Accreditation Council for Graduate Medical Education

515 North State Street
Suite 2000
Chicago, Illinois 60610

Phone 312.755.5000
Fax 312.755.7498
www.acgme.org

Accreditation Council for Graduate Medical Education

2003–2004 Annual Report

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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 competency and encourages educational improvement.

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 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

It has been an exciting and challenging year for the graduate medical education community. The past year, among other things, marked the first 12 months of implementation of the duty hour standards, continued work on the second phase of the Outcome Project and efforts to understand the stresses faced by many safety net hospitals.

Two recently issued reports call the attention of our profession and the public to several of the critical issues facing graduate medical education in the United States. The first, a report by the Council on Graduate Medical Education (www.cogme.gov/ManagedCare/ManagedCareReport.pdf) expresses the Council's view that the US will face a substantial shortage of physicians over the next several decades, and that efforts should be initiated to increase the supply at both the undergraduate and graduate levels. The second, from the Association of American Medical Colleges' Institute for the Improvement of Medical Education (www.aamc.org/meded/iime) identifies a number of areas in which medical education is not fully addressing the needs of the population we serve. Taken together, these two reports will necessitate considerable discussion and debate within the GME community, and I fully expect that they will result in substantive changes.

Programs are using a variety of innovative approaches to comply with the standards, including scheduling night floats and hiring nurse practitioners and physician assistants. Data indicate that program compliance is high. About 5% of programs reviewed last year were cited for duty hour violations and about 3.3% of the approximately 25,176 residents surveyed indicated they were working more than 80 hours a week. The data we are gathering will be useful as the ACGME continues to refine the duty hour standards.

The ACGME's 2004 Annual Educational Conference was a success, with close to 800 program directors, coordinators, and other GME faculty in attendance at the three-day conference. It has become such a popular event that next year it will be held at the Gaylord Palms Resort in Kissimmee, Florida to accommodate more participants.

Programs continue to integrate the general competencies into their curriculum. Some of the ways in which they are doing so were highlighted in the poster session entries at the Annual Educational Conference. In addition, the ACGME and American Board of Medical Specialties cosponsored a symposium on professionalism in September 2003 and a symposium on systems-based practice this past September.

At the end of July, the ACGME and Association of Academic Health Centers held an informative invitational symposium for the leaders of safety net hospitals. This symposium gave senior staff of these institutions an opportunity to share ideas on best practices for promoting good learning for good health care at these institutions.

Building upon work started last year, the Board of Directors voted in June to accredit the training in combined programs. This will assure that those programs are not overlooked by their sponsoring institutions; assist their graduates as they seek licensure in states that require the completion of an ACGME-accredited residency; and facilitate obtaining visas for those international medical graduates seeking combined residency training. The Board also approved the program requirements for the new subspecialty of sleep medicine, thanks to hard work by the internal medicine, pediatrics, neurology and otolaryngology RRCs and ACGME staff.

The ACGME continued to improve its communications outreach to program directors, DIOs and others involved with graduate medical education with the introduction of the *ACGME e-Bulletin*. This e-mail newsletter is published four times a year as a supplement to the print *ACGME Bulletin*.

Of all the ACGME's activities, none is more rewarding than the selection of the Parker J. Palmer awardees. This award was created to acknowledge and honor those program directors who have excelled in their roles as teacher, coach, mentor, parent and the myriad other parts a successful program director must play. Few tasks stress the Board as much choosing only 10 from so many deserving candidates. The 2004 recipients are listed further on in this annual report.

Taken together, these two reports will necessitate considerable discussion and debate within the GME community, and I fully expect that they will result in substantive change.

Finally, it is a great pleasure to salute the fine staff of the ACGME. Executive Director David C. Leach, MD, and the staff in the Chicago office work tirelessly to improve graduate medical education. The field staff are a highly professional group who spend more than 700 weeks collectively on the road each year. The members of the residency review committees – unpaid volunteers all – are conscientious and thoughtful representatives of the profession who work effectively to further graduate medical education. They are ably assisted by the executive directors of each RRC, who provide careful guidance and represent the corporate memory. On behalf of the Board, I thank them all for their outstanding work.

Charles L. Rice, MD
Chair
Accreditation Council for Graduate Medical Education

Competencies, data systems, duty hours, safety net hospitals, Courage to Teach, and Courage to Lead: these themes contributed to the work of accreditation in the past year as we attempted to strengthen and improve graduate medical education and health care.

Phase two of the ACGME Outcome Project – sharpening the focus and clarifying the definition of the six competencies – is well underway and will continue through June 2006. Institutions, programs, residency review committees and the ACGME all deepened their understanding of the meaning of the six competencies. As clarity emerges the RRCs will be able to establish specifics about acceptable assessment tools; for now all continue to learn. Once again, the ACGME partnered with the Institute for Healthcare Improvement for a conference held December 1–2, 2003 in New Orleans. The conference addressed two competencies that programs find difficult to teach and assess – professionalism and practice-based learning and improvement. The conference was successful; several models from the field were shared, reflecting the good work done by programs and institutions. A conference jointly sponsored by the ACGME and American Board of Medical Specialties, held September 18–19, 2003 in Rosemont, Illinois, also explored professionalism in depth.

Data continue to be important in understanding and assessing the graduate medical education learning and work environment. Last year the ACGME implemented an Internet-based survey of residents. Of the 100,176 residents enrolled in 7,970 residency training programs, the ACGME surveyed 29,554 residents; 25,176 responded, an 85% response rate. The mechanics of the survey went well. The survey content was balanced, and included several elements of a good educational program in addition to duty hours. Current plans are to survey an additional 30,000 residents next year, and then all residents every year. Program directors, too, were surveyed with a 98% response rate. The questions in the two surveys are not identical; however, they provide two views of the program that can be compared.

During the 2003–04 academic year the ACGME conducted 2,068 site visits, during which about 13,000 residents were interviewed. Case logs continue to be gathered for 16,000 residents, and now number in excess of 2 million per year. These logs enable residents to track their own experiences and submit data to the certifying boards. Medical specialties are beginning to use the case log system, too.

The duty hour initiative reached a one-year milestone on July 1, 2004. The ACGME and the residency education community rose to the challenge of applying duty hour standards to 8,000 accredited specialty and subspecialty programs. Many programs used schedule changes, night float and other rotation changes to bring duty hours below the required thresholds. These standards have changed one variable in a complex system and other variables need to change as well. Faculty work load, handoffs and redesign of the broader system are needed so that both education and patient care may be strengthened. We and the larger community are still evaluating the duty hour information toward this end.

Safety net hospitals provide access to healthcare for many of the country's poor, underinsured, uninsured and vulnerable populations. Many also sponsor residency programs and train a substantial number of residents. In order to understand why some safety net institutions succeed in their educational programs, while others struggle, the ACGME and the Association of Academic Health Centers (AHC) invited key leaders from a sample of institutions that have had varying levels of success with this issue. Healthcare professionals met to educate, assist and continue generative conversations among those hospitals and residencies that strive to improve the care of patients who have minimal health care coverage or lack it completely. This will be an ongoing collaborative process.

Ten deserving and exemplary program directors were honored with the Parker J. Palmer Courage to Teach awards at the ACGME's annual awards dinner, held February 11, 2004. Awardees also participated in a retreat with former award recipients and others at the Fetzer Institute in Kalamazoo, Michigan on May 18–20, 2004. The retreat offered time and space for reflection in community and explored ways to integrate knowledge, skill, and practical wisdom in good clinical judgment. Earlier in the year, all 31 awardees, past and present, were inducted into the Arnold P. Gold Humanism Honor Society.

The ACGME also established a new award designed to recognize outstanding designated institutional officials (DIOs). DIOs help create organized educational programs that provide guidance and supervision to the residents; facilitate the resident's ethical, professional and personal development; and ensure safe and appropriate care of patients. Achievements such as these deserve recognition, and the ACGME created the Courage to Lead award to honor and celebrate DIOs and their institutions. Starting in 2006, this award will be presented once a year in conjunction with the Courage to Teach awards.

Institutions, programs, residency review committees and the ACGME all deepened their understanding of the meaning of the six competencies.

Another type of good leadership and best practice was seen during recent events at Drexel University. When one of its major teaching hospitals closed, Drexel University developed exemplary closure procedures and found positions for more than 200 residents. This required complex negotiations between the hospital's owner, program directors, RRCs and the Centers for Medicare and Medicaid Services (CMS) in order to assure that educational quality was not compromised, and that the Medicare educational caps were not a barrier to the transfer of residents.

Finally, the work of the more than 300 volunteer physician experts who serve on the RRCs and the ACGME Board of Directors continue to be our greatest strength. The talent and dedication of this group of physicians is essential. The entire community owes them a debt of gratitude.

David C Leach MD

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

The ACGME is a data-driven organization. The organization gathers and analyzes data to assess programs and institutions. These data also illustrate the scope of the ACGME's work in accrediting programs. The statistics on these pages highlight the work of the dedicated field surveyors, volunteer residency review committee members and ACGME staff who are carrying out the ACGME's mission to improve the quality of health care by ensuring and improving the quality of graduate medical education in the United States. The numbers, charts and graphs on these pages show the breadth and depth of the ACGME's accreditation activities from July 1, 2003 to June 30, 2004.

Programs

7,968 ACGME-accredited residency programs

- 3,953 core specialty programs
- 4,015 subspecialty programs

3,889 programs appeared on residency review committee agendas during the academic year, including 2,235 that received regular accreditation status decisions

166 programs were newly accredited

- 17% in core specialties
- 83% in subspecialties

7,968 ACGME-accredited residency programs

1 new subspecialty, sleep medicine, was newly recognized

13.4% of programs (1,064) had new program directors — 14.8% of core programs and 11.9% of subspecialty programs

1,025 of the programs reviewed received full or continued full accreditation

109 received provisional accreditation, granted for initial accreditation of a program or for programs that had their accreditation withdrawn and subsequently reapplied for accreditation

166 newly accredited programs

698 sponsoring institutions

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

- 60% of proposed actions were sustained
- 40% were rescinded

98 programs had confirmed first-time adverse actions taken against them

102 programs were given continued accreditation with warning

59 programs were placed on probation

53 programs voluntarily withdrew accreditation during academic year 2003–04

26 programs had their accreditation withdrawn by the ACGME in the academic year 2003–04

The ACGME heard 4 appeals; 3 decisions were sustained and 1 was reversed

Site Visits

Field staff conducted 1,956 site visits

Specialist site visitors conducted an additional 112 site visits

Sponsoring Institutions

698 sponsoring institutions

- 371 sponsoring institutions sponsor multiple programs and are part of the institutional review process
- 327 institutions sponsor only one program and are not reviewed by the Institutional Review Committee

2,233 institutions participate in resident training (residents spend at least one month in rotation there)

8.6% of institutions had new designated institutions officials (DIOs)

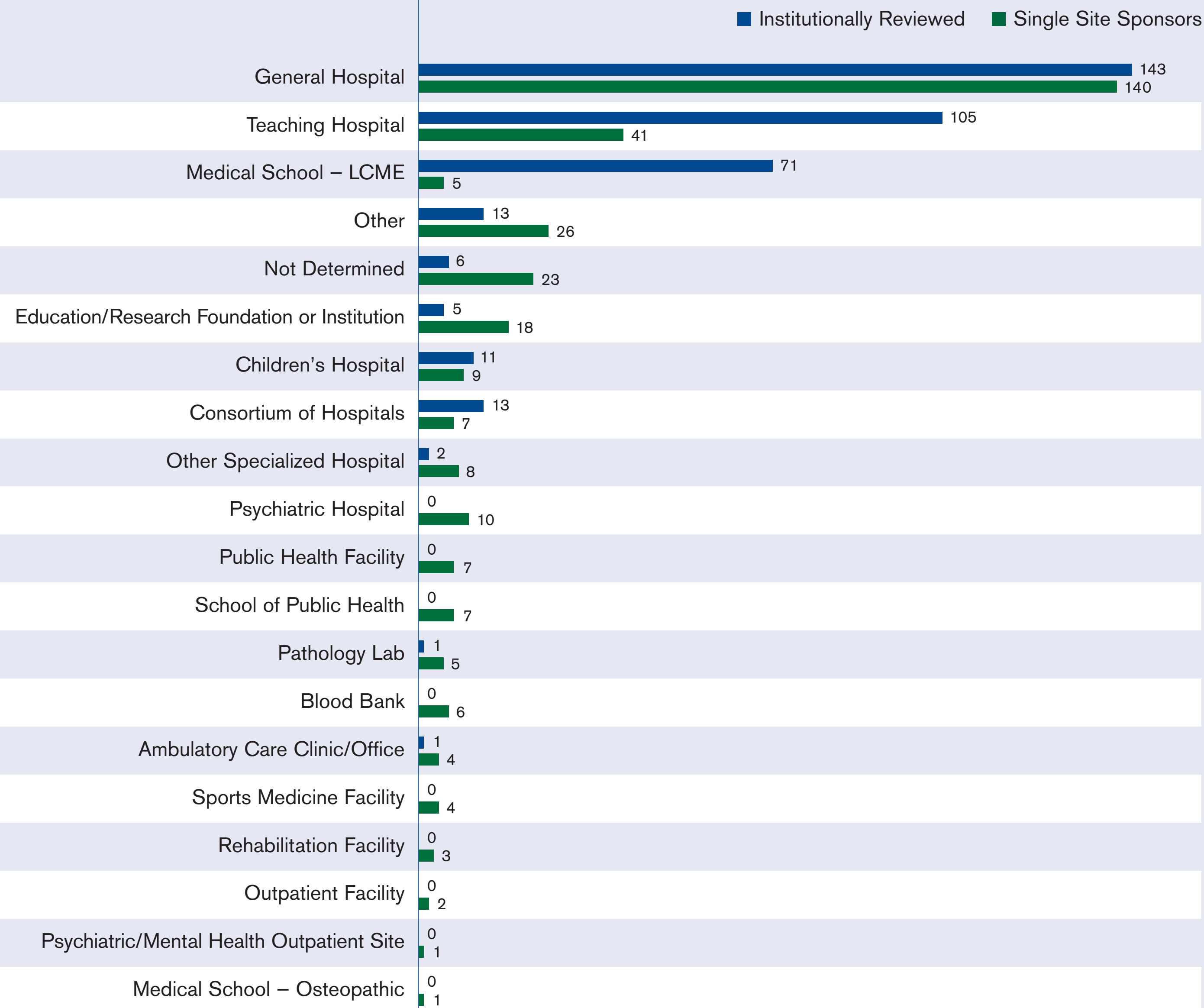
Residents

100,176 residents were enrolled in ACGME-accredited programs

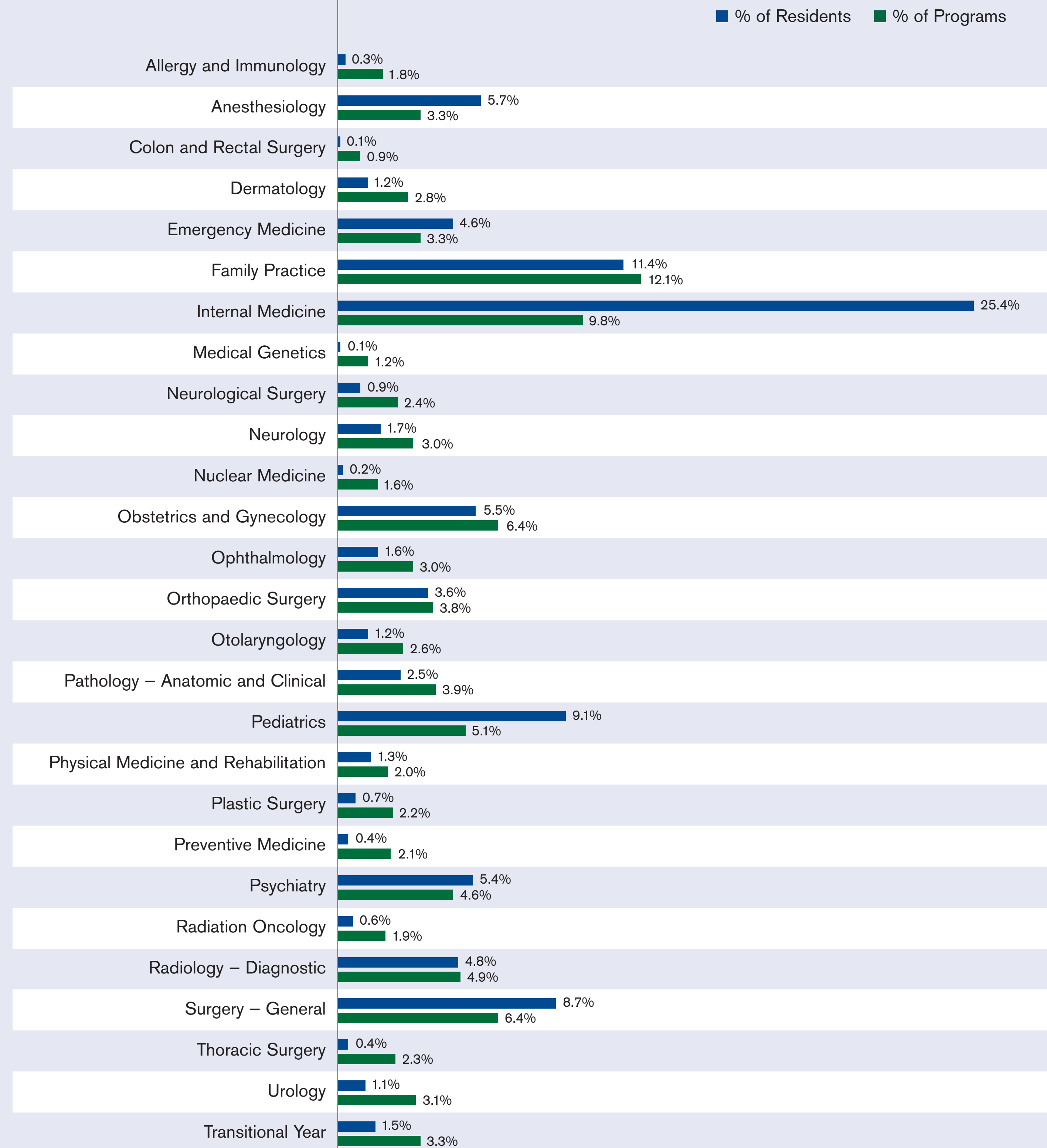
- 85,513 in core specialty programs
- 14,663 in subspecialty programs

3,889 programs appeared on RRC agendas

Sponsoring Institutions by Type and Review Status



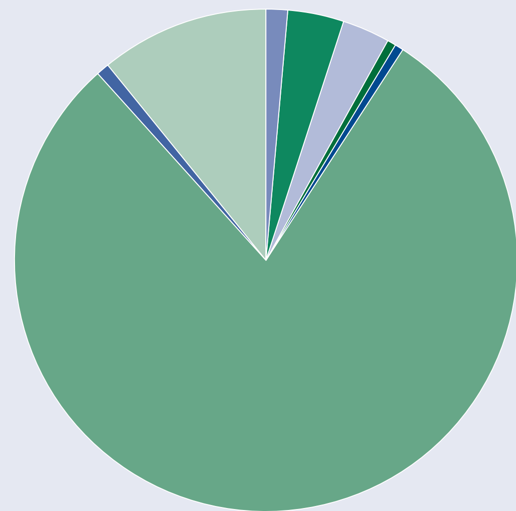
Accredited Core Specialty Programs and Resident Physicians on Duty (2003–2004)



Source: *Accreditation Data System (ADS) Graduate Medical Education Data Academic Year 2003–04.* Chicago, Illinois: ACGME 2004.

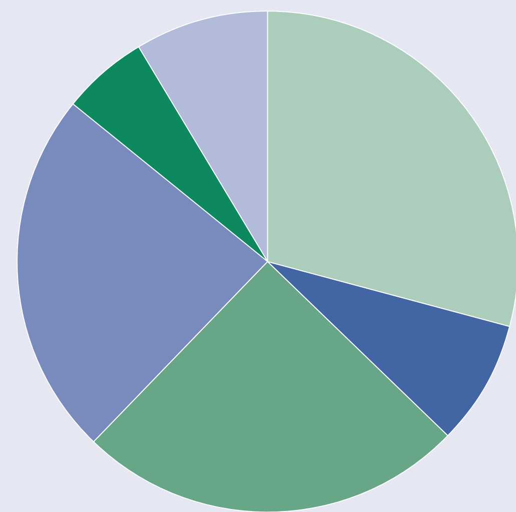
The ACGME's 2003 fees came primarily from annual fees charged to all accredited programs. Programs with more than four residents are charged $2,500 annually and programs with fewer than 5 residents are charged $2,000. These fees have been frozen since fiscal year 2000. ACGME reserves, defined as cash and investments, totaled $16.5 million at year end.

Revenues



Investment Revenue	$ 319,630	*1.40%*
Workshops & Miscellaneous Income	829,928	*3.70%*
Application Fees	689,283	*3.00%*
Grants	133,216	*0.60%*
Appeals Fees	114,255	*0.60%*
Annual Program Accreditation Fees	17,758,000	*79.20%*
Rent Revenue	199,998	*0.90%*
One Time Income Proceeds	2,378,969	*10.60%*
Total	**$22,423,279**	*100.00%*

Expenses



Administration & Research	$ 6,629,625	*29.19%*
Rent & Contracted Support Services	1,885,796	*8.30%*
RRC Activities	5,678,563	*25.00%*
Field Staff Activities	5,336,582	*23.50%*
Appeals & Legal Services	1,255,329	*5.52%*
ACGME Activities	1,927,318	*8.49%*
Total	**$22,713,213**	*100.00%*

Year in Review

Front row (kneeling from left to right): William Bockenek, MD; Paul Batalden, MD; Mark Splaine, MD
Middle row (left to right): Marsha Miller; Carol Carraccio, MD; Ingrid Philibert; Catherine Lineberger, MD; Jeanne Heard, MD, PhD; Patricia Levenberg, PhD; Robert Block, MD
Top row (left to right): Bruce Alexander, MD; Gordon Schutze, MD; Kathleen Watson, MD; Eric Walsh, MD; Eugene Beresin, MD; David Leach, MD; Carlyle Chan, MD

Ten program directors from across the country, chosen from 115 nominees, were awarded the ACGME's 2004 Parker J. Palmer "Courage to Teach" award. The annual award honors medical residency program directors for their commitment to teaching and development of innovative approaches for educating physicians in training. The award is named after Parker J. Palmer, PhD, a noted educator, sociologist and author of *The Courage to Teach,* a book about the intellectual, emotional and spiritual aspects of teaching.

The award winners were honored at a dinner held during the ACGME's winter board meeting. They also attended a retreat last May at the Fetzer Institute in Kalamazoo, Michigan.

Dr. Leach praised the Parker Palmer award recipients for their dedication to teaching and nurturing residents as they move along the path toward becoming caring, highly competent physicians.

"Good learning requires that the whole person shows up," said Dr. Leach. "The awardees have demonstrated their capacity to be fully present to residents and patients, thereby providing a model for all of us."

Program directors receiving the 2004 Parker J. Palmer award are listed on the following pages.

William L. Bockenek, MD
Physical Medicine and Rehabilitation, Carolinas Medical Center/ Charlotte Institute of Rehabilitation, Charlotte, North Carolina

Those of us that choose academic medicine are the privileged few. Where else can you continually be challenged by intelligent young people, train and instruct them to the level of competence, send them off to the real word and then start all over again with a fresh new group? It is a rejuvenating experience that keeps us alive.

Carol Carraccio, MD
Pediatrics, University of Maryland Medical System, Baltimore, Maryland

I am grateful for the award and for the people who believed in me along the way. Without their encouragement and support I may not have had the courage to teach. I only hope that I can repay my debt to them by giving to my residents what has so generously been given to me.

Carlyle Chan, MD
Psychiatry, Medical College of Wisconsin, Milwaukee, Wisconsin

With its focus on education, I always thought that being a residency director was the best job in the department. Working with new psychiatrists and being part of their development is both gratifying and a privilege. Having an opportunity to shape and create their educational environment is a source of immense satisfaction. I am honored to be recognized for doing a job I love to do.

We must teach our students to bring with them also humanity, compassion, caring and concern for the patient – in Parker's words, "the thing of the heart."

Paul H. Gerst, MD
General Surgery, Bronx-Lebanon Hospital Center, Bronx, New York

Although modern medicine rests firmly on a broad base of scientific information, it is our function, as educators, to ensure that the physicians we train bring to the bedside of the sick patient more than just the latest scientific data and technology. In the spirit of Parker Palmer, we must teach our students to bring with them also humanity, compassion, caring and concern for the patient – in Parker's words, "the thing of the heart."

DuPont Guerry IV, MD
Hematology-Oncology, University of Pennsylvania, Philadelphia, Pennsylvania

My reasons for enjoying teaching are entirely selfish. Teaching allows me the privilege of interacting with bright and energetic trainees who will be in the forefront of medicine in the near future and who bring a fresh perspective to both the science and practice of medicine. I learn from them and from teaching them. The Parker Palmer award was an important external confirmation of the centrality of teaching, a useful reminder to my beleaguered colleagues that teaching matters and is valued, and a nice weapon to use against those who see it as vestigial.

Teaching allows me the privilege of interacting with bright and energetic trainees who will be in the forefront of medicine.

J. Peter Harris, MD
Pediatrics, Golisano Children's Hospital at Strong Memorial Hospital
University of Rochester Medical Center, Rochester, New York

I was extraordinarily pleased to receive the Parker Palmer "Courage to Teach" award for two reasons. First, it came as a complete surprise. Second, I was ecstatic that the residents and my faculty colleagues recognized and supported my efforts to provide resident education of high quality and that they submitted by name and documentation for consideration. Teaching is a joy and the resident's success is an additional reward. My style of education is to empower the residents to contribute to their own education, the curriculum and the continued growth of our department. Not always an easy task in our highly regulated environment, but one that the residents carry out with enthusiasm and style.

John B. Jeffers, MD
Ophthalmology, Wills Eye Hospital, Philadelphia, Pennsylvania

The Parker Palmer Award ranks among the highlights of my professional teaching career … much of the credit for my success goes to my chairman and teaching staff. I had supporting me the best general ophthalmologists and sub-specialists available … Wills produces residents with top medical and surgical skills. My major task was to assist in the development of the residents' interpersonal skills. I stressed the importance of treating the patient as he/she would wish their own family treated – with empathy and compassion. It has been a joy to see a once neophyte resident, just out of PGY I and all-knowing, develop into a warm, caring, skillful ophthalmologist.

Catherine K. Lineberger, MD
Anesthesiology, Duke University Medical Center, Durham, North Carolina

It was truly an honor to be selected as a Parker J. Palmer scholar this year. While the recognition itself was appreciated, I have most enjoyed the retreat, spent with other award recipients and leaders from the ACGME. The opportunity to spend quality time with other program directors under the guidance of David Leach and Paul Batalden was a renewing and transformative experience. I have returned to my work with a new perspective and new energy for the years ahead.

Gordon E. Schutze, MD
Pediatrics, University of Arkansas for Medical Sciences, Arkansas Children's Hospital
Little Rock, Arkansas

After I won, the two faculty members that nominated me gave me a book with all the letters people wrote supporting my nomination and I was dumbfounded. I was truly humbled by what faculty and, more importantly, residents and fellows had to say about the job I did when, in reality, I had never considered my job to be anything special. It is a wonderful award for a group of people who do a very difficult job … there are two things I really enjoy when teaching residents: 1) when you see the light turn on in someone's eyes when they finally understand what you are trying to reach them; and 2) to see those one or two residents that come into our program with below average grade and scores, but blossom into the best residents you have.

Perhaps the courage to teach comes in our ability to listen to residents with open mind and heart, and to work to understand their needs and perspectives.

Eric Walsh, MD
Family Practice, Oregon Health and Sciences University, Portland, Oregon

What is meant by the courage to teach? Perhaps the courage to teach comes in our ability to listen to residents with open mind and heart, and to work to understand their needs and perspectives. Perhaps the courage to teach involves looking into the corners of our profession, facing our learners' loss of idealism and the sadness which forms the shadows of what we do. Perhaps the courage to teach involves the willingness to recognize our learners as our human equals, and in that recognition, acknowledge our need to learn from them as they learn from us.

Nearly 800 people attended the ACGME's 2004 Annual Educational Conference, held March 3–5 at the Hyatt Regency McCormick Place in Chicago. Program directors, coordinators, designated institutional officials, faculty and residents participated in 41 sessions encompassing all areas of residency program administration and accreditation. The conference included workshops on the site visit process, duty hour standards, the ACGME general competencies, resident evaluation and patient safety. The sessions were led by both ACGME staff and graduate medical education experts from across the country.

The conference's two keynote speakers were Paul H. O'Neill, former CEO of Alcoa and former Secretary of the Treasury, and James Bagian, MD, a former NASA astronaut and director of the Department of Veterans Affairs' National Center for Patient Safety. Both discussed ways to improve patient safety and reduce errors in the health care system.

Another highlight of the conference was the Marvin R. Dunn Poster Session, for which conference attendees were invited to submit posters on residency program projects focused on implementing the duty hour standards, teaching and assessing the general competencies or both. Seven posters were recognized with awards of excellence.

The poster session winners are listed below. Abstracts of the posters are posted on the ACGME's Web site in the "ACGME Workshops" section.

Poster Session Winners

First Place

Systems-based Practice Training for House Staff — A Pilot Program

Christine B. Turley, MD, Kathryn J. Jinkins, RN, BSN, MEd, Marilyn Marx, MD, MBA
University of Texas (UTMB) Medical Branch, Galveston, Texas

Second Place

A Patient Survey to Assess Resident Performance

P. Jeppsen, D. Simpson, J. Robinson
Medical College of Wisconsin, Milwaukee, Wisconsin

Third Place

Evaluation of Radiology Residents by Radiology Technologists as Part of the 360-degree Assessment

Dedrie Plett, BSc, Mardjohan Hardjasudarma, MD
Department of Radiology, Louisiana State University Health Sciences Center, Shreveport, Louisiana

Judges' Awards

Practice-based Learning Through Review of Patients

Rajeshwar Peddi, MD
Forest Park Hospital, St. Louis, Missouri

Instructional Accountability: The Professional Growth Indicator

Sally T. Miller
Department of Surgery, University of Virginia, Charlottesville, Virginia

Developing an Assessment Center for Tracking Resident Competency: Establishing Inter-rater Reliability of a Leaderless Group Discussion

Ann T. Rohrer, MS, Robert M. Hearney, MD
St. Louis University School of Medicine, St. Louis, Missouri

Honorable Mention

The Night Float System: Ensuring Educational Benefit

Hilary Sanfey, Shayna Lefrak, Sally Miller, Bruce Schirmer
Department of Surgery, University of Virginia Health System, Charlottesville, Virginia

The Council of RRC Chairs plays a key ongoing role within the ACGME. It allows the chairs of all 27 RRCs to come together to review and act upon issues that are common to them. This year there has been a renewed intentional focus to have the RRC Council directly interact with the Board of Directors and Executive Committee of the ACGME. The commitment to this close relationship was best demonstrated by the initiation of the decision to have the chair of the RRC Council attend and participate in all the meetings of the Executive Committee.

The dominant issue for the RRC Council, as it was for many areas of organized medicine was the adoption of the common requirements for resident duty hours. Each RRC had the task of implementing them for its own specialty, with similar general implications but dramatic specialty-specific differences. The ability to discuss these implementation issues along with receiving and responding to the reports of the ACGME's duty hours subcommittee greatly aided this process for each of the RRCs.

The dominant issue for the RRC Council, as it was for many areas of organized medicine was the adoption of the common requirements for resident duty hours.

The process of assimilating the six core competencies into the program requirements of each RRC continued to be a challenge both collectively and individually for the RRCs and their chairs. The RRC Council meetings assisted the chairs in this task through presentations by the staff of the ACGME Outcome Project and demonstration of best practices in this area by several of the RRC chairs.

This year the ACGME adopted and initially implemented a resident questionnaire for all residents in training. The RRC Council was able to critique this activity and offer suggestions to it that were incorporated to improve the utility of this process for program evaluation. The Council received the annual report on resident complaints which aids each RRC in better monitoring issues within the programs they review.

In summary this has been an active and productive year for the Council of RRC Chairs. Its activity continues to allow improvement in the quality of each RRC and the programs they accredit.

Barry S. Smith, MD
Chair, RRC Council of Chairs

RRC Resident Council Chair Vishal Gala, MD, *(left)* and Resident Director Carlos Vital, MD, participate in a small-group discussion at the June 28 retreat held during the ACGME's summer Board of Directors meeting.

The challenges of the past year were met by the graduate medical education community with enthusiasm, dedication and a shared sense of purpose. Consistent with its mission to improve health care by improving graduate medical education, the ACGME remained steadfast in its role as the principal source of innovation, education and leadership in the accreditation of residency and fellowship programs.

To these ends, over the past year, the ACGME completed the first year of implementation of the new duty hour requirements and the second phase of the core competencies initiative. Furthermore, under the leadership of its Board and Executive Director, David C. Leach, MD, the ACGME continues to critically evaluate and reevaluate its work and its effectiveness. The creation and discussion of new initiatives to improve graduate medical education and the accreditation process are a permanent part of the ACGME agenda at every meeting.

What is perhaps most remarkable about the efforts and accomplishments of the ACGME over the past year is the unprecedented level of resident participation within the organization. Residents are now firmly established as active reviewers and full voting members of each of the 27 residency review committees and the institutional review committee. These resident members comprise the 27-member RRC Resident Council which meets annually at the February meeting of the ACGME. This past year the Council has been involved in the discussion of several new initiatives for the ACGME including the performance excellence model for recognizing excellence in graduate medical education at the institutional level. The Council also functions to provide ongoing and meaningful feedback on issues such as the new duty hour standards, integration of the core competencies and the online resident questionnaire. Most importantly, the Council meetings serve as a forum for the vetting of issues and concerns related to residency training. Representing the current resident-in-training, the Council is able to bring to the forefront the concerns and the voices of their colleagues who, along with them, experience the impact of decisions made by the RRCs and the ACGME.

The most notable organizational change over the past year has been the appointment of a second resident director, with full voting privileges, to the ACGME Board of Directors. This second seat on the Board of Directors will be occupied by the chair of the RRC Resident Council, who is nominated and elected by his/her peers on the Council. The two resident directors are, by virtue of their seats, members of various standing committees of the ACGME including the Monitoring Committee, Committee on Strategic Initiatives, RRC Council of Chairs and the Ad Hoc Committee on Duty Hours. The role of residents within the ACGME is continuing to grow and evolve, and these more recent organizational changes have empowered residents to the highest levels within the ACGME.

The role of the residents within the ACGME is continuing to grow and evolve, and these more recent organizational changes have empowered residents to the highest levels within the ACGME.

With the privilege of participation and power also comes responsibility. Graduate medical education in the United States is at an important crossroads. Intense public scrutiny of duty hours, patient safety and medical errors has prompted a complete reevaluation of our system of residency education. We must make the most of this opportunity for real, meaningful, and potentially long-term change and improvement in graduate medical education. At this critical juncture, it is paramount that active resident investment and involvement in the process continue and increase at the ACGME and in all of organized medicine.

Vishal C. Gala

Vishal C. Gala, MD
Chair, RRC Resident Council

This 2003–04 academic year has been one of many major changes for the Institutional Review Committee (IRC). There was a change in the IRC's leadership, substantial changes in the Committee's membership, and a change in the very status of the Committee, transforming it from a simple review committee to a fully-vested accrediting body.

The IRC's review and accreditation responsibilities are currently focused on 370 institutions that house two or more programs accredited by the ACGME. Each year, the IRC reviews some 90 of those institutions. For the 2003–04 academic year, two meetings were held, and approximately 100 institutions were specifically reviewed, with the result that one institution was given a confirmed unfavorable action, one a confirmed continued unfavorable action, three a proposed unfavorable action and one a proposed continued unfavorable. Alternately, 43 institutions received favorable actions with five-year review cycles; two institutions received favorable actions with four-year review cycles and 45 institutions received favorable actions with three-year review cycles. The institutions with confirmed unfavorable actions received two-year review cycles. In addition to these institutional reviews, the IRC reviewed for information an assortment of administrative items, such as progress reports or changes in institutional organization or sponsorship.

In many instances, institutions with adverse actions have completely reorganized both their infrastructures and leadership to restore their favorable standing.

The types of citations issued at each meeting remain relatively unchanged from those listed in previous years. Among the most frequently cited areas of non-compliance are: an inadequate or ineffective Graduate Medical Education Committee (with respect to its institutional oversight responsibilities, such as conducting proper internal reviews in compliance with the Institutional Requirements and the institution's own internal review protocol); overseeing their program's implementation of the requirements for duty hours and the general competencies; and the monitoring of programs to ensure that citations are corrected, in order to avoid future adverse actions. In several follow-up progress reports reviewed, the IRC did find sufficiently-documented evidence that institutions take their citations very seriously and that they aggressively address them upon notification. It is interesting to note that no institution or program has yet to be withdrawn by the IRC due to continued unfavorable actions. In many instances, institutions with adverse actions have completely reorganized both their infrastructures and leadership to restore their favorable standing.

In addition to reviewing institutions, the IRC also works to improve standards and streamline the accreditation process. This academic year, no further changes in or additions to the Institutional Requirements have been made. As a result, the ACGME unanimously supported the IRC's action to call for a three-year moratorium on any further revisions to the Requirements. The IRC has also been looking for ways to improve its review process in order to make better and more informed decisions in reviewing institutions. Given this goal, ACGME Management Information System staff developed and tested a computerized template that contains all of the Institutional Requirements; this template will be used by the IRC when reviewing institutions to ensure compliance of standards and consistency in decisions.

Changes in the IRC's leadership and membership this academic year were unprecedented. First, Ronald Berggren, MD, the former Chair of the IRC, concluded his two-year term as Chair, leaving behind a legacy worthy of comment. During his tenure, Dr. Berggren reorganized the Institutional Requirements into a logical, cohesive, and seamless document, which has resulted in a more useful tool for Designated Institutional Officials and administrators. This was the first time in 10 years that any one person or committee undertook this onerous responsibility. In addition, Dr. Berggren worked toward and supported the concept of accrediting institutions, which has resulted in changing the IRC from a docile committee that simply "reviews" institutions for compliance with standards to one that more insistently "accredits" institutions in keeping with the ACGME's mission and goals. Upon conclusion of his term, Dr. Berggren oversaw the transition to new leadership by enthusiastically supporting the appointments of H. Worth Parker, MD, as the new Chair and Howard Pomeranz, MD, as the Vice-Chair of the IRC.

In addition to changes in leadership, the IRC experienced a record number of changes in its membership, resulting in the appointment of six new members and one resident member. Most notable among these changes were the early resignations of Jeanne Heard, MD, and Emmanuel Cassimatis, MD, from the IRC. Dr. Heard accepted a position with the ACGME as the Director of RRC Activities and Dr. Cassimatis pursued leadership responsibilities for the AMA's Council on Medical Education, as well as for the Liaison Committee for Specialty Boards and the ACGME.

Finally, during this academic year the activities of the IRC were rigorously reviewed for the first time by the ACGME's Monitoring Committee, which is responsible for overseeing the activities of all review committees to ensure acceptable levels of performance in keeping with ACGME policies and procedures. The IRC was given high marks and "commended for its effectiveness and well-designed organizational processes that were implemented to accomplish its work." The IRC was granted delegated "accreditation" authority for institutions for the next five years, which is the maximum number of years that may be issued by the Monitoring Committee to a review committee.

H. Worth Parker, MD
Chair, Institutional Review Committee

Cynthia Taradejna
Executive Director, Institutional Review Committee

ACGME BOARD OF DIRECTORS

July 1, 2003 to June 30, 2004

The members of the ACGME's Board of Directors are appointed in equal numbers (four each) by the ACGME's member organizations – the American Board of Medical Specialties, the American Hospital Association, the American Medical Association, the Association of American Medical Colleges and the Council of Medical Specialty Societies. The Board also includes the chair of the RRC Council, three public directors, two residents and a federal government representative.

The ACGME is grateful for the dedicated service of the men and women on the ACGME Board of Directors.

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Term ended September 30, 2003

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Resident Director

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Bureau of Health Professions
Rockville, Maryland
Federal Government Representative

First row (left to right): Tanya Pagan Raggio, MD; David Jaffe; Paul Gardant; Melissa Thomas, MD; Agnar Pytte; Mark Kelley, MD; Charles L. Rice, MD (Chair); Wm. James Howard, MD; Sandra Olson, MD; Joseph Honet, MD; Emmanuel Cassimatis, MD (Chair-Elect); Vishal Gala, MD; Carol Berkowitz, MD
Second row (left to right): Richard Pan, MD; Maximillian Buja, MD; John Fishburne, MD; Sheldon Miller, MD; Harold Fallon, MD; Carlos Vital, MD; Barry Smith, MD; Steven Altschuler, MD; Roger Plummer; David C. Leach, MD (ACGME Executive Director); Edward Bope, MD

Scenes from the June 29 Board meeting
Clockwise from middle left:
Emmanuel G. Cassimatis, MD; Mark A. Kelley, MD; Richard Pan, MD; Barry Smith, MD

RRC	Specialized Areas	Appointing Organizations*
Allergy and Immunology	Clinical & Laboratory Immunology	American Board of Allergy and Immunology *(a conjoint board of the American Board of Internal Medicine and the American Board of Pediatrics)*
Anesthesiology	Critical Care Medicine Pain Management Pediatric Anesthesiology	American Board of Anesthesiology American Society of Anesthesiologists
Colon and Rectal Surgery		American Board of Colon & Rectal Surgery American College of Surgeons
Dermatology	Dermatopathology Procedural Dermatology	American Board of Dermatology
Emergency Medicine	Medical Toxicology Pediatric Emergency Medicine Sports Medicine	American Board of Emergency Medicine American College of Emergency Physicians
Family Practice	Geriatric Medicine Sports Medicine	American Board of Family Practice American Academy of Family Physicians
Internal Medicine	Cardiovascular Disease Clinical Cardiac Electrophysiology Critical Care Medicine Endocrinology, Diabetes & Metabolism Gastroenterology Geriatric Medicine Hematology Hematology & Oncology Infectious Disease Interventional Cardiology Nephrology Oncology Pulmonary Disease Pulmonary Disease & Critical Care Medicine Rheumatology Sleep Medicine Sports Medicine	American Board of Internal Medicine American College of Physicians
Medical Genetics	Molecular Genetic Pathology	American Board of Medical Genetics American College of Medical Genetics
Neurological Surgery	Endovascular Neuroradiology	American Board of Neurological Surgery American College of Surgeons
Neurology	Child Neurology Clinical Neurophysiology Neurodevelopmental Disabilities Pain Management Sleep Medicine Vascular Neurology	American Board of Psychiatry and Neurology American Academy of Neurology

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

RRC	Specialized Areas	Appointing Organizations*
Nuclear Medicine		American Board of Nuclear Medicine Society of Nuclear Medicine
Obstetrics and Gynecology		American Board of Obstetrics and Gynecology American College of Obstetricians and Gynecologists
Ophthalmology		American Board of Ophthalmology American Academy of Ophthalmology
Orthopaedic Surgery	Adult Reconstructive Orthopaedics Foot & Ankle Orthopaedics Hand Surgery Musculoskeletal Oncology Orthopaedic Sports Medicine Orthopaedic Surgery of the Spine Orthopaedic Trauma Pediatric Orthopaedics	American Board of Orthopaedic Surgery American Academy of Orthopaedic Surgeons
Otolaryngology	Otology-Neurology Pediatric Otolaryngology Sleep Medicine	American Board of Otolaryngology American College of Surgeons
Pathology — Anatomic and Clinical	Blood Banking/Transfusion Medicine Chemical Pathology Cytopathology Dermatopathology Forensic Pathology Hematology Medical Microbiology Molecular Genetic Pathology Neuropathology Pediatric Pathology	American Board of Pathology
Pediatrics	Adolescent Medicine Developmental-Behavioral Pediatrics Neonatal-Perinatal Medicine Pediatric Cardiology Pediatric Critical Care Medicine Pediatric Emergency Medicine Pediatric Endocrinology Pediatric Gastroenterology Pediatric Hematology/Oncology Pediatric Infectious Diseases Pediatric Nephrology Pediatric Pulmonology Pediatric Rheumatology Pediatric Sports Medicine Sleep Medicine	American Board of Pediatrics American Academy of Pediatrics

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

RRC	Specialized Areas	Appointing Organizations*
Physical Medicine and Rehabilitation	Spinal Cord Injury Medicine Pain Management Pediatric Rehabilitation	American Board of Physical Medicine and Rehabilitation American Academy of Physical Medicine and Rehabilitation
Plastic Surgery	Craniofacial Surgery Hand Surgery	American Board of Plastic Surgery American College of Surgeons
Preventive Medicine	Medical Toxicology Undersea & Hyperbaric Medicine	American Board of Preventive Medicine
Psychiatry	Addiction Psychiatry Child & Adolescent Psychiatry Forensic Psychiatry Geriatric Psychiatry Pain Management Psychosomatic Medicine Sleep Medicine	American Board of Psychiatry and Neurology American Psychiatric Association
Radiology – Diagnostic	Abdominal Radiology Cardiothoracic Radiology Endovascular Neuroradiology Musculoskeletal Radiology Neuroradiology Nuclear Radiology Pediatric Radiology Vascular & Interventional Radiology	American Board of Radiology American College of Radiology
Radiation Oncology		American Board of Radiology American College of Radiology
Surgery	General Vascular Surgery Hand Surgery Pediatric Surgery Surgical Critical Care	American Board of Surgery American College of Surgeons
Thoracic Surgery		American Board of Thoracic Surgery American College of Surgeons
Urology	Pediatric Urology	American Board of Urology American College of Surgeons
Transitional Year		Members appointed by ACGME Board of Directors

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

2003–2004 RESIDENCY REVIEW COMMITTEE MEMBERS

The volunteers who serve on the 26 residency review committees, Transitional Year Committee and Institutional Review Committee are recognized as the leaders, experts and innovators in their specialties, dedicated to excellence in medical education. These volunteers each attend two to four committee meetings a year and, in addition, devote countless hours outside of the meetings to review field staff reports and program information forms. It is with their support and dedication that the ACGME is a leader in improving the quality of health care in the United States by ensuring and improving the quality of graduate medical education. It is with pride and gratitude that we acknowledge their contributions.

In academic year 2003–04, there were 62 residency review committee meetings, two Transitional Year Committee meetings and two Institutional Review Committee meetings. The volunteers who serve on the ACGME's residency review committees are appointed by medical specialty societies, medical specialty boards and the AMA Council on Medical Education; the volunteers who serve on the Transitional Year and Institutional Review committees are appointed by the ACGME.

Allergy and Immunology

John A. Anderson, MD
Tucson, Arizona
Term ended December 31, 2003

Vincent R. Bonagura, MD
Schneider Children's Hospital
New Hyde Park, New York

A. Wesley Burks, MD
Duke University
Durham, North Carolina
Vice-Chair

Carla Davis, MD
Baylor University Medical Center
Pearland, Texas
Resident

Theodore M. Freeman, MD
United States Air Force Medical Center
San Antonio, Texas
Vice-Chair
Term ended December 31, 2003

J. Andrew Grant, MD
University of Texas Medical Branch
Galveston, Texas

George R. Green, MD
Abington Medical Specialist
Abington, Pennsylvania

Paul A. Greenberger, MD
Northwestern University Medical School
Chicago, Illinois

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Washington, DC

Dean D. Metcalfe, MD
National Institutes of Health
Bethesda, Maryland
Chair

Laurie J. Smith, MD
Walter Reed Army Medical Center
Washington, DC

John W. Yunginger, MD
American Board of Allergy and Immunology
Philadelphia, Pennsylvania
Ex-Officio

Anesthesiology

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University of Alabama
Birmingham, Alabama

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SUNY Downstate Medical Center
Brooklyn, New York

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University of Texas Health Sciences
San Antonio, Texas

David L. Brown, MD
Anderson Cancer Center
Houston, Texas

Corey E. Collins, DO
Resident

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

Philip D. Lumb, MD
University of Southern California
Los Angeles, California

Susan L. Polk, MD
University of Chicago
Chicago, Illinois

Mark A. Rockoff, MD
Children's Hospital
Boston, Massachusetts

Mark A. Warner, MD
Mayo Clinic
Rochester, Minnesota

Colon and Rectal Surgery

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American Board of Colon and Rectal Surgery
Detroit, Michigan
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New York Presbyterian
New York, New York

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University of Minnesota
Minneapolis, Minnesota
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University of Minnesota
Minneapolis, Minnesota

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Southern Illinois University School of Medicine
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Orlando, Florida
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Cleveland Clinic
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Dallas, Texas

Leslie Carter, MD, MPH
DHMC Medical Center
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University of Louisville
Louisville, Kentucky

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Eastern Virginia Medical School
Norfolk, Virginia
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Little Rock, Arkansas

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Louisiana State University Medical Center
New Orleans, Louisiana

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Mayo Clinic Rochester
Rochester, Minnesota
Chair

Abel Torres, MD
Loma Linda, California
Vice-Chair

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Mayo Clinic–Scottsdale
Scottsdale, Arizona

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Iowa City, Iowa

Emergency Medicine

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MetroHealth Medical Center
Cleveland, Ohio

Charles K. Brown, MD
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Greenville, North Carolina

Dane Michael Chapman, MD, PhD
Littleton, Colorado

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Beth Israel Deaconess Medical Center
Brookline, Massachusetts
Resident

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Eastern Virginia Graduate
School of Medicine
Norfolk, Virginia

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Kalamazoo, Michigan

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School of Medicine and Dentistry
Rochester, New York

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Palo Alto, California

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Swedish Medical Center/Providence
Seattle, Washington

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Centra Health Program
Lynchburg, Virginia
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School of Medicine
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Virginia Commonwealth University
Winchester, Virginia
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American Academy
of Family Physicians
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Mary Willard, MD
West Jersey Health System
Voorhees, New Jersey

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The Virginia Mason Clinic
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University Hospital
Portland, Oregon

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University of Pennsylvania
School of Medicine
Philadelphia, Pennsylvania

Angeline Lazarus, MD, USN
National Naval Medical Center
Bethesda, Maryland

Richard F. LeBlond, MD
University of Iowa
Iowa City, Iowa
Term ended December 31, 2003

Glenn Mills, MD
Louisiana State University
Shreveport, Louisiana

Jeanette Mladenovic, MD
Greater Miami Veterans Health System
Miami, Florida

Thomas Nasca, MD
Thomas Jefferson University
Philadelphia, Pennsylvania
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Health Science Center
Memphis, Tennessee

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Mayo Foundation
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Boston, Massachusetts

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St. Luke's Roosevelt Hospital Center
New York, New York

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Detroit, Michigan
Chair

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School of Medicine
Washington, DC

Hope Northrup, MD
University of Texas at Houston
Houston, Texas
Term ended December 31, 2003

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Harvard Medical School
Boston, Massachusetts
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Cincinnati Children's Hospital
Medical Center
Cincinnati, Ohio

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University of Michigan
Ann Arbor, Michigan
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Los Angeles, California

Lawrence F. Marshall, MD
University of California (San Diego)
La Jolla, California

Donald O. Quest, MD
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School of Medicine
Minneapolis, Minnesota
Chair
Term ended December 31, 2003

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Rochester, Minnesota
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Johns Hopkins
Baltimore, Maryland

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Indianapolis, Indiana

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Thomas Jefferson University Hospital
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and Neurology
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Health Science Center
San Antonio, Texas

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St. Louis, Missouri

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Nashville, Tennessee

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Medical Center
Los Angeles, California

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Portland, Oregon

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University of North Carolina
School of Medicine
Chapel Hill, North Carolina
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Term ended December 31, 2003

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Houston, Texas

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and Gynecologists
Ex-Officio

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Portland, Oregon

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Cambridge, Massachusetts
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Albuquerque, New Mexico

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and Medical Center
West Reading, Pennsylvania

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Medical Center
Dallas, Texas

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Emory Eye Center
Atlanta, Georgia

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Indiana University Hospitals
Indianapolis, Indiana

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New York, New York

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Charlottesville, Virginia

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University of Missouri-Columbia
Columbia, Missouri

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New York Medical College
Jamaica, New York

G. Paul DeRosa, MD
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Ex-Officio

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University of Miami School of Medicine
Miami, Florida
Term ended December 31, 2003

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Boston, Massachusetts
Chair

Michael J. Goldberg, MD
Tufts-New England Medical Center
Boston, Massachusetts

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Potomac, Maryland

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Wichita, Kansas
Vice-Chair

Scott E. Porter, MD
Carolinas Healthcare System
Charlotte, North Carolina
Resident

Dempsey Springfield, MD
Mount Sinai Medical Center
New York, New York

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University of Cincinnati
College of Medicine
Cincinnati, Ohio

Otolaryngology

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Boys Town National Research Hospital
Omaha, Nebraska
Vice-Chair

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Vanderbilt University
Nashville, Tennessee

Richard A. Chole, MD
Washington University
School of Medicine
St. Louis, Missouri

G. Richard Holt, MD
American Academy of Otolaryngology
San Antonio, Texas

Ellen M. Friedman, MD
Texas Children's Hospital
Houston, Texas

Paul R. Lambert, MD
Medical University of South Carolina
Charleston, South Carolina

Donald A. Leopold, MD
University of Nebraska Medical Center
Omaha, Nebraska

Jesus Medina, MD
University of Oklahoma
Health Science Center
Oklahoma City, Oklahoma

Robert H. Miller, MD
American Board of Otolaryngology
Houston, Texas
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J. David Osguthorpe, MD
Medical University of South Carolina
Charleston, South Carolina
Chair

Ajit K. Sachdeva, MD
American College of Surgeons
Ex-Officio

Cecelia E. Schmalbach, MD
Ann Arbor, Michigan
Resident

Monica Tadros, MD
Washington, DC
Resident

Dean M. Toriumi, MD
University of Illinois at Chicago
Chicago, Illinois

Pathology

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University of Alabama
Birmingham, Alabama
Chair

Stephen D. Allen, MD
Indiana University Medical Center
Indianapolis, Indiana
Vice-Chair

Betsy D. Bennett, MD, PhD
American Board of Pathology
Ex-Officio

M. Desmond Burke, MD
New York Hospital-
Cornell Medical Center
New York, New York

Joseph C. Fantone, MD
University of Michigan
Ann Arbor, Michigan

Margaret M. Grimes, MD
Virginia Commonwealth University
Richmond, Virginia

Joseph A. Hughes, MD
San Diego, CA
Resident

Rebecca L. Johnson, MD
Berkshire Medical Center
Pittsfield, Massachusetts

Janet E. Roepke, MD, PhD
Ball Memorial Hospital
Muncie, Indiana

Ross E. Zumwalt, MD
University of New Mexico
Albuquerque, New Mexico

Pediatrics

Carol Carraccio, MD
University of Maryland
Baltimore, Maryland

Matilda Garcia, MD
St. Joseph's Hospital
and Medical Center
Phoenix, Arizona

Marcia B. Hutchinson, MD
Mercer University School of Medicine
Macon, Georgia

M. Douglas Jones, Jr., MD
University of Colorado
School of Medicine
Denver, Colorado

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Uniformed Services University
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ACGME Executive Director

Cynthia Taradejna, MsED
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ACGME Activities
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Executive Director, RRC for Radiation
Oncology, Transitional Year Review
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Susan Swing, PhD
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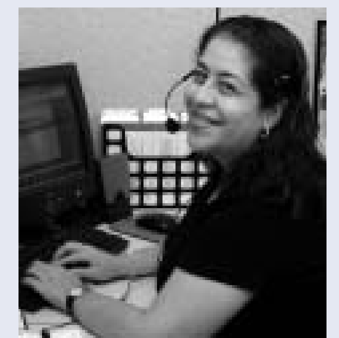

A typical day at ACGME headquarters
Executive Director David C. Leach, MD, *(left)* meets with General Counsel Doug Carlson; Senior Accreditation Administrator Eileen Anthony *(standing)* converses with Senior Accreditation Administrator Susan Mansker; Office and Credit Manager Barbara Warren helps keep the ACGME office running smoothly; Administrative Assistant Brenda Trevino assists a caller at the help desk.