

2000 ANNUAL REPORT

Accreditation  
Council  
for  
Graduate  
Medical  
Education



ACCGME

The logo for the Accreditation Council for Graduate Medical Education (ACCGME) is displayed in a large, bold, red, sans-serif font. A red line graph element, consisting of a thick line that rises from the bottom right of the 'M' and extends diagonally towards the top right corner of the page, is integrated into the design, passing through the 'E'.

## ASSURING THE QUALITY OF MEDICAL CARE

The ACGME members are:

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

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

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

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

*From left to right: Computer Information Services staff: Felicia Davis, Data Coordinator; Thomas Richter, Data Analyst; John Nysten, COO & Director of Computer Information Services; Rebecca Miller, Director of Operations and Data Analysis; Sheri Bellar, Help Desk Specialist; David Leach, M.D., Executive Director of the ACGME.*





## MISSION AND VISION STATEMENT

### **ACGME Mission Statement**

The mission of the ACGME is to improve the quality of health care in the United States by ensuring and improving the quality of graduate medical education experiences for physicians in training. The ACGME establishes national standards for graduate medical education by which it approves and continually assesses educational programs under its aegis. It uses the most effective methods available to evaluate the quality of graduate medical education programs. It strives to improve evaluation methods and processes that are valid, fair, open and ethical.

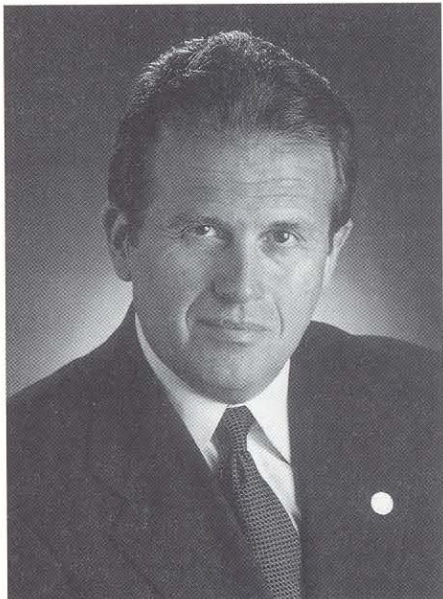
In carrying out these activities the ACGME is responsive to change and innovation in education and current practice, promotes the use of effective measurement tools to assess resident physician competency, and encourages educational improvement.

### **ACGME Vision Statement**

The ACGME will:

- Be a source of inspiration, encouragement, support and assistance to all who strive for educational excellence;
- Incorporate educational outcomes into accreditation decisions;
- Be data and evidence driven;
- Encourage the development of core competencies across all disciplines, including knowledge of quality improvement;
- Explore a more comprehensive role in GME policy;
- Become a world leader in accreditation efforts;
- Maintain objectivity and independence while continuing its interorganizational relationships;
- Develop a consultative role and encourage innovation.
- Be the spokesperson for GME

## MESSAGE FROM THE CHAIR



As I begin my term as Chair, the ACGME is quickly becoming a different organization. While still closely aligned with its member organizations (previously referred to as “parents”), it clearly has an independent organizational structure and we can now identify what is clearly separable from our founding parents. It is our challenge to make the “new ACGME” synonymous with the thoughtful, reasoned voice of Graduate Medical Education.

We are well on our way, thanks to the diligent leadership of Dr. Paul Friedmann, who served previously as your Chair. His unswerving devotion to developing a workable governance structure for the organization that each and every one of the “Member” (parent) organizations fully supported is commendable. We owe Dr. Friedmann a debt of gratitude.

However, despite achieving this organizational milestone, there is much that our fledgling organization must tackle. Perhaps foremost is our need to assertively position ourselves to be visibly accountable to the various publics we serve: the profession of medicine, the enrollees in our programs of Graduate

Medical Education, the institutions who sponsor residency programs, the various constituencies who fund Graduate Medical Education and this list goes on. But perhaps most important is the American public, who have placed their faith and trust in us to assure that America’s physicians are adequately trained to care for them.

As the article in the last volume of the ACGME Bulletin indicates, we are taking this responsibility very seriously. Many of the current challenges to Graduate Medical Education have a common linkage with our “public’s” expectations of what we do. The current concern about the safety of patients in our health care system certainly brings with it an expectation that our educational processes do nothing to endanger the safety of our patients. We should embrace a higher standard and accept responsibility for enhancing patient safety as we help the learning physician tend to the patients who make their clinical education possible.

The recent initiatives to organize house staff bring focus on the importance of the ACGME in assuring an environment that promotes the personal and professional well-being of those enrolled in America’s graduate training programs. These individuals have entrusted us with their professional development. We thus need to assure a stable environment, built around legitimate educational goals, that fosters that development throughout their training. To do so we need to promote institutional accountability for GME, both in the creation of a positive educational environment and in support for the Program Directors and the clinical faculty who serve as role models for tomorrow’s physicians and are so very vital to assuring the continued success of Graduate Medical Education.

The number of sponsoring organizations facing financial threats continues to grow. Organizations who are truly committed to Graduate Medical Education but who face financial difficulty find their residency programs placed in great peril. We need enhanced awareness of the critical importance of Graduate Medical Education and the appropriateness of reasonable funding of these programs.

Yes, this year’s Annual Report will come from a different organization to be sure. But it will still come from an organization that recognizes its accountability to the “publics” we serve.

A handwritten signature in cursive script that reads "R. Edward Howell".

R. Edward Howell  
Chair

*Accreditation Council for Graduate Medical Education*

## EXECUTIVE DIRECTORS REPORT

Two thousand was an important year for the ACGME. On June 27, 2000, the organization became a separately incorporated 501(c)(3) corporation under Illinois law; during the summer it furthered a highly productive partnership with the American Board of Medical Specialties as both jointly sought how best to measure the general competencies of physicians and residency programs; it developed an internet-based data system that removed some of the paperwork associated with accreditation; it reinforced the accountability of Designated Institutional Officials for GME programs in their institutions; and it introduced a new financing system that both freezes fees for the next few years and supports changes in the accreditation model toward one that is more outcome-based.

The incorporation of the ACGME reflects the hard work of many of its members, especially the Executive Committee, as each of the member organizations acknowledged and supported the importance of having a board of directors with fiduciary accountability to the ACGME rather than to the appointing organizations. Incorporation was achieved with unanimous support of both directors and member organizations. Associated with incorporation is an enhanced level of fiduciary responsibility of Residency Review Committees and their members to the ACGME rather than to their appointing organizations. These are important steps to enhance public accountability.

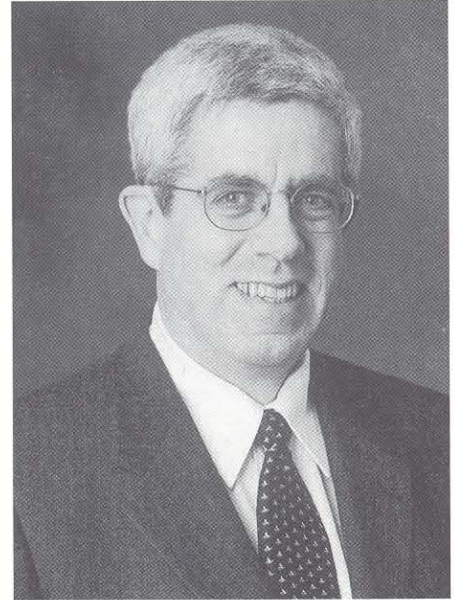
In May and October of 2000 joint retreats were held, one sponsored by ACGME and one by ABMS that brought together "quadrads" from each specialty. An RRC Chair, board director, program director, and resident from each specialty spent two days and did extensive homework over the summer on just how their specialty would use

the six general competencies to judge residency programs and individuals for accreditation and certification. Together, they and ACGME/ABMS staff produced a "toolbox" of evaluation techniques that can be applied to assess the six competencies. This is the beginning of a long term initiative to improve GME by using educational outcome measures.

The Accreditation Data System (ADS) was introduced in 2000. The first step was to capture institutional data about the residency programs accredited by ACGME. This has been successfully achieved and now makes it possible to have "Part One of the Program Information Forms" preloaded and downloadable from the internet to both reduce paperwork for the program director and to provide higher quality documents to the RRCs. The second phase of this initiative is to obtain program level data over the internet and then resident level data. This data will enhance accreditation decisions and the community's knowledge about GME.

The ACGME also used this system to identify and empower the designated institutional official for each institution. These individuals, ultimately accountable for all GME programs in their institution, will now receive copies of all accreditation actions and correspondence between ACGME and the institution. Data about their institution will be available to them at any time.

The previous financing system for accreditation was based on site visits and capitation fees. In 2000, this was replaced with an annual subscription model that is based on the number and size of programs. This model permits institutions to budget more accurately, reflects the shifting nature of accreditation from a site visit dependent "snapshot" of the program to one that incorporates more realtime outcome data.



The organization remains crucially dependent on the volunteers that serve on the RRCs and ACGME. The energy, commitment and expertise of these individuals are unique in American medicine and makes it possible for the profession to regulate itself. We are all in their debt.

A handwritten signature in dark ink that reads "David C. Leach MD". The signature is written in a cursive style.

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

## MILESTONES FOR 2000

The primary responsibility of the ACGME is accreditation of residency programs. One of the most important measures of annual activity, therefore, is the number of programs reviewed. Of the 7,765 programs accredited by the end of 2000, a full 3,545 appeared on Residency Review Committee agendas during the year, including 2,151 that were scheduled for regular accreditation status reviews. In addition, the ACGME processed 154 applications for new programs.

As a result, 45.7 percent of all programs were examined and 27.7 were subject to routine accreditation actions.

### SCOPE OF RESPONSIBILITY

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ACGME-accredited programs	7,765
ACGME-accredited specialties	27
ACGME-accredited training areas	77
Residents affected by ACGME accreditation	97,362

ACGME field staff conducted 1,645 surveys, including 96 institutional surveys, 814 surveys of programs in the basic disciplines, and 735 surveys of sub-specialty programs. Volunteer physician specialists conducted an additional 103 surveys.

During regular accreditation reviews, RRCs proposed adverse evaluations for 133 programs, or 6.7 percent. Accreditation was withheld upon application in 32 cases. Fifty-two programs were placed on probation, and one reduction in resident complement were mandated. Fifteen programs had accreditation withdrawn, nine programs were administratively withdrawn, and 113 programs withdrew voluntarily.

The ACGME considered 8 appeals after formal hearings by specially constituted Boards of Appeals.

Another indicator of ACGME's 2000 activity is the number of people and tasks necessary to accomplish this vital process. The staff of ACGME surveyors spent approximately 530 weeks on the road. In addition, volunteer surveyors made 200 trips to visit programs. RRCs held 59 meetings; the Institutional Review Committee met two times; and the entire ACGME council met three times.

All told, volunteer physicians and administrators contributed an estimated 40,000 hours in 2000. The ACGME staff of 76 employees supported their invaluable work.

### EVALUATION ACTIVITY

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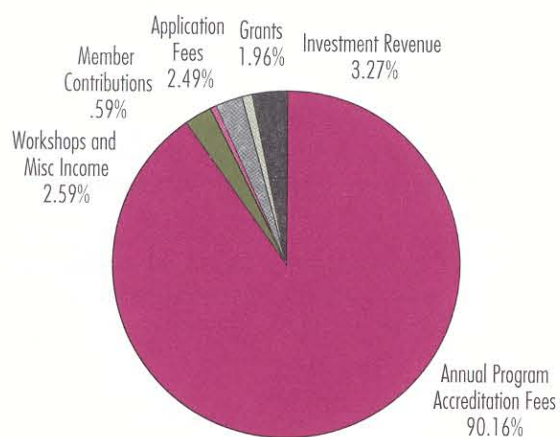
Total agenda items	3,545
Regular accreditation status reviews	2,151
Adverse actions	
Withheld	32
Withdrawn	15
Probation	52
Appeals	8
Sustained	3
Reversed	5

## 2000 FINANCIAL HIGHLIGHTS

The ACGME's 2000 revenues came primarily from fees charged to programs. The largest portion of these revenues was derived from fees charged for site visits. Much of the remainder came from annual fees charged to each program based on the number of residents enrolled. Direct contributions from the five member organizations constituted approximately one percent of the ACGME's support.

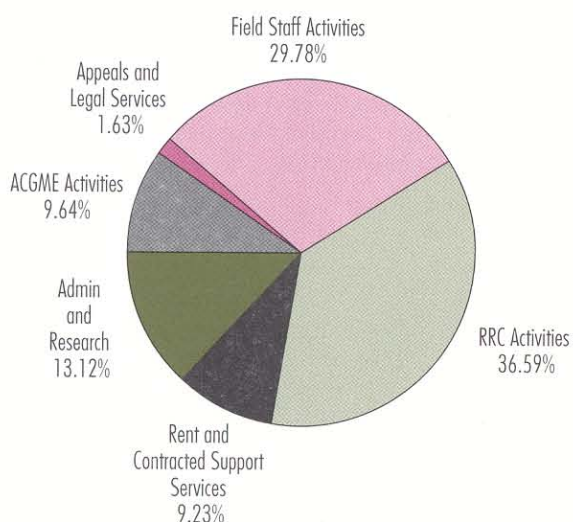
ACGME expenditures for 2000 were \$14.7 million. At year-end, cash and investments totaled \$12 million.

### REVENUES



■ Investment Revenue	\$ 611,091
■ Grants	\$ 178,406
■ Application Fees	\$ 465,000
■ Member Organization Contributions	\$ 100,000
■ Workshops & Miscellaneous Income	\$ 484,480
■ Annual Program Accreditation Fees	\$ 16,845,049
<b>Total</b>	<b>\$ 18,684,026</b>

### EXPENSES



■ Administration and Research	\$ 2,021,486
■ Rent and Contracted Support Services	\$ 1,803,220
■ RRC Activities	\$ 4,955,743
■ Field Staff Activities	\$ 4,093,443
■ Appeals and Legal Services	\$ 378,076
■ ACGME and General Activities	\$ 1,467,930
<b>Total</b>	<b>\$ 14,719,888</b>

## RESIDENCY REVIEW COMMITTEES

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

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

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



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

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

## LIST OF PARTICIPANTS

### Residency Review Committee Members

**T**he ACGME's volunteers come from the membership of national medical societies and specialty boards across the country. They are the innovators, the pioneers, the respected experts. Each has a demonstrated history of involvement and commitment to excellence. With the ongoing support of these volunteers, the ACGME will continue to be a leader in assuring the quality of medicine in the United States. It is with considerable pride and gratitude that we acknowledge their contribution.

#### Allergy and Immunology

**John A. Anderson, M.D.**  
Henry Ford Health System  
Detroit, Michigan

**Paula J. Busse, M.D.**  
Mount Sinai School of Medicine  
New York, New York  
*Resident*

**Gary B. Carpenter, M.D.**  
Quincy Medical Group  
Quincy, Illinois

**Lt. Col. Theodore M. Freeman, M.D.**  
Wilford Hall Medical Center  
Lackland, Air Force Base, Texas

**James T. Li, M.D.**  
Mayo Graduate School of Medicine  
Rochester, Minnesota  
*Chair*

**Dean D. Metcalfe, M.D.**  
National Institutes of Health/NIAID/LAD  
Bethesda, Maryland

**Dennis R. Ownby, M.D.**  
Medical College of Georgia  
Augusta, Georgia

**William T. Shearer, M.D., PHD**  
Texas Children's Hospital  
Houston, Texas  
*Vice Chair*

**Abba I. Terr, M.D.**  
San Francisco, California

**John W. Yunginger, M.D.**  
Mayo Graduate School of Medicine  
Rochester, Minnesota  
*Ex-Officio*

#### Anesthesiology

**James F. Arens, M.D.**  
University of Texas Medical Branch  
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**Bruce F. Cullen, M.D.**  
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**Shirley A. Graves, M.D.**  
University of Florida  
School of Medicine  
Gainesville, Florida

**Wayne K. Jacobsen, M.D.**  
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Loma Linda, California

**M. Jane Matjasko, M.D.**  
American Board of Anesthesiology  
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*Ex-Officio*

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Milton S. Hershey Medical Center  
Hershey, Pennsylvania

**Frank L. Murphy, M.D.**  
University of Pennsylvania  
School of Medicine  
Philadelphia, Pennsylvania

**Susan J. Polk, M.D.**  
University of Chicago  
School of Medicine  
Chicago, Illinois

**Stephen J. Thomas, M.D.**  
Cornell University  
School of Medicine  
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*Chair*

**Steve Zgleszewski, M.D.**  
Penn State University  
Milton S. Hershey Medical Center  
Hershey, Pennsylvania  
*Resident*

#### Colon and Rectal Surgery

**Herand Abarcarian, M.D.**  
American Board of Colon & Rectal Surgery  
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*Ex-Officio*

**James W. Fleshman, M.D.**  
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*Vice-Chair*

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**Karen Guice, M.D.**  
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**Ann C. Lowry, M.D.**  
University of Minnesota Program  
Minneapolis, Minnesota

**Jennifer K. Douglas, M.D.**  
Washington Hospital Center Program  
Washington, D.C.  
*Resident*

**Richard Nelson, M.D.**  
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*Chair*

**Alan G. Thorson, M.D.**  
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**Steven D. Wexner, M.D.**  
Orlando Regional Healthcare  
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#### Dermatology

**Paul R. Bergstresser, M.D.**  
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**Terry L. Barrett, M.D.**  
Johns Hopkins University  
Baltimore, Maryland

**Kenneth E. Greer, M.D.**  
University of Virginia Medical  
Center  
Charlottesville, Virginia  
*Chair*

**Antoinette Hood, M.D.**  
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School of Medicine  
Indianapolis, Indiana

**Harry J. Hurley, M.D.**  
American Board of Dermatology  
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*Ex-Officio*

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Winston-Salem, North Carolina  
*Vice-Chair*

**Lee T. Nesbitt, M.D.**  
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New Orleans, Louisiana

**Shelly Russell, M.D.**  
Little Rock, Arkansas  
*Resident*

**Abel Torres, M.D.**  
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**Sophie Marie Worobec, M.D.**  
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College of Medicine  
Chicago, Illinois

#### Emergency Medicine

**G. Richard Braen, M.D.**  
Buffalo General Hospital  
Buffalo, New York

**Joseph E. Clinton, M.D.**  
Hennepin County Medical Center  
Minneapolis, Minnesota

**Francis Counselman, M.D.**  
Norfolk, Virginia

**Marjorie Geist, PhD**  
American College of Emergency  
Physicians  
Irving, Texas  
*Ex-Officio*

**Gary Katz, M.D.**  
Fairlawn, Ohio  
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**Jo Ellen Linder, M.D.**  
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**Debra Perina, M.D.**  
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Charlottesville, Virginia

**Mary Ann Reinhart, PhD**  
American Board of Emergency  
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East Lansing, Michigan  
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**Douglas Rund, M.D.**  
Ohio State University  
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**Arthur Sanders, M.D.**  
Arizona Health Science Center  
Tucson, Arizona

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