

# **MOMENTUM**

Accreditation Council for Graduate Medical Education  
2013–2014 Annual Report

## Mission

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

## Vision

We imagine a world characterized by:

- a structured approach to evaluating the competency of all residents and fellows;
- motivated physician role models leading all GME programs;
- high-quality, supervised, humanistic clinical educational experience, with customized formative feedback;
- residents and fellows achieving specialty-specific proficiency prior to graduation; and
- residents and fellows prepared to become Virtuous Physicians who place the needs and well-being of patients first.

## Values

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

## Strategic Priorities

- Foster innovation and improvement in the learning environment
- Increase the accreditation emphasis on educational outcomes
- Increase efficiency and reduce burden in accreditation
- Improve communication and collaboration with key external stakeholders

## Core Staff Values

- Customer Focus
- Integrity/Ethics
- Results Focus
- Teamwork



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## 02 Message from the CEO



The year 2013 was a year of transition in the evolution of the ACGME from a minimal standards-based accreditation function to a continuous improvement model of oversight of the national resource of graduate medical education programs, their outstanding faculty members, and the

bright future specialists and subspecialists we call residents and fellows. This movement was driven by the ACGME's current strategic plan that called for movement from exclusively process-based accreditation to accreditation with meaningful outcomes. The motivation for this effort, and all that the ACGME undertakes, is the desire to fulfill the Social Contract between the profession and the public we serve, to prepare the next generation of physicians to serve the public.

After five years of preparation, the Next Accreditation System (NAS) was rolled out to seven disciplines, whose trainees collectively represent over 40% of the residents and fellows in the United States. With the cooperation of the programs, the discipline and hard work of the members of the ACGME Review Committees, and the dedication and creative efforts of the staff of the ACGME, the NAS became a reality. Even as the NAS went live in the Phase I specialties, preparation for Phase II specialty training and implementation commenced.

The community-wide effort to establish the Milestones, key developmental dimensions of the Core Competencies in each specialty and subspecialty also became a reality in the Phase I specialties. With 100% of eligible residents/fellows reported, the ACGME, the ABMS specialty boards, and other related investigators have begun the work of validating,

or revising and validating, the Milestones in each discipline. The promise of both providing individual residents/fellows with more consistent feedback, as well as demonstrating the effectiveness of ACGME-accredited education in meeting the needs of the public—fulfilling the Social Contract—is now at hand. While all involved understand that this is the first step in a long journey for all of us in the GME enterprise, the initial steps have been taken, and momentum towards more consistent evaluation and more effective mentoring is mounting. The Milestones have the potential to re-shape how we think about life-long learning across the entire continuum of medical education. Through collaboration with our sister organizations in accreditation, education, certification, and licensure, we may collectively effectuate meaningful positive change to facilitate continuous growth of physician knowledge, skills, attitudes and behaviors in service of patients.

The non-accreditation-based efforts to enhance patient care safety and quality, and resident/fellow engagement in those processes, called the Clinical Learning Environment Review (CLER) program, became a reality in 2013. Creation of the *Pathways* document, based on both evidence in the literature as well as the experience accumulated thus far in the CLER site visit program, provides a framework for thinking about the essential elements of the “Clinical Learning Environment” that we currently recognize is essential in the formation of future effective physicians, nurses, pharmacists, and other caregivers (see article p.17).

2013 saw acceleration and then de-acceleration of the opportunity to create a single accreditation process for all graduate medical education in the United States. As we know at the time of writing this column, agreement has been achieved at a leadership level among the ACGME, the American Osteopathic Association (AOA), and the American Association of Colleges of Osteopathic Medicine (AACOM) to create this single

accreditation process. While controversy continues to exist within segments of the GME community, there is broad-based support for this effort, especially among the young physicians in both traditions. All that remains is successful implementation!

The opportunity to support two important large multi-center trials designed to examine key resident duty hour standards was seized by the ACGME Board of Directors. The *FIRST Study*, in general surgery residency programs, and the *iCOMPARE Study*, in internal medicine residency programs, will give the GME community, the public, and the ACGME valuable information on the clinical and educational impact of certain duty hour standards. These findings will be essential in any standard revision process in the future.

Finally, over the past 18 months, the ACGME has embarked on an extensive scenario planning process. We seek to capture and accelerate the process of creativity and innovation we already see in the GME community, enhancing the momentum for positive change already created by the efforts of tens of thousands of faculty members, nearly ten thousand program directors, a thousand designated institutional officials, and more than one hundred seventeen thousand residents and fellows, all in service of the millions of patients they serve, today and tomorrow.

Sincerely,

A handwritten signature in black ink that reads "Thomas J. Nasca". The signature is written in a cursive, flowing style.

Thomas J. Nasca, MD, MACP  
Chief Executive Officer

## 03 Message from the Chair of the Board of Directors



When a patient sits down with a physician to discuss his or her health, he or she assumes that the physician practices in a safe and skilled manner. Ultimately, this very personal interaction between patient and physician is what has driven the substantive changes in our accreditation system.

During the last year, the ACGME has concentrated its resources on implementing the Next Accreditation System (NAS) and the Clinical Learning Environment Review (CLER) program. Both have the same goal and are consistent with our vision noted above: to effectively and efficiently organize an accreditation process based on the principle of professional self-regulation while assuring the public that the process is ethical and transparent and results in the generation of skilled doctors who provide safe, high quality care.

Faced with the proliferation of clinically-based scientific knowledge and the desire to narrow the range and scope of practice, our professional community has asked for an ever increasing number of subspecialty disciplines and programs. As our constituents know all too well, to date our accreditation system has been process-laden, and was in danger of becoming less responsive to both our professional colleagues and the public as demands of the system exceeded our ability to respond. At the same time, with changes both in our culture and the availability of health care-related information, the public has become increasingly interested in understanding their health status and in participating in the patient care process. The NAS will substantially streamline the accreditation process, with a concentration on the continuous generation of relevant information to assess the status of individual programs, the effective use of Milestones to assist in evaluating the development of individual learners, and an extended accreditation cycle. The CLER program will, for the first time, give us

a sense of the learning environment within which our accredited residency and fellowship programs operate. We are in the initial stages of implementing CLER, but are already receiving positive communications from our teaching hospital community that the dialogue between educators, learners, administrations, and hospital staff is of value as they move on a path of overall increasing focus on patient safety.

For some time, the ACGME Board has had Public Members. These members have full voting rights and serve on the Board's substantive committees. With the support of our Review Committees, we have begun the integration of Public Members throughout the Review Committees. Again, the goal of this approach is to better assure the public that professional self-regulation and our accreditation process results in the development of skilled, safe physicians.

Finally, during the last year, the ACGME Board has joined with the leadership of the American Osteopathic Association and the Association of American Colleges of Osteopathic Medicine to create a single graduate medical education accreditation system. The agreement to progressively move toward a fully integrated accreditation system resulted from nearly two years of dialogue. The three parties spent much of the time listening to one another and gaining confidence and trust among the individuals involved, and, specifically, in a commonly held view that the public will be best served through a single accreditation system focused on the mutual development of skilled and safe physicians.

It has indeed been a busy year.

Sincerely,

A handwritten signature in black ink, which appears to read "Timothy M. Goldfarb". The signature is fluid and cursive.

Mr. Timothy M. Goldfarb  
Chair, ACGME Board of Directors

## 04 Year in Review: Department of Education

### Moving Forward and Serving Others

Timothy P. Brigham, MDiv, PhD, Chief of Staff, Senior Vice President, Department of Education

The Department of Education serves the ACGME mission to meet the needs of over 9,500 programs and 700 sponsoring institutions that prepare over 117,000 residents and fellows to embark on the path of mastery to effectively meet the health and health care needs of the public. The department accomplishes this mission by disseminating information and knowledge and furthering skill development, and by serving and collaborating with other individuals/departments within the ACGME and appropriate outside partners. The Department of Education is composed of three divisions:

1. Educational Activities
2. Resident Services
3. The ACGME Resident Scholars

**The Division of Educational Activities (EA)**, led by Director Debra Dooley, helps design, develop, produce, and evaluate the ACGME's educational activities. The EA team comprises Educational Project Manager Karla Wheeler, MA, CMP; Continuing Medical Education Administrator Laura Barbo; and Registration Specialist Andrea Rio. Collectively the team has responsibility for the ACGME Annual Educational Conference; the Coordinator Training Series; the Baldwin Lecture Series; the Next Accreditation System (NAS) Webinar Series; and more.

The Annual Educational Conference continues to grow each year. Attendance has nearly tripled over the past five years, but the conference as a whole has expanded and evolved dramatically, beyond the increase in participant numbers.

The 2014 Annual Educational Conference drew nearly 3,000 GME educators from both the US and 11 other countries. It included three pre-conferences and offered 133 sessions geared toward current GME topics. A huge impact on the conference occurred the day before the opening when ACGME Board Chair Mr. Timothy Goldfarb and ACGME CEO Dr. Thomas Nasca announced the commitment of the ACGME, AOA, and AACOM to a single accreditation system. In his Introductory Address, Dr. Nasca described the ACGME's dedication to serving the needs of the public through accreditation, assessment, and improving the quality of teaching, resident learning, and professional practice.

Other highlights of the conference included a stimulating and provocative Marvin Dunn Keynote Address *Rebalancing the Culture of Learning: Can a Focus on Outcomes Improve Our Processes?* given by Dr. David Asch, a professor at the Perelman School of Medicine and the Wharton School at the University of Pennsylvania, executive director of the Penn Medicine Center for Health Care Innovation, director of the RWJF Health and Society Scholars Program, and director of the RWJF Clinical Scholars Program at the University of Pennsylvania.

For the first time, the ACGME offered educational vendors the opportunity to exhibit at the conference. The Exhibit Hall was well-received by attendees and the 30 vendors that participated.



Dr. David Asch delivers the Marvin R. Dunn Keynote Address at the 2014 ACGME Annual Educational Conference.

The 2015 ACGME Annual Educational Conference will be held Thursday, February 26 through Sunday, March 1 at the Grand Manchester Hyatt in San Diego, California.

The NAS Webinar Series was created to further the GME community's knowledge and skill related to the NAS. More than 40 specialty-specific webinars have been conducted live and then posted on the ACGME website. Designated institutional officials (DIOs), program directors, program and institutional coordinators, and faculty members from across the country have accessed these webinars over 17,000 times to further their professional development.

Future planned activities include the return of the Basics of Accreditation for New Program Coordinators workshops, with 10 specialty-specific sessions from July to November 2014, with expected attendance of 500 participants; two workshops in the fall of 2014 on Faculty Development in Assessment and Evaluation led by Eric Holmboe, MD, SVP for Milestones Development and Evaluation; and a two-day workshop, entitled **CLER Conversations** led by Kevin Weiss, MD, SVP of Institutional Accreditation and Robin Wagner, RN, MHSA, VP of the CLER Program, for institutional leadership teams to strategically plan ways to optimize resident and fellow engagement in their unique clinical learning environments.

**The Office of Resident Services** supports residents, program directors, and DIOs across the country. Associate Vice President Marsha Miller, MA and Resident Services Associate Amy Beane work closely with residents, program directors, and DIOs, helping them to navigate the complaints and concerns processes and providing essential ACGME support. They also staff the Council of Review Committee Residents (CRCR; see article p. 8), which comprises the resident members of each of the specialty Review Committees, and which works in support of the ACGME Board of Directors, advising on issues of resident/fellow concern and accreditation from the resident/fellow perspective.

The Office of Resident Services also facilitates the ACGME Awards process, with critical support from Awards Program Coordinator DeLonda Dowling.

**The Senior Scholars in Residence**, led by DeWitt “Bud” C. Baldwin Jr., MD; Paul Rockey, MD; Joanne Schwartzberg, MD; Robert Doughty, MD, PhD; and Nicholas Yaghmour, MPP, Research Associate for Milestones Evaluation, continued their important work on resident well-being; interprofessional team-based training; physician work force issues; health policy; and leadership training.

Dr. Baldwin was recognized for his contributions in two very special ways this past year:

1. Announced at the 2014 AEC, the Gold Foundation and the ACGME have created a new award, The DeWitt (Bud) C. Baldwin Jr., Award, to honor Dr. Baldwin’s unwavering commitment to creating and providing humanistic learning environments in which residents and fellows train prior to entering the world of unsupervised practice.
2. In May 2014, recognizing his historic contributions to the field of interprofessional education, Rosalind Franklin University of Medicine and Science dedicated a new institute in honor of Dr. Baldwin: The DeWitt C. Baldwin Institute for Interprofessional Education.

Since 2010, Dr. Doughty, the senior scholar for experiential learning and leadership development, has conducted multi-day leadership training programs for almost 1,800 chief residents from all specialties. In 2012 he also pilot-tested a facilitator training program for faculty, in collaboration with the University of Colorado School of Medicine, to prepare physician faculty to conduct the Chief Resident Leadership Trainings. 2013-14 was another successful year for these programs, with all of the Leadership Skills Training Programs for Chief Residents sessions across the country filled to capacity, with wait lists for interested attendees. Three international chief resident training programs in Singapore and the Middle East are planned for the fall and winter of 2014-15.

Other major accomplishments of the Department of Education include:

1. In collaboration with the Department of Applications and Data Analysis, the Department of Education helped design and conduct five-to-eight-hour workshops to prepare each Review Committee for its work in the NAS.
2. Over 50 educational workshops and mock site visits in Singapore, the Middle East, and Japan have been created, conducted, and evaluated since 2009. Workshops include:

- Assessment and Feedback
- Basics of ACGME-I Accreditation
- Clinical Competency Committee Training
- Team-building
- Conflict Management
- Fatigue Management
- Leadership
- Coordinator Training
- Program Director, DIO, and GMEC Training
- Professionalism

As the Department looks forward to 2014-2015, continued program development and enhancement is on the horizon. Future activities in development include:

1. Osteopathic Program Director, Coordinator, DIO, faculty member, and Sponsoring Institution training in ACGME accreditation. We are currently in collaboration with colleagues from the AOA and AACOM assessing educational needs, designing educational activities to meet those needs, implementing the design, and developing evaluation strategies to assess the outcomes of the activities.
2. The recruitment of a Distance Learning Specialist to begin to better utilize technology to meet the needs of our constituents domestically and internationally.
3. In collaboration with the ACGME Department of Human Resources, building an internal training and development function/program to meet the emerging and changing educational needs of employees at all levels of the organization. ■

*The DeWitt (Bud) C. Baldwin Jr. Award, created jointly by the Gold Foundation and the ACGME, was announced at the 2014 ACGME Annual Educational Conference. The first award will be given in 2016.*



# 06 Year in Review: ACGME International

## Giving Life to the ACGME-I Vision

John Ogunkeye, MS, Chief Financial Officer and Senior Vice President, Operations, ACGME; Executive Vice President, ACGME International

### Building on the Base

The past year was marked by continued growth and change for ACGME International LLC (ACGME-I). Notably, expansion of activities in the countries where the ACGME-I currently accredits programs helped move the ACGME-I closer to meeting its vision of improving health care through accreditation. Four years into operations, there has been a marked increase in the number of ACGME-I-accredited programs. As shown in the table (right), through 2013, the ACGME-I accredited 10 Sponsoring Institutions and 90 programs. Hamad Medical Corporation in Qatar and SEHA in Abu Dhabi achieved accreditation of core programs during the year, building on the accreditation of their sponsoring institutions the prior year. The year also saw a first for the ACGME-I: the accreditation of subspecialty programs in Singapore. This seminal activity is a logical evolution of the ACGME-I's services, signaling continued progress in our commitment to offering comprehensive accreditation services worldwide. With an increasing percentage (25% in Singapore; 15% in Qatar; 8% in Abu Dhabi) of these countries' physician workforces engaged in the ACGME-I accreditation model, the ACGME-I's vision for improving global health care is gaining traction.

### Planning for Expansion

Building on the pioneering relationships with Singapore, Abu Dhabi, and Qatar, the ACGME-I completed agreements with the American University Beirut (Lebanon) and the Oman Medical Specialty Board (Oman). ACGME-I activities at these institutions are scheduled to begin in 2014. Interest in ACGME-I recognition remains high, with increasing inquiries from several countries/organizations. Discussions are underway with a number of countries/programs across the globe.

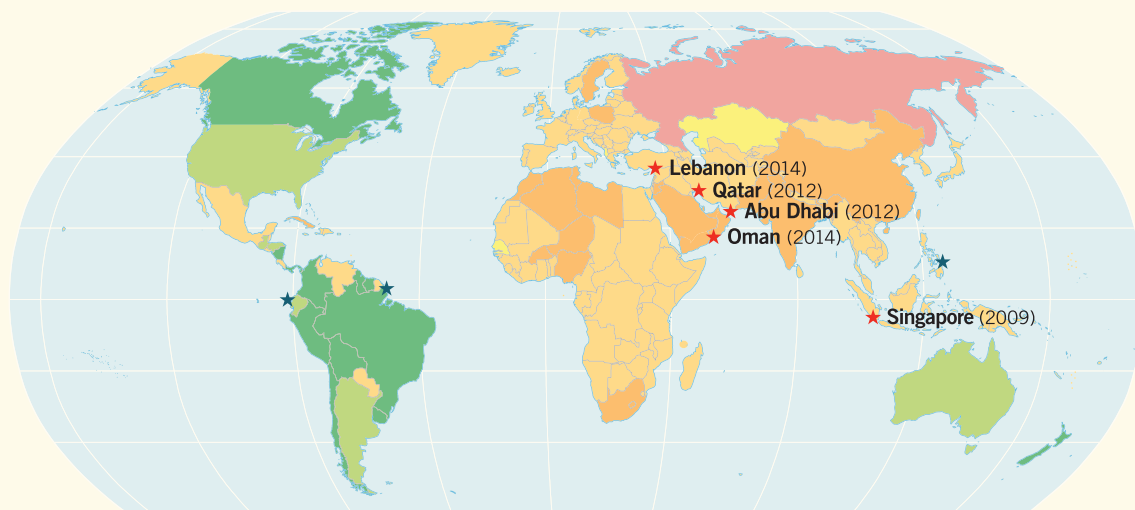
To plan for an increasing global presence, the administrative structure has been enhanced. The arrival of Mr. John Ogunkeye as the ACGME-I's new executive vice president in August 2013, and the planned retirement of Dr. Bill Rodak, vice president for accreditation, at the end of 2014 resulted in a restructuring to heighten the ACGME-I's management capacity to meet growing demands. A new physician vice president position was created to strengthen the ACGME-I's physician interface with accredited organizations, and former ACGME Board Chair Dr. Susan Day was recruited to fill it. An executive director position was established to replace Dr. Bill Rodak, and former ACGME Executive Director Lorraine Lewis, EdD, RD, was recruited for that role. Dr. Lewis joined the ACGME in 2011 as the executive director for the Review Committees for Anesthesiology, Preventive Medicine, and the Transitional Year. The administrative structure was further

ACGME-I Contracted Entities Profile-2013						
Country	Entity	Sponsoring Institution Count	Program Count	Resident Count	Core Faculty Count	Total Faculty Count
Singapore	Ministry of Health	3	68	1,241	830	2,616
Qatar	Hamad Medical Corporation	1	7	285	82	451
Abu Dhabi	SEHA	6	15	230	85	459
<b>Total</b>		<b>10</b>	<b>90</b>	<b>1,756</b>	<b>997</b>	<b>3,526</b>

strengthened with the re-tasking of additional ACGME staff to provide functional expertise in various administrative and operational areas. This new management team should permit the ACGME-I to better respond to evolving market demands as its country presence expands.

### Continuing the Journey

As countries across the world prioritize post-graduate medical education as part of their overall efforts to improve health, the ACGME-I's accreditation model takes on increasing meaning. Results from ACGME-I-accredited institutions demonstrate that the ACGME-I model does help to raise the quality of post-graduate training programs. Quantitatively, performance of ACGME-I-accredited program residents in Singapore on In-Training Examinations is impressive; qualitatively, feedback from program participants (program directors, designated institutional officials, residents) has been positive. Still, more work remains as the ACGME-I journeys forward in its mission. Importantly, ACGME-I management will continuously look to refine the accreditation model to ensure its validity, all the while building on lessons from current relationships and maintaining the rigorousness of standards and the protection of brand excellence. ■





## 07 Year in Review:

### ACGME Field Staff and Department of Field Activities Develop Protocols for Site Visits in the Next Accreditation System

*Ingrid Philibert, PhD, MBA, Senior Vice President, Field Activities*

The ACGME's 31 accreditation field representatives conduct all accreditation site visits of programs and sponsoring institutions. In 2013, the accreditation field staff comprised 26 MDs and five individuals with a PhD or equivalent degree. Field representatives have extensive experience in graduate medical education and prior careers as program and institutional leaders and members of ACGME Review Committees, and are knowledgeable in the requirements and on-site review process for all medical and surgical specialties, subspecialties, and institutions accredited by the ACGME.

The Department of Field Activities (DFA) coordinates all aspects of program and institutional accreditation site visits, including scheduling and logistics, site visit reporting, quality improvement, and field staff professional development.

During 2013, the institution of the Next Accreditation System (NAS) resulted in major changes to the work of the field representatives. Under the NAS, accreditation site visits are used to explore and confirm areas with potential problems identified during the review of the NAS annual data. Professional development for the field staff focused on aspects of these new site visits, including diagnosing the underlying

causes of when review of the annual data reveals a real problem. Another focal area for professional development related to the new role of the field representatives in offering suggestions or ideas for innovative practices found in the medical education literature or other programs and institutions successful in creating an effective working and learning environment.

Concurrently, the DFA refined the protocol for team site visits, and expanded the resident/fellow and faculty interviews to obtain the perspective of a larger number of these key stakeholders, and increase their participation and engagement in the site visit process. DFA leaders collaborated with leadership in the Department of Accreditation Services to design the protocol for the ACGME Self-Study, for release in September 2014, and a group of field representatives and department leaders conducted approximately 40 test visits for the ACGME Self-Study Visit. The planned format for Self-Study Visits will include site visitor observation of programs or institutional activities, such as morning reports or other educational conferences, patient safety rounds, and quality improvement and other ongoing activities and processes in the learning environment. ■



# 08 Year in Review: Council of Review Committee Residents

## Partners in Moving Toward the Ideal Learning Environment

Timothy J. Daskivich, MD, MSHPM, Chair, Council of Review Committee Residents

The Council of Review Committee Residents (CRCR) promotes the mission of the ACGME by advising on resident matters, GME, and accreditation. In 2013, Timothy Daskivich, MD, MSHPM (Urology) and Jacquelyn Turner, MD (Colon and Rectal Surgery) were elected as Chair and Vice Chair, respectively, after Chuck Scales, MD, MSHS (Urology) and Katie Schenning, MD (Anesthesiology) concluded their terms of service. Over the last year, the CRCR focused on examining the system of graduated responsibility and progressive independence in GME, with the goal of identifying actionable goals to help smooth the transition to independent practice. The CRCR also partnered with ACGME leadership to help inform residents and fellows about upcoming changes in the Next Accreditation System (NAS).

A basic principle underlying graduate medical education (GME) is the concept of graduated responsibility and progressive independence. Beginning with the clinical rotations in medical school and ending in the final year of residency, learners are expected to follow a gradual, linear trajectory in terms of increasing complexity of practice and decreasing intensity of supervision. By the end of residency, the responsibilities and degree of independence of senior residents should overlap with those of a young attending, so that these residents are capable and comfortable with entering into the role of independent practitioner upon graduation. Despite this, residents and faculty members alike have voiced concerns that the transition to independent practice has become more difficult over the last decade, due to senior residents having less opportunity for appropriately supervised, yet largely self-directed practice in the final stages of their training.

In order to identify ways to improve the current experience of graduated responsibility in GME, the CRCR engaged in an exercise with two goals: (1) to describe a program with the perfect system of graduated responsibility and progressive independence; and (2) to compare the ideal with our current system to find opportunities for improvement. In an ideal training environment, the CRCR felt that responsibility would be allotted based on the skill and quality of service provided by an

individual resident, as assessed by outcomes and/or 360° evaluations. Throughout training, both the resident and faculty members would be aware of his or her level of competence in different areas of practice so that deficiencies could be addressed and independence could be granted according to skill. Lastly, there would be an emphasis on transparency between faculty members and residents about expectations of independence and responsibility with reference to an individual resident's strengths and weaknesses.

Although the current training environment meets many of the ideals mentioned above, the CRCR identified two areas for possible actionable improvement. First, across all specialties, the CRCR felt there is currently a lack of transparent, quality feedback between residents and faculty members about skill level. Because faculty members often go on and off service and mentorship is inconsistent, it is hard to grasp a resident's skills at any given point in time; this lack of feedback in turn defaults to a resident having less responsibility. Second, the CRCR echoed that senior residents are having less opportunity for appropriately supervised, yet self-directed practice in the final steps of their training.

To overcome these challenges, the CRCR suggested leveraging the Milestone evaluations to assist in allotment of progressive responsibility. By providing a platform for standardized assessment of resident performance over time, the Milestones will allow for improved feedback to residents and faculty members about a learner's strengths and weaknesses at a given point

in time. With this information, residents and faculty members can feel more comfortable plotting out an educational course to progressively address areas that need improvement, ultimately resulting in better allocation of responsibility in step with skill level. The CRCR is delighted to be a partner in the effort to ensure that all residents can confidently enter into independent practice upon graduation, which will ultimately enhance quality and safety of medical care for patients.

In addition to these activities, the Education subcommittee of the CRCR has partnered with ACGME leadership to inform residents of the major upcoming changes in GME accreditation. Working with Dr. Eric Holmboe, ACGME senior vice president, Milestone development and evaluation, the subcommittee created a scripted PowerPoint to cover the basics of the NAS, the Milestones, and the CLER program. This standardized presentation will be used by CRCR members to present to their specialty resident forums at national meetings and is also posted on the Resident Services section of the ACGME website as a public resource.

The CRCR is proud to assist the ACGME in its visionary efforts to promote the ideal learning environment. We look forward to continuing to provide the resident perspective on GME issues to further the mission of the ACGME: to improve health care by advancing the quality of resident physicians' education through accreditation. ■



# 09 Year in Review: Journal of Graduate Medical Education

## Journal Submissions and Quality Continue to Grow

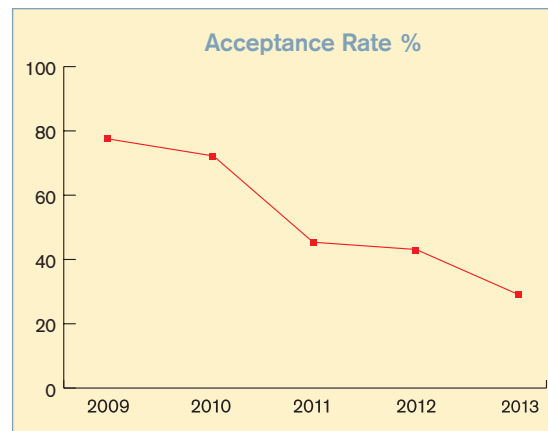
Ingrid Philibert, PhD, MBA, Senior Vice President, Field Activities; Executive Managing Editor, JGME

Submissions to the *Journal of Graduate Medical Education* continued to grow in 2013-2014, and this increased the quality of the articles published by significantly reducing the percentage of submissions accepted to 30%, notably lower than the percentage for its inaugural issues and prior years. At the same time, the *Journal* continued working with junior faculty members and others new to the publication process to promote a broad scholarship base in graduate medical education.

Launched in September 2009, the *Journal* is provided free of charge to more than 10,000 program directors, designated institutional officials (DIOs), and members of the ACGME Review Committees and Board of Directors. In addition, the number of individual and institutional subscriptions in the US and internationally grew significantly in 2013-2014.

Editorial direction for the *Journal* is provided by an independent editorial board made up of noted educators from the US, Canada, and the Netherlands, with international representation expected to increase in future years to reflect a growing international readership. The Editorial Board is led by Gail Sullivan, MD, editor-in-chief, a professor at the University of Connecticut. Board members have diverse backgrounds and bring a wealth of talent and experience to their roles. Major projects for the Editorial Board in 2013 included the development of new, streamlined author instructions, expanded reviewer instructions, and guidance to editors. Author instructions emphasized reduced word counts and clarity to enhance the readability of submissions.

A supplement to the March 2013 issue featured the Educational Milestones for the first seven specialties that entered the Next Accreditation System (NAS) on July 1, 2013.



The *Journal* also expanded the submissions in its “Perspectives,” “On Teaching,” and “Rip Out” sections, and continued to feature editorials, authored by members of its Editorial Board and other experts, that offer a practical overview on methods in education research. The “News and Views” section, which is separate from the peer-reviewed section, featured articles on new ACGME initiatives, such as the Clinical Learning Environment Review (CLER) program, work to test the site visit protocol for the ACGME Self-Study process, and scholarly activity in the NAS.

This year, the *Journal* also enhanced its presence and accessibility on new media, launching a mobile platform that enables ease of readability on tablets and smart phones. Beginning in December 2013, a video interview highlighting one article in each issue is now posted on the *Journal* website quarterly. In these 3-5-minute segments, the lead author talks about the impetus for the research, and his or her perspective on the findings. The inaugural article for this new feature was a study about the increasing births to surgical resident parents under duty hour limits, creating a “surgical baby boom.” ■

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# 10 Year in Review: Council of Review Committee Chairs

## The Next Accreditation System: The Phase I Experience

Michael Coburn, MD, Chair, Review Committee for Urology;  
Deputy Chair for Surgical Specialties, Council of Review Committee Chairs

I experienced the transition to the Next Accreditation System (NAS) as a surgical specialty Review Committee Chair, as the surgical specialty Deputy Chair of the Council of Review Committee Chairs (CRCC), and as a program director of an NAS Phase I specialty program. I would characterize the process as well-organized, highly inclusive, thought-provoking, and energizing. Many aspects of the transition to the NAS required regular communication with multiple stakeholders, including program directors, Milestone content experts, and members of other Review Committees and professional organizations. I believe that the ACGME maintained a focus on identifying the most important aspects of specialty competence, streamlining the accreditation process, and eliminating redundant and less valuable elements of the accreditation system. The willingness of ACGME leadership to allow each specialty to develop its own approach and content for its Milestones, while providing expert consultation in evaluation and content knowledge, conveyed the organization's appreciation for the commonalities, as well as the fundamental differences, in the wide range of competencies central to each specialty area.

The implementation of the NAS was supported by specialty-specific webinars; extensive online educational materials for program directors, coordinators, and designated institutional officials (DIOs); as well as participation by ACGME leadership at program director society and other specialty society national meetings. The general tone was of support and appreciation for the challenges of resident educational administration, and not dictatorial imposition of new procedures.

As a representative of a Phase I specialty, I had the opportunity to work closely with many of the Phase II specialty Milestone groups, Review Committees, and academic societies to provide perspective on our experience, and assist in the development of others' Milestones and implementation approaches. This interaction between the Phase I and Phase II specialty

educator communities represented an unprecedented level of inter-specialty interaction and "mentorship" which was beneficial to all involved.

In the setting of the CRCC, the clustering of the medical, surgical, and hospital-based specialties around common concerns and objectives also created a powerful sense of engagement and highly productive dialog and work efforts, which were not possible prior to the reorganization of the ACGME along these grouped specialty lines. Speaking for the surgical specialties, as I had the privilege of representing us within the CRCC, our interaction with Dr. John Potts, senior vice president, surgical accreditation, greatly elevated the surgical specialties' voice and our sense of the appreciation of our needs within the ACGME. The agenda discussions of the "surgical cohort" included many topics of common concern, including efforts to standardize case logging and role definitions, define standards for serving as a surgical program director, develop surgical perspectives on complex supervision questions, and achievement of consensus on many other issues.

As a Phase I specialty program director, I directly experienced the elements of the NAS first-hand. Working with my residency coordinator to prepare our Annual Update was an important exercise in completing a detailed cataloging of our clinical and scholarly activities for the year. I was a member of (though I did not chair) our Clinical Competency Committee (CCC), and I participated in the process of evaluating our residents according to the Urology Milestones, after which I met with our residents for their semi-annual feedback and evaluation discussions. The group discussions within the CCC, and the individual evaluation sessions with the residents that followed, were the most detailed, substantive, and thoughtful



such interactions focused on resident competency and performance that I have experienced in my 14 years as program director. The depth of the discussion within the CCC was impressive, as was the level of engagement of the CCC members. In my subsequent meetings with the residents, the specific examples of behaviors mentioned in the CCC meetings that supported our assessments were positively received and resulted in much more meaningful improvement plans than in the past. Having invested much time and effort in the development of the Milestones and the NAS, it was most gratifying to experience the positive impact of the changes in my own role as a program director.

Looking forward, there is a strong sense of the need to accrue outcome data that demonstrates, objectively, the value of the changes of the NAS on the quality of GME and the competence across all domains of the graduates of our programs. Continued inclusion of the program director and program coordinator communities to judge the effectiveness of NAS implementation and the reality of the goal to achieve reduced burden of accreditation is imperative.

It has been a great privilege to serve as the Chair of the Review Committee for Urology during such a pivotal and transformational time in the evolution of GME in the United States. I will look forward to continued involvement as a stakeholder to realize the potential impact of the new directions we are pursuing. ■

## 11 ACGME Awards

Each year the ACGME recognizes notable program directors, designated institutional officials, residents, and coordinators for their outstanding work and contributions to graduate medical education through its Awards Program. Below are the 2013 and 2014 awardees who were honored at luncheon receptions during the ACGME's 2013 and 2014 Annual Educational Conferences.

**The Parker J. Palmer Courage to Teach Award** is presented to up to 10 program directors who have fostered innovation and improvement in their residency programs and served as exemplary role models for residents.

### 2013

**Wallace A. Carter, MD**  
Emergency Medicine  
New York Presbyterian  
New York, New York

**Richard T. Jennings, MD, MS**  
Aerospace Medicine  
University of Texas  
Medical Branch  
Galveston, Texas

**John D. Mahan Jr., MD**  
Pediatrics and Pediatric  
Nephrology  
Nationwide Children's Hospital/  
Ohio State University  
Columbus, Ohio

**Brian L. Martin, DO**  
Allergy and Immunology  
The Ohio State University  
Columbus, Ohio

**David Schulman, MD, MPH**  
Pulmonary and Critical Care  
Emory University  
Atlanta, Georgia

**Deborah A. Schwengel, MD**  
Anesthesiology and  
Critical Care Medicine  
Johns Hopkins University  
School of Medicine  
Baltimore, Maryland

**Nathan R. Selden, MD, PhD**  
Neurological Surgery  
Oregon Health & Science  
University  
Portland, Oregon

**Craig D. Shriver, MD, FACS**  
General Surgery  
Walter Reed National Military  
Medical Center, Bethesda  
Bethesda, Maryland

**David B. Sweet, MD, FACP**  
Internal Medicine  
Summa Health System/NEOMED  
Akron, Ohio

**William M. Tierney, MD**  
Gastroenterology  
University of Oklahoma  
Health Sciences Center  
Oklahoma City, Oklahoma

### 2014

**Keith H. Baker, MD, PhD**  
Anesthesiology  
Massachusetts General Hospital  
Boston, Massachusetts

**Joseph B. Cofer, MD, FACS**  
General Surgery  
University of Tennessee College  
of Medicine Chattanooga  
Chattanooga, Tennessee

**Sidney M. Gospe Jr., MD, PhD**  
Child Neurology  
University of Washington  
Seattle, Washington

**William R. Graessle, MD**  
Pediatrics  
Cooper University Hospital  
Camden, New Jersey

**Saba A. Hasan, MD, FACP**  
Internal Medicine  
Capital Health Regional  
Medical Center  
Trenton, New Jersey

**Eric D. Katz, MD**  
Emergency Medicine  
Maricopa Integrated  
Health System  
Phoenix, Arizona

**Angelisa M. Paladin, MD**  
Radiology  
University of Washington  
School of Medicine  
Seattle, Washington

**R. Franklin Trimm III, MD**  
Pediatrics  
University of South Alabama  
College of Medicine  
Mobile, Alabama

**Art Walaszek, MD**  
Psychiatry  
University of Wisconsin  
School of Medicine and  
Public Health  
Madison, Wisconsin

**Daniel C. West, MD**  
Pediatrics  
University of California  
San Francisco  
San Francisco, California

**The Parker J. Palmer Courage to Lead Award** is presented each year to up to three designated institutional officials who have demonstrated strong leadership and astute resource management, and who have also encouraged innovation and improvement in residency programs and their sponsoring institutions.

### 2013

**Ann M. Dohn, MA**  
Stanford Hospital and Clinics  
Stanford, California

**Richard Green, MD, Captain,**  
Medical Core, United States Navy  
Naval Medical Center San Diego  
San Diego, California

**Fredrick M. Schiavone, MD, FACEP**  
University Hospital –  
SUNY at Stony Brook  
Stony Brook, New York

### 2014

**Robert B. Baron, MD, MS**  
University of California,  
San Francisco School of Medicine  
San Francisco, California

**Linda M. Famiglio, MD**  
Geisinger Health System  
Danville, Pennsylvania

**Joseph Zarconi, MD, FACP**  
Summa Health System  
Akron, Ohio

**The David C. Leach, MD Award** is presented to up to five residents who have fostered innovation and improvement in their residency programs, advanced humanism in medicine, and increased efficiency and emphasis on educational outcomes.

### 2013

**Donald W. Buck II, MD**  
Plastic Surgery  
Northwestern University,  
Plastic & Reconstructive Surgery  
Chicago, Illinois

**Maria Buheis, MD**  
Allergy and Immunology  
Baylor College of Medicine  
Texas Children's Hospital  
Houston, Texas

**Tierney Lake, MD**  
Internal Medicine  
University of Colorado  
Internal Medicine  
Aurora, Colorado

### 2014

**Nicholas Cohen, MD**  
Family Medicine  
University Hospitals  
Case Medical Center  
Cleveland, Ohio

**Brent Griffith, MD**  
Diagnostic Radiology  
Henry Ford Hospital  
Detroit, Michigan

## 12 ACGME Awards

**The GME Program Coordinator Excellence Award** is presented to up to five program coordinators in recognition of their in-depth understanding of the accreditation process, excellent communication and interpersonal skills, and projects to improve residency programs.

### 2013

**Lisa Anderson**

Hematology-Oncology  
University of Washington/  
Fred Hutchinson Cancer  
Research Center  
Seattle, Washington

**Beth Brace**

Cardiovascular Medicine,  
Interventional Cardiology,  
and Electrophysiology  
University of Wisconsin  
Hospital and Clinics  
Madison, Wisconsin

**Shannon Dowty**

Obstetrics and Gynecology  
University of Illinois at Chicago  
Chicago, Illinois

**Brandi McKinnon**

Internal Medicine and  
Pulmonary Critical Care  
Texas Tech University  
Health Sciences Center-Lubbock  
Lubbock, Texas

**Marie Wegeman Ray, C-TAGME**

Emergency Medicine  
Earl K. Long Medical Center/  
Louisiana State University  
Baton Rouge, Louisiana

### 2014

**Cordelia Baffic**

Radiation Oncology  
University of Pennsylvania  
Philadelphia, Pennsylvania

**Susan E. Bony**

Ophthalmology  
Oregon Health & Science  
University  
Portland, Oregon

**Linda R. Johnston**

Gastroenterology and Nephrology  
Baylor College of Medicine  
Houston, Texas

**Pamela G. Kimball**

Family Medicine  
Lawrence Family Medicine  
Lawrence, Massachusetts

**Cindy A. Koonz, MS**

Emergency Medicine  
Oregon Health & Science  
University  
Portland, Oregon

**The GME Institutional Coordinator Excellence Award**

is presented to one institutional coordinator upon whom everyone depends to know graduate medical education and what the process is for internal review. The ACGME depends on this person to wear many hats, including those of administrator, counselor, enforcer, coordinator, organizer, and scheduler.

### 2013

**Catherine M. Eckart, MBA**

University at Buffalo  
School of Medicine  
Buffalo, New York

### 2014

**Tia O. Drake**

Washington University  
School of Medicine  
St. Louis, Missouri



Frederick M. Schiavone, MD, FACEP, Designated Institutional Official, University Hospital, SUNY Stony Brook; Ann M. Dohn, MA, Designated Institutional Official, Stanford Hospital and Clinics; and Richard Green, MD, Captain, Medical Corps, United States Navy, Designated Institutional Official, Naval Medical Center San Diego – all Courage to Lead Award recipients in 2013.



ACGME CEO Dr. Thomas Nasca and ACGME Board Chair Mr. Timothy Goldfarb present the 2014 Program Coordinator Excellence Award to recipient Susan E. Bony, program coordinator for the ophthalmology residency program at Oregon Health & Science University.

## 13 Board of Directors

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East Syracuse, New York

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Boston, Massachusetts

**Carol A. Bernstein, MD**

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School of Medicine  
New York, New York

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Cleveland, Ohio

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Commonwealth University  
Health System  
Richmond, Virginia

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Family Medicine  
Residency of Idaho  
Boise, Idaho

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Stony Brook, New York

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University of Connecticut  
School of Medicine  
Hartford, Connecticut

**Rowen K. Zetterman, MD, MACP, MACG**

University of Nebraska Medical Center  
Omaha, Nebraska

## 14 John Ogunkeye Brings Strategic Perspective to the Work, Implements Several Significant Initiatives and Looks Ahead to a Bright Future for ACGME and ACGME International



On August 1, 2013, John Ogunkeye joined the executive staff of the ACGME as chief financial officer, senior vice president for operations, and executive vice president for ACGME International. Mr. Ogunkeye came to the ACGME from Johns Hopkins Medicine in Baltimore, Maryland, where he was vice president and chief administrative officer for the Office of Johns Hopkins Physicians and associate dean and executive director for the Clinical Practice Association and Clinical Research Operations and Finance for the Johns Hopkins School of Medicine since June 2012.

Mr. Ogunkeye has a long and accomplished career in management in academic medical centers, beginning in 1985 as a division administrator at the University of Texas Health Sciences in Houston, Texas. He served as executive director and chief executive officer of Morehouse Medical Associates in Atlanta, Georgia, was the chief operating officer of Jefferson Medical College, and the executive director for Jefferson University Physicians, both in Philadelphia, Pennsylvania. He has also previously held key roles in administration at several medical schools, including at West Virginia University, the University of Colorado, and the University of Chicago.

“Having worked with John Ogunkeye in the past, I know that he brings to the table not only a wealth of experience, knowledge, and skill, but also a collaborative working spirit that will dramatically move forward our mission to meet the health care needs of the public through education of physicians by accreditation of programs and institutions,” said ACGME CEO Thomas J. Nasca, MD, MACP. “This organization is fortunate to have successfully recruited him for this role.”

Mr. Ogunkeye’s broad experience and history of success in administrative finances and strategic planning and management will fortify the ACGME at its base, enabling the organization to thrive in its continued efforts to enhance and bolster graduate medical education in the US and abroad. As the organization looks to the future of medicine and accreditation, his addition provides a keen strategic eye, a critical new perspective, and a fresh approach to the nuts and bolts of operations, both domestically and internationally.

And that strategic angle is exactly how Mr. Ogunkeye has approached his job in his first year. Almost immediately upon arrival in Chicago, he initiated a company-wide baseline assessment of the ACGME’s status. He describes himself as an “untraditional CFO-type,” explaining that instead of looking at the company

forecast from an exclusively dollars-and-cents viewpoint, his approach was to evaluate it in the context of risk management. He acknowledged that the ACGME has been quite fortunate to have consistent and robust revenue streams that allowed it to grow and do what it needed to in order to succeed in its mission to improve health care. As he came on board, he wanted immediately to understand what the ACGME was doing in various key operational areas, and then to determine how those areas could be enhanced. He wanted to think differently about how all employees can be better stewards of the resources in which the ACGME has been entrusted.

“Doing things better from an operational perspective,” he said, “will ultimately translate into greater financial strength and growth.”

Mr. Ogunkeye met with his new colleagues and staff members, reviewed records and documents, and finally produced an outline of how to proceed, what he called a strategic assessment of short-term priorities. Within his conclusion he defined, for both the ACGME and ACGME International (ACGME-I), what he saw as strengths, opportunities, limitations, and threats. In each category he listed vital focus points. Under strengths, for example, he noted brand, staff commitment, a strong financial position, a productive and positive work environment, and the demand for the services provided; under opportunities, he put the expansion of ACGME-I, developing financial discipline, staff evaluation, and space configuration. Under limitations and threats were such issues as the necessity for a culture transformation, developing a strict budget, resource alignment, funding pressures (on institutions) related to the Affordable Care Act and how those might impact accreditation, and competition internationally, among others.

As he looked to project his list of short-term priorities for both entities, Mr. Ogunkeye kept as his overarching guiding principles the ACGME’s stated values, and two in particular: Accountability and Transparency; and Stewardship. Looking at the ACGME’s present and future through the lens of those values, he felt, would guide the ACGME and ACGME-I in the right direction strategically.

Mr. Ogunkeye hit the ground running, and hasn’t slowed since coming on board. He has moved through his outlined short-term “to-do list” methodically and steadily. He implemented a new budgeting process immediately, and initiated work on the development of a multi-year financial model to support the growth of the organization from a “solid, strong, small organization” into a “solid, strong, mid-sized organization” – a transformation, he explains, that has an impact both on the local (office, staff, workload) level, and in the bigger picture (in terms of



federal reporting requirements, national and international responsibility, etc.). He also identified what he calls “low friction” margin enhancement initiatives, which are immediate changes that can be made without too much deliberation or discussion, but which translate into savings and fiscal prudence. Examples include expense awareness, group purchase discounts where applicable, e-bill express service, and personnel management.

Other priorities on the short-term evaluation prospectus include vendor evaluation, organizational risk assessment, and review of, and investigation into, greater website enhancement/policy projects, all of which are already underway under Mr. Ogunkeye’s leadership.

As part of the overall strategic planning process in which ACGME leadership has been involved over the last several months, Mr. Ogunkeye will oversee the development of an implementable business plan for how to fund all of the strategic actions deemed essential to the success of the ACGME and ACGME-I. The next step, he says, “is to bring these plans into fruition, to put together a capital budget that is realistic to what is required to fund our aspirations, and to give life to these plans. Not just the talk, but also the walk.”

Tying everything back to the ACGME Vision, Mr. Ogunkeye keeps at the top of his priority list the matters of Transparency and Stewardship. He believes it is his—and his colleagues’—responsibility to ensure all employees truly understand the operational, financial, and strategic changes the ACGME is preparing to tackle. He wants staff members to be empowered to own the process and contribute meaningfully to the shift in culture that comes with broad practical changes on the organizational level.

“My utopia,” he says, “is that employees really see what we do as work with a purpose.” And he says he has seen that to be the case at the ACGME. It is part of what drew him to the job.

In many jobs, Mr. Ogunkeye says, it is difficult—if not impossible—to see that what you are doing matters. “But I truly believe that this work really will make a difference in improving health, both at home and around the world. I want everyone who works here to know and believe that. What we do makes a difference, maybe in a small way, but certainly in a remarkable one.” ■

### **ACGME Department of Operations; Office of the Chief Financial Officer**

John Ogunkeye, MS, Chief Financial Officer; Senior Vice President, Operations  
Rita I. Garrett, Executive Assistant  
Patricia Desmond, Director, Network Services  
Tom Jurczak, MBA, Senior Director, Finance  
Annie Leong, CPA, Accountant  
Terri Robins, JD, MBA, Senior Attorney  
Heidi Sowl, Accounting and Office Services Coordinator  
Patricia Trojnar, Payroll and Accounting Specialist  
Nancy Wheeler, Director, Facilities and Conference Management

### **ACGME International**

John Ogunkeye, MS, Executive Vice President  
DeLonda Y. Dowling, Special Projects Assistant  
Rita I. Garrett, Executive Assistant  
Lorraine Lewis, EdD, RD, Executive Director, International Accreditation  
Terri Robins, JD, MBA, Senior Attorney  
William Rodak, PhD, Vice President, International Accreditation  
Carissa Van Ausdall, MPA, Associate Director

# 16 Collaboration and the Milestones

## New SVP for Milestone Development and Evaluation Looks Ahead to Implementation and What Follows

Dr. Eric Holmboe joined the ACGME as the first senior vice president for milestone development and evaluation on January 1, 2014. Dr. Holmboe came to the ACGME from the American Board of Internal Medicine, where he'd served as the chief medical officer and senior vice president since 2009. With more than 20 years in education, assessment, and quality improvement sciences, Dr. Holmboe, a board-certified internist, brings a broad and robust background and extensive experience and expertise to the ACGME in this new role.

Under his direction, the newly built-out Milestone Department (Milestones were formerly housed within the Department of Education, which oversaw the original Outcome Project) will coordinate the development, implementation, and ongoing refinements of the Milestone system; perform research and evaluation studies of the Next Accreditation System (NAS) and associated Milestone and assessment activities; explore new approaches to faculty development in assessment, Milestones, and competency judgment; and collaborate with the American Board of Medical Specialties (ABMS) certification boards, and the larger medical education community in all of these endeavors.

Dr. Holmboe's vision for the department, and for the continuous evolution of the Milestones, is grounded in the foundational concepts of service, collaboration, and function. As he sees it, there are essentially four functions to address as this system grows and evolves, and in order for each of these to be successful, and for the Milestones overall to be effective, the overarching themes must be service and collaboration.

The first function Dr. Holmboe identifies is the development and implementation of the Milestones "Version 1.0" for use by the programs. The majority of Milestones are already complete, with the Phase I and II specialties already implementing their respective Milestone frameworks. This development and implementation function does not stop with Version

1.0, however. It will also involve continued learning and improvement, working with the community collaboratively and being careful not to impede progress or constantly change particulars or processes for programs. After two-to-three years of use, the current Milestone documents will be evaluated, in cooperation with the community, to see what has been working, and what needs improvement to fine-tune the Milestones and arrive at Version 2.0 (and onward). The development and implementation function is staffed in-house by Executive Director for Milestone Development **Dr. Laura Edgar**, and Milestone Administrators **Megan Bluth** and **Sydney Roberts**.

The second of Dr. Holmboe's identified functions is research and evaluation, with determining "what works for whom, under what circumstances, and why" serving as the guiding principle of the work. Dr. Holmboe is currently recruiting a new vice president and two additional research associates to support statistician and Research Associate **Dr. Kenji Yamazaki**, and Research Associate **Nick Yaghmour**. This group will look closely at how the ACGME can help Clinical Competency Committees make good assessment and feedback decisions, and will examine the resident/fellow experience within the new Milestone model. Summer 2014 is dedicated to building out a formal research strategy for this instrumental arm of the process.

Facilitation is the third function. With the question of "how do we help people do this well?" at the forefront, Dr. Holmboe knows that this is unusual activity for a regulatory body like the ACGME. As such, this is new territory for the organization, and will be marked by pilot programs in faculty development on assessment, developing support materials for programs and institutions to access on the web, and outreach, which moves from the third into the fourth of Holmboe's Milestone functions.

Continuing with the theme of collaboration, the outreach portion of this new process is critical.

Drs. Holmboe and Edgar regularly attend meetings across the country, speaking to and hearing from policy makers, stakeholders, medical societies, other regulators, and program director associations from all medical specialties.

"We recognize that medicine and accreditation are not static," says Dr. Holmboe. "Fundamentally, the whole NAS is based on a model of continuous improvement, and we're going to have to do the same [with the Milestones]."

Working with the broad GME community, as well as in partnership with all ACGME departments, communication and support are defining the success of the Milestones as we move forward into this next accreditation system. ■

*Do you have questions, comments, feedback, or concerns pertaining to the Milestones? The Milestone Department wants to hear from you directly. E-mail [milestones@acgme.org](mailto:milestones@acgme.org).*

### ACGME Milestone Department

#### **Eric Holmboe, MD, FACP, FRCP**

Senior Vice President  
Milestone Development and Evaluation

#### **Laura Edgar, EdD**

Executive Director, Milestone Development

#### **Megan Bluth**

Milestone Administrator/Executive Assistant

#### **Sydney Roberts**

Milestone Administrator

#### **Nick Yaghmour, MPP**

Research Associate

#### **Kenji Yamazaki, PhD**

Research Associate

## 17 CLER Program Launches the Pathways to Excellence

Kevin Weiss, MD, Senior Vice President, Institutional Accreditation, and Robin Wagner, RN, MHSA, Vice President, CLER Program

On January 27, 2014 the ACGME sponsored a national conference titled *Preparing Doctors for 21st Century Practice: Optimizing the Clinical Learning Environment to Meet the Needs of an Evolving Delivery System*. The aims of the conference were to focus attention on the clinical environments in which resident and fellow physicians learn, and to highlight a new resource called the *Clinical Learning Environment Review (CLER) Pathways to Excellence: Expectations for an optimal learning environment to achieve safe and high quality patient care*.

Held in Washington, DC, the conference was attended by a variety of stakeholders, including from teaching hospitals, national health care organizations, graduate medical education (GME), and the media. ACGME CEO Dr. Thomas J. Nasca gave the opening keynote address, providing some of the history that led to establishing the CLER program.<sup>1,2,3</sup> He highlighted evidence showing that, in the past decade, there has been only modest progress in improving patient safety,<sup>4</sup> and referred to published studies demonstrating the relationship between a physician's clinical performance during initial training and outcomes throughout his or her lifetime of practice.<sup>5</sup> He noted that early observations from the CLER visits to hospitals and medical centers across the country suggest there are significant opportunities to improve the quality of the physician training experience.<sup>6</sup>

Mr. John Duval, chief executive officer of Virginia Commonwealth University Medical Center and chair-elect of the ACGME Board of Directors, spoke about the value of enhancing resident engagement in institutional efforts to improve patient care, noting in particular the value in gaining the perspective of residents as front-line caregivers. He emphasized

the need for hospitals and medical centers to better engage with GME—in particular, with resident and fellow physicians—to improve the quality, safety, and value of patient care.

Ms. Susan Dentzer, senior policy advisor, Robert Wood Johnson Foundation and public trustee, American Board of Medical Specialties, moderated two panel discussions on the opportunities and challenges associated with shaping a learning environment that addresses patient safety and health care quality. Panelists included:

- Dr. Tegal Gandhi, President, National Patient Safety Foundation
- Ms. Rosemary Gibson, Senior Advisor, The Hastings Center
- Dr. Carolyn Clancy, Assistant Deputy Under Secretary for Health Quality, Safety and Value at the Veterans Administration
- Dr. Joanne Conroy, Chief Health Care Officer, Association of American Medical Colleges

*continued on p. 20*



*Panel discussion at the CLER Pathways launch event.*

# 18 Review Committees and Accredited Specialties

Review Committee	Specialized Areas	Nominating Organizations*
<b>Allergy and Immunology</b>		American Academy of Allergy, Asthma, and Immunology American College of Allergy, Asthma, and Immunology
<b>Anesthesiology</b>	Adult Cardiothoracic Anesthesiology Clinical Informatics Critical Care Anesthesiology Hospice and Palliative Medicine	Obstetric Anesthesiology Pain Medicine Pediatric Anesthesiology
<b>Colon and Rectal Surgery</b>		American Board of Colon and Rectal Surgery American College of Surgeons
<b>Dermatology</b>	Dermatopathology	Procedural Dermatology
<b>Diagnostic Radiology</b>	Abdominal Radiology Clinical Informatics Endovascular Surgical Neuroradiology Interventional Radiology Musculoskeletal Radiology	Neuroradiology Nuclear Radiology Pediatric Radiology Vascular and Interventional Radiology
<b>Emergency Medicine</b>	Clinical Informatics Emergency Medical Services Hospice and Palliative Medicine Medical Toxicology	Pediatric Emergency Medicine Sports Medicine Undersea and Hyperbaric Medicine
<b>Family Medicine</b>	Clinical Informatics Geriatric Medicine	Hospice and Palliative Medicine Sports Medicine
<b>Institutional</b>		Members appointed by ACGME Board of Directors
<b>Internal Medicine</b>	Advanced Heart Failure and Transplant Cardiology Cardiovascular Disease Clinical Cardiac Electrophysiology Clinical Informatics Critical Care Medicine Endocrinology, Diabetes, and Metabolism Gastroenterology Geriatric Medicine Hematology Hematology and Medical Oncology	Hospice and Palliative Medicine Infectious Disease Internal Medicine–Pediatrics Interventional Cardiology Nephrology Oncology Pulmonary Disease Pulmonary Disease and Critical Care Medicine Rheumatology Sleep Medicine Transplant Hepatology
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<b>Neurology</b>	Brain Injury Medicine Child Neurology Clinical Neurophysiology Endovascular Surgical Neuroradiology Hospice and Palliative Medicine	Neurodevelopmental Disabilities Neuromuscular Medicine Pain Medicine Sleep Medicine Vascular Neurology
<b>Nuclear Medicine</b>		American Board of Nuclear Medicine Society of Nuclear Medicine
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<b>Urology</b>	Female Pelvic Medicine and Reconstructive Surgery	Pediatric Urology	American Board of Urology American College of Surgeons
<b>Transitional Year</b>			Members appointed by ACGME Board of Directors

\* The American Medical Association's Council on Medical Education is a nominating organization for all Review Committees except the Institutional and the Transitional Year Review Committees.

## 20 CLER Program Launches the Pathways to Excellence

continued from p. 17

The conference concluded with a presentation by Drs. James Bagian, director, Center for Health Engineering and Patient Safety, University of Michigan, and co-chair, CLER Evaluation Committee, and Kevin Weiss, senior vice president, Institutional Accreditation, ACGME, and co-chair CLER Evaluation Committee. Drs. Bagian and Weiss introduced the *CLER Pathways to Excellence*, a guidance document for the GME community, hospitals, medical centers, clinics, and other organizations that serve as training sites for physician residency and fellowship programs.<sup>7</sup>

### The *Pathways* document

The *CLER Pathways to Excellence* is the work of the CLER Evaluation Committee. The Committee is comprised of individuals with a broad range of expertise in the areas of GME, patient safety, health care quality improvement, fatigue management, and hospital administration, and also includes public members with backgrounds in policy and patient advocacy. As the oversight body for the CLER program, the CLER Evaluation Committee is the recipient of the information collected from the CLER site visits. Early in its inception, the members of the Committee recognized an opportunity to provide the GME community, teaching hospitals/medical centers,

and the public with guidance towards optimizing the clinical learning environment. The Committee devoted much of the first year of its efforts to reviewing literature, sharing expertise and gathering input from various key stakeholders, and conducting a qualitative assessment of the findings from the first 100+ CLER site visits. Using these sources of input, the Committee developed the *Pathways* document as a publically available resource with the goal of improving GME while also improving patient care.

The *Pathways* document outlines a series of expectations for optimizing the clinical learning environment across the CLER program's six focus areas of: patient safety; health care quality—including health care disparities; transitions of care; supervision; duty hours as related to fatigue management and mitigation; and selected topics within professionalism. For each focus area, the document defines multiple pathways, and for each pathway, numerous properties.

Two formats of the *CLER Pathways to Excellence* are available on the ACGME website (at [www.acgme.org/CLER](http://www.acgme.org/CLER))—a detailed version and an Executive Summary.

### Using the *CLER Pathways to Excellence* to create a national conversation

The *Pathways* document describes characteristics of a clinical learning environment that reach well beyond the GME community to include the wide range of individuals with whom resident and fellow physicians interact in delivering patient care, including: attending physicians, nurses and other clinical staff, hospital leadership in quality and patient safety, information services and medical informatics, and others. The CLER program and the *CLER Pathways to Excellence* are designed to stimulate a national conversation that focuses on how to better help resident and fellow physicians to acquire the skills to practice safe and high quality patient care and maintain those skills into the future. Achieving success will require GME leadership and the executive leadership (CEOs/ Executive Directors) of the various teaching hospitals, medical centers, and ambulatory settings to enhance partnerships focused on identifying opportunities to engage resident and fellow physicians in the common goal of improving patient care.

In addition to focusing on GME engagement, the *Pathways* document is designed as a resource for creating conversations with other important stakeholders interested in patient safety and health care quality. ■

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## 21 ACGME Data Collection Systems Update 2013-2014

Rebecca S. Miller, MS, Senior Vice President, Applications and Data Analysis

The ACGME continues its effort to annually collect meaningful, timely, and complete data to effectively support accreditation activities. To accommodate the need for efficient data acquisition, the ACGME designed an integrated data system that adheres to current web standards and provided a new user interface for an improved user experience. The ACGME, led by its Department of Applications and Data Analysis, completed the final phase of a two-and-a-half-year project with the integration of the Resident Case Log System into the Accreditation Data System (ADS). This includes an improved graduating resident (fellow) archiving process, an automated case-transferring mechanism, and a cross-platform-compatible web application that supports mobile, tablet, and desktop.

These new systems also include a complete and fully operational survey engine, enabling the ACGME to respond quickly and sensitively to the demands of the Milestone Project. Milestone evaluations were completed during the 2013-2014 academic year for the seven Next Accreditation System (NAS) Phase I specialties comprising 1385 programs and 50,614 resident evaluations.

Additionally, the NAS policies and business rules were fully implemented, including the creation of an Annual Work-up System for Review Committee teams to systematically manage their program reviews and decisions. The seven NAS Phase I specialties have used this system to successfully review 4244 programs (1347 core and 2897 subspecialty) since October 1, 2013. ■



ACGME Senior Vice President, Applications and Data Analysis Rebecca S. Miller, MS speaks about ACGME data system enhancements at the 2014 ACGME Annual Educational Conference.

### Noteworthy features of the redesign

- Improved menu interface enhances focus on major annual reporting items
- Mobile Case Log data entry includes offline mode for saving cases when an Internet connection is unavailable
- Overview pages for users that quickly outline key required and missing items, as well as important deadlines
- A common record for each resident (fellow) links all previous ACGME education
- Programs can verify prior education for new residents (fellows)
- Log-in information now e-mailed to new residents (fellows) using the Resident Case Log System; residents (fellows) can now maintain their own passwords, requiring less set-up and maintenance by program administrative staff
- New search functionality streamlines results and avoids long drop-down lists
- Mechanism for programs and sponsors to download their Milestone submissions in an Excel spreadsheet after each reporting window

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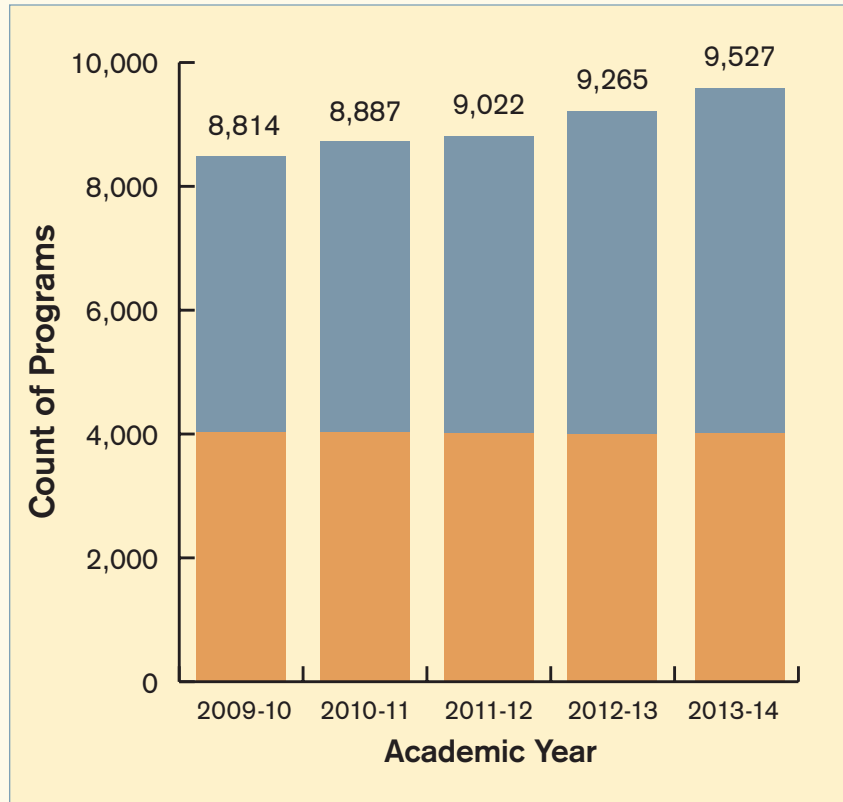
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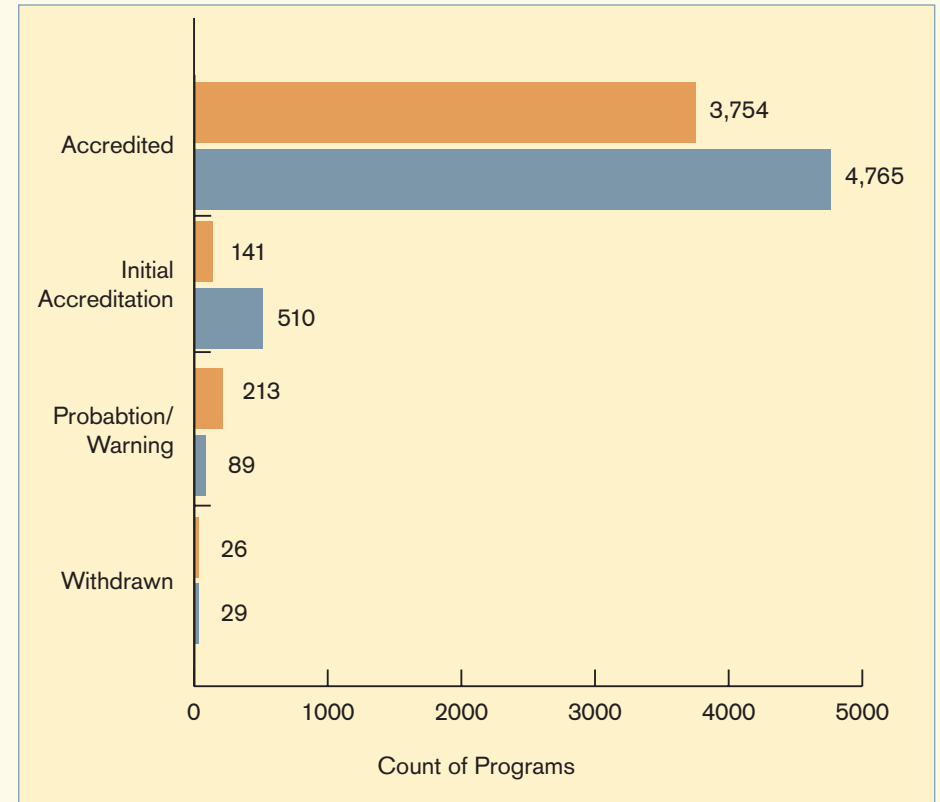
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Accredited Programs



Accreditation Statuses

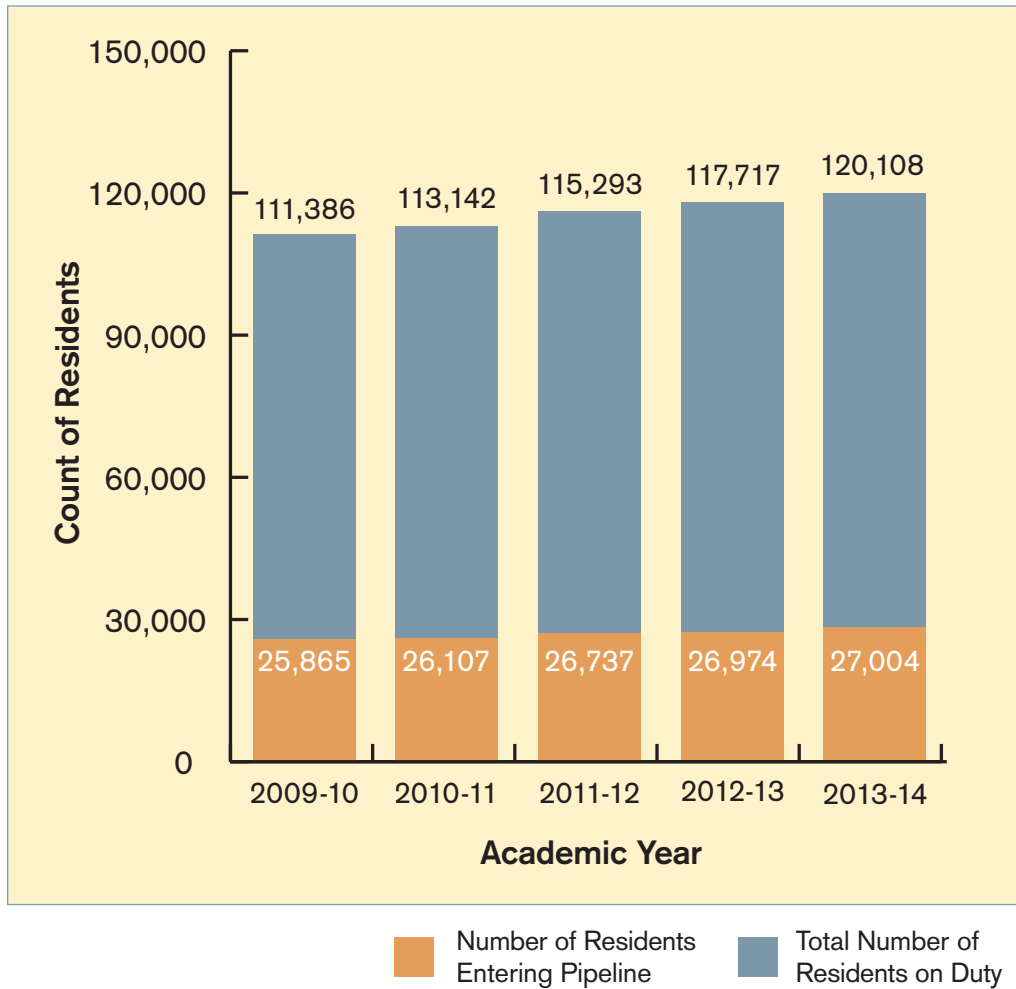


Core Specialty Subspecialty

2013–2014

- 9,527 accredited programs
- 4,134 core specialty programs
- 5,393 subspecialty programs
- 306 programs were newly accredited
- 42 programs were closed or voluntarily withdrew their accreditation
- 302 programs were on probation or had a status of Warning

## Residents on Duty



## Institutions

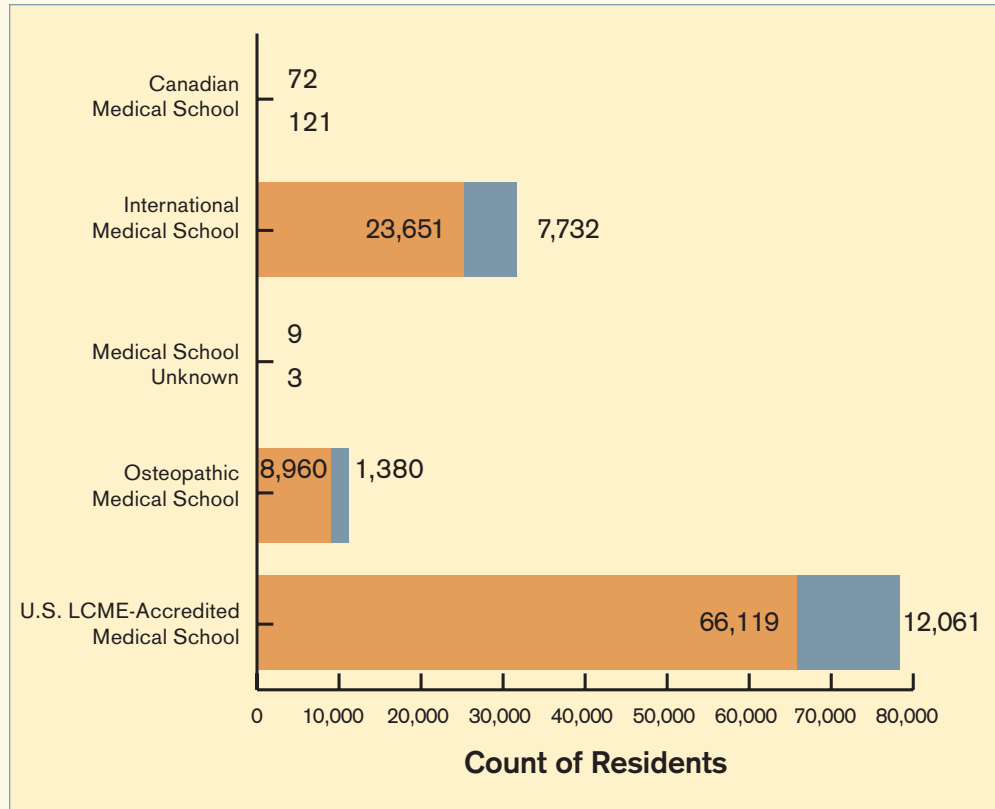
693 Sponsoring Institutions

- 431 institutions sponsor multiple programs
- 262 institutions sponsor a single program

4,591 institutions participated in resident education/rotations, including Sponsoring Institutions

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

Residents by Medical School Type



Core Specialty Subspecialty

Resident Status	Count of Residents
Active	120,108
Completed Training	41,518
Left Program	2,407
Inactive	1,335

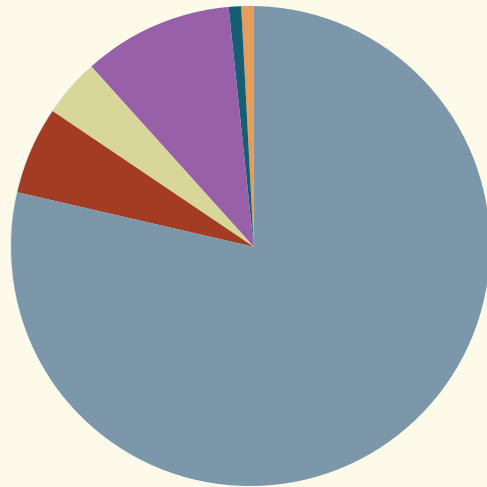


## Resident Case Logs

Academic Year	Total Accredited Programs	Count of Programs Using Case Log System	Percent of Total Programs Using Case Log System	Total On-duty Residents in Accredited Programs	Count of Residents Using Case Log System	Percent of On-duty Residents Using Case Log System	Count of Procedures Entered into Case Log System	Count of Specialties Using Case Log System
2009–2010	8,814	2,743	31%	111,386	42,069	38%	12,307,420	54
2010–2011	8,887	2,792	31%	113,142	43,269	38%	12,746,052	55
2011–2012	9,022	2,873	32%	115,293	44,361	38%	13,301,778	58
2012–2013	9,265	3,049	33%	117,717	44,307	38%	13,338,045	63
2013–2014	9,527	3,221	34%	120,108	43,454	36%	12,598,709	59

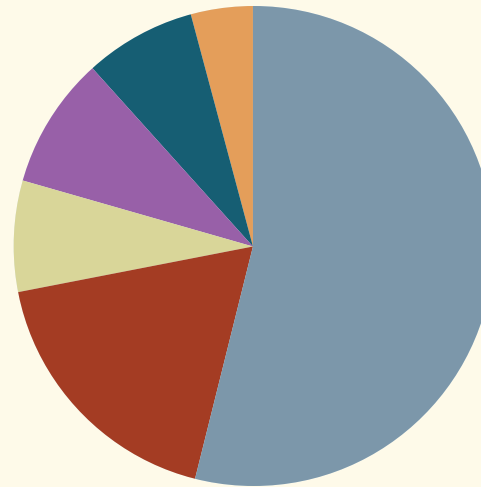
# 32 2013 Financial Reports

## 2013 Revenues



■ Program Fees	\$ 35,693,450	78.8%
■ Conferences and Workshops	2,574,598	5.7%
■ Application Fees	1,821,450	4.0%
■ Net Investment Income	4,496,039	9.9%
■ Rent Revenue	439,974	1.0%
■ Other	247,776	0.6%
<b>TOTAL REVENUE</b>	<b>\$45,276,287</b>	<b>100.0%</b>

## 2013 Expenses



■ Personnel	\$ 21,304,141	54.0%
■ Meetings and Travel	7,122,182	18.1%
■ Depreciation	2,974,445	7.6%
■ Facilities	3,413,976	8.7%
■ Professional Services	3,022,245	7.7%
■ Office Supplies and Other	1,533,573	3.9%
<b>TOTAL</b>	<b>\$ 39,370,562</b>	<b>100.0%</b>

The ACGME's fiscal year runs from January 1–December 31. These results represent audited figures for Fiscal Year 2013.

ACGME revenue comes primarily from annual fees charged to all programs accredited during the academic year, accounting for nearly 80% of ACGME income. Applications for new programs accounted for 4% of 2013 revenue. Conference and Workshop revenue and Investment income accounted for 5.7% and 9.9% of total revenues, respectively.

As a service organization, salary and benefit expenses, as well as travel and meeting costs make up over 72% of the ACGME's annual expenses.

Net income for 2013 was just over \$5.9 million. ■

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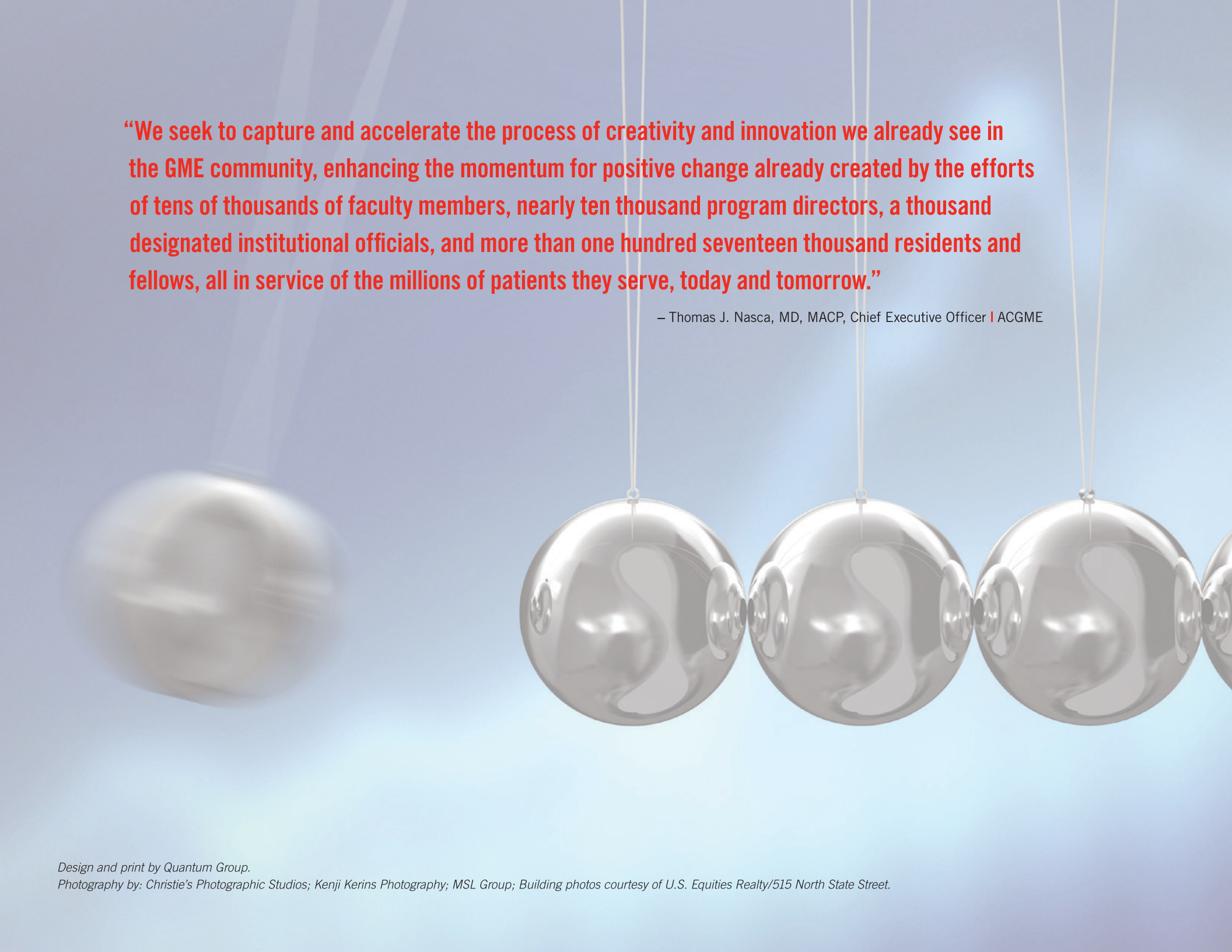
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