medical Center
Baltimore, Maryland
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University of South Carolina
Charleston, South Carolina
Term began January 1, 2007

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University of Maryland Medical System
Baltimore, Maryland
Deceased

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Science Center at San Antonio
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Mallinckrodt Institute of Radiology
St. Louis, Missouri
Chair
Term ended December 31, 2006
Deceased

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Long Island Jewish Medical Center
New Hyde Park, New York
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Los Angeles, California
Term ended December 31, 2006

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University of Virginia Health Systems
Charlottesville, Virginia
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Duke University Medical Center
Durham, North Carolina
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Medical School
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Dallas, Texas
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Strong Memorial Hospital
Rochester, New York
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University of Michigan
Ann Arbor, Michigan
Term ended December 31, 2006

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Vanderbilt University
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Nashville, Tennessee
Term ended December 31, 2006

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School of Medicine
St. Louis, Missouri

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University of Pennsylvania
Philadelphia, Pennsylvania

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Uniformed Services University
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University of Missouri Kansas City-
Truman Medical Center
Kansas City, Missouri
Term began January 1, 2007

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Henry Ford Hospital
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Term began January 1, 2007

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Atlanta, Georgia

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Baltimore, Maryland
Term began January 1, 2007

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Montefiore Medical Center
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Milwaukee, Wisconsin

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Bronx, New York

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Arvada, Colorado

Erica Kate German, MD
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New York, New York
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Term ended December 31, 2006

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Aradhana A. Sood, MD
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Richmond, Virginia

Allan Tasman, MD
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Manuel L. Brown, MD
Henry Ford Hospital
Detroit, Michigan
Term ended June 30, 2007

Jannette Collins, MD
University of Wisconsin
Hospital and Clinics
Madison, Wisconsin

Jessica B. Robbins, MD
University of Michigan
Ann Arbor, Michigan
Resident
Term began January 1, 2007

Anne C. Roberts, MD
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Cincinnati, Ohio
Term began January 1, 2007

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Ochsner Clinic
New Orleans, Louisiana
Term ended October 31, 2006

Aradhana Venkatesan, MD
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Boston, Massachusetts
Resident
Term ended December 30, 2006

Kay H. Vydareny, MD
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Richard L. Wesenberg, MD
University of South Alabama
Mobile, Alabama
Term ended December 31, 2006

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New York, New York

Radiation Oncology

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Emory Clinic
Atlanta, Georgia
Ex-Officio

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Medical College of Wisconsin
Milwaukee, Wisconsin

Bruce G. Haffty, MD
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Medical School
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Vice-Chair

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Stanford University
Stanford, California
Term ended December 31, 2006

Eugene Huang, MD

MD Anderson Cancer Center
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Resident

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Memphis, Tennessee

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Durham, North Carolina
Term began January 1, 2007

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Vienna, Austria
Term ended December 31, 2006

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Durham, North Carolina
Term began January 1, 2007

Surgery**Patrice Blair, MPH**

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Term ended June 30, 2007

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Seattle, Washington
Resident
Term ended June 30, 2007

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Allentown, Pennsylvania

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University of Texas Health Science
Center at San Antonio
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Resident
Term ended June 30, 2007

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Seattle, Washington

Transitional Year**Nadine C. Bruce, MD, MACP**

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Top row (left to right): Accreditation Assistant Arlene Walker, Application and Data Coordinator Emilio Villatoro. **Middle row (left to right):** Consultant Lew D'Souza, Meetings Services Manager Linda Gordon. **Bottom row:** Administrative Secretary Becky Thielen.

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