



February 26 - March 1  
**The 2015 ACGME Annual Educational Conference**

# Program Agenda and Poster Session Abstract Book

Manchester Grand Hyatt San Diego  
1 Market Pl  
San Diego, CA 92101

Hilton San Diego Bayfront  
1 Park Blvd  
San Diego, CA 92101

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# **2015 ACGME Annual Educational Conference**

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Manchester Grand Hyatt San Diego  
And Hilton San Diego Bayfront

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Data Resource Book  
Save the Date

### **Continuing Medical Education**

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Session Descriptions by Day  
    Thursday  
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# **AGENDA**

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2015 ACGME Annual Educational Conference

## ***Agenda***

### **Wednesday, February 25**

6:00 p.m. – 8:30 p.m.	<b>Room</b> Hyatt- Palm Foyer	Conference Registration
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### **Thursday, February 26**

6:30 a.m. – 8:30 p.m.	Hyatt- Palm Foyer	Conference Registration
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7:00 a.m. – 5:00 p.m.	Hilton- Indigo Foyer	
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**7:00 AM – 8:30 AM**

	Hyatt- Seaport Foyer	<b>Continental Breakfast</b>
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	Hilton- Indigo and Sapphire Foyers	
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8:30 a.m. – 5:00 p.m.	Hilton- Indigo ABEF	<b>PC001</b>
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8:30 a.m. – 5:00 p.m.		<b>PC002</b>
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	Hilton- Indigo DH	
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8:30 a.m. – 5:00 p.m.	Hyatt- Grand Hall D	<b>PC003</b>
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8:30 a.m. – 5:00 p.m.		<b>PC004</b>
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	Hyatt- Grand Hall A-C	
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	Hyatt- Seaport Ballroom	
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		<b>Poster and Welcoming Reception</b>
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### **Friday, February 27**

6:30 a.m. – 7:45 a.m.	Hyatt- Seaport Foyer	<b>Continental Breakfast</b>
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	Hilton- Indigo and Sapphire Foyers	
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7:00 a.m. – 5:00 p.m.	Hyatt- Palm Foyer	Conference Registration
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7:00 a.m. – 3:00 p.m.	Hilton- Indigo Foyer	
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7:30 a.m. – 8:00 a.m.	Hilton- Sapphire Ballroom	Welcome and Opening Remarks
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	Hilton- Sapphire Ballroom	Presentation of ACGME Awards
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8:00 a.m. – 9:30 a.m.	Hilton- Sapphire Ballroom	CEO Address
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9:30 a.m. – 5:00 p.m.	Hyatt- Balboa ABC	Walk-in Technical Support Sessions for ACGME Data Collection Systems*
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**9:30 a.m. – 10:30 a.m.**

		<b>Break</b>
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10:30 a.m. – 12:00 p.m.	Hyatt- Grand Hall B	<b>SES001</b>
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		<b>SES002</b>
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	Hyatt- Grand Hall A	
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	Hyatt- Harbor DE	<b>SES003</b>
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	Hyatt- America's Cup ABC	<b>SES004</b>
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		<b>SES005</b>
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	Hyatt- Coronado E	
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	Hyatt- Seaport GH	<b>SES006</b>
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	Hyatt- Coronado D	<b>SES007</b>
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	Hyatt- Harbor AB	
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	Hyatt- Harbor C	<b>SES008</b>
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	Hyatt- Harbor F	<b>SES009</b>
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		<b>SES010</b>
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		<b>SES011</b>
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	Hilton- Indigo D	
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	Hilton- Indigo E	<b>SES012</b>
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	Hilton- Indigo A	<b>SES013</b>
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*Introductory Course for New Program Directors  
ACGME Accreditation Pre-Conference for Osteopathic Programs and Institutions  
DIO 101: Building Basics and Beyond  
Coordinator Forum: Completing Your Own Self-Study\**

The Self-Study and the Self-Study Visit  
Coordinator Plenary: Program Coordinator Competence, Development, and Engagement\*  
CLER: New Expectations for Small Institutions  
Two Birds and One Stone: Integrating Education and Clinical Redesign to Achieve the Common Mission  
Innovation in Cultural Competency Education: A Unique Curriculum that Provides Milestone Data and Addresses Expectations of CLER  
Performance-based Assessment: Common Appraisal Errors and Flaws during the Evaluation Process  
Competency or Specialty: Osteopathic Principles and Practice in the Next Accreditation System  
Accreditation Data Systems – Update  
Town Hall – Hospital-Based Accreditation  
**International Track:** ACGME-International  
Identifying Medical Educator Competencies: A Useful Process and Tool for self-assessment, Faculty Development Programming, and Promotion Criteria  
*(Limited to 150 participants)*  
Moving Toward Online Faculty Development: The View Over the Horizon *(limited to 150 participants)*  
Lessons Learned from NAS: The Need for an Institutional Curriculum for GME Professionals

	Hilton- Indigo C	<b>SES014</b>	Incorporating Simulation Into Your Program: Curricular and Practical Considerations <i>(limited to 150 participants)</i>
	Hilton- Indigo H	<b>SES015</b>	E-learning: Leveraging Technology to Enrich your GME Curriculum <i>(limited to 150 participants)</i>
	Hilton- Indigo B	<b>SES016</b>	Developing Teams Using Exercises and Games <i>(limited to 150 participants)</i>
<b>12:00 p.m. – 1:30 p.m.</b>		<b>Lunch</b>	
<b>1:30 p.m. – 3:00 p.m.</b>	Hyatt- Grand Hall C	<b>SES017</b>	Specialty Update – Internal Medicine
	Hyatt- Harbor AB	<b>SES018</b>	Specialty Update – Pediatrics
	Hilton- Aqua 300	<b>SES019</b>	Specialty Update – Emergency Medicine
	Hilton- Aqua 310	<b>SES020</b>	Specialty Update – Psychiatry
	Hyatt- Coronado D	<b>SES021</b>	Specialty Update – Surgery
	Hilton- Sapphire 400A	<b>SES022</b>	Specialty Update – Neurological Surgery
	Hilton- Sapphire 410B	<b>SES023</b>	Specialty Update – Pathology
	Hyatt- Coronado E	<b>SES024</b>	Specialty Update – Transitional Year
	Hyatt- Solana AB	<b>SES025</b>	Specialty Update – Ophthalmology
	Hyatt- Coronado AB	<b>SES026</b>	Specialty Update – Family Medicine
		<b>SES027</b>	Institutional Update: Focus on Accreditation and CLER
	Hyatt- Grand Hall D		Oral Poster Presentations 1*
	Hyatt- Promenade AB	<b>SES028</b>	
		<b>SES029</b>	Approaches to Improving the Clinical Learning Environment: Facilitated Poster Session 1 (Patient Safety, Supervision, Duty Hours, Fatigue Management)
	Hyatt- Seaport F		Learner-centered Feedback: The Trainee as Learner/Teacher
		<b>SES030</b>	
	Hyatt- Harbor I		Financing and Graduate Medical Education: What Does it Cost to Run a Residency Program in the Era of the Next Accreditation System?
		<b>SES031</b>	
	Hyatt- Seaport GH		Adapting a Tracer Methodology to Conduct Internal Education Reviews
		<b>SES032</b>	
	Hyatt- Harbor C		A Tale of Two Institutions-One Big and One Small– and the Safety Net Hospital that Hosts Them All!
	Hyatt- America's Cup ABC	<b>SES033</b>	
	Hyatt- Harbor GH		The Impact that Growing Up in a Digital World has on Graduate Medical Education
		<b>SES034</b>	
	Hyatt- Harbor DE		Moving Beyond Survey Data: Assessment for Education and Research
		<b>SES035</b>	
	Hyatt- Harbor F		International Track: ACGME-I Surgical Accreditation Round Tables
		<b>SES036</b>	
	Hilton- Indigo D		Resident Self-Assessment in the Milestones Era – A Win-Win Approach to Resident Professional Development and Program Improvement <i>(limited to 150 participants)</i>
		<b>SES037</b>	
		<b>SES038</b>	The Art of Reflection: If I Don't Know Who I Am, How Can I Help Others? <i>(limited to 150 participants)</i>
	Hilton- Indigo E		Ask-Tell-Ask: A Tastier Feedback Sandwich <i>(limited to 150 participants)</i>
		<b>SES039</b>	
	Hilton- Indigo B		Over-Surveyed? Use the Questions and Answers to Enhance your GME Programs and Sponsoring Institution <i>(limited to 150 participants)</i>
		<b>SES040</b>	
	Hilton- Indigo H		Defining Medical Professionalism within Cultural Contexts <i>(limited to 150 participants)</i>
		<b>SES041</b>	
	Hilton- Indigo C		
<b>3:00 p.m. – 3:45 p.m.</b>		<b>Break</b>	
<b>3:45 p.m. – 5:15 p.m.</b>	Hyatt- Grand Hall C	<b>SES042</b>	Specialty Update – Internal Medicine Subspecialties

Hyatt- Harbor AB	<b>SES043</b>	Specialty Update – Physical Medicine and Rehabilitation
Hilton- Aqua 300	<b>SES044</b>	Specialty Update – Diagnostic Radiology
Hilton- Aqua 310	<b>SES045</b>	Specialty Update – Neurology
Hyatt- Coronado D	<b>SES046</b>	Specialty Update – Plastic Surgery
Hilton- Sapphire 400A	<b>SES047</b>	Specialty Update – Orthopaedic Surgery
Hyatt- Solana AB	<b>SES048</b>	Specialty Update – Urology
Hyatt- Coronado E	<b>SES049</b>	Specialty Update – Anesthesiology
Hilton- Sapphire 410 AB	<b>SES050</b>	Specialty Update – Radiation Oncology
Hyatt- Coronado AB	<b>SES051</b>	Specialty Update – Dermatology
Hyatt- Promenade AB	<b>SES052</b>	Oral Poster Presentations 2*
	<b>SES053</b>	Institutional Oversight: Managing Continuous Data for Continued Accreditation
Hyatt- Grand Hall D	<b>SES054</b>	Approaches to Improving the Clinical Learning Environment: Facilitated Poster Session 2 (Health Care Quality, Care Transitions, Professionalism)
Hyatt- Seaport F	<b>SES055</b>	Advanced Feedback Techniques
Hyatt- Harbor C	<b>SES056</b>	Leadership Competencies as a Pathway to “CLER” Success
Hyatt- Harbor DE	<b>SES057</b>	The Residency Performance Index – Family Medicine’s Tool for Program Improvement
Hyatt- Harbor I	<b>SES058</b>	Mobile Apps 2.0: Teaching Trainees to Leverage iPads to Improve Patient-centered Communication Evaluation and Assessment
Hilton- Indigo A	<b>SES059</b>	Assessing Resident Transitions of Care Competency Using Simulated Patient Encounters
Hyatt- America’s Cup	<b>SES060</b>	Going for the Gold: A Collaborative Approach to an Institution-wide Professional Development Series for Program Coordinators
Hyatt- Seaport GH	<b>SES061</b>	<b>International Track:</b> ACGME-I Medical Accreditation Round Tables
Hyatt- Harbor F	<b>SES062</b>	The Lion and the Lamb – House staff Hospital Collaboration to Promote High –Value Care and High –Value Education ( <i>limited to 150 participants</i> )
Hilton- Indigo B	<b>SES063</b>	Forestalling the Impoverishing of Medical Education: Resisting the Wholesale Adoption of Competency – Based Assessment, Debunking Miller’s Pyramid and Learning from the Striking Parallels between Medical Education and Teacher Education training Programs ( <i>limited to 150 participants</i> )
Hilton- Indigo H	<b>SES064</b>	Surgical Simulation –Comprehensive Curriculum on a Low Budget ( <i>limited to 150 participants</i> )
Hilton- Indigo C	<b>SES065</b>	Using C-Suite Business Models and Tools to Address Issues Faced by DIOs/GME in the New Area of Health Care Reform ( <i>limited to 150 participants</i> )
Hilton- Indigo E	<b>SES066</b>	One Size Does Not Fit All: Learner-centered Remediation Plans ( <i>limited to 150 participants</i> )
Hilton- Indigo D		

## **Saturday, February 28**

**6:30 a.m. – 8:00 a.m.**

Hyatt- Seaport Foyer

**Continental Breakfast**

7:00 a.m. – 3:00 p.m.

Hilton- Indigo and Sapphire Foyers

Conference Registration

8:00 a.m. – 5:00 p.m.

Hyatt- Palm Foyer  
Hyatt- Balboa ABC

Walk-in Technical Support Sessions for ACGME Data Collection Systems\*

7:00 a.m. – 10:00 a.m.

Hilton- Aqua EF

**SES067**

How to Build an Effective Faculty Assessment Tool in the Competency-based Era (*limited to 80 participants*)

Mini-Courses

**SES068**

Developing Educational Leaders: Incorporating Lessons Learned from the Association of Pediatric

8:00 a.m. – 9:30 a.m.	Hilton- Aqua AB	<b>SES069</b>	Program Directors Leadership in Educational Academic Development Program (APPD LEAD) <i>(limited to 80 participants)</i>
	Hilton- Aqua D	<b>SES070</b>	I-Pass: Spreading an Evidence-based Program Across the Institution for Safer Transitions of Care <i>(limited to 80 participants)</i>
	Hilton- Aqua 300	<b>SES071</b>	Do It Yourself Assessment Tools – Find the Holes in Your System and Fix Them – Write Home-Grown EPAs – Then Map Directly to Your Milestones! <i>(limited to 80 participants)</i>
	Hilton- Aqua C	<b>SES072</b>	The Holy Grail of Feedback: Engaging in Learner-centered Feedback that Works <i>(limited to 80 participants)</i>
	Hyatt- Grand Hall C	<b>SES073</b>	Coordinator Plenary: Mission NOT Impossible: Using Data to Make You and Your Program Shine*
	Hyatt- Harbor C	<b>SES074</b>	Crossing the Continuum Chasm – Opportunities (and Barriers?) for GME and CME
	Hilton- Indigo A	<b>SES075</b>	Managing the Poorly Performing Resident <i>(limited to 150 participants)</i>
	Hyatt- Harbor AB	<b>SES076</b>	Returns on the GME Investment: Perspectives on the Costs and Benefits of Resident Education
	Hyatt- Harbor DE	<b>SES077</b>	Incorporation of Quality Improvement Education as an Integral Part of Residency/Fellowship Training
	Hyatt- Seaport F	<b>SES078</b>	The Competency-based Movement: An Opportunity for Radical Curriculum Reform
	Hyatt- America's Cup ABC		Incorporating Surgical Simulator Training and Patient Care Data to Enhance Resident Training and Patient Safety
	Hyatt- Coronado D	<b>SES079</b>	Town Hall – Surgical Accreditation
	Hyatt- Harbor F	<b>SES080</b>	<b>International Track:</b> ACGME-I Accreditation Data System – The Basics
	Hilton- Indigo D	<b>SES081</b>	CSI-Clinical Competency Committee <i>(limited 150 participants)</i>
	Hilton- Sapphire 400AB	<b>SES082</b>	RIME-Stones: How the Reporter-Interpreter-Manager-Educator Framework Facilitates Implementation of Milestones <i>(limited to 150 participants)</i>
	Hilton- Indigo C	<b>SES083</b>	Joy of Teaching Meets the NAS, Milestones, and CLER – Strategies to Sustain Clinical Teacher Motivation <i>(limited to 150 participants)</i>
	Hilton- Indigo E	<b>SES084</b>	"Needs to Read More" – Writing Meaningful Comments on Resident/Fellow Evaluations <i>(limited to 150 participants)</i>
	Hilton- Indigo H	<b>SES085</b>	Building Bridges: Developing Institutional Infrastructure and a Strategic Plan to Integrate the Quality and Safety Mission of Teaching Hospitals and their Graduate Medical Education Programs <i>(limited to 150 participants)</i>
	Hilton- Indigo B	<b>SES086</b>	Diversifying the Residency Class: Recruiting and Mentoring of Under-represented Minority Physicians <i>(limited to 150 participants)</i>
<b>9:30 a.m. – 10:30 a.m.</b>		<b>Break</b>	
10:30 a.m. – 12:00 p.m.	Hilton- Sapphire Ballroom	<b>Marvin R. Dunn Keynote Address</b> – A Programmatic View on Assessment	
<b>12:00 p.m. – 1:45 p.m.</b>		<b>Lunch</b>	
1:45 p.m. – 4:45 p.m. Mini-Courses	Hilton- Aqua D	<b>SES087</b>	How Hard Can it Be To DO-D.O.? The Role of Direct Observation (D.O.) in Medical Education <i>(limited to 80 participants)</i>



1:45 p.m. – 3:15 p.m.	Hilton- Aqua AB	<b>SES088</b>	Oh the Humanities! Utilizing Medical Readers Theater to train Faculty and Learners on the Professionalism Milestones <i>(limited to 80 participants)</i>
		<b>SES089</b>	New Strategies for Resident Engagement in Patient Safety and Quality Improvement <i>(limited to 80 participants)</i>
	Hilton- Aqua EF	<b>SES090</b>	Breaches of Professionalism: What Will You Do? <i>(limited to 80 participants)</i>
	Hilton- Aqua 300	<b>SES091</b>	The Holy Grail of Feedback: Engaging in Learner-centered Feedback that Works <i>(limited to 80 participants)</i>
	Hilton- Aqua C	<b>SES092</b>	CLER and Health Care Disparities: residents Improving the Health of Populations
	Hyatt- Coronado AB	<b>SES093</b>	Patient Safety and CLER: The Voices Continue
	Hyatt- Grand Hall D	<b>SES094</b>	Entrustable Professional Activities as a Framework for the Assessment of Residents
	Hyatt- Harbor AB	<b>SES095</b>	Entrustment, Direct Observation, and Milestones: The University of Cincinnati Three-year Experience
	Hyatt- Seaport F	<b>SES096</b>	Voice of the Director: Your Experience on What Works and Doesn't Work with CCC Meetings
	Hyatt- Harbor GH	<b>SES097</b>	The Developing Faculty Scholars in Cultural Competency Project: Lessons Learned and Useful Applications
	Hyatt- America's Cup ABC	<b>SES098</b>	Resident-driven Themed Evaluation Process –Reality or Fantasy?
	Hyatt- Harbor C	<b>SES099</b>	Why Does this Resident Score Poorly on Tests? A Method to Diagnose the Problem and Implement Solutions
	Hyatt- Harbor DE	<b>SES100</b>	<b>International Track:</b> ACGME-I Hospital-based Accreditation Round Tables
	Hyatt- Harbor F	<b>SES101</b>	Common Core Curriculum Requirements (C3R) for QI/PS: A Novel Tool for Engagement
	Hyatt- Coronado D	<b>SES102</b>	How Can Institutional Objective Structured Clinical Examinations (OSCEs) Assist in Assessing Milestones? <i>(limited to 150 participants)</i>
	Hilton- Indigo C	<b>SES103</b>	Teaching the New Generation About Cost-conscious Care: Current Tools, Resources for Medical Educators <i>(limited to 150 participants)</i>
	Hilton- Indigo H	<b>SES104</b>	Flex your PECs* –GMEC Oversight of Annual Program Evaluation and Improvement (*Program Evaluation Committees) <i>(limited to 150 participants)</i>
	Hilton- Indigo D	<b>SES105</b>	Redesigning Chief Resident Training to include Standardized Simulated Leadership and Professional Scenarios <i>(limited to 150 participants)</i>
	Hilton- Indigo B	<b>SES106</b>	Better than Breadcrumbs –Creating a Clear Pathway When Your Learners Go Astray <i>(limited to 150 participants)</i>
	Hilton- Indigo E	<b>SES107</b>	Harvest the Low Hanging Fruit First: Strategies for Submitting (and Resubmitting) Educational Innovations for Publication <i>(limited to 150 participants)</i>
	Hilton- Indigo A	<b>SES108</b>	Specialty Update – Nuclear Medicine
	Hilton- Sapphire 410A	<b>SES109</b>	Specialty Update – Colon and Rectal Surgery
	Hilton- Sapphire 400A	<b>SES110</b>	Specialty Update – Obstetrics and Gynecology
	Hilton- Aqua 310	<b>SES111</b>	Specialty Update – Thoracic Surgery
	Hilton- Sapphire 400B	<b>SES112</b>	Specialty Update – Medical Genetics
	Hilton- Sapphire 410B		
3:15 p.m. – 3:45 p.m.		<b>Break</b>	

3:45 p.m. – 5:15 p.m.	Hilton- Sapphire 400B	<b>SES113</b>	Specialty Update – Preventive Medicine
	Hilton- Sapphire 410B	<b>SES114</b>	Specialty Update – Allergy and Immunology
	Hilton- Sapphire 400A	<b>SES115</b>	Specialty Update – Otolaryngology
	Hyatt- Grand Hall C	<b>SES116</b> <b>SES117</b>	Institutional Town Hall Learner-centered Feedback on Milestone Achievement: Calibrating Self-Assessments and Promoting the Desire to Learn
	Hyatt- Harbor C	<b>SES118</b>	Using Structured Interviews in the Residency Application Process
	Hyatt- Grand Hall B	<b>SES119</b>	Collaborative Technologies: Adopting Wikis in Medical Training Programs
	Hyatt- Solana AB	<b>SES120</b>	How to Promote Scholarly Activity in a Busy Residency Program
	Hyatt- Harbor AB	<b>SES121</b>	Measuring Milestones and Integrating Patient Safety through the Use of Simulation
	Hyatt- Seaport F	<b>SES122</b>	Facilitating the Faculty Role in the Accreditation Process
	Hyatt- Harbor DE	<b>SES123</b>	<b>International Track:</b> ACGME-I Institutional Round Tables
	Hyatt- Harbor F	<b>SES124</b>	Navigating Resident Education in the World of Interprofessional Collaborative Care
	Hyatt- America's Cup ABC	<b>SES125</b>	Caring for Those Who Care for Others – Balancing Work and Life ( <i>limited to 150 participants</i> )
	Hilton- Indigo D	<b>SES126</b>	The PCFDI: A Novel Interdisciplinary Learning Community Approach to Catalyze Clinical and Educational Redesign in Primary Care ( <i>limited to 150 participants</i> )
	Hilton- Indigo C	<b>SES127</b>	Promoting Medical Education Research in GME: Uphill Battle or Uncontrolled Free-fall? ( <i>limited to 150 participants</i> )
	Hilton- Indigo E	<b>SES128</b>	Continuing the Conversations... Techniques for Difficult Encounters ( <i>limited to 150 participants</i> )
	Hilton- Indigo H	<b>SES129</b>	When the POPULATION is "the Patient": Developing Population Health Milestones to Teach Essential Skills for Tomorrow's Clinicians ( <i>limited to 150 participants</i> )
	Hilton- Indigo A	<b>SES130</b>	Beyond the Feedback Sandwich: Clinical Coaching for Housestaff as Teachers ( <i>limited to 150 participants</i> )
	Hilton- Indigo B		

### **Sunday, March 1**

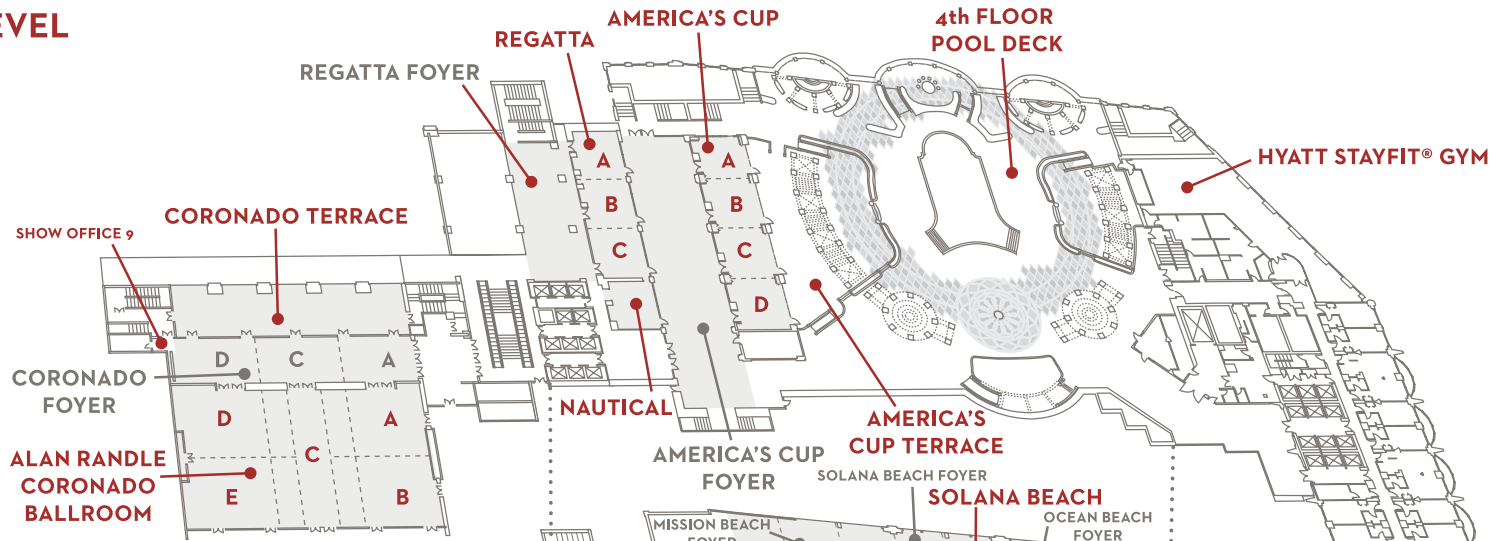
<b>7:00 a.m. – 8:15 a.m.</b>	Hilton- Indigo and Sapphire Foyers	<b>Continental Breakfast</b>	
8:00 a.m. – 9:00 a.m.	Hilton- Indigo Ballroom	<b>SES131</b>	The Clinical Learning Environment Review: A National Report of Findings
9:00 a.m. – 10:30 a.m.	Hilton- Indigo Ballroom	<b>SES132</b>	Conversations with the CEO

**MAPS**

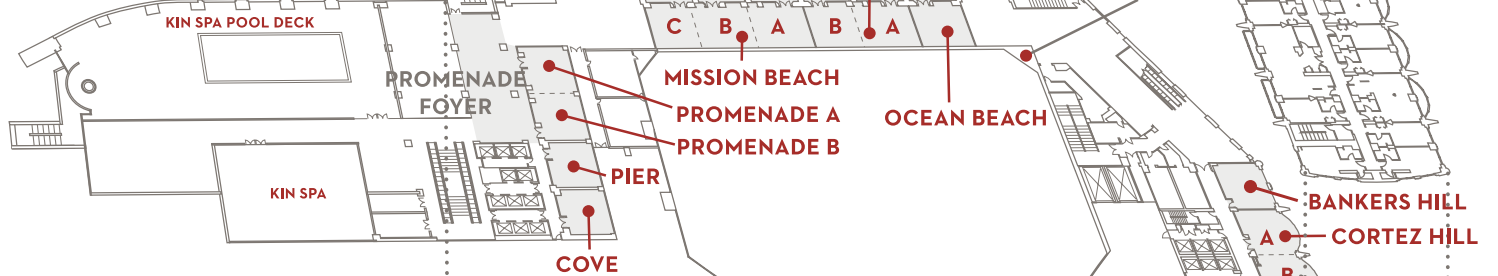
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2015 ACGME Annual Educational Conference

## FOURTH LEVEL

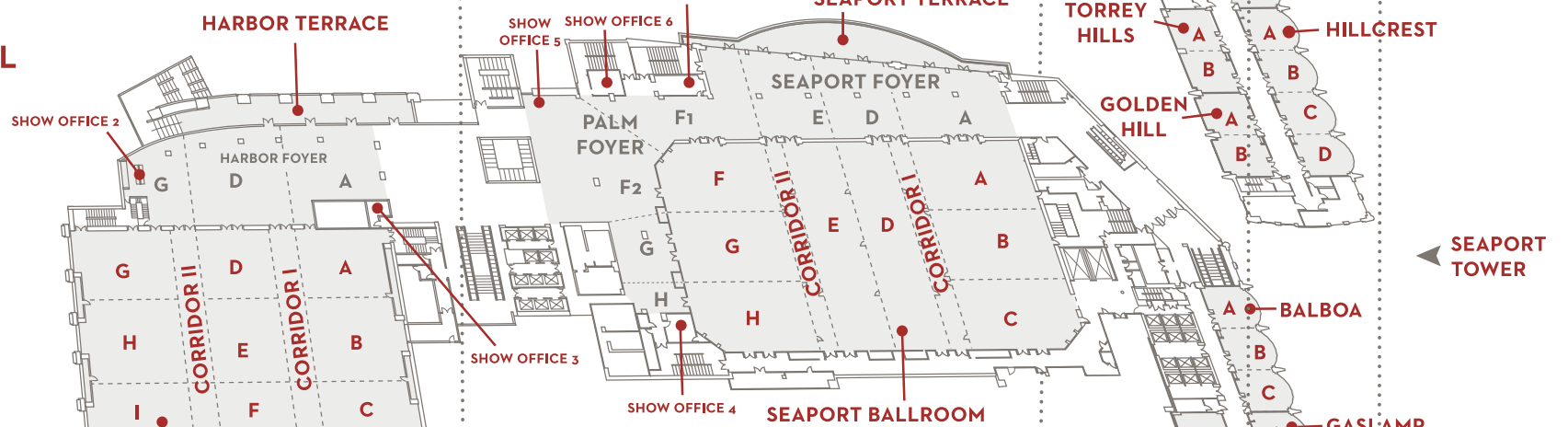


## THIRD LEVEL

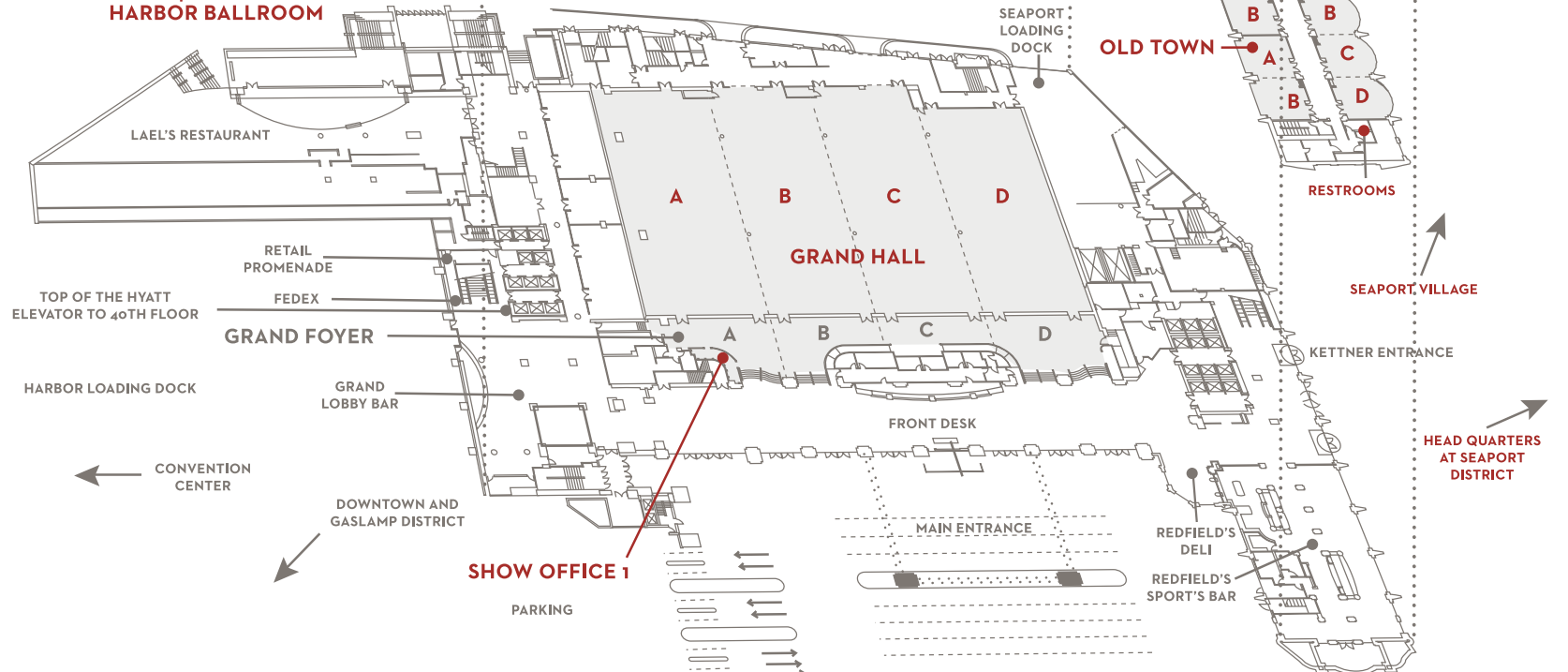


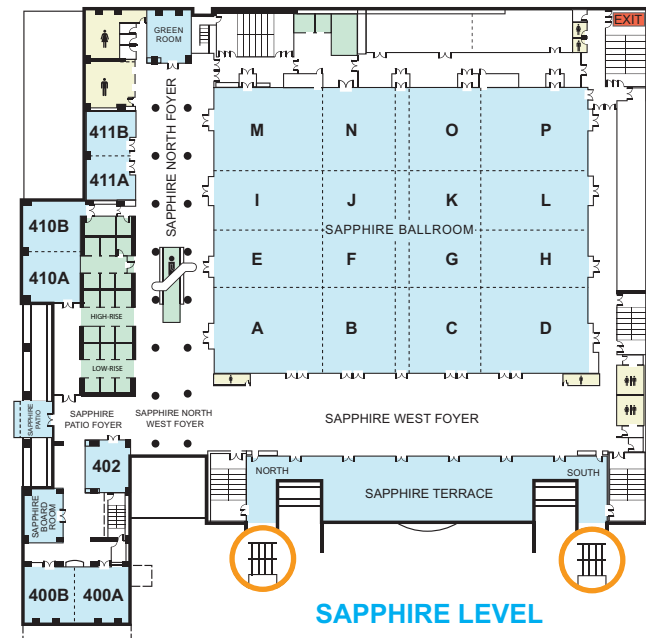
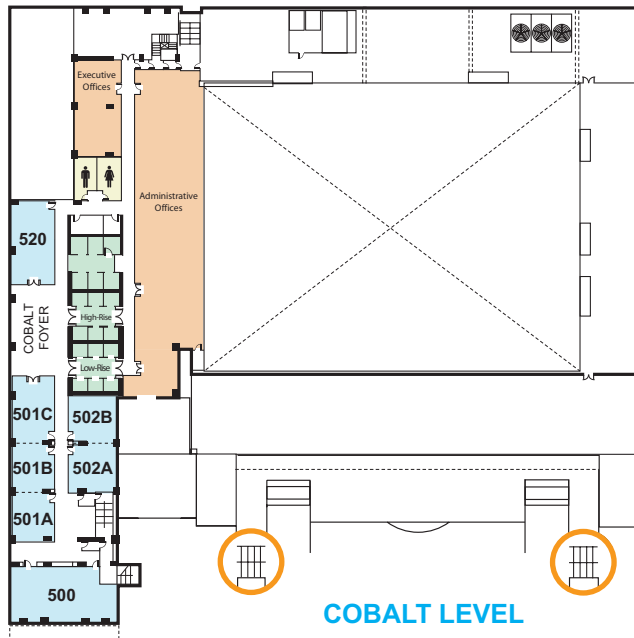
## SECOND LEVEL

HARBOR TOWER

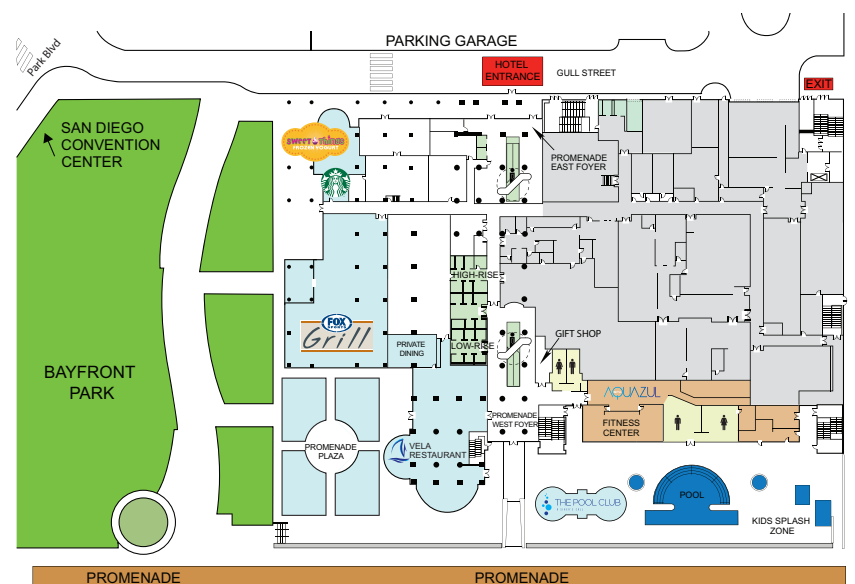


## LOBBY LEVEL





- = Function Space
- = Elevators & Escalators
- = Restrooms
- = Stairs



# **GENERAL INFORMATION**

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2015 ACGME Annual Educational Conference

# ***2015 ACGME Annual Educational Conference***

## **General Information**

Please be aware that session room assignments may change at any time. If the session you are attending has moved to another room, please consult the ACGME Registration Desk located in the Hyatt (Palm Foyer) and the Hilton (Indigo Foyer).

In efforts to reduce the size and weight of the program book as well as be more environmentally friendly, the ACGME has condensed pertinent information regarding the conference into the pocket program book. The complete program book is available online along with the PowerPoint presentations and session handouts at:

<http://www.acgme.org/acgmeweb/Portals/0/PDFs/2015%20AEC/ProgramBook.pdf>

All session materials are available by clicking on the session number. Conference presentations will be posted as they are received. Only conference participants will be granted access to this information.

The **Walk-in Technical Support Sessions for ACGME Data Collection Systems** will take place in Balboa ABC on Friday, February 27 from 9:30 a.m. – 5:00 p.m. and Saturday, February 28 from 8:00 a.m. – 5:00 p.m. ACGME data staff will be on-site to assist users in effectively navigating ACGME data applications, answer questions, and receive feedback.

CME is available through the Accreditation Council for Graduate Medical Education. CME is available for physicians only, and participants must complete the conference evaluation to receive CME credit. Non-physicians who complete the evaluation may receive a Certificate of Attendance. ACGME requests that **all** attendees complete conference evaluations. Please see an ACGME staff member at the evaluation kiosks if you have any questions or concerns.

**2015 ACGME Annual Educational Conference  
Marvin R. Dunn Keynote Address**

***A Programmatic View on Assessment***



**Prof. Cees van der Vleuten, PhD**

Prof. Cees van der Vleuten, PhD has been at the University of Maastricht (Netherlands) since 1982. In 1996, he was appointed professor of education and chair of the Department of Educational Development and Research in the Faculty of Health, Medicine and Life Sciences. Since 2005, he has been scientific director of the School of Health Professions Education. His primary expertise is in evaluation and assessment. He has published widely in this domain, and holds numerous academic awards, including several career awards. He serves frequently as a consultant internationally. He mentors many researchers in medical education and has supervised more than 60 doctoral graduate students. In 2010, he received a Dutch royal decoration for the societal impact of his work, and in 2012, the Karolinska Prize for Research in Medical Education.



# Data Resource Book

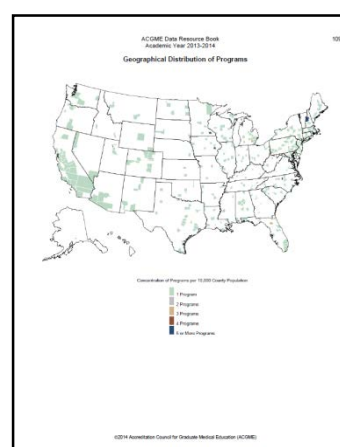
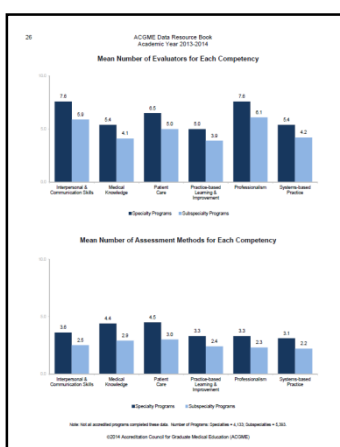
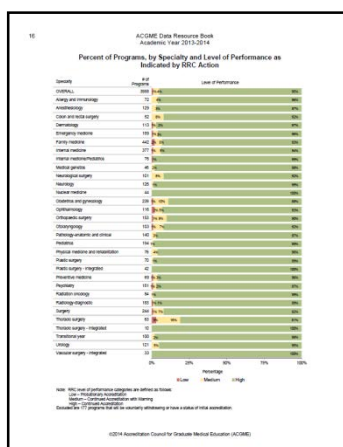
## (2013-2014)



**The ACGME is pleased to once again present a compilation of data collected during the academic year.**

The *Data Resource Book* was developed to provide readers with an easy-to-use collection of current and historical data related to the accreditation process. The book is intended to be a concise reference for policymakers, residency program directors, institutional officials and others to identify and clarify issues affecting the accreditation of residency programs.

The book covers various topics in graduate medical education including resident demographics, summaries of program accreditation status, availability of participating teaching institutions, etc.



**A PDF version of the *Data Resource Book* is available as a FREE download at:**

<https://www.acgme.org/acgmeweb/Publications/GraduateMedicalEducationDataResourceBook.aspx>

***SAVE THE DATE***



**A C G M E**

**2016 ACGME  
Annual Educational Conference**

**Gaylord National  
Washington, DC  
February 25 – February 28, 2016**

# **CONTINUING MEDICAL EDUCATION**

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2015 ACGME Annual Educational Conference

# Continuing Medical Education

The Accreditation Council for Graduate Medical Education (ACGME) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The Accreditation Council for Graduate Medical Education (ACGME) designates this live activity for a maximum of **26.5 AMA PRA Category 1 Credits™**. Physicians should only claim credit commensurate with the extent of their participation in the activity.

## Disclosure of Significant Relationships with Relevant Commercial Companies and Organizations

The ACGME endorses the Standards of the Accreditation Council for Continuing Medical Education and the Guidelines for Commercial Support. Every effort has been made to encourage faculty to disclose any commercial relationships or personal benefit with commercial companies whose products are discussed in the educational presentation. Disclosure of a relationship is not intended to suggest or condone bias in any presentations, but is made to provide participants with information that might be of potential importance to their evaluation of a presentation. All faculty participating in continuing medical education activities sponsored by the ACGME are expected to disclose to the activity audience any real or apparent conflict(s) of interest related to the content of their presentation(s).

Conflict of interest statements were reviewed for all conference planners, and for presenters of certified sessions.

### The following speaker(s) have declared financial interest(s) and or affiliations:

Jeffrey Ring, PhD

Type: Speakers Bureau for CME Talks

Company: Merck Pharmaceuticals

## Conference Evaluation Instructions

Please follow the steps below to complete your evaluation. Evaluations for each day will be available that morning. Use the navigation links in the upper right hand corner of the screen to move between screens and make your selections.

If for some reason you are unable to complete the evaluations at the conference, or you wish to complete them from your own computer, evaluations can be found on the following website:

<http://jeffline.jefferson.edu/acgme>. Please take time to complete the evaluations by March 30, 2015.

**NEW THIS YEAR! The conference evaluation has been optimized to be mobile-friendly.**

### 1. Login Screen

- Enter your username (your last name) and the last four digits of your social security number (or the four-digit number previously identified when registering). Please use proper capitalization (EX: ACGME1234)

### 2. Personal Information Screen

- This information was entered at the time you registered. Please verify if it is correct.
- If you were not pre-registered, please add your personal information.

### 3. Evaluation Information Screen

- Read through the information listed.
- Click on the "Continue to ACGME Conference Evaluations" link.

### 4. Main Menu Screen

- Select between the following five major components to evaluate:

1. PC001: Introductory Course for New Program Directors
    - Click on “Evaluate Activity” to the left of the session titles.
    - After evaluating each session you attended, return to the main menu and select and complete “Introductory Course Overall Evaluation.”
    - Click on “Submit Evaluation” at the bottom of the “Introductory Course Overall Evaluation” to have your credits registered in the system.
  2. PC002: ACGME Accreditation Pre-Conference for Osteopathic Programs and Institutions
    - Click on “Evaluate Activity” to the left of the session titles.
    - After evaluating each session you attended, return to the main menu and select and complete “Osteopathic Overall Evaluation.”
    - Click on “Submit Evaluation” at the bottom of the “Osteopathic Overall Evaluation” to have your credits registered in the system.
  3. PC003: DIO 101: Building Basics and Beyond
    - Click on “Evaluate Activity” to the left of the session titles.
    - After evaluating each session you attended, return to the main menu and select and complete “DIO 101 Overall Evaluation.”
    - Click on “Submit Evaluation” at the bottom of the “DIO 101 Overall Evaluation” to have your credits registered in the system.
  4. PC004: Coordinator Forum: Completing Your Own Self-Study
    - Click on “Evaluate Activity” to the left of the session titles.
    - After evaluating each session you attended, return to the main menu and select and complete “Coordinator Forum Overall Evaluation.”
    - Click on “Submit Evaluation” at the bottom of the “Coordinator Forum Overall Evaluation” to have your credits registered in the system.
  5. Annual Conference
    - Select the day of the session you are evaluating.
      - Identify the time of the session you attended.
      - Select the drop-down box to find your session.
      - Click on “Evaluate Activity” to the left of the times listed.
      - After evaluating each session you attended, return to the main menu and select and complete “Annual Conference Overall Evaluation.”
      - Click on “Submit Evaluation” at the bottom of the “Annual Conference Overall Evaluation” to have your credits registered in the system.
- You must evaluate at least one session in order to activate access to the “Overall Evaluation” for that conference.
  - You must complete the “Overall Evaluation” for each Conference Component for which you wish to claim credits.
  - When finished evaluating, click “Email Certificate”. This will e-mail your CME certificate to the e-mail address you provided on the personal information screen.

*Thank you for submitting your evaluations. We appreciate your feedback!*

# **SESSION DESCRIPTIONS**

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2015 ACGME Annual Educational Conference

# Overall Goals and Objectives

At the end of the conference, learners will be able to:

1. Apply knowledge of the accreditation process as it relates to their programs and/or institutions
2. Articulate the basic components of the Next Accreditation System
3. Identify existing opportunities within their institutions for teaching and assessing the ACGME competencies
4. Comprehend the relationship between learning outcomes, objectives, and assessments
5. Explain the core concepts underlying the milestones and competency-based education
6. Contrast the challenges of concern for resident well being presented in the learning environment with the necessity of regulating resident duty hours and ensuring quality patient care
7. Communicate to faculty and leadership at their home institution innovative approaches to faculty development
8. Examine whether or not health care disparities exist at their program/institutions

## **THURSDAY SESSIONS**

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2015 ACGME Annual Educational Conference



**Thursday, February 26**

**PC001** 8:30 a.m. – 5:00 p.m.

*Mary Lieh-Lai, MD, FAAP, FCCP*

*Louis Ling, MD*

*Rebecca Miller, MS*

*James Arrighi, MD*

*Joseph Gilhooly, MD*

*Randall Meacham, MD*

***Introductory Course for New Program Directors***

This course is designed to orient new program directors to the accreditation process. Sessions will include information about the ACGME and the Review Committees, ACGME data collection systems, and an overview of the review process. Unwritten, as well as written jobs of the program director will be covered. There will also be discussion about how to approach challenging issues that arise with programs and residents in administrative and educational roles. The course will include didactic presentations and small-group breakout sessions, with time for questions.

There will be a session at the end for individuals who are applying for initial ACGME accreditation of domestic programs.

*Target Audience: Program Directors*

- 8:30 a.m. Introduction**  
*Mary Lieh-Lai, MD, FAAP, FCCP*
- 8:50 a.m. Structure of the ACGME**  
*Louis Ling, MD*
- 9:20 a.m. Small Group Discussions:  
“Program Issues” – Six Cases**
- 9:25 a.m. Table Discussion**
- 9:55 a.m. Table Report-out/Discussion**  
*James Arrighi, MD;*  
*Joseph Gilhooly, MD;*  
*Mary Lieh-Lai, MD, FAAP, FCCP;*  
*Louis Ling, MD;*  
*Randall Meacham MD*
- 10:25 a.m. Break**
- 10:35 a.m. Written Jobs of the Program Director:  
Common Program Requirements  
Clinical Learning Environment Review (CLER)**  
*Mary Lieh-Lai, MD, FAAP, FCCP;*  
*Louis Ling, MD*
- 11:35 a.m. Lunch**
- 11:50 a.m. Financial Aspects of Graduate Medical Education**  
*Louis Ling, MD*
- 12:10 p.m. National Board of Osteopathic Medical Examiners  
(NBOME)**  
*John Gimpel, DO, MEd, FACOFP, FAAFP*
- 12:20 p.m. Accreditation Data Systems**  
*Rebecca Miller, MS*
- 1:20 p.m. Practical Aspects of NAS at the Program Level**  
*Joseph Gilhooly, MD*

- 1:40 p.m.      Milestones, Clinical Competency Committee**  
*Randall Meacham, MD*
- 2:00 p.m.      Program Evaluation Committee and the**  
**Annual Program Evaluation**  
**Self-Study and Self-Study Visit**  
*James Arrighi, MD;*  
*Mary Lieh-Lai, MD, FAAP, FCCP*
- 2:30 p.m.      Break**
- 2:40 p.m.      Small Group Discussion:**  
**“Resident Issues” – Six Cases**
- 2:45 p.m.      Table Discussion**
- 3:15 p.m.      Table Report-out**  
*James Arrighi, MD;*  
*Joseph Gilhooly, MD;*  
*Mary Lieh-Lai, MD, FAAP, FCCP;*  
*Louis Ling, MD;*  
*Randall Meacham, MD*
- 3:45 p.m.      Unwritten Jobs of the Program Director**  
*Mary Lieh-Lai, MD, FAAP, FCCP*
- 4:15 p.m.      Closing Comments**  
*Louis Ling, MD*
- 4:20 p.m.      Application for a New Program (Domestic)**  
*Mary Lieh-Lai, MD, FAAP, FCCP;*  
*Louis Ling, MD*
- 5:00 p.m.      Adjourn**
- 5:30 p.m.      Welcoming/ Poster Reception**

**Thursday, February 26**

**PC002 8:00 a.m. – 5:00 p.m.**

**ACGME Accreditation Pre-Conference for Osteopathic Programs and Institutions**

This course is intended for osteopathic program directors, DMEs, Chief Officers and others who wish to learn about ACGME accreditation for AOA-approved programs. This course will cover “everything you need to know” about ACGME accreditation. We will discuss the timeline for ACGME accreditation of currently-AOA-approved programs, “pre-accreditation status,” and a guide to completing the application for ACGME accreditation. Additional topics include the history and structure of the ACGME, the structure and function of Review Committees, a review of the Common Program Requirements, and an outline of the Next Accreditation System, including Milestones and the Clinical Learning Environment (CLER) program. The format of the course will include didactic presentations and small-group breakout sessions with ample time for questions.

- |                   |  |
|-------------------|--|
| <b>8:00 a.m.</b>  | <b>Welcome and Introductions</b><br><i>Timothy Brigham, PhD, MDiv</i><br><i>Thomas Nasca, MD, MACP</i><br><i>Michael Opipari, DO</i>                                   |
| <b>8:15 a.m.</b>  | <b>Part 1: Setting the Stage from 30,000 feet</b><br><i>Thomas Nasca, MD, MACP</i>   |
| <b>9:45 a.m.</b>  | <b>Break</b>   |
| <b>10:00 a.m.</b> | <b>Part 2: Nuts and Bolts of ACGME Accreditation</b><br><b>ACGME Structure</b><br><b>The Next Accreditation System</b><br><i>John Potts, MD</i>                        |
| <b>10:45 a.m.</b> | <b>ACGME Accreditation Data Systems: Process of Institutional &amp; Program Accreditation</b><br><i>Rebecca Miller, MS</i>   |
| <b>11:30 a.m.</b> | <b>Program Accreditation</b><br><b>ACGME Common Program Requirements (and “ACGME-speak”)</b><br><i>John Potts, MD</i>  |
| <b>12:15 p.m.</b> | <b>Lunch</b>   |
| <b>12:45 p.m.</b> | <b>Part 2: Nuts and Bolts of ACGME Accreditation, continued</b><br><b>Institutional Accreditation</b><br><i>Kevin Weiss, MD, MPH, MHSA</i><br><i>Lawrence Opas, MD</i> |
| <b>1:15 p.m.</b>  | <b>The Clinical Learning Environment Review</b><br><i>Kevin Weiss, MD, MPH, MHSA</i>   |
| <b>1:45 p.m.</b>  | <b>Osteopathic Recognition for Programs</b><br><i>Robert Cain, DO</i>  |
| <b>2:00 p.m.</b>  | <b>Milestones and their Role in the Accreditation System</b><br><i>Eric Holmboe, MD, MACP, FRCP</i>  |

- 2:30 p.m. OPTIs in the Single Accreditation System**  
ACGME Senior Vice President  
Osteopathic Accreditation
- 2:40 p.m. Other Specific Accreditation Topics**  
*John Potts, MD*
- 3:00 p.m. Break**
- 3:15 p.m. Part 3: Town Hall – Questions from the Audience**  
*Timothy Brigham, PhD, MDiv*  
*Robert Cain, DO*  
*Malcolm Cox, MD*  
*Paul Friedmann, MD*  
*Gregory Smith, DO, FACOS*  
*Michael Opipari, DO*  
*John Potts, MD*
- 5:00 p.m. Adjourn**
- 5:30 p.m. Sunset Sessions**
- Update on Osteopathic Recognition**  
*Robert Cain, DO*
- Update on Osteopathic Neuromusculoskeletal Medicine Specialty**  
*Lisa DeStefano, DO*

**Thursday, February 26**

**PC003** 8:30 a.m. – 5:00 p.m.

*Ronald Amedee, MD, FACS;*

*Lawrence Opas, MD;*

*Rita Patel, MD;*

*Robin Wagner, RN, MHSA;*

*James Zaidan, MD, MBA*

Facilitators:

*Kevin Weiss, MD, MPH, MHSA;*

*IRC Executive Director*

***DIO 101: Building Basics and Beyond***

The ACGME is pleased to repeat its successful course designed specifically for new designated institutional officials (DIOs) who have been in their positions for two years or less. This full-day course will provide an overview of the Next Accreditation System from an institutional perspective, which will help the participants to succeed in their new positions.

Didactic and small-group learning activities will focus on the roles of the DIO, especially as institutional GME leader.

*Target Audience: DIOs*

- 8:30 a.m. Welcome: The ACGME and the IRC**  
*Kevin Weiss, MD, MPH, MHSA;*  
*Lawrence Opas, MD*
- 9:00 a.m. Blueprints: Institutional Accreditation Basics**  
*IRC Executive Director*
- 10:15 a.m. Break**
- 10:30 a.m. Bricks and Mortar: GME Operations**  
*Ronald Amedee, MD, FACS*
- 12:00 p.m. Lunch**
- 12:30 p.m. Building Community #1: Within Your System**  
*Rita Patel, MD*
- 1:15 p.m. Building Community #2: The World Out There**  
*James Zaidan, MD, MBA*
- 1:45 p.m. Small groups** (by type of institution)  
Small groups will build on hot topics in their bricks and mortar that require attention, particularly those related to accreditation and the ACGME.  
*Lawrence Opas, MD*
- 2:45 p.m. Break**
- 3:00 p.m. Attention to the Environment: the CLER Program**  
*Robin Wagner, RN, MHSA*
- 4:00 p.m. Becoming the Master Builder:  
The DIO as an Educational Leader**  
*Kevin Weiss, MD, MPH, MHSA*
- 4:30 p.m. Wrap-up**  
*Ronald Amedee, MD, FACS;*  
*Lawrence Opas, MD;*  
*Rita Patel, MD;*  
*Robin Wagner, RN, MHSA;*  
*IRC Executive Director*

**5:00 p.m.      Adjourn**

**5:30 p.m.      Welcoming/ Poster Reception**

**Thursday, February 26**

**PC004** 8:30 a.m. – 5:00 p.m.

*Facilitator:*

*Debra Dooley*

***Coordinator Forum: Completing Your Own Self-Study\****

This year's Coordinator Forum: Completing Your Own Self-Study will feature a day-long series of sessions for new and experienced program coordinators. The forum will offer three plenary sessions for coordinators at all levels, and individual break out sessions for both new and experienced coordinators. Submissions were solicited from the GME community to develop sessions on topics of interest specifically for coordinators.

*Target Audience: Coordinators*

**8:30 a.m.**

**Welcome**

*Debra Dooley*

**8:45 a.m.**

**Professional Empowerment and Advancement – What's Stopping You?**

*Beth Payne, MAEd, C-TAGME; Teresa Flournoy, MBA, C-TAGME*

**9:45 a.m.**

**Break**

**10:00 a.m.**

**BR01 The Program Coordinator as Facilitator for the Clinical Competency Committee**

*Julie Campbell, C-TAGME; Marcie Sparks*

**BR02 Exploring Alternative Resident and Fellow Evaluation Procurement Methods**

*Theresa Marsh; Kortney McBryan*

**BR03 The Can at the Other End of the String – Did it Fall Off?**

*Susan Quintana; Melodie Allison, C-TAGME*

**BR04 An Institutional Team-based Approach for GME Program Coordinators**

*Marguerite Peters, MEd; Dorothy Winkler, C-TAGME*

**BR05 Positive Effects of Group Mentoring – A Texas Tall Tale**

*Beth Payne, MAEd, C-TAGME; Yvette Foster*

**BR06 New ACGME Site Visit Process – Know What to Expect and How to Prepare**

*Jillian Atherton, PhD (ABD); Michael King, MD, MPH, FAAFP*

**BR07 What Have You Done for Your Program Lately? The Coordinator's Resume**

*Margaret Tarpley, MLS; Stephanie Burnham*

**BR08 The Coordinator's Role in Engaging Residents in Quality Improvement Projects**

*Beth Blackwell, MBA; Harpreet Wadhwa, MD*

**BR09 Podcasting: Using Web Technology to Teach and Unify Program Coordinators**

*Sylvia Zavatchen; Joseph Stuckelman, MFA, C-TAGME*

**11:15 a.m.**

**BR10 Voice of the Coordinator: Your Experience on What Works and Doesn't Work with CCC Meetings**

*Nancy Piro, PhD; Kimberly Walker, PhD*

\*Session does not qualify for CME credit

**BR11 Developing the Evaluator: A Smart Approach to Getting SMART Results**

*Lauren Garlapo*

**BR12 Managing Up: Teaming with your Program Director and Manager for Success**

*Laura Gibson, C-TAGME; Robin Catino, C-TAGME*

**BR13 A Model for Standardizing Coordination Among Core and Subspecialty Programs**

*Julianne Veal, MS*

**BR14 Centralized GME – What Can Your GME Office Do For You?**

*Jaclyn Goodfellow, MM; Kathryn MacRae*

**BR15 Milestones for Program Administrators**

*Nowoka Hilton; Terry Bennett*

**BR16 Performance Improvement 101 for Program Coordinators**

*Janice Piazza, MSN, MBA*

**BR17 To Keep or Not to Keep? That is the Question. One Institution's Mechanism for Maintaining Individual Training Files from Application through Residency to Post-Graduation**

*Theresa Hill, C-TAGME; Kyla West, MEd*

**BR18 Price is Right – Putting Value in Health Care with Systems-based Practice**

*Deborah Barrand; Annette Lemire, C-TAGME*

**BR19 Transitioning Your Program to the Single Accreditation System: Sharing Experiences**

*Rita Patel, MD; William Lamb, DO, FACP; Patricia Ladds, C-TAGME*

**12:15 p.m. Networking Lunch**

**1:00 p.m. Recording and Tracking Program Improvements and Other Critical Roles for Coordinators Related to the ACGME Self-Study**

*Ingrid Philibert, PhD, MBA*

**2:15 p.m. BR20 CLER Gap Analysis**

*Jana Basham; Redonda Engel*

**BR21 Choreographing the Resident Fellow**

*Michele Dalmendray*

**BR22 The Language of Leadership and Challenges in Graduate Medical Education**

*Jean Ashley, MSBC, C-TAGME; Tanya Keenan, MA*

**BR23 Annual Program Evaluation Mechanics: A Coordinator's Guide**

*Steven Angus, MD; Amy Chmielewski, MS*



**BR24 Out of the Box – Creative Approaches to Address Coordinator Skill Development**  
*Daisy Rosado; Miriam Bar-on, MD*

**BR25 Mission NOT Impossible: Using Data to Make You and Your Program Shine**  
*Nancy Piro, PhD; Ann Dohn, MA*

**BR26 DIY...Constructing a Great Interview Experience**  
*Jennifer White, C-TAGME; Emily Stotts*

**BR27 I Get It, Finally!**  
*Marlene Keawe, MBA; Cheryl Halvorson, MBA*

**BR28 Transitioning to a Single Accreditation System: Introduction to ADS for Osteopathic Administrators**  
*Rebecca Miller, MS*

**3:15 p.m. Break**

**3:30 p.m. GME Funding 101: The Dollars and Sense of What It Means to Coordinators**  
*Trevor Burt, MS; John Weinland*

**4:45 p.m. Wrap-up**  
*Debra Dooley*

**5:00 p.m. Adjourn**

**5:30 p.m. Poster and Welcoming Reception**

Thursday, February 26, 2015

**10:00 a.m. – 11:00 a.m.**

**BR01: The Program Coordinator as Facilitator for the Clinical Competency Committee**

Although the program coordinator is not required to be a formal member of the Clinical Competency Committee, the coordinator's role as facilitator of the committee is a vital one. The program coordinator plays a major role in policy development, education and implementation of the committee, along with having the responsibility of establishing timely and effective cycles for committee meetings. The program coordinator is also required to track, verify and provide accurate data necessary for review and to extrapolate information from those reviews into a clear and concise reporting document suitable for outcomes tracking and Milestone data reporting. This break-out session will focus on ways to assist coordinators in executing this vital role and provide ways to make for smooth sailing through what could otherwise be potentially inclement weather.

**Presented By:** Julie Campbell, C-TAGME; Marcie Sparks

**Session Objectives:** At the end of the session, learners will be able to:

1. Clearly define the program coordinator's role within the Clinical Competency Committee.
2. Utilize tools and techniques to effectively facilitate meetings of the Clinical Competency Committee.
3. Prepare, manage, and report ACGME-required Milestones data and outcomes.

**10:00 a.m. – 11:00 a.m.**

**BR02: Exploring Alternative Resident and Fellow Evaluation Procurement Methods**

This break out session will review the limitations of historical evaluation procurement methods when targeting patients, family members, and medical staff members for resident and fellow comprehensive 360° evaluations, and provide alternative means of collecting needed data. New methodology discussions will include the importance of resident and fellow process inclusion and buy-in, and discuss successes and obstacles when instituting a programmatic change.

**Presented By:** Theresa Marsh; Kortney McBryan

**Session Objectives:** At the end of the session, learners will be able to:

1. Discuss alternative evaluation acquisition methods.
2. Determine if alternative evaluation procurement methods could be employed in home programs to facilitate the attainment of comprehensive resident and fellow evaluations.
3. Understand importance of resident/fellow buy-in and the behavioral changes that integration in the evaluation process may drive in patient- and family-centered care.

**10:00 a.m. – 11:00 a.m.**

**BR03: The Can at the Other End of the String – Did it Fall Off?**

Have you found yourself communicating with residents/fellows and other colleagues only to find that what you said is not really what the other individual heard? The can and string approach to communication is never an effective tool. The coordinator's role in establishing effective communication within the residency/fellowship program is vital. Participants will explore effective communication styles and strategies during discussion groups and share best practices to enhance their home programs.

**Presented By:** Susan Quintana; Melodie Allison, C-TAGME

**Session Objectives:** At the end of the session, learners will be able to:

1. Improve personal communication skills.
2. Enhance communication within programs.
3. Establish communication best practices in the GME community.

**10:00 a.m. – 11:00 a.m.**

#### **BR04: An Institutional Team-based Approach for GME Program Coordinators**

For many program coordinators, working in a silo can at times leave you with a feeling of isolation. At Scott & White Healthcare, we have a team-based approach with our program coordinators (administrators). There are three teams, each with a Team Lead. Learn how such a GME organizational structure can work for you, your program, and GME administration. The support provided to one another has benefits that make this approach, or a variation of the Scott & White approach, something for all of us to consider.

**Presented By:** Marguerite Peters, MEd; Dorothy Winkler, C-TAGME

**Session Objectives:** At the end of the session, learners will be able to:

1. Understand the team concept.
2. Outline opportunities generated by lending support to programs by having an institutional GME team-based structure.
3. Improve the connection with GME administration.
4. Implementation – where and how to begin?

**10:00 a.m. – 11:00 a.m.**

#### **BR05: Positive Effects of Group Mentoring – A Texas Tall Tale**

The role of program coordinators in graduate medical education (GME), although varied by specialty, embodies that of a community of leaders and learners. Currently there is little to no formal career training, professional development, or personal growth outlets for this profession. Due to lack of sufficient training, coordinators become frustrated by not having the required skills and resources to perform their jobs. Therefore, mentoring is needed to supplement career training and professional development to help guide all participants in their development of stronger educational programs for their trainees. Alongside job frustration is a feeling of being the “lone ranger” inside of the complex world of GME. In an effort to alleviate the feelings of frustration and loneliness, a group of coordinators came together to build a cohesive interprofessional team to support GME programs and personally grow through mentoring. The mentoring group, known as the BETH’s (Bettering Education Through Hard Work) was established as an educational initiative to promote the sharing of ideas, offer a venue for professional development and networking, foster team building skills, enhance personal growth through mutual accountability, model professionalism, to enhance effective oversight of programs through pairing of seasoned and new coordinators. Each individual member brings a rich background of knowledge and experience to contribute to the group as a whole. The overall goal of our mentoring group is to give coordinators the information, skills, resources, and support they need to successfully complete their daily job duties, and professionally grow through networking with other professionals in their field.

**Presented By:** Beth Payne, MAEd, C-TAGME; Yvette Foster

**Session Objectives:** At the end of the session, learners will be able to:

1. Define mentoring both individually and in a group setting.
2. Describe the application of the Tuckman model of team formation to mentor groups.
3. Learn how to develop SMART Goals – personal, professional, and group-based.
4. Identify ways to continue group momentum throughout the year.
5. Highlight the successes that can occur from successful mentoring.

**10:00 a.m. – 11:00 a.m.**

#### **BR06: New ACGME Site Visit Process – Know What to Expect and How to Prepare**

Our family and community medicine residency program volunteered to participate in an ACGME Self-Study site visit in May, 2014. As the ACGME piloted its new site visit process, our program considered this an opportunity to receive feedback about our program, regarding our specific process for implementing our Clinical Competency Committee and Program Evaluation Committee. Learn about our experience and the process from a program perspective, beginning to end. This break-out session will include discussion about our experience, and will allow participants to prepare and develop a working blueprint in preparation for their own site visits. Brofenbrenner's ecological systems model will be used as a theoretical application to refer to as you construct responses to ACGME site visitor questions.

**Presented By:** Jillian Atherton, PhD (ABD); Michael King, MD, MPH, FAAFP

**Session Objectives:** At the end of the session, learners will be able to:

1. Describe the ACGME volunteer Self-Study Site Visit process; will include Brofenbrenner model for constructing responses.
2. Learn methods for site visit preparation.
3. Create a working blueprint for program responses.
4. Develop action plans based on site visit feedback.

**10:00 a.m. – 11:00 a.m.**

#### **BR07: What Have You Done for Your Program Lately? The Coordinator's Resume**

The responsibilities of the residency program coordinator have grown exponentially since 2002-2003, when the Competencies and the duty hour regulations were instituted. The Milestones have only increased the time and energy needed to administer programs. The coordinator plays multiple roles in medical education: administrator, supervisor, data manager, counselor, budget overseer, educator, conflict manager, social arranger, etc. The resume serves as a record of the education, training, employment, and accomplishments of a person. Building a resume is an ongoing process, and a professional never knows when the prospect for advancement or some other valuable opportunity will require the submission of a resume. All coordinators should have a resume listing not only their education and employment history, but also all of their professional activities, accomplishments, and responsibilities, such as: • giving presentations to new residents at orientation or to other coordinators in your institution • mentoring new coordinators in other departments • orienting new faculty members • serving on institutional committees • being active in professional organizations and any leadership roles • publications • teaching/training.

**Presented By:** Margaret Tarpley, MLS; Stephanie Burnham

**Session Objectives:** At the end of the session, learners will be able to:

1. Articulate the importance of creating and maintaining the personal resume.
2. Know the key elements to include in the resume.
3. Be able to assemble and format a resume.

**10:00 a.m. – 11:00 a.m.**

**BR08: The Coordinator's Role in Engaging Residents in Quality Improvement Projects**

This break-out session will explore the coordinator's role in encouraging quality improvement projects by sharing an example from the presenter's department. This particular project concentrates on residents working to improve disparities in their hospital community in the area of access to prostate cancer testing. The audience will be prompted to brainstorm possible projects for their own departments. A sample form will be shared that could be used with residents to design a QI project.

**Presented By:** Beth Blackwell, MBA; Harpreet Wadhwa, MD

**Session Objectives:** At the end of the session, learners will be able to:

1. Return to their home institutions with tools to use to help residents create a QI plan in their department.
2. Use the tools for other types of QI plans.

**10:00 a.m. – 11:00 a.m.**

**BR09: Podcasting: Using Web Technology to Teach and Unify Program Coordinators**

Educating program coordinators within an institution, across specialties and geographical distances, comes with a set of formidable obstacles: scarcity of time, inconvenience of meeting space, and irregular information dissemination. Podcasts address these concerns by offering flexible times and venues for standardized information dissemination. For the self-directed adult learner who wants to control the nature, timing, and direction of the learning process, podcasts are a more effective teaching method. A GME department can develop an introductory series for new coordinators or update current coordinators on new requirements and procedures using this effective and efficient tool.

**Presented By:** Sylvia Zavatchen; Joseph Stuckelman, MFA, C-TAGME

**Session Objectives:** At the end of the session, learners will be able to:

1. Develop a podcast series.
2. Script a podcast.
3. Record, edit, and post a podcast.
4. Use audience feedback to improve podcast content.

**11:15am – 12:15 p.m.**

**BR10: Voice of the Coordinator: Your Experience on What Works and Doesn't Work with CCC Meetings**

In this break-out session, participants will learn about the outcomes, from a large sample of coordinators across multiple institutions, and their perspectives and experience in preparing for and supporting their Clinical Competency Committees (CCCs). The discussion will focus on both effective and ineffective processes. The coordinators will develop and take home an action plan to better enable successful CCC meeting outcomes.

**Presented By:** Nancy Piro, PhD; Kimberly Walker, PhD

**Session Objectives:** At the end of the session, learners will be able to:

1. Understand and discuss the results of a multi-institution survey on Clinical Competency Committee (CCC) practices.
2. Review their own practices in light of the survey outcomes.
3. Identify best practices that best suit their program's or institution's needs.
4. Develop and take home an action plan enabled by these best practices to better facilitate the work of their CCCs.

**11:15am – 12:15 p.m.**

**BR11: Developing the Evaluator: A Smart Approach to Getting SMART Results**

This 60-minute interactive workshop will training program administrators' abilities to evaluate programs along with program director and resident colleagues as part of a special review process. Participants will collaborate on various Special Review case scenarios during three break-out sessions. Using the Specific Measurable Achievable Relevant Time-based (SMART) template as their checklist, participants will walk away from this workshop with tools to evaluate a residency program from the perspective of a GMEC or Program Review Subcommittee.

**Presented By:** Lauren Garlapo

**Session Objectives:** At the end of the session, learners will be able to:

1. Review a program, and determine issue(s) that require further action by the program.
2. Evaluate a program's Action Plan for adequacy.
3. Construct a SMART committee response recommendation.

**11:15am – 12:15 p.m.**

**BR12: Managing Up: Teaming with your Program Director and Manager for Success**

This break out session is designed to provide coordinators with management skills and strategies to enhance the working relationship with those to whom they report and foster the ability to exert influence beyond the coordinator's area of responsibility. The presenters will demonstrate techniques used in managing managers, and through role-play, participants will have an opportunity to practice these skills, discuss personal experiences, receive feedback, and develop solutions in a comfortable environment

**Presented By:** Laura Gibson, C-TAGME; Robin Catino, C-TAGME

**Session Objectives:** At the end of the session, learners will be able to:

1. Understand the concept of "managing up".
2. Demonstrate the skills involved in managing up.
3. Learn techniques to effectively manage up.
4. Discuss barriers and pitfalls in managing managers.
5. Discuss solutions that work.

**11:15am – 12:15 p.m.**

**BR13: A Model for Standardizing Coordination Among Core and Subspecialty Programs**

In this break-out session, we plan to share lessons learned during the process of integrating our three ACGME-accredited fellowships into the core program, and to learn as much as we can from participants who have or will encounter similar challenges. Our core Anesthesiology residency program includes accredited subspecialty fellowships in Critical Care Medicine, Adult Cardiothoracic Anesthesia, and Multidisciplinary Pain Medicine. Until the implementation of Next Accreditation System (NAS), these fellowships were managed independently of the core program, with widely varying processes and methods, and inconsistent levels of compliance. Although each fellowship has unique ACGME program requirements, we must standardize processes to ensure that these requirements and CLER focus areas are tracked and documented in a way that is accurate, consistent, transparent, efficient, and productive, and also that this data is easily accessible by the GME office. The core program and the fellowships each have common strengths that can be adapted by all, and areas for improvement that can be addressed through common experience. We will explore the challenges, pitfalls, and successes that we encounter toward our goals of developing and implementing common processes for 1) policies and procedures that meet ACGME and College of Medicine guidelines, 2) scheduling, 3) organization and tracking of didactics, 4) documentation of scholarly work and quality projects, and 4) the evaluations of programs, rotations, faculty members, and residents/fellows. Accomplishing these goals is critical to the efficient, coordinated collection of data that we must achieve toward a successful institutional CLER visit and program self-study visits. This break out session will provide participants with a forum to share ideas and develop a framework toward developing their own standardization plans.

**Presented By:** Julianne Veal, MS

**Session Objectives:** At the end of the session, learners will be able to:

1. Develop a project plan for core program and fellowship standardization that: includes the appropriate project management team; evaluates and incorporates best practices in each program; provides a process for action toward areas needing improvement; and addresses unique ACGME program requirements and CLER focus areas.
2. Define a framework toward standardization that results in timely, accurate, and efficient data collection.
3. Anticipate challenges to standardization.
4. Evaluate the standardization process and revise as needed.

**11:15am – 12:15 p.m.**

#### **BR14: Centralized GME – What Can Your GME Office Do For You?**

How can an institution keep up with all of the new changes in graduate medical education (GME)? How can program directors and program coordinators make more hours in the day? Having the GME office centralize tasks such as duty hours monitoring, orientation, verifications, scheduling, resident reimbursements, and visa processing has allowed our organization to increase efficiency and create expert single points of contact. Centralization has allowed the residency and fellowship coordinators more time to dedicate to the changes associated with the Next Accreditation System and Milestones implementation. Presenters will share what Grand Rapids Medical Education Partners has done to create a centralized GME team to support all accredited programs. They will describe residency program monthly meetings, program coordinator training workshops, and support between the GME office and individual program coordinators. Presenters will facilitate a discussion on how centralization was adopted and continues to evolve at our institution.

**Presented By:** Jaclyn Goodfellow, MM; Kathryn MacRae

**Session Objectives:** At the end of the session, learners will be able to:

1. Understand how to identify centralization needs.
2. Identify how centralization in the GME office has created efficiencies.
3. Understand the GME coordinator manager role.
4. Leave with ideas for centralization tasks that can be implemented at their institutions.

**11:15am – 12:15 p.m.**

#### **BR15: Milestones for Program Administrators**

The ACGME Milestones initiative reinforced the need to evaluate trainees in the context of competency-based observable outcomes. The relevance of performance Milestones and linked Entrustable Professional Activities (EPAs) is well documented. The learning trajectory from novice to expert/master, via Milestones achievement, supports the ultimate goal of cultivating competent physicians who elevate the profession's reputation and restore public trust. Milestones principles also apply to administrative Graduate Medical Education roles. Program administrators must demonstrate attainment of personal and professional Milestones to elevate performance and ensure quality program management. This break out session will encourage interactive discussions and group exercises which will ultimately contribute to an "administrators' Milestones" document. The document will provide a detailed roadmap of expected responsibilities and will be organized under six professional competencies (similar to the ACGME Core Competencies): Personal Care (work/life balance; personal wellness); Medical Education Knowledge (rules, regulations, policies, and procedures which support program accreditation); Interpersonal and Communication Skills (effective communication, written and oral, with all team members, faculty members, and trainees); Professionalism (skill sets needed to carry out professional responsibilities; adherence to ethical principles, departmental/institutional goals and missions; and representing and counseling residents with whom you work); Practice-based Learning and Improvement (self-evaluation, life-long learning, formative feedback, continuous professional development (i.e., training administrators of graduate medical education-TAGME); and, Systems-based Practice (awareness of and responsiveness to the team at-large, cost considerations, program improvement and quality). Participants will discuss evaluation methods and measurement tools, offer suggestions for implementing remediation plans when deficiencies are noted, and review professional development and advancement opportunities.

**Presented By:** Nowoka Hilton; Terry Bennett

**Session Objectives:** At the end of the session, learners will be able to:

1. Demonstrate awareness of and knowledge about relevant professional competencies which contribute to the overall effectiveness and success of medical education program coordination, administration, and management.
2. Obtain a detailed list of personal and professional Milestones that outline administrative expectations, roles, and responsibilities.
3. Be knowledgeable about work-related Entrustable Professional Activities (EPAs) that will guide coordinators/administrators on a successful journey from "administrative trainee" to "seasoned program manager".

**11:15am – 12:15 p.m.**

#### **BR16: Performance Improvement 101 for Program Coordinators**

Much of the focus of performance improvement in graduate medical education (GME) is targeted at patient care and clinical outcomes. What is frequently absent is the application of the tools and methods to improve the operational efficiency and effectiveness of the management of a program or GME administrative office. This break-out session will provide information and insight into the science, methods



and tools of performance improvement and their application to improve processes of program management.

**Presented By:** Janice Piazza, MSN, MBA

**Session Objectives:** At the end of the session, learners will be able to:

1. Understand the basic principles of improvement science.
2. Identify opportunities for program improvement and develop a plan for implementation next week.
3. Understand the importance of metrics.
4. Understand and apply strategies for spread and sustaining change.

**11:15am – 12:15 p.m.**

**BR17: To Keep or Not to Keep? That is the Question. One Institution's Mechanism for Maintaining Individual Training Files from Application through Residency to Post-Graduation**

Record retention allows programs to verify the credentials of each physician's specialty. The credentials can serve as legal proof that training has been completed, provide documentation that the physician is board eligible, and verify whether training was related to adult and/or pediatric care. Depending on the location of the medical school attended by each physician (American medical graduate versus international medical graduate), each program must determine the length of time a document is required to be kept and whether the document is required for the training file or the program file. Select training file documents can be eliminated at the completion of training, yet others are to remain in the file for 10-to-21 years, while others must be maintained for 75 years. The decision to keep or purge a document has purpose, departments must know why we elect to keep a document. In today's technological age, each program and/or institution must face the decision of "paper or digital". Should a program convert everything to digital copies? Is it legal? Is it recoverable and for how long? Who says we should keep the files? Each program must know the federal, state, and local (institution) rules and regulations that govern records retention and compliance.

**Presented By:** Theresa Hill, C-TAGME; Kyla West, MEd

**Session Objectives:** At the end of the session, learners will be able to:

1. Determine which documents from an individual resident's/fellow's training record should be kept and for how long.
2. Gain an understanding of the need to use the appropriate institutional and state guidelines, in conjunction with federal guidelines, to determine the retention of records kept in their offices.

**11:15am – 12:15 p.m.**

**BR18: Price is Right – Putting Value in Health Care with Systems-based Practice**

Systems-based Practice has always been the elusive competency, and is becoming more important for the future of health care delivery. Residents and fellows must be aware of, as well as be equipped with, the tools to manage regulatory requirements, manage finances, and maintain quality, and still take the best care of the patient. The presenters will give an overview of one way their institution addresses systems-based practice for their residents and fellows. The break-out session will demonstrate the benefits of such a program and equip program coordinators and GME office staff members with strategies and ideas for implementation at their home institution.

**Presented By:** Deborah Barrand; Annette Lemire, C-TAGME;

**Session Objectives:** At the end of the session, learners will be able to:

1. Identify benefits of a Systems-based Practice (SBP) day.
2. Analyze the outcomes from implementing an SBP day.
3. Examine ways to develop an SBP program.
4. Understand the importance of SBP and how it relates to CLER.

**11:15am – 12:15 p.m.**

**BR19: Transitioning Your Program to the Single Accreditation System: Sharing Experiences**

This breakout session will provide information to assist osteopathic program coordinators as they prepare their programs for ACGME accreditation. Speakers include a designated institutional official, director of osteopathic training, and a residency coordinator from an institution that currently hosts both allopathic and osteopathic programs. They will describe the actions that they are taking to transition and manage their ACGME and Osteopathic Programs to the single accreditation system. There will be ample time for questions.

**Presented By:** Rita Patel, MD; William Lamb, DO, FACP; Patricia Ladds, C-TAGME

**Session Objectives:** At the end of the session, learners will be able to:

1. Articulate the process of applying for the single accreditation system.
2. Share best practices from a program that currently sponsors both allopathic and osteopathic programs.

**2:15 p.m. – 3:15 p.m.**

**BR20: CLER Gap Analysis**

This break out session will provide practical advice on how to conduct a Clinical Learning Environment Review Gap Analysis. Participants will learn how to conduct a gap analysis in order to determine the extent to which their residents are engaged in patient safety and quality improvement. All six learning and work environment areas: patient safety; quality improvement; transitions in care; supervision; duty hours oversight; fatigue management and mitigation; and professionalism will be addressed. This break-out session will show how a gap analysis can compare current practices of each focus area to the desirable or best practice.

**Presented By:** Jana Basham; Redonda Engel

**Session Objectives:** At the end of the session, learners will be able to:

1. Analyze the current clinical learning environment of their institutions.
2. Identify potential gaps between the existing environment and CLER expectations.
3. Develop strategies to improve the clinical environment and prepare for CLER visits.

**2:15 p.m. – 3:15 p.m.**

**BR21: Choreographing the Resident Fellow**

Your fellow is a resident...but not every resident is a fellow! This break-out session will provide a timeline of activities that must be completed by the fellowship coordinator to ensure a smooth academic year. Fellowship coordinators will have the opportunity to network with other members of their sub-specialties to

share information and solutions specific to their programs. Trusted resources distinct to each sub-specialty will be presented and new resources will be shared.

**Presented By:** Michele Dalmendray

**Session Objectives:** At the end of the session, learners will be able to:

1. Develop a timeline to organize the fellowship year.
2. Identify resources available to the fellowship coordinator.
3. Network with other coordinators in the specialty/subspecialty.

**2:15 p.m. – 3:15 p.m.**

### **BR22: The Language of Leadership and Challenges in Graduate Medical Education**

Leadership is increasingly seen as an essential skill for professionals in graduate medical education (GME). As we acclimate ourselves to the Next Accreditation System, it is evident that all will have to recognize that there are no more “shoulds” in GME, but rather a lot of “musts.” To be an effective leader, one must focus on results and outcomes, but that is a “must” that until now has been easier said than done. This break-out session is designed to enable participants to effectively integrate their knowledge and experience to better understand the language of leadership, to be more inclusive in program leadership, and to be better equipped to meet leadership challenges in GME.

**Presented By:** Jean Ashley, MSBC, C-TAGME; Tanya Keenan, MA

**Session Objectives:** At the end of the session, learners will be able to:

1. Identify formal and informal leadership.
2. Understand the difference in leadership skills and leadership characteristics.
3. Demonstrate the characteristics needed to allow one to embrace innovation as we implement the many MUSTS in graduate medical education.

**2:15 p.m. – 3:15 p.m.**

### **BR23: Annual Program Evaluation Mechanics: A Coordinator's Guide**

The Annual Program Evaluation is an essential opportunity for programs to self-assess areas of strengths and areas for improvement. Program coordinators play a key role in gathering relevant content for each of the Annual Program Evaluation elements. This break-out session will provide program coordinators with the strategy and tools necessary to locate data sources for reporting on each of the Annual Program Evaluation elements, identify achievable and measurable Program Improvement Projects (PIPs), and track programmatic improvements over time using a comprehensive database management system.

**Presented By:** Steven Angus, MD; Amy Chmielewski, MS

**Session Objectives:** At the end of the session, learners will be able to:

1. Identify data sources for reporting on each of the Annual Program Evaluation elements.
2. Use the Annual Program Evaluation to identify Program Improvement Projects (PIPs), and track outcomes for improvement.
3. Describe how PIPs will be used in the NAS and in Self-Study Visits.
4. Develop a database for collecting and tracking PIP progress for core and specialty programs.

Thursday, February 26, 2015

**2:15 p.m. – 3:15 p.m.**

**BR24: Out of the Box – Creative Approaches to Address Coordinator Skill Development**

Program coordinator responsibilities have been elevated as a result of the Next Accreditation System requiring these administrators to assume roles for which they have not been prepared. As this shift in paradigm has occurred, it becomes critical to provide coordinator development sessions to facilitate the acquisition of these necessary new skills. Since all coordinators are faced with similar challenges, providing these development sessions at the institutional level fosters collegiality and mutual support. The goals of this break-out session are to share ideas about what skills need further development and to design creative, out-of-the box activities to assist in the acquisition of new skills. Examples from the University of Nevada Coordinator Leadership Development program will be shared. Lists of skills along with suggested activities generated from small-group work will be provided to all participants at the conclusion of the break-out.

**Presented By:** Daisy Rosado; Miriam Bar-on, MD

**Session Objectives:** At the end of the session, learners will be able to:

1. Recognize the importance of leadership and skill development.
2. Describe skills needed to be developed in light of the paradigm shift.
3. Assemble lists of creative activities to assist in skill acquisition.

**2:15 p.m. – 3:15 p.m.**

**BR25: Mission NOT Impossible: Using Data to Make You and Your Program Shine**

In this break-out session, participants will have the opportunity to discuss the use of, multiple and diverse sources of data with respect to collection, use of and organization. The discussion will focus on the use of organizational tools and templates to analyze and organize the information elements, both in real time and longitudinally. The participants will learn how to use tools that can also be modified for program-level, Milestones-based metrics, enabling consistent and ongoing tracking and reporting of data to the program director and the ACGME. In closing, participants will brainstorm solutions to possible barriers to implementation.

**Presented By:** Nancy Piro, PhD; Ann Dohn, MA

**Session Objectives:** At the end of the session, learners will be able to:

1. Understand the many varied sources of data elements and how they can be organized and used in both resident (CCC) and program (PEC) evaluations.
2. Utilize dashboard/report card structured tools to track resident performance and program performance across all aspects of the requirements, both currently and longitudinally.
3. Identify ways to customize and adapt to individual program and institution needs.
4. Take home a timeline and toolbox to facilitate the implementation of these objectives.

**2:15 p.m. – 3:15 p.m.**

**BR26: DIY...Constructing a Great Interview Experience**

This break-out session will help attendees construct a great interview experience for large residency programs. With more applicants and tighter budgets, it's more important than ever to...DIY! Roll up your sleeves and get ready to turn your interview experience into something great!

**Presented By:** Jennifer White, C-TAGME; Emily Stotts

**Session Objectives:** At the end of the session, learners will be able to:

1. Identify the pros and cons of their current interview experience.
2. Compare two different interview days, traditional vs. non-traditional.
3. Learn the importance of post-interview evaluations.

**2:15 p.m. – 3:15 p.m.**

**BR27: I Get It, Finally!**

In this increasingly complex world of graduate medical education, leaders and administrative staff members are faced with constant changes and requests to produce more. We try to simplify our work in an effort to be efficient. In doing so, have we over-simplified to the point of confusion? "Everything should be made as simple as possible, but not simpler," Albert Einstein. There are fundamentals in any business that will help us focus on what is essential and of central importance to the mission and vision of the organization; be real, exceed expectations, create accountability, influence others, and develop business acumen. This session is designed to address these fundamentals for both managers and administrative staff members as they align themselves with their organization's mission and vision.

**Presented By:** Marlene Keawe, MBA; Cheryl Halvorson, MBA

**Session Objectives:** At the end of the session, learners will be able to:

1. Understand the importance of being simple without losing important information.
2. Identify the five fundamentals common in business.
3. Relate each fundamental to themselves and their organizations.
4. Develop a strategy for self-improvement using the five fundamentals.

**2:15 p.m. – 3:15 p.m.**

**BR28: Transitioning to a Single Accreditation System: Introduction to ADS for Osteopathic Administrators**

This session is designed to provide information about the ACGME Data Systems to osteopathic coordinators and administrators that are entering the single accreditation system. There will be an update on the major ACGME data acquisition tools and their use in accreditation. Time is allotted to address specific questions from the audience.

**Presented By:** Rebecca Miller, MS

**Session Objectives:** At the end of the session, learners will be able to:

1. Understand the program application process.
2. Explain the data acquisition required during annual reporting.
3. Understand how residents and faculty members participate in annual reporting.
4. Identify resources to obtain technical assistance.

## **FRIDAY SESSIONS**

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2015 ACGME Annual Educational Conference

Friday, February 27, 2015

**7:30 a.m. - 8:00 a.m.**

Welcome and Opening Remarks  
Presentation of Nathan K. Blank Fellowship Award  
Presentation of ACGME Awards

*Target Audience: All*

**Presented By:** Timothy Brigham, MDiv, PhD; John Duval, MBA

**8:00 a.m. - 9:30 a.m.**

CEO Introductory Address

*Target Audience: All*

**Presented By:** Thomas J. Nasca, MD, MACP

**9:30 a.m. - 5:00 p.m.**

Walk-in Technical Support Sessions for ACGME Data Collection Systems\*

*Target Audience: All*

**Presented By:** ACGME Staff

**10:30 a.m. - 12:00 p.m.**

**SES001: The Self-Study and the Self-Study Visit**

This session offers detailed information on the ACGME Self-Study, including the ACGME's rationale for moving to a Self-Study model in the Next Accreditation System. The presentation will address preparation for the study, data aggregation, and carrying out the assessment, using data from successive Annual Program Evaluations. The focus will be on practical advice for program directors and others to ensure an effective and efficient Self-Study. The presenters will also discuss the Self-Study Site Visit (SSV), focusing on preparation, activities on the day of the visit, and review of the information from the Self-Study and the SSV by the Review Committee.

*Target Audience: Program directors, Coordinators, DIOs, GME office staff members*

**Presented By:** Ingrid Philibert, PhD, MBA; Mary Lieh-Lai, MD, FAAP, FCCP; Judith Rubin, MD, MPH, William Robertson, MD, MBA

**10:30 a.m. - 12:00 p.m.**

**SES002: Coordinator Plenary: Program Coordinator Competence, Development, and Engagement\***

\*Session does not qualify for CME credit

With the implementation of the Next Accreditation System, the critical importance of dedicated, highly-functional program coordinators who assume administrative responsibility for their programs has become even more evident. Program directors depend on the person (or people) in this role to function as their “right-hand.” For a program to be successful, program coordinators must work in partnership with their program directors on all aspects of program and trainee management. In order to develop and retain qualified and proficient program coordinators, Graduate Medical Education (GME) offices must provide training and resources that prepare coordinators for jobs that require a wide-range of skills. Through applying the frameworks of workplace learning and employee engagement, the UCSF Office of Graduate Medical Education has created and implemented a comprehensive program administrator engagement program to increase competence, satisfaction, and retention, as well as build a learning community of GME administrative professionals. The foundation of this program, which has several components, including a development curriculum, is innovative milestones that inform the hiring, managing, and evaluation of program coordinators. The UCSF Director of GME will present the program and milestones to session participants, and provide the opportunity for discussion and sharing of challenges and best practices.

*Target Audience: DIOs, Program directors, Administrators*

**Presented By:** Amy Day, MBA

**Session Objectives:** At the end of the session, learners should be able to:

1. Consider their own development programs and possible implementation of the Milestones and/or other ideas learned in the session to improve the opportunities for and competence of their program coordinators.
2. Reflect on the shared common challenges faced by program administrators and GME offices from around the country and possible solutions to these challenges.

**10:30 a.m. - 12:00 p.m.**

### **SES003: CLER: New Expectations for Small Institutions**

With the ACGME's transition to the Next Accreditation System, small sponsoring institutions will undergo institutional accreditation review and a Clinical Learning Environment Review (CLER) site visit for the first time. This session will provide an overview of the expectations associated with each of these ACGME activities.

*Target Audience: DIOs, GMEC Chairs, GME coordinators, GME educators from single program institutions and institutions having only one or two core specialty programs*

**Presented By:** Baretta Casey, MD, MPH, FAAFP; Robin Wagner, RN, MHSA

**Session Objectives:** At the end of the session, learners should be able to:

1. Identify the specific areas of the Institutional Requirements that have been revised to address unique needs of single-program sponsoring institutions.
2. Review the CLER program process as it will be applied to small sponsoring institutions (mainly those with one or two core programs).

**10:30 a.m. - 12:00 p.m.**

\*Session does not qualify for CME credit



#### **SES004: Two Birds and One Stone: Integrating Education and Clinical Redesign to Achieve the Common Mission**

Health care is undergoing transformative change. Health systems are focused on improving outcomes of care while overcoming significant challenges with regards to cost, efficiency, and clinical productivity. Likewise, academic health centers and other graduate medical education (GME) institutions are experiencing transformative change including the implementation of the Next Accreditation System and the Clinical Learning Environment Review program. Overcoming these challenges will require significant redesign in both clinical and educational processes for many institutions. To facilitate these parallel transformations, the University of Nebraska Medical Center (UNMC) has created the Office for Health Professions Education (OHPE) within its newly established Clinical Enterprise. The primary goal of the OHPE is to integrate and facilitate the educational and clinical redesign efforts at UNMC in keeping with our common mission. Attendees of this session will learn about the work of the OHPE as it relates to GME, consider how GME can be used to drive both educational and clinical redesign at any institution, and reflect upon opportunities for integration within their local contexts. Practical examples and lessons learned from the UNMC experience will be shared, and attendees will be provided with an example of a business plan to get started at their home institutions. Ample time will be provided in this session for participant interaction, reflection, and large-group discussion.

*Target Audience: DIOs, Program directors, GME educators, Administrators*

**Presented By:** Kelly Caverzagie, MD

**Session Objectives:** At the end of the session, learners should be able to:

1. Appreciate the need for integrating education redesign and clinical redesign efforts in order to achieve the common missions of teaching institutions.
2. Identify opportunities in which GME can serve to integrate the clinical and educational missions of teaching institutions.
3. Develop a basic business plan, including benefits, expenses, and measures of success to support efforts geared towards clinical and educational integration.

**10:30 a.m. - 12:00 p.m.**

#### **SES005: Innovation in Cultural Competency Education: A Unique Curriculum that Provides Milestone Data and Addresses Expectations of CLER**

The ACGME Common Program Requirements dictate that residents must demonstrate sensitivity and responsiveness to a diverse patient population and communicate effectively across a broad range of socioeconomic and cultural backgrounds. The Clinical Learning Environment Review (CLER) program will evaluate the extent to which residents receive training in cultural competency and ultimately how they are involved in reducing health care disparities. This session will describe an innovative Cultural Competency Curriculum implemented at the University of Connecticut School of Medicine. The curriculum consists of online learning modules, an interactive cross-cultural and diversity inclusiveness training session developed and delivered by a partnering community-based organization, the Hispanic Health Council of Hartford, and assessment of learners' cross-cultural communication skills using standardized patients in our Clinical Skills Assessment Lab. Participants will view online module content, participate in learning activities that are used in the Cross Cultural and Diversity Inclusiveness Training session and participate in evaluating residents' cross-cultural communication skills by viewing videos of standardized patient encounters. Participants will be shown how assessments from the curriculum are used to provide program directors with outcomes data that inform Milestones related to cultural competency. Participants will understand how a Cultural Competency Curriculum can be implemented for residents and expanded for use with medical students and faculty members, and therefore help sponsoring institutions prepare for

\*Session does not qualify for CME credit

CLER site visits. Participants will be provided with curriculum materials, including standardized patient cases that they can use at their own institutions.

*Target Audience: DIOs, Program directors, GME educators, Faculty members*

**Presented By:** Wendy Miller, MD, FACP; Karen D'Angelo, MSW

**Session Objectives:** At the end of the session, learners should be able to:

1. Understand the ACGME Common Program Requirements and CLER program Pathways related to cultural competency education.
2. Understand the current literature regarding cultural competency education in GME.
3. Describe key components of a cultural competency curriculum.
4. Understand how assessments of learners' cross-cultural communication skills, using standardized patient instructors, can provide outcomes data to inform assessment of the Milestones related to cultural competency.
5. Understand how a cultural competency curriculum for residents can be expanded for use with medical students and faculty members, and therefore help sponsoring institutions prepare for CLER visits.
6. Learn about an effective model of academic-community partnership for graduate medical education related to cultural competence and health care disparities.

**10:30 a.m. - 12:00 p.m.**

**SES006: Performance-based Assessment: Common Appraisal Errors and Flaws during the Evaluation Process**

Assessment and evaluation are vehicles for educational improvement. For decades educators have practiced traditional assessment methods such as tests or examinations to evaluate learners, rank them, and assign a final score or summary evaluation. However, this assessment method has failed due to the technological advances that created paradigm shifts in respect to learners' expectations and teaching methods. To obtain valid and reliable measures of learning in the technology-oriented environment, we need to move from traditional assessment toward performance-based evaluation. Medical educators need training for gaining in-depth knowledge of effective alternative assessment techniques (nontraditional approaches in judging the learner's performance) with appropriate measures that will help them bridge the gap between assessment techniques and their teaching practices. This session will present performance-based assessment techniques and discuss the most common appraisal errors and flaws of performance assessment during the evaluation process. The session will also address effective design principles to guide evaluation tool development.

*Target Audience: DIOs, Program directors, Coordinators, GME educators, Faculty members, Administrators*

**Presented By:** Kadriye Lewis, EdD; Susan Hathaway, PhD

**Session Objectives:** At the end of the session, learners should be able to:

1. Define performance-based alternative assessment techniques that can be used in medical education.
2. Identify the most common appraisal errors/flaws of performance assessment during the evaluation process.
3. Discuss the performance assessment steps, including mapping appropriate assessment techniques with required educational standards.

\*Session does not qualify for CME credit

Friday, February 27, 2015

**10:30 a.m. - 12:00 p.m.**

**SES007: Competency or Specialty: Osteopathic Principles and Practice in the Next Accreditation System**

The ACGME, the American Osteopathic Association (AOA), and the American Association of Colleges of Osteopathic Medicine (AACOM) are moving toward a single accreditation system for graduate medical education (GME) programs in the U.S. As the operational details are in the process of being defined, it is important to discuss the educational implications. While the goal of GME has been to build six Competencies within physicians, the AOA and AACOM recognize a seventh competency: Osteopathic Principles and Practice (OPP). This interactive session is a discussion of appropriately situating OPP in the Next Accreditation System and the implications for GME and health care.

*Target Audience: DIOs, Program directors, Coordinators, GME educators, Faculty members, Administrators*

**Presented By:** Robert Cain, DO, Bryan Martin, DO, Joyce Jadwin, Psy.D

**Session Objectives:** At the end of the session, learners should be able to:

1. Examine the efficacy of describing OPP as a competency.
2. Discuss unique challenges with developing the Milestones for Osteopathic Principles and Practice.
3. Describe the strategies utilized in various settings for implementing the Next Accreditation System for osteopathic and dually-accredited programs.

**10:30 a.m. - 12:00 p.m.**

**SES008: Accreditation Data Systems – Update**

This session will present an update on the major ACGME data acquisition tools and their use in accreditation. These systems include ADS, Case Logs, ACGME Surveys, and the Resident Milestone Evaluations. A general review of system requirements and newly implemented features will be explained. Participants should have basic knowledge of and experience using the current ACGME systems to benefit from the discussion. Time is allotted to address specific questions from the audience.

*Target Audience: DIOs, Program directors, Coordinators*

**Presented By:** Rebecca Miller, MS

**Session Objectives:** At the end of the session, learners should be able to:

1. Understand any new features and enhanced functionality in ADS.
2. Understand what data need to be updated in ADS on an annual basis.
3. Understand how residents and faculty members participate in annual reporting.
4. Understand the basic concepts of the Next Accreditation System.

**10:30 a.m. - 12:00 p.m.**

**SES009: Town Hall – Hospital and Medical-based Accreditation**

\*Session does not qualify for CME credit

This session will provide an open forum for attendees to receive updated information regarding the latest accreditation news in their specialties, and give them the opportunity to ask accreditation-related questions. Led by the ACGME Senior Vice Presidents for Hospital-based and Medical Accreditation, with all of the ACGME Hospital-Based and Medical specialty Review Committee Executive Directors present, the session will be highly interactive and geared to the needs of the audience.

*Target Audience: DIOs, Program directors, Coordinators, GME educators in the hospital-based and medical specialties*

**Presented By:** Mary Lieh-Lai, MD, FAAP, FCCP; Louis Ling, MD

**10:30 a.m. - 12:00 p.m.**

#### **SES010: International Track: ACGME International**

International attendees will be welcomed to the 2015 ACGME Annual Educational Conference with an introduction to ACGME International (ACGME-I). ACGME-I senior staff members will present the expanded list of specialties and sub-specialties accredited by the ACGME-I, and will provide an overview of the ACGME-I Policy and Procedure manual, including a discussion of how the newly-approved policies will affect ACGME-I accredited programs and sponsoring institutions. They will also summarize the work of the International Review Committee during the past year and discuss plans for 2015.

*Target Audience: International Attendees*

**Presented By:** John Ogunkeye, MS; Susan Day, MD; Lorraine Lewis, EdD, RD

**Session Objectives:** At the end of the session, learners should be able to:

1. List the new specialties and subspecialties accredited by the ACGME-I.
2. Summarize the work of the International Review Committee in the past year.
3. Describe new policies and procedures for the ACGME-I that will directly affect accredited programs and sponsoring institutions, including: accreditation statuses for new and continuing programs and sponsoring institutions; and changes in the make-up of the International Review Committee and New International Advisory Committee.

**10:30 a.m. - 12:00 p.m.**

#### **SES011: Identifying Medical Educator Competencies: A Useful Process and Tool for Self-assessment, Faculty Development Programming, and Promotion Criteria**

There is no documented consensus on the competencies health professions educators should possess. Medical educators may be increasingly challenged by growing accreditation requirements, calls for innovation, emerging educational technologies, needs to stay current on ever-changing and improving science, and increased institutional expectations. They also often are insufficiently resourced to develop the knowledge and skills needed to effectively facilitate and assess learning, design innovative curricula, and enhance their pedagogical expertise. Finally, although institutions offer faculty development programs, those often are not designed to help educators enhance specific competencies. Thus, a need exists to identify medical educator competencies and explore how they can be used to promote appropriate self-assessments, design targeted programs, provide evidence towards the impact of learning, and enhance the value of teaching in the promotion process. This session will discuss the

\*Session does not qualify for CME credit

benefits of developing and using medical educator competencies and use lecture, ARS and small groups to identify what these competencies might be.

*Target Audience: DIOs, Program directors, GME educators, Faculty members*

**Presented By:** Diana McNeill, MD; Alisa Nagler, JD, EdD

**Session Objectives:** At the end of the session, learners should be able to:

1. Understand the benefits of utilizing medical educator competencies.
2. Identify what competencies might be most critical for medical educators.
3. Determine how these competencies could be used to support physicians in their educator roles, for promotion, and career development.

**10:30 a.m. - 12:00 p.m.**

**SES012: Moving Toward Online Faculty Development: The View Over the Horizon**

As the challenges and demands for time and effort of faculty members continue to escalate and diversify, opportunities for in-person faculty development are further compromised. Advances in techniques and availability of distance education offer alternatives to in-person faculty development (FD) presentations and workshops and can provide faculty members with enhanced opportunities for FD. Online education methods continue to advance in complexity and impact. Faculty members charged with FD responsibilities should be informed of the opportunities for online FD and the rationale behind different FD methods. While costs to online FD are real, potential for enhancing engagement and releasing faculty members for other endeavors are now being realized. The authors have utilized online FD in promoting medical school faculty education knowledge and skills, through self-directed individual learning and 'flipped classroom' techniques, and significant learning through online FD learning communities. Faculty members' use and satisfaction can be quite good, and data from two existing online FD programs (Faculty Development for Medical Educators at OSU; the Pediatric Nutrition Series Teaching Motivational Interviewing program) will be reviewed. The presenters' experience with, and preliminary results from these educational methods will be shared, and participants will discuss use, exploration, and/or development of online FD methods and materials for their own benefit and/or the benefit of faculty members at their own institutions. Small groups will share suggested approaches with the larger group. The presenters will provide and discuss a menu of additional strategies they have used and/or reviewed at their own institutions, and will provide this information as a hand-out. Finally, participants will complete a "commitment to action" plan, identifying how they might utilize online FD to improve their faculty members' knowledge, skills, and attitudes.

*Target Audience: DIOs, Program Directors, GME Educators, Faculty Members*

**Presented By:** Cynthia Ledford, MD; Larry Hurtubise, MA; Teri Lee Turner, MD, MPH, MEd

**Session Objectives:** At the end of the session, learners should be able to:

1. Define reasons for creating and using online faculty development.
2. Identify effective methods for online faculty development.
3. Describe the potential benefits of online learning communities in promoting faculty development.
4. Using a worksheet, create an action plan to use, explore and/or develop online faculty development for your own benefit and/or the benefit of faculty members at your own institution.

**10:30 a.m. - 12:00 p.m.**

\*Session does not qualify for CME credit

### **SES013: Lessons Learned from NAS: The Need for an Institutional Curriculum for GME Professionals**

In this session, participants will learn about the outcomes of a novel approach to program director and coordinator education in the age of the Next Accreditation System. Participants will be able to share their own institutional perspectives and experiences in graduate medical education professional development. The presenters will provide the timeline, content, and required resources for implementing a standardized institution-wide training curriculum. The outcomes, lessons learned, and how others might implement a similar program in their own institutions will be discussed.

*Target Audience: DIOs, GME educators, Administrators*

**Presented By:** Ann Dohn, MA; Larry Katznelson, MD

**Session Objectives:** At the end of the session, learners should be able to:

1. Discuss the changes the NAS requires for educating program directors and coordinators in their roles of program administration, and how the GME administration can provide a training pathway for their learning.
2. Learn from other participants their approaches to GME education for program directors and coordinators.
3. Learn, from one institution, about the experience of implementing a new hands-on NAS educational program, including what was effective and what was not effective.
4. Generate a strategy for implementing a GME-facilitated educational program at their institution.

**10:30 a.m. - 12:00 p.m.**

### **SES014: Incorporating Simulation into Your Program: Curricular and Practical Considerations**

This session will engage participants in actively planning how they might incorporate simulation into their programs. Full-scale human patient simulation, as well as other more simple simulation experiences, will be considered. Curricular considerations of what educational goals may be achieved via simulation will be discussed. Identifying trainee achievement relative to the Milestones by the use of simulation as an evaluative tool will also be discussed. Participants will also be challenged to identify the many practical barriers which must be overcome to successfully integrate simulation into their programs.

*Target Audience: Program directors, Faculty members*

**Presented By:** Shawn Beaman, MD; Andrew Murray, MBChB, FASE

**Session Objectives:** At the end of the session, learners should be able to:

1. Identify areas of their specific specialty's curriculum amenable to simulation-aided teaching.
2. Identify simulation methods that can be employed.
3. Identify likely educational and practical barriers to the implementation of simulation into their training experience, and their solutions.
4. Cite real-world approaches that have been successful in implementing simulation.

**10:30 a.m. - 12:00 p.m.**

### **SES015: E-learning: Leveraging Technology to Enrich Your GME Curriculum**

\*Session does not qualify for CME credit

E-learning is the use of electronic media and information communication technologies in education. It may involve delivery of text, audio, images, animation, and streaming video, and it includes technology applications and processes such as web-based learning, web 2.0, and podcasts. E-learning is being used increasingly in medical education, where it has the potential to provide a particularly efficient and effective means of engaging learners and delivering curricular content. In spite of its growing use, e-learning presents a significant challenge to many medical educators, who struggle not only with technical barriers, but also with the integration and implementation of new technology. Equally challenging is the translation of a traditional curriculum into an e-learning format. Furthermore, most educators lack basic awareness of many multimedia learning platforms that are readily available to them at little or no expense. In this session, the presenters will explore the pedagogic potential of various e-learning modalities with a literature review of the successful implementation of e-learning into program curricula. A group discussion will focus on the advantages and disadvantages of various e-learning techniques and strategies. While there are many e-learning modalities, course participants will be exposed to three specific applications: enhanced podcasting; adaptive learning websites; and new, cloud-based platforms that employ a virtual canvas to make presentations more dynamic and engaging. Finally, at the conclusion of the session, participants will share e-learning experiences at their institutions and discuss implementation of new strategies.

*Target Audience: Program directors, GME educators, Faculty members*

**Presented By:** William Hannah, MD; Jennifer Thompson, MD

**Session Objectives:** At the end of the session, learners should be able to:

1. Define e-learning.
2. Recall e-learning techniques and strategies successfully employed by educational training programs.
3. Discuss the benefits and limitations of e-learning.
4. Describe the use of three e-learning modalities: enhanced podcasting, adaptive learning, and cloud-based virtual canvas presentations.
5. Devise a plan to implement an e-learning technique in an existing curriculum.

**10:30 a.m. - 12:00 p.m.**

#### **SES016: Developing Teams Using Exercises and Games**

In today's medicine, all health care professionals are expected to work in teams. Lack of teamwork has been cited as one cause of medical errors that result in patient harm, while excellent teamwork can prevent such errors. For faculty leaders, this means they must be prepared to help learners gain these skills. This highly interactive workshop is intended for educators seeking activities for team development for use in the classroom. It is designed so that participants will take the techniques demonstrated and resources provided and use them in their home programs and institutions to teach team skills to students, residents, staff members, and/or faculty members. Materials will be provided for use in diagnosing teams, as well as in teaching these skills to learners.

*Target Audience: DIOs, Program directors, GME educators, Faculty members, Administrators*

**Presented By:** Julie Nyquist, PhD; Kenneth Saffier, MD

**Session Objectives:** At the end of the session, learners should be able to:

1. Identify the characteristics of effective teams.
2. Use a variety of exercises to build teams in own program.
3. Discuss team-building resources.

\*Session does not qualify for CME credit

Friday, February 27, 2015

**1:30 p.m. - 3:00 p.m.**

**SES017: Specialty Update: Internal Medicine**

These sessions include an update on recent Review Committee and ACGME activities, and will provide information as it relates to the individual specialty's adaptation to the Next Accreditation System. There will be ample time for Q&A.

*Target Audience: DIOs, Program directors, Coordinators, GME educators*

**Presented By:** James Arrighi, MD; Jerry Vasiliadis, PhD

**Session Objectives:** At the end of the session, learners should be able to:

1. Identify changes related to accreditation in their specialty
2. Discuss strategies to satisfy accreditation requirements
3. Build new or strengthen current relationships with ACGME staff members, other program directors, and administrators in the specialty.

**1:30 p.m. - 3:00 p.m.**

**SES018: Specialty Update: Pediatrics**

These sessions include an update on recent Review Committee and ACGME activities, and will provide information as it relates to the individual specialty's adaptation to the Next Accreditation System. There will be ample time for Q&A.

*Target Audience: DIOs, Program directors, Coordinators, GME educators*

**Presented By:** Joseph Gilhooly, MD; Caroline Fischer, MBA

**Session Objectives:** At the end of the session, learners should be able to:

1. Identify changes related to accreditation in their specialty
2. Discuss strategies to satisfy accreditation requirements
3. Build new or strengthen current relationships with ACGME staff members, other program directors, and administrators in the specialty.

**1:30 p.m. - 3:00 p.m.**

**SES019: Specialty Update: Emergency Medicine**

These sessions include an update on recent Review Committee and ACGME activities, and will provide information as it relates to the individual specialty's adaptation to the Next Accreditation System. There will be ample time for Q&A.

*Target Audience: DIOs, Program directors, Coordinators, GME educators*

**Presented By:** Philip Shayne, MD, FACEP; Felicia Davis, MHA

\*Session does not qualify for CME credit



**Session Objectives:** At the end of the session, learners should be able to:

1. Identify changes related to accreditation in their specialty
2. Discuss strategies to satisfy accreditation requirements
3. Build new or strengthen current relationships with ACGME staff members, other program directors, and administrators in the specialty.

**1:30 p.m. - 3:00 p.m.**

**SES020: Specialty Update: Psychiatry**

These sessions include an update on recent Review Committee and ACGME activities, and will provide information as it relates to the individual specialty's adaptation to the Next Accreditation System. There will be ample time for Q&A.

*Target Audience: DIOs, Program directors, Coordinators, GME educators*

**Presented By:** George Keepers, MD; Louise King, MS

**Session Objectives:** At the end of the session, learners should be able to:

1. Identify changes related to accreditation in their specialty
2. Discuss strategies to satisfy accreditation requirements
3. Build new or strengthen current relationships with ACGME staff members, other program directors, and administrators in the specialty.

**1:30 p.m. - 3:00 p.m.**

**SES021: Specialty Update: Surgery**

These sessions include an update on recent Review Committee and ACGME activities, and will provide information as it relates to the individual specialty's adaptation to the Next Accreditation System. There will be ample time for Q&A.

*Target Audience: DIOs, Program directors, Coordinators, GME educators*

**Presented By:** Danny Takanishi, MD, FACS; John Potts, MD, Donna Lamb, MBA

**Session Objectives:** At the end of the session, learners should be able to:

1. Identify changes related to accreditation in their specialty
2. Discuss strategies to satisfy accreditation requirements
3. Build new or strengthen current relationships with ACGME staff members, other program directors, and administrators in the specialty.

**1:30 p.m. - 3:00 p.m.**

**SES022: Specialty Update: Neurological Surgery**

\*Session does not qualify for CME credit

These sessions include an update on recent Review Committee and ACGME activities, and will provide information as it relates to the individual specialty's adaptation to the Next Accreditation System. There will be ample time for Q&A.

*Target Audience: DIOs, Program directors, Coordinators, GME educators*

**Presented By:** Kim Burchiel, MD; Pamela Derstine, PhD, MHPE

**Session Objectives:** At the end of the session, learners should be able to:

1. Identify changes related to accreditation in their specialty
2. Discuss strategies to satisfy accreditation requirements
3. Build new or strengthen current relationships with ACGME staff members, other program directors, and administrators in the specialty.

**1:30 p.m. - 3:00 p.m.**

**SES023: Specialty Update: Pathology**

These sessions include an update on recent Review Committee and ACGME activities, and will provide information as it relates to the individual specialty's adaptation to the Next Accreditation System. There will be ample time for Q&A.

*Target Audience: DIOs, Program directors, Coordinators, GME educators*

**Presented By:** Julia Iezzoni, MD; Laura Edgar, EdD, CAE

**Session Objectives:** At the end of the session, learners should be able to:

1. Identify changes related to accreditation in their specialty
2. Discuss strategies to satisfy accreditation requirements
3. Build new or strengthen current relationships with ACGME staff members, other program directors, and administrators in the specialty.

**1:30 p.m. - 3:00 p.m.**

**SES024: Specialty Update: Transitional Year**

These sessions include an update on recent Review Committee and ACGME activities, and will provide information as it relates to the individual specialty's adaptation to the Next Accreditation System. There will be ample time for Q&A.

*Target Audience: DIOs, Program directors, Coordinators, GME educators*

**Presented By:** Brian Aboff, MD, MMM; Anne Gravel Sullivan, PhD

**Session Objectives:** At the end of the session, learners should be able to:

1. Identify changes related to accreditation in their specialty
2. Discuss strategies to satisfy accreditation requirements
3. Build new or strengthen current relationships with ACGME staff members, other program directors, and administrators in the specialty.

\*Session does not qualify for CME credit

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**1:30 p.m. - 3:00 p.m.**

**SES025: Specialty Update: Ophthalmology**

These sessions include an update on recent Review Committee and ACGME activities, and will provide information as it relates to the individual specialty's adaptation to the Next Accreditation System. There will be ample time for Q&A.

*Target Audience: DIOs, Program directors, Coordinators, GME educators*

**Presented By:** Anthony Arnold, MD; Mary Joyce Turner, RHIA, MJ

**Session Objectives:** At the end of the session, learners should be able to:

1. Identify changes related to accreditation in their specialty
2. Discuss strategies to satisfy accreditation requirements
3. Build new or strengthen current relationships with ACGME staff members, other program directors, and administrators in the specialty.

**1:30 p.m. - 3:00 p.m.**

**SES026: Specialty Update: Family Medicine**

These sessions include an update on recent Review Committee and ACGME activities, and will provide information as it relates to the individual specialty's adaptation to the Next Accreditation System. There will be ample time for Q&A.

*Target Audience: DIOs, Program directors, Coordinators, GME educators*

**Presented By:** Peter Carek, MD, MS; Eileen Anthony, MJ

**Session Objectives:** At the end of the session, learners should be able to:

1. Identify changes related to accreditation in their specialty
2. Discuss strategies to satisfy accreditation requirements
3. Build new or strengthen current relationships with ACGME staff members, other program directors, and administrators in the specialty.

**1:30 p.m. - 3:00 p.m.**

**SES027: Institutional Update: Focus on Accreditation and CLER**

This session will provide details regarding various components of the Next Accreditation System related to institutional accreditation and the Clinical Learning Environment Review (CLER) program. For accreditation, the presentation will provide an update on the development of institutional screening elements to be used by the Institutional Review Committee for annual data review, a review of the full site visit document for sponsoring institutions, and a description of the institutional Self-Study Visit. For CLER, the presentation will include updates on scheduling with regard to the completion of Cycle 1 and start of Cycle 2, efforts to align the site visit protocol to the CLER Pathways to Excellence, and plans for sharing benchmarking and comparative data.

\*Session does not qualify for CME credit

*Target Audience: DIOs, GMEC Chairs, GME coordinators, GME educators*

**Presented By:** Lawrence Opas, MD; Robin Wagner, RN, MHSA

**Session Objectives:** At the end of the session, learners should be able to:

1. Identify the screening elements that will be used by the IRC to review annual institutional data.
2. Distinguish between expectations for an institutional full site visit and an institutional self-study visit.
3. Identify similarities and differences between the CLER baseline visits and future visits with regard to scheduling, the site visit process, and feedback to institutions.

**1:30 p.m. - 3:00 p.m.**

**SES028: Oral Poster Presentation 1\***

This session highlights posters judged as outstanding based on submitted abstracts. It provides the opportunity for professionals who share similar interests to meet and network through discussion of each presentation.

*Target Audience: All*

**Presented By:** Keren Dopelt, PhD; Jeffrey Pettit, PhD; Donald Risucci, MD; Laura Gingras, MD; Sara Sukalich, MD

**Session Objectives:** At the end of the session, learners should be able to:

1. Identify individuals and/or programs using innovative ideas to improve patient care or resident educational outcomes, and/or methods that have facilitated educational improvement at the institutional or program level.
2. Describe several initiatives to improve graduate medical education.
3. Use the ideas generated during this session as a springboard for their own efforts to improve graduate medical education.

**1:30 p.m. - 3:00 p.m.**

**SES029: Approaches to Improving the Clinical Learning Environment: Facilitated Poster Session 1 (Patient Safety, Supervision, Duty Hours/Fatigue Management)**

Many sponsoring institutions have begun to work with their clinical sites to address resident and fellow physician engagement in one or more of the Clinical Learning Environment Review program focus areas. Through a series of short oral presentations, this session will provide an opportunity for institutions to share their work in the areas of patient safety, supervision, and duty hours/fatigue management.

*Target Audience: DIOs, GME Chairs, GME coordinators, GME educators*

**Presented By:** Constance Haan, MD, MS; Robin Dibner, MD; Douglas Paull, MD, FACS; Melissa Schori, MD

**Session Objectives:** At the end of the session, learners should be able to:

\*Session does not qualify for CME credit

1. Review the efforts of multiple sponsoring institutions and identify various approaches to addressing the dual goals of optimizing resident/fellow physician learning while improving patient care.
2. Identify opportunities for networking and future information exchange among colleagues.

**1:30 p.m. - 3:00 p.m.**

**SES030: Learner-centered Feedback: The Trainee as Learner/Teacher**

Residents and fellows, along with most motivated learners in higher education, want more feedback. They want to know not only how they are doing, but what they can do now to improve. Learner-centered feedback includes the concept of developing, over time, the learner's capacity for self-reflection and self-evaluation. Embedding this concept early in program curricula and assessment processes can enable learners to better integrate the new information they receive during feedback into their program curricular framework, as well as into their own learning goals. The presenters will first provide a brief overview of recent trends in educational literature on feedback, and will then present an approach to introducing the learner-centered feedback concept to residents/fellows and faculty members. Session participants will be encouraged to discuss how this reconceptualization of feedback might fit into their own learning environments.

*Target Audience: Program directors, GME educators, Faculty members*

**Presented By:** Judith Pauwels, MD; Susan Johnston, EdD

**Session Objectives:** At the end of the session, learners should be able to:

1. Describe reasons for the need to continually provide coaching in feedback giving, seeking, and receiving at all levels of the program.
2. Identify principles of effective feedback.
3. Discuss feedback from the perspectives of learner and teacher.
4. Describe a framework for providing feedback that engenders learner reflection.
5. Discuss common issues in the feedback process.
6. Incorporate feedback frameworks explicitly into the curriculum and learning environment.

**1:30 p.m. - 3:00 p.m.**

**SES031: Financing and Graduate Medical Education: What Does it Cost to Run a Residency Program in the Era of the Next Accreditation System?**

Residency programs are facing a number of financial threats. At the federal level, the Centers for Medicare and Medicaid Services may cut funding of Indirect Graduate Medical Education. During the implementation of the residency duty hours, some programs have looked at alternate staffing models and hiring physician extenders, such as nurse practitioners, to provide clinical care. The Next Accreditation System (NAS) may put additional financial stress on residency programs. Given these financial pressures, programs are now in a position in which they must understand their program budgets and justify the costs of the residency program to institutional leadership. The purpose of this session is to help designated institutional officials and residency program directors undertake a financial analysis of their programs, calculate the costs of training a resident, and understand the value that their residency programs bring to their home institutions. In particular, the session will focus on the NAS and the costs associated with implementing all aspects of this, including the Clinical Competency Committee (CCC). The session will include an overview of the financial stresses residency programs face, the costs associated with implementing the CCC and the NAS, and the overall costs of residency training.

\*Session does not qualify for CME credit

Attendees will begin an analysis of their own residency programs and the value these programs bring to their own institutions.

*Target Audience: DIOs, Program directors, GME educators, Faculty members, Administrators*

**Presented By:** Niraj Sharma, MD, MPH, Stephen Knohl, MD; Alwin Steinmann, MD, FACP

**Session Objectives:** At the end of the session, learners should be able to:

1. Understand GME financing, including the financial pressures facing GME at the federal level.
2. Learn how to conduct a financial assessment of their residency program.
3. Learn the costs of implementing the Next Accreditation System, including the Clinical Competency Committee.
4. Articulate the overall value of their program to institutional leadership.

**1:30 p.m. - 3:00 p.m.**

### **SES032: Adapting a Tracer Methodology to Conduct Internal Education Reviews**

With the adoption of a Competency-based residency program structure for postgraduate medical education in the National Healthcare Group (NHG) in Singapore, NHG has developed a robust assessment and evaluation framework to ensure quality training for its residents. The framework includes internal education reviews as mandated by the ACGME-I. Since its accreditation in 2010, NHG had been adopting the site visit format to review its programs internally. In the spirit of continuous improvement, in 2014, NHG adapted the tracer methodology as part of the internal education review process for its residency programs. This session will discuss the new methodology to move away from the site-visit format and explore tracing a resident's experience across the continuum of his/her residency training. The main objectives of this new methodology initiated were to allow the institution to evaluate its programs' compliance to ACGME-I requirements, and administrative and educational processes, and to highlight innovations and best practices from the programs.

*Target Audience: DIOs, Program directors, GME educators, Administrators*

**Presented By:** Michelle Teo; Nicholas Chew, MBBS, MMED (Psy), MHPEd, FAMS, Grad Dip (Psy)

**Session Objectives:** At the end of the session, learners should be able to:

1. Be introduced to the GME Assessment and Evaluation framework in NHG.
2. Understand the development of the internal education review process in NHG.
3. Explore the effectiveness of the tracer methodology used by NHG for internal education reviews.

**1:30 p.m. - 3:00 p.m.**

### **SES033: A Tale of Two Institutions - One Big and One Small – and the Safety Net Hospital that Hosts Them All!**

This session will guide you through the process of preparing for a Clinical Learning Environment Review (CLER) site visit and the Next Accreditation System via the experience of a public safety net hospital that hosts two ACGME-accredited institutions: a large, academic-based institution with over 1000 residents and fellows, with a strong focus on research; and a small, academic-based institution with 155 residents, with a strong focus on the community. The intricacies of communication between all parties, the

\*Session does not qualify for CME credit

development of processes, common outcomes, implementation of changes, and subsequent monitoring of shared goals will be discussed for practical application.

*Target Audience: DIOs, Program directors, Coordinators, GME educators, Faculty members, Administrators*

**Presented By:** Yolanda Wimberly, MD; Marilane Bond, EdD, MEd, MBA

**Session Objectives:** At the end of the session, learners should be able to:

1. Identify the complexity of communication skills and tools needed for effective collaboration at all institutions.
2. Describe innovative methods of communication to ensure the dissemination of accurate and consistent information.
3. Outline the areas of need and the process by which the institutions identified and aligned their priorities with the recommendations.
4. Define how institutions with different missions and priorities work together to provide high quality academics and excellent patient care.

**1:30 p.m. - 3:00 p.m.**

#### **SES034: The Impact that Growing Up in a Digital World has on Graduate Medical Education**

As we move into the Next Accreditation System (NAS), we are challenged with providing outcomes, yet we continue to teach and develop graduate medical education programs as we have in the past. The learners of today are different. They have grown up in a digital world. Their brains have been wired differently. We will not be able to embrace the innovative challenges of the NAS if we do not understand how to teach the residents of today. Much has been learned about them over the last decade as they moved from K-12 through undergraduate school, but these new learners are rapidly approaching medical school and residency training. This session will focus on understanding the changes in learning of today's generation so that educators can start to appreciate the impact this may have on their teaching style, pedagogy, and curricula of the future.

*Target Audience: DIOs, Coordinators, GME educators, Faculty members, Administrators*

**Presented By:** Curtis Whitehair, MD

**Session Objectives:** At the end of the session, learners should be able to:

1. Describe the generational and demographic differences between learners and teachers of today.
2. Recognize the value of how young, digital age learners are processing information in the rapidly changing digital time.
3. Appreciate the need to change the current way in which graduate medical education is taught.
4. Understand why they need to change their own teaching style.

**1:30 p.m. - 3:00 p.m.**

#### **SES035: Moving Beyond Survey Data: Assessment for Education and Research**

This session will offer information on how to use outcomes from competency-based assessments in education research, with a focus for how to move beyond survey data in assessing the effectiveness of interventions in educational programs and in the learning environment, as survey data currently make up a sizable percentage of the data used in medical education research submitted for publication. The focus will be on use of assessment data in program evaluation and improvement, with the objective of encouraging educators and researchers to expand the measures used in education research beyond survey instruments.

\*Session does not qualify for CME credit

*Target Audience: Medical educators, Medical education researchers*

**Presented By:** Anthony Artino, PhD; Gail Sullivan, MD, MPH, Ingrid Philibert, PhD, MBA

**Session Objectives:** At the end of the session, learners should be able to:

1. Choose assessment instruments that align with outcomes of interest in for evaluating educational programs and research projects.
2. Identify the strengths and weaknesses of different types of assessment, and for which purposes they may be better or less well-suited.
3. Use best practices in employing assessments of different types.

**1:30 p.m. - 3:00 p.m.**

**SES036: International Track: ACGME-I Surgical Accreditation Round Tables**

Program directors of ACGME-I accredited programs in surgical specialties will discuss practical approaches their programs are using to obtain and maintain ACGME-I accreditation. Particularly, program directors will discuss faculty development activities, how they manage and evaluate the curriculum, and how they have implemented Clinical Competency and Program Evaluation Committees.

*Target Audience: International Attendees*

**Presented By:** Appasamy Vijayan, FRCS, FAMS, FACS; Teodora Ucenic, MD; Susan Day, MD; Lorraine Lewis, EdD, RD

**Session Objectives:** At the end of the session, learners should be able to:

1. Summarize the process of obtaining ACGME-I accreditation.
2. Using information from international programs' past experience, determine ways to improve compliance with the ACGME-I Program Requirements and develop ways to improve GME in their program(s).

**1:30 p.m. - 3:00 p.m.**

**SES037: Resident Self-assessment in the Milestones Era - A Win-Win Approach to Resident Professional Development and Program Improvement**

As we enter the Next Accreditation System, residency program directors are challenged with the implementation of Clinical Competency Committees (CCCs) and Milestones reporting. Learners, too, are challenged by this new approach to assessment, both in interpreting the Milestones and understanding how the Milestones will be used to measure their progress. By integrating Milestone-based resident self-assessment into the process of clinical competence determination, programs can have a richer information base for assessment of residents and the program. This can enhance the promotion of learner professional development, as well as inform program improvement processes. The presenters are conducting a multi-institutional study examining self-assessment versus external CCC assessments. Their experience with, and preliminary results from, the study will be shared, and participants will engage in dialog about implementation of these practices in their own settings. The session will begin with a brief literature review. Participants will then perform a self-assessment using their own specialty-specific Milestones and discuss this experience in specialty-based groups. After a brief overview of processes for clinical competence determination, participants will discuss in small groups ways in which resident self-assessment and CCC assessments can be used to promote learner development. Small groups will

\*Session does not qualify for CME credit



share suggested approaches with the larger group. Presenters will discuss additional strategies they have used at their own institutions, and will provide this information as a hand-out. Finally, participants will complete a “commitment to action” plan, identifying how they might utilize Milestones-based assessments for learner development and/or program improvement processes in their institutions.

*Target Audience: DIOs, Program directors, Coordinators, GME educators, Faculty members, Administrators*

**Presented By:** Kimberly Gifford, MD; Franklin Trimm, MD

**Session Objectives:** At the end of the session, learners should be able to:

1. Prepare residents to perform a Milestones-based self-assessment.
2. Integrate resident self-assessment into the process of clinical competence assessment.
3. Use resident self-assessment and Clinical Competency Committee assessments to promote learner development.
4. Use resident self-assessment and Clinical Competency Committee assessments to enhance program improvement.
5. Create a plan to implement at home that utilizes Milestones-based assessments for learner development and/or program improvement.

**1:30 p.m. - 3:00 p.m.**

**SES038: The Art of Reflection: If I Don’t Know Who I Am, How Can I Help Others?**

Students, residents, clinicians and educators enter the professional training environment with altruism and an intense commitment to patient care. Yet, the training environment historically has not allowed them an opportunity to reflect on their emotional experiences. Studies have shown a high proportion of first-year residents suffer from burnout; this has been partly attributed to the work hours, but with the implementation of the new duty hours, preliminary studies do not show a significant change. Reflection, however, can be part of a mindfulness curriculum that can help not only students and residents but also faculty members who are just as prone to burnout, especially when one considers the multiple demands of modern professional life.

*Target Audience: DIOs, Program directors, Coordinators, GME educators, Faculty members, Administrators, Residents*

**Presented By:** Hasan Bazari, MD; Mukta Panda, MD, FACP

**Session Objectives:** At the end of the session, learners should be able to:

1. Understand and practice reflection.
2. Learn some unique reflective methods and how to incorporate them in medical education.
3. Understand the role of reflection in creating more humanistic models of education and care that avoids fatigue, stress, and burnout and promotes replenishing of inner resources.
4. To become doctors and healers.

**1:30 p.m. - 3:00 p.m.**

**SES039: Ask-Tell-Ask: A Tastier Feedback Sandwich**

\*Session does not qualify for CME credit

Giving effective feedback is an essential skill for all faculty members, and is particularly important in sharing information about Milestone achievements with residents/fellows. Drawing on the communication skills literature's Ask-Tell-Ask (ATA) model for information sharing, the presenters have developed a model for giving feedback that incorporates self-assessment and encourages reflective practice. This approach promotes individualized, learner-centered feedback, and facilitates a more accurate assessment of the learner's issues. It also encourages the generation of multiple strategies for improvement, which are learner-driven and teacher-guided. The primary goals for this workshop are to train participants to use the ATA model and to provide them with tools and strategies to disseminate this model in their institutions. At the conclusion of the workshop, participants will be given a tool kit of resources and strategies on how to use or disseminate this model in their programs/institutions.

*Target Audience: DIOs, Program directors, Coordinators, GME educators, Faculty members, Administrators*

**Presented By:** Lyuba Konopasek, MD; Miriam Bar-on, MD

**Session Objectives:** At the end of the session, learners should be able to:

1. Describe rationale for giving feedback.
2. List essential elements of giving effective feedback.
3. Describe key components of the Ask-Tell-Ask model.
4. Analyze and apply the Ask-Tell-Ask method of giving feedback

**1:30 p.m. - 3:00 p.m.**

**SES040: Over-Surveyed? Use the Questions and Answers to Enhance your GME Programs and Sponsoring Institution**

Survey-Survey-Survey. They keep coming, recipients grow frustrated, and response rates can be low. If developed and distributed thoughtfully, results can enhance GME programs – it's education quality improvement! Surveys can identify problems in a program or institution that need addressing. Surveys can identify content and format for faculty development. Surveys can provide institutional oversight of GME programs (an ACGME requirement). Surveys can result in leveraging resources to make program and institutional improvements. Surveys can identify best practices and opportunities to celebrate successes. This session will address how to move surveys from bad to good and make them valuable – from development to implementation to analysis of results to GME program/institution quality improvement(s).

*Target Audience: DIOs, Program directors, Coordinators, GME educators, Faculty members, Administrators*

**Presented By:** Catherine Kuhn, MD; Alisa Nagler, JD, EdD; David Turner, MD

**Session Objectives:** At the end of the session, learners should be able to:

1. Summarize in general how surveys can be used to benefit learners and institutions.
2. Recognize the numerous surveys presented to GME residents/fellows, faculty members, program directors, and DIOs.
3. Identify best practices for using surveys (including ACGME Resident and Faculty Surveys) to enhance GME (Education Quality Improvement).
4. Develop survey(s) based on particular interest or need – results which will be beneficial to GME.

\*Session does not qualify for CME credit

Friday, February 27, 2015

**1:30 p.m. - 3:00 p.m.**

#### **SES041: Defining Medical Professionalism within Cultural Contexts**

In recent decades, the topic of medical professionalism has received considerable attention, in both domestic and global platforms. In the West, concepts of humanism and professionalism, originating from the Hippocratic tradition, have formed the basis of professionalism charters, policies, and curricula used throughout hospitals and teaching programs. The construct of professionalism, however, is less tangible and poorly defined in most Eastern cultures. In the Arab world in particular, limited attempts have been made to conceptualize medical professionalism in secular terms, primarily because physician roles and values have been deeply rooted in the principles of Islamic medical ethics. Countries worldwide are uniformly adopting the educational framework of the ACGME-I in an effort to improve resident education and provide better patient care. Professionalism, however, is inexorably linked to a society's culture and values. The United Arab Emirates (UAE) boasts a rich cultural heritage and tradition. As health care and medical education in the UAE undergo rapid changes, there is an increasing need to ensure cultural and social relevance to key competencies, such as medical professionalism. This session will review the group consensus process by which medical educators, health care administrators, health policy makers, and trainees united to develop a culturally relevant definition of medical professionalism for the UAE. The workshop is structured in three parts: an interactive didactic; small-group facilitated discussions; and a large-group debriefing, allowing learners to identify themes and lessons learned, and to offer options for developing professionalism charters and curricula in their respective settings.

*Target Audience: DIOs, Program directors, GME educators, Faculty members*

**Presented By:** Halah Ibrahim, MD, MEPH, FACP; Sawsan Abdel-Razig, MD, FACP, MEHP

**Session Objectives:** At the end of the session, learners should be able to:

1. Appreciate the cultural and social contexts of medical professionalism.
2. Understand consensus gathering methodologies, including brainstorming, nominal group technique, and Delphi method.
3. Conceptualize medical professionalism within their own institution's culture and values.

**3:45 p.m. - 5:15 p.m.**

#### **SES042: Specialty Update: Internal Medicine Subspecialties**

These sessions include an update on recent Review Committee and ACGME activities, and will provide information as it relates to the individual specialty's adaptation to the Next Accreditation System. There will be ample time for Q&A.

*Target Audience: DIOs, Program Directors, Coordinators, GME Educators*

**Presented By:** James Arrighi, MD; Jerry Vasiliadis, PhD

**Session Objectives:** At the end of the session, learners should be able to:

1. Identify changes related to accreditation in their specialty.
2. Discuss strategies to satisfy accreditation requirements.
3. Build new or strengthen current relationships with ACGME staff members, other program directors, and administrators in the specialty.

\*Session does not qualify for CME credit

Friday, February 27, 2015

**3:45 p.m. - 5:15 p.m.**

**SES043: Specialty Update: Physical Medicine and Rehabilitation**

These sessions include an update on recent Review Committee and ACGME activities, and will provide information as it relates to the individual specialty's adaptation to the Next Accreditation System. There will be ample time for Q&A.

*Target Audience: DIOs, Program Directors, Coordinators, GME Educators*

**Presented By:** Gerard Francisco, MD, FAAPMR; Caroline Fischer, MBA

**Session Objectives:** At the end of the session, learners should be able to:

1. Identify changes related to accreditation in their specialty.
2. Discuss strategies to satisfy accreditation requirements.
3. Build new or strengthen current relationships with ACGME staff members, other program directors, and administrators in the specialty.

**3:45 p.m. - 5:15 p.m.**

**SES044: Specialty Update: Diagnostic Radiology**

These sessions include an update on recent Review Committee and ACGME activities, and will provide information as it relates to the individual specialty's adaptation to the Next Accreditation System. There will be ample time for Q&A.

*Target Audience: DIOs, Program Directors, Coordinators, GME Educators*

**Presented By:** James Anderson, MD; Felicia Davis, MHA

**Session Objectives:** At the end of the session, learners should be able to:

1. Identify changes related to accreditation in their specialty.
2. Discuss strategies to satisfy accreditation requirements.
3. Build new or strengthen current relationships with ACGME staff members, other program directors, and administrators in the specialty.

**3:45 p.m. - 5:15 p.m.**

**SES045: Specialty Update: Neurology**

These sessions include an update on recent Review Committee and ACGME activities, and will provide information as it relates to the individual specialty's adaptation to the Next Accreditation System. There will be ample time for Q&A.

*Target Audience: DIOs, Program Directors, Coordinators, GME Educators*

**Presented By:** Steven Lewis, MD; Louise King, MS

\*Session does not qualify for CME credit

**Session Objectives:** At the end of the session, learners should be able to:

1. Identify changes related to accreditation in their specialty.
2. Discuss strategies to satisfy accreditation requirements.
3. Build new or strengthen current relationships with ACGME staff members, other program directors, and administrators in the specialty.

**3:45 p.m. - 5:15 p.m.**

**SES046: Specialty Update: Plastic Surgery**

These sessions include an update on recent Review Committee and ACGME activities, and will provide information as it relates to the individual specialty's adaptation to the Next Accreditation System. There will be ample time for Q&A.

*Target Audience: DIOs, Program Directors, Coordinators, GME Educators*

**Presented By:** Donald Mackay, MD; John Potts, MD, Donna Lamb, MBA

**Session Objectives:** At the end of the session, learners should be able to:

1. Identify changes related to accreditation in their specialty.
2. Discuss strategies to satisfy accreditation requirements.
3. Build new or strengthen current relationships with ACGME staff members, other program directors, and administrators in the specialty.

**3:45 p.m. - 5:15 p.m.**

**SES047: Specialty Update: Orthopaedic Surgery**

These sessions include an update on recent Review Committee and ACGME activities, and will provide information as it relates to the individual specialty's adaptation to the Next Accreditation System. There will be ample time for Q&A.

*Target Audience: DIOs, Program Directors, Coordinators, GME Educators*

**Presented By:** J. Lawrence Marsh, MD; Pamela Derstine, PhD, MHPE

**Session Objectives:** At the end of the session, learners should be able to:

1. Identify changes related to accreditation in their specialty.
2. Discuss strategies to satisfy accreditation requirements.
3. Build new or strengthen current relationships with ACGME staff members, other program directors, and administrators in the specialty.

**3:45 p.m. - 5:15 p.m.**

**SES048: Specialty Update: Urology**

\*Session does not qualify for CME credit

These sessions include an update on recent Review Committee and ACGME activities, and will provide information as it relates to the individual specialty's adaptation to the Next Accreditation System. There will be ample time for Q&A.

*Target Audience: DIOs, Program Directors, Coordinators, GME Educators*

**Presented By:** Randall Meacham, MD; Mary Joyce Turner, RHIA, MJ

**Session Objectives:** At the end of the session, learners should be able to:

1. Identify changes related to accreditation in their specialty.
2. Discuss strategies to satisfy accreditation requirements.
3. Build new or strengthen current relationships with ACGME staff members, other program directors, and administrators in the specialty.

**3:45 p.m. - 5:15 p.m.**

#### **SES049: Specialty Update: Anesthesiology**

These sessions include an update on recent Review Committee and ACGME activities, and will provide information as it relates to the individual specialty's adaptation to the Next Accreditation System. There will be ample time for Q&A.

*Target Audience: DIOs, Program Directors, Coordinators, GME Educators*

**Presented By:** Margaret Wood, MD; Anne Gravel Sullivan, PhD

**Session Objectives:** At the end of the session, learners should be able to:

1. Identify changes related to accreditation in their specialty.
2. Discuss strategies to satisfy accreditation requirements.
3. Build new or strengthen current relationships with ACGME staff members, other program directors, and administrators in the specialty.

**3:45 p.m. - 5:15 p.m.**

#### **SES050: Specialty Update: Radiation Oncology**

These sessions include an update on recent Review Committee and ACGME activities, and will provide information as it relates to the individual specialty's adaptation to the Next Accreditation System. There will be ample time for Q&A.

*Target Audience: DIOs, Program Directors, Coordinators, GME Educators*

**Presented By:** Ann Spangler, MD, MS; Laura Edgar, EdD, CAE

**Session Objectives:** At the end of the session, learners should be able to:

1. Identify changes related to accreditation in their specialty.
2. Discuss strategies to satisfy accreditation requirements.
3. Build new or strengthen current relationships with ACGME staff members, other program directors, and administrators in the specialty.

\*Session does not qualify for CME credit

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**3:45 p.m. - 5:15 p.m.**

**SES051: Specialty Update: Dermatology**

These sessions include an update on recent Review Committee and ACGME activities, and will provide information as it relates to the individual specialty's adaptation to the Next Accreditation System. There will be ample time for Q&A.

*Target Audience: DIOs, Program Directors, Coordinators, GME Educators*

**Presented By:** Nicole Owens, MD; Eileen Anthony, MJ

**Session Objectives:** At the end of the session, learners should be able to:

1. Identify changes related to accreditation in their specialty.
2. Discuss strategies to satisfy accreditation requirements.
3. Build new or strengthen current relationships with ACGME staff members, other program directors, and administrators in the specialty.

**3:45 p.m. - 5:15 p.m.**

**SES052: Oral Presentation 2\***

This session highlights posters judged as outstanding based on submitted abstracts. It provides the opportunity for professionals who share similar interests to meet and network through discussion of each presentation.

*Target Audience: All*

**Presented By:** Afif Kulaylat, MD; Jerry Larrabee, MD; Judith Pauwels, MD; Anna Sleder, MD; Allayne Stephans, MD

**Session Objectives:** At the end of the session, learners should be able to:

1. Identify individuals and/or programs using innovative ideas to improve patient care or resident educational outcomes, and/or methods that have facilitated educational improvement at the institutional or program level.
2. Describe several initiatives to improve graduate medical education.
3. Use the ideas generated during this session as a springboard for their own efforts to improve graduate medical education.

**3:45 p.m. - 5:15 p.m.**

**SES053: Institutional Oversight: Managing Continuous Data for Continued Accreditation**

Designated institutional officials (DIOs) have now all received multiple data sets (i.e., Case Logs, Milestones, Survey data, etc.) for each program at their sponsoring institutions for both Phase I and Phase II specialties in the Next Accreditation System. The challenge for institutional accreditation is to manage this data effectively and efficiently to meet the revised Institutional Requirements which include new oversight responsibilities for the DIO and the Graduate Medical Education Committee (GMEC). In

\*Session does not qualify for CME credit

this session, two DIOs will share their experiences in managing data flow and use examples from their experiences on how to address the challenges of exercising effective institutional oversight.

*Target Audience: DIOs, GMEC Chairs, GME coordinators, GME educators*

**Presented By:** Mark Wilson, MD, MPH; Julia McMillan, MD

**Session Objectives:** At the end of the session, learners should be able to:

1. Review various methods by which experienced DIOs manage multiple data sets from multiple programs for review.
2. Describe development of various practices by GMECs for the oversight of annual program evaluation and the GMEC special review process.
3. Apply at least one suggestion to improve their local GMEC operations.

**3:45 p.m. - 5:15 p.m.**

**SES054: Approaches to Improving the Clinical Learning Environment: Facilitated Poster Session 2 (Health Care Quality, Care Transitions, Professionalism)**

Many sponsoring institutions have begun to work with their clinical sites to address resident and fellow physician engagement in one or more of the Clinical Learning Environment Review focus areas. Through a series of short oral presentations, this session will provide an opportunity for institutions to share their work in the areas of health care quality, care transitions, and professionalism.

*Target Audience: DIOs, GME Chairs, GME coordinators, GME educators*

**Presented By:** Elizabeth Wedemeyer, MD; Mark Bixby, MD; Robin Newton, MD, FACP, CSSBB (ASQ); Dale Ray, MMM, MD

**Session Objectives:** At the end of the session, learners should be able to:

1. Review the efforts of multiple sponsoring institutions and identify various approaches to addressing the dual goals of optimizing resident/fellow physician learning while improving patient care.
2. Identify opportunities for networking and future information exchange among colleagues.

**3:45 p.m. - 5:15 p.m.**

**SES055: Advanced Feedback Techniques**

Feedback is an essential skill for medical educators. However, there is no uniformly accepted approach to giving feedback. In this session, attendees will learn and have the opportunity to practice a technique of giving feedback that easily incorporates many of the recommended aspects of giving feedback, including tailoring the feedback to the learner's readiness to change. Previous attendees have successfully incorporated these skills into their teaching the very next day.

*Target Audience: DIOs, Program directors, GME educators, Faculty members*

**Presented By:** Lynn Byars, MD; Elexis McBee, LCDR, USN, DO, MPH, FACP

\*Session does not qualify for CME credit



**Session Objectives:** At the end of the session, learners should be able to:

1. Link the theoretical model to the learner's level of insight and readiness for action.
2. Describe how to use interactive feedback to determine a learner's insight.
3. Demonstrate a standardized technique to deliver specific feedback with empathy, supporting facts, and opportunity for learner reaction.

**3:45 p.m. - 5:15 p.m.**

#### **SES056: Leadership Competencies as a Pathway to "CLER" Success**

The pathway to CLER (Clinical Learning Environment Review program) success is paved through the development and application of leadership competencies. The new competencies of leadership, as defined by Peter Scholtes, focus on understanding systems, understanding interdependence and interactions between systems, how to lead learning and improvement, and variability and problem solving providing a framework for thinking differently about how to "lead" rather than "manage" GME programs. The application of the Dyad model of leadership as practiced across the Ochsner Health System will be presented to demonstrate how application of these competencies can lead to accreditation and operational success.

*Target Audience: DIOs, Program directors, Coordinators, GME educators, Faculty members, Administrators*

**Presented By:** Janice Piazza, MSN, MBA; Ronald Amedee, MD, FACS

**Session Objectives:** At the end of the session, learners should be able to:

1. Understand the leadership competencies that can positively impact GME programs that will lead to "CLER" success.
2. Identify areas of strength and opportunities for improvement in leadership competencies.
3. Develop a strategy to implement tomorrow that will bridge system silos.

**3:45 p.m. - 5:15 p.m.**

#### **SES057: The Residency Performance Index – Family Medicine's Tool for Program Improvement**

This session describes a unique program quality improvement tool that directly addresses the ACGME requirement for systematic annual program evaluation and improvement. This tool has been specifically designed by the Association of Family Medicine Residency Directors (AFMRD) to spur the residency quality improvement efforts of its member programs nationwide. Using program metrics specific to family medicine training, and benchmark criteria for those metrics, the Residency Performance Index (RPI) was launched as an online tool in 2012 to help programs identify strengths and weaknesses in their educational activities and resident clinical experiences that could be tracked and reviewed and compared to national quality benchmarks with a comparison data set from peer programs. This session will describe the development of specialty-wide training quality metrics and their application to the Annual Program Evaluation by the Program Evaluation Committee.

*Target Audience: DIOs, Program directors, Coordinators, GME educators, Faculty members, Administrators*

**Presented By:** Grant Hoekzema, MD; Lisa Maxwell, MD

\*Session does not qualify for CME credit

**Session Objectives:** At the end of the session, learners should be able to:

1. List the quality requirements for a national residency quality dashboard.
2. Define “quality residency training” using defined metrics.
3. Discuss the pros/cons of a national quality standard for specialty residencies.
4. Learn the benefits and uses of a residency QI tool during the Annual Program Evaluation.

**3:45 p.m. - 5:15 p.m.**

**SES058: Mobile Apps 2.0: Teaching Trainees to Leverage iPads to Improve Patient-centered Communication Evaluation and Assessment**

Mobile apps are an educational technology suited for overcoming obstacles unique to clinical education. Clinical teachers lead groups of students with various levels of competence. Additionally, Entrustable Professional Activities (EPAs) frequently cut across more than one competency. Mobile devices like iPads can be powerful tools for accessing information at the bedside, as well as for facilitating patient education and communication. Apps not only provide individualized learning materials on all the competencies but can facilitate evaluation, assessment, and feedback. This interactive session will introduce participants to iPad apps used in medical education across the continuum. Learners will also get opportunities to share their experiences leveraging mobile devices and ideas for overcoming obstacles to implementation.

*Target Audience: DIOs, Program directors, Coordinators, GME educators, Faculty members, Administrators*

**Presented By:** Larry Hurtubise, MA; Sorabh Khandelwal, MD; Elissa Hall, EdD (ABD)

**Session Objectives:** At the end of the session, learners should be able to:

1. Understand the benefits of mobile devices in medical education across the continuum.
2. Leverage apps for effective patient education and communication.
3. Develop strategies for implementing apps for evaluation, assessment, and providing feedback.

**3:45 p.m. - 5:15 p.m.**

**SES059: Assessing Resident Transitions of Care Competency Using Simulated Patient Encounters**

Transitions of care and patient hand-offs are integral in inpatient settings given hospitalist coverage schedules and resident duty hour limitations. Providing safe and effective transitions of care is an essential skill for residents to master early in their training. This session will educate attendees on an innovative assessment tool utilizing simulated patient encounters to assess transitions of care. It will highlight training that interns receive during their initial orientation, how this assessment tool was developed, and data from this project. Participants will become familiar with the structure, case scenarios, and use of evaluation forms to assess a videotaped patient hand-off. Valuable resources will be provided so attendees can adapt this validated tool to meet individual program needs. The lecture will provide attendees with a valuable and valid assessment tool to help them ensure that residents are competent in communicating with team members in the handoff process to facilitate both continuity of care and patient safety.

*Target Audience: DIOs, Program directors, GME educators, Faculty members*

**Presented By:** Jason Sapp, MD, FACP; Matthew Short, MD, FAAFP

\*Session does not qualify for CME credit

**Session Objectives:** At the end of the session, learners should be able to:

1. Describe the basic design, organization, and use of simulated patient encounters as a tool to assess transitions of care.
2. Demonstrate the use of a validated assessment form for transitions of care using a videotaped hand-over.
3. Apply this assessment tool to their training program to assess trainee attainment of transitions of care competency.

**3:45 p.m. - 5:15 p.m.**

**SES060: Going for the Gold: A Collaborative Approach to an Institution-wide Professional Development Series for Program Coordinators\***

Program coordinators play an important role in graduate medical education (GME), yet many report being ill-prepared to perform their job duties due to little or no training. In order to ensure continued opportunities for program coordinator job training, GME leaders at Oregon Health & Science University developed an institution-wide, three-year professional development series for program coordinators. The first year (bronze) covers foundational knowledge; the second year (silver) offers topics intended to give program coordinators a deeper understanding of issues related to GME. The series concludes with the gold level, which requires program coordinators to synthesize and apply knowledge gained in the bronze and silver years to mentor and teach peers and complete a quality project that is presented to the campus GME community. This interactive session highlights the importance of professional development, provides an overview of the three-year professional development series, and gives participants an opportunity to explore the possibility of implementing a similar program at their institutions. Participants will leave the session with tools they can use to start a professional development course at their institutions.

*Target Audience: Coordinators, GME educators, Administrators*

**Presented By:** Amy Miller Juve, EdD, MEd; Sue Simmons; Cindy Koonz, MS; Christine Flores

**Session Objectives:** At the end of the session, learners should be able to:

1. Explain the importance of professional development and training for program coordinators.
2. Summarize the curriculum offerings of the Oregon Health & Science University's innovative three-year program coordinator professional development series.
3. Determine if a similar professional development program would be beneficial at your institution.

**3:45 p.m. - 5:15 p.m.**

**SES061: International Track: ACGME-I Medical Accreditation Round Tables**

Program directors of ACGME-I accredited programs in medical specialties will discuss practical approaches their programs are using to obtain and maintain ACGME-I accreditation. Particularly, program directors will discuss faculty development activities, how they manage and evaluate the curriculum, and how they have implemented Clinical Competency and Program Evaluation Committees.

*Target Audience: International Attendees*

**Presented By:** Halah Ibrahim, MD MEHP, FACP; Sally Chih Wei Ho, MBBS, MMED (FM), FCFP (S); Susan Day, MD; Lorraine Lewis, EdD, RD

\*Session does not qualify for CME credit

**Session Objectives:** At the end of the session, learners should be able to:

1. Summarize the process of obtaining ACGME-I accreditation.
2. Using information from international programs' past experience, determine ways to improve compliance with the ACGME-I Program Requirements and develop ways to improve GME in their specific program(s).

**3:45 p.m. - 5:15 p.m.**

**SES062: The Lion and the Lamb – House Staff-Hospital Collaboration to Promote High-value Care and High-value Education**

The changing landscape of health care is driving teaching institutions to redesign workflow processes to provide high-quality, patient-centered care in the most cost-effective manner possible. Concurrently, those same institutions are rethinking graduate medical education given the new paradigms of accreditation and the sharper focus on the clinical learning environment. Are these foci mutually exclusive, stubbornly independent, or potentially alignable—even beneficial to each other? This session will use one institution's two examples of house staff/C-suite collaboration as a platform for helping participants examine their own institutions and their opportunities to integrate residents and fellows into the fabric of health system quality improvement and workflow redesign. Centering on using a framework for organizational change, we will work through cases, enable programs to share challenges and successes, and use breakout time for individuals or teams to focus on potential next steps at their own home institutions.

*Target Audience: GME Educators*

**Presented By:** Donald Brady, MD; Josh Heck, MD; Wade Iams, MD; Bonnie Miller, MD

**Session Objectives:** At the end of the session, learners should be able to:

1. Discuss the advantages of formalized, longitudinal collaboration between house staff and the C-suite.
2. Understand the opportunities for and challenges in advancing house staff-leadership collaboration at their own institution.
3. Apply a framework for leading organizational change in advancing such collaborations and promoting a culture of change.
4. Outline strategic next steps in advancing house staff-leadership collaboration at their own institution.

**3:45 p.m. - 5:15 p.m.**

**SES063: Forestalling the Impoverishing of Medical Education: Resisting the Wholesale Adoption of Competency-based Assessment, Debunking Miller's Pyramid, and Learning from the Striking Parallels between Medical Education and Teacher Education Training Programs**

Physician preparation (i.e., medical school and residency training) and teacher preparation programs (i.e., teacher certification training) bear an uncanny resemblance in purpose, structure, and instructional and evaluation practices. There are also striking (and presumably unwitting) parallels between each field's accreditation policies and national educational agendas. The presenters will briefly describe their collaboration with the University of Michigan's School of Education, and, in more depth: 1) Relate how competency-based assessment has "already been tried and failed" in teacher preparation and teacher evaluation programs; 2) How the U.S. Department of Education's emphases on curriculum standards and

\*Session does not qualify for CME credit

accountability (read “No Child Left Behind” and “Race to the Top”) has given rise to an impoverishing “Audit Culture”; and 3) How both #1 and #2 bode for the ACGME’s Next Accreditation System and full-on foray into outcomes and competency-based education, assessment, and reporting. Next, the presenters will introduce a novel teaching and assessment tool called the “Resident Growth Chart/er (RGC).” The RGC is a true shared mental model that describes, using prose, “who we’d like our residents to be” at each stage of their development, and “how we’d like them to think and behave” as physicians-in-training. The robust use of the RGC requires engaged teachers who understand and put to use several contemporary paradigms of adult learning and evaluation, and appreciate the shortcomings and know how to extract the best from competency-based education and assessment. To this end, the presenters will: 1) introduce a more synthetic, holistic revision of Miller’s pyramid; and 2) review relevant educational concepts and theories of cognition from both the medical and teacher education fields. Session participants will gain experience using the RGC’s mobile app in assessing multiple samples of videotaped snippets of real-life resident behavior on the wards, in the clinic, at the bedside, etc.

*Target Audience: DIOs, Program directors, GME educators, Faculty members*

**Presented By:** Jonathan Zimmerman, MD, MBA, FACP; Ruaa Elteriefi, MD

**Session Objectives:** At the end of the session, learners should be able to:

1. Be reminded of the value of cross-discipline examination and collaboration.
2. Become aware of the short-comings of competency-based education and assessment and standards and accountability policies.
3. Become familiar with and know how to apply several relevant contemporary paradigms of adult learning and assessment.
4. Understand the differences between the original and revised Miller’s pyramids, and how the latter may “fit” better with the way physicians think (observe, interpret, diagnose).
5. Know/show how to use the Resident Growth Chart/er (RGC).
6. Contemplate developing their own, unique, locally relevant Resident or Medical Student Growth Chart/er.

**3:45 p.m. - 5:15 p.m.**

#### **SES064: Surgical Simulation – Comprehensive Curriculum on a Low Budget**

The purpose of this workshop is to develop a comprehensive simulation program, on a low budget, in a surgical residency. The course consists of creating a simulation program by focusing on the details of a surgical residency simulation curriculum. With the financial constraints of today, this course provides the audience with a program that can be generated on a low budget and still be beneficial for surgical residents.

*Target Audience: Program directors, Coordinators, GME educators, Faculty members, Administrators*

**Presented By:** April Morgan, MEd; Mohsen Shabahang, MD, PhD, FACS

**Session Objectives:** At the end of the session, learners should be able to:

1. Discuss the different components of a surgical simulation program.
2. Develop a surgical simulation curriculum on a low budget.

**3:45 p.m. - 5:15 p.m.**

\*Session does not qualify for CME credit

### **SES065: Using C-Suite Business Models and Tools to Address Issues Faced by DIOs/ GME in the New Era of Health Care Reform**

This session will focus on use of available data tools as well as evaluation metrics that enable designated institutional officials (DIOs)/graduate medical education (GME) to communicate effectively with the C Suite. Participants will be exposed to the A3 tool, which is extremely useful in solving inter-departmental problems. Other tools, such as scorecards and trend analyses, will be incorporated into the presentation. Attendees will be asked to bring a challenging institution-specific situation to the session for application of the A3 model, discussion of available metrics, and development of an approach to resolve the situation.

*Target Audience: DIOs, Program directors, GME educators, Administrators*

**Presented By:** Nancy Piro, PhD; Ann Dohn, MA

**Session Objectives:** At the end of the session, learners should be able to:

1. Use the A3 Model for problem situational mapping.
2. Have an awareness of potential new sources of data for DIOs to leverage.
3. Have a better understanding of prioritization of situations. requiring C-Suite intervention
4. Take home a template for the A3 problem mapping tool, and approaches to address their challenging situations.

**3:45 p.m. - 5:15 p.m.**

### **SES066: One Size Does Not Fit All: Learner-centered Remediation Plans**

Resident success in training is highly variable due to a multitude of factors, including diverse educational backgrounds and experiences, learning styles, and distinct mental models. As a result, response to uniform curricular offerings may not lead to appropriate progression for all. To provide struggling residents with the necessary tools to realize their goals, program leadership must develop learner-centered educational plans for improvement. Successful models often require a multi-faceted approach. The purpose of this session is to engage participants in developing a robust toolbox to be used in forming these remediation plans.

*Target Audience: DIOs, Program directors, GME educators, Faculty members*

**Presented By:** Sandhya Wahi-Gururaj, MD, MPH; Miriam Bar-on, MD; Aditi Singh, MD

**Session Objectives:** At the end of the session, learners should be able to:

1. Discuss basic principles of resident remediation.
2. Describe novel strategies for remediation.
3. Develop training level and milestone-specific remediation plans.

**5:30 p.m. – 6:30 p.m.**

### **Nathan K Blank Fellowship Presentation**

#### **Supervision in Surgical Residency Programs: Findings of a Qualitative Study and Implications for Faculty Development**

The session discusses research on residents' understanding of and expectations for sufficient and appropriate supervision in the operating room, inpatient services and outpatient clinics. Practical take-

\*Session does not qualify for CME credit

aways include information on residents' perceptions of the relevance of supervision to patient safety and to residents' learning and professional development, to contribute to improved supervision of surgical trainees in the local setting.

*Target audience: Program directors, Faculty members, Residents in surgical programs, Surgical educators.*

**Presented By:** Serge Martinez, MD, JD; William W. Robertson, Jr., MD, MBA

**5:30 p.m. – 6:30 p.m.**

**Gold Humanism Honor Society Presentation: Gold Humanism Honor Society Membership to be Added to ERAS Application Beginning with 2016 Application Cycle**

The ERAS Advisory Committee recently announced that membership in the Gold Humanism Honor Society (GHHS) will now be included on the MyERAS application and the Program Director's Workstation as a filterable field, beginning this summer. GHHS is a signature program of The Arnold P. Gold Foundation. The Gold Foundation is nationally recognized for promoting compassionate, patient-centered care. In 2002, the Foundation launched GHHS to identify students, residents, and faculty who embody the qualities of integrity, excellence, altruism, respect, and empathy and would serve as role models, leaders, and advocates for humanism in medicine. Please join Lynn White, MD, Director of GHHS for a conversation about GHHS, what it means to be a member, how the sortable indicator for GHHS on the ERAS application will assist Program Directors, and why GHHS membership status should be considered a vital part of the resident application review process.

**Presented By:** Lynn White, MD

\*Session does not qualify for CME credit

# **SATURDAY SESSIONS**

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2015 ACGME Annual Educational Conference



Saturday, February 28, 2015

**7:00 a.m. - 10:00 a.m.**

**SES067: How to Build an Effective Faculty Assessment Tool in the Competency-based Era**

Faculty evaluations are often the bane of program directors' existence. Prior research has shown that typical evaluation forms are often turned in late (or never), with few useful comments and numeric ratings that are hard to interpret. Faculty members struggle to use assessment tools effectively and meaningfully, and are often unclear of the purpose of the assessment or how to use the assessment for feedback. New approaches to work-based assessments are needed.

*Target Audience: Program directors, Associate program directors, Faculty members involved in assessment*

**Presented By:** Eric Holmboe, MD, MACP, FRCP; Kelly Caverzagie, MD

**Session Objectives:** At the end of the session, learners should be able to:

1. Develop ways to improve GME in their specific program(s).

**7:00 a.m. - 10:00 a.m.**

**SES068: Developing Educational Leaders: Incorporating Lessons Learned from the Association of Pediatric Program Directors Leadership in Educational Academic Development Program (APPD LEAD)**

Medical education is becoming increasingly more complex. Educational leaders may find themselves in a position of working with faculty members and administrators without formal leadership preparation. This interactive session will provide a framework for creating a program to help educators develop the skills needed to lead others successfully. The presenters will offer lessons learned from the development and implementation of APPD LEAD, which is currently working with its third cohort of participants. Conceptual frameworks from Kern, Kirkpatrick, Schon, and Ericsson will be presented. Participants will utilize the Step-Back method (by Keegan) of peer feedback to develop their own ideas for an educational leadership development program. This session will be particularly useful for those looking to develop educational program leaders within an institution or for a national educational organization.

*Target Audience: DIOs, Program directors, Coordinators, GME educators, Faculty members, Administrators*

**Presented By:** John Frohna, MD, MPH; Grace Caputo, MD, MPH; Hilary Haftel, MD, MHPE, MEd; Franklin Trimm, MD; Linda Waggoner-Fountain, MD, MA, MEd

**Session Objectives:** At the end of the session, learners should be able to:

1. Utilize the 5 W Framework and Kern's model of Curriculum Development to create a faculty development program.
2. Incorporate the Step-Back process as a means of feedback for idea development.
3. Describe key conceptual frameworks that can be used to create and evaluate sessions in a faculty development program.

\*Session does not qualify for CME credit

Saturday, February 28, 2015

**7:00 a.m. - 10:00 a.m.**

**SES069: I-PASS: Spreading an Evidence-based Program across the Institution for Safer Transitions of Care**

This interactive session is designed for leaders of institutions, programs, or patient care services to experience the I-PASS Handoff Program, an evidence-based approach to ensure effective handoffs and optimize patient care. Participants will be introduced to the I-PASS study results and details of the I-PASS Handoff Program, and learn how to adapt and implement the I-PASS Handoff Program in their units, programs, or across their institutions. The session will be a mix of brief didactics with interactive and reflective elements. The I-PASS team is comprised of senior academic leaders, program directors, hospitalists, and health services researchers with extensive experience in education, patient safety, and transformational change efforts.

*Target Audience: DIOs, Program directors, Coordinators, GME educators, Faculty members, Administrators, Patient safety leaders*

**Presented By:** Theodore Sectish, MD; Nancy Spector, MD

**Session Objectives:** At the end of the session, learners should be able to:

1. Discuss the preliminary I-PASS study results.
2. Describe the elements of the I-PASS hand-off bundle.
3. Articulate the adaptation of the I-PASS program to your discipline or specialty.
4. List the important elements of an implementation plan.

**7:00 a.m. - 10:00 a.m.**

**SES070: Do It Yourself Assessment Tools – Find the Holes in Your System and Fix Them –Write Home-grown EPAs – then Map Directly to Your Milestones!**

Perfectly reporting all your Milestones with an abundance of Milestone data? No? Well here is a place to start identifying what you need (or where the “holes” are in your assessment system), write your own assessment tools, and map that data back directly to your Milestones! Lots of hands-on practice activities. Leave with your own self-written EPA tools that you will have mapped to your specialty-specific Milestones.

*Target Audience: Program directors, GME educators, Faculty members*

**Presented By:** Sandra Moutsios, MD, MBA; John McPherson, MD

**Session Objectives:** At the end of the session, learners should be able to:

1. Compare and contrast competency-based assessments and normative assessments.
2. Identify at least one "hole" in their own assessment system at their home program.
3. Describe the benefits of writing EPAs locally and individually.
4. Write three EPAs for a clinical activity.
5. Map their self-written EPAs to their specialty-specific Milestones.
6. Create a plan to address the identified hole(s) in their assessment system with this newly introduced strategy.

\*Session does not qualify for CME credit

Saturday, February 28, 2015

**7:00 a.m. - 10:00 a.m.**

**SES071: The Holy Grail of Feedback: Engaging in Learner-centered Feedback that Works**

Despite significant faculty development efforts, the provision of effective feedback remains one of the most common educational needs identified by residents and faculty members, even for the “best” educators. The presenters postulate that the biggest challenge to improving feedback is the almost exclusive focus on feedback frequency and delivery methods. However, feedback can only be effective if it is first grounded in mutual goals, derived from direct observations of a learner’s performance, intentionally focused on specific skill components, related to the learner’s self-assessment, and followed by specific planning for future practice. During this session, participants will be introduced to the Doctor Coach approach for teaching clinical skills by engaging in a series of activities corresponding to each of these steps that will better prepare them to create a learner-centered feedback dialog. The session activities have been used extensively in many different settings for faculty development and resident-as teacher. First, participants will reflect on what learner-centered feedback looks like and how faculty and learners know when it works. Participants will then utilize a set of Milestones to identify components of a resident’s performance that should be observed and then employ these components to observe a video of a resident discussing treatment options with a patient. Through small-group activities, participants will synthesize their observations of the resident’s performance to prioritize the most important resident strengths, areas for improvement, and questions to test their inferences about the reasons for the resident’s performance. Each participant will then use a feedback preparation tool to outline his/her own plan for a feedback dialog with the resident in the video. In groups of three, participants will have the opportunity to practice and coach one another in creating a learner-centered feedback dialog. The session will conclude with participants’ plans for creating more learner-centered feedback dialogs with their own learners and/or others at their home institutions. Paper-based and online resources from the Doctor Coach model will be provided to support the implementation of these plans.

*Target Audience: DIOs, Program directors, GME educators, Faculty members, Residents, Fellows*

**Presented By:** Kimberly Gifford, MD; Leslie Fall, MD

**Session Objectives:** At the end of the session, learners should be able to:

1. Describe the importance of goal setting, observation, assessment, and reflection for creating an effective learner-centered feedback dialog.
2. Identify key components of a learner’s performance that should be observed based on a desired patient outcome, the Milestones frameworks for the clinical skills necessary to reach that outcome, the learner’s goals, and the observer’s perspective.
3. Synthesize observations of a learner’s performance to prioritize the most important learner strengths, areas for improvement, and questions for the learner that can be used to plan a feedback dialog.
4. Create a learner-centered feedback dialog to establish a plan for the learner’s ongoing practice of clinical skills and the role of the clinical teacher/coach.
5. Establish a plan to create more learner-centered dialogs with learners or others at their home institution.

**8:00 a.m. - 9:30 a.m.**

**SES072: Coordinator Plenary: Mission NOT Impossible: Using Data to Make You and Your Program Shine\***

In this session, participants will have the opportunity to discuss the use of multiple and diverse sources of data with respect to collection, use of, and organization. The discussion will focus on the use of

\*Session does not qualify for CME credit

organizational tools and templates to analyze and organize the information elements, both in real time and longitudinally. The participants will learn how to use tools that can also be modified for program-level, Milestone-based metrics, enabling consistent and ongoing tracking and reporting of data to the program director and the ACGME. In closing, participants will brainstorm solutions to possible barriers to implementation.

*Target Audience: Coordinators*

**Presented By:** Nancy Piro, PhD; Ann Dohn, MA

**8:00 a.m. - 9:30 a.m.**

**SES073: Crossing the Continuum Chasm – Opportunities (and Barriers?) for GME and CME**

In this interactive session, Murray Kopelow, MD, the President and CEO of the Accreditation Council for Continuing Medical Education, will explore the opportunities that exist for GME and CME to coordinate in support of learning and improvement for both residents and faculty members. Can the ACGME/ABMS Competencies and the Milestones provide a roadmap for learning throughout a physician's professional journey? Dr. Kopelow will share examples of innovative systems that have prepared the CME infrastructure to accept the hand-off of the resident learners as they move into practice; that have taken data gathered from CLER visits to identify learning needs for ACCME faculty members; and that have recognized the benefits of focusing on interprofessional education (IPE) in support of interprofessional collaborative practice – to the institution, the learners, and most importantly the patients and their caregivers.

*Target Audience: All Attendees*

**Presented By:** Murray Kopelow, MD, MS (Comm), FRCPC

**8:00 a.m. - 9:30 a.m.**

**SES074: Managing the Poorly Performing Resident**

This session will address the fundamentals of managing poorly performing residents. It will include methods for early identification, proper documentation, resident evaluation, development of a remediation plan, and successfully dismissing a resident not suited to complete the program. It will include small groups reviewing real cases with time for discussion.

*Target Audience: Program directors, Coordinators*

**Presented By:** John Patrick Co, MD, MPH; Eric Nadel, MD

**Session Objectives:** At the end of the session, learners should be able to:

1. Understand the importance of early recognition of a poorly performing resident.
2. Realize the importance of documenting all even slightly negative evaluations/comments.
3. Understand the responsibility of the program director in this situation.
4. Understand how to develop a reliable and fair process of evaluation, remediation, and, when necessary, termination.
5. Understand use of available resources.

\*Session does not qualify for CME credit

Saturday, February 28, 2015

**8:00 a.m. - 9:30 a.m.**

**SES075: Returns on the GME Investment: Perspectives on the Costs and Benefits of Resident Education**

Academic medical centers and teaching hospitals are currently faced with important decisions regarding allocation of resources to support graduate medical education (GME). This session will consider how sponsoring institutions are facing these decisions with particular emphasis on assessing the indirect benefits of residency training. One institution will share its strategic process for assessing the impacts of changes in the health care environment on its programs. Specifically, the process for assessing its GME function and structure will be shared, including decisions regarding potential new program development, closure, and adjustments in complement size. Both direct revenues and indirect benefits will be discussed (returns on investments), including financial stability and workforce planning.

*Target Audience: DIOs, Program directors, GME educators, Faculty members, Administrators, C-Suite administrators*

**Presented By:** Lisa Howley, PhD, MEd; Mary Hall, MD

**Session Objectives:** At the end of the session, learners should be able to:

1. Consider how the costs and benefits of operating residency programs are valued in the current health care landscape.
2. Contrast varying approaches to assessing the GME investment.
3. Propose metrics to determine indirect effects of GME.

**8:00 a.m. - 09:30 a.m.**

**SES076: Incorporation of Quality Improvement Education as an Integral Part of Residency/Fellowship Training**

This session reviews the benefits of incorporating quality improvement (QI) education as part of the training curriculum for residents and fellows. The presenters will review the tools and methods that worked for us to incorporate QI education as part of our fellowship curriculum, and also review the benefits and testimonials from fellows who benefited from this QI education. This session is an integral part of the evaluation that occurs during a Clinical Learning Environment Review (CLER) site visit.

*Target Audience: DIOs, Program directors, Coordinators, GME educators, Faculty members, Administrators, Residents*

**Presented By:** Kannan Ramar, MD; Kianoush Kashani, MD

**Session Objectives:** At the end of the session, learners should be able to:

1. Understand the need for incorporating quality improvement education as part of the training curriculum.
2. Learn the tools and methods for how to incorporate QI education as part of the curriculum.
3. Review the benefits of incorporating QI education.

\*Session does not qualify for CME credit

Saturday, February 28, 2015

**8:00 a.m. - 9:30 a.m.**

**SES077: The Competency-based Movement: An Opportunity for Radical Curricular Reform**

The speaker will develop the rationale for a change in structure of residency training from time-based to competency-based (CBME) programs. He will argue that the forces of change compel us to consider additional changes with respect to curricular reform, and will review data derived from a five-year experience in orthopaedic surgery, in which CBME has been used. He will conclude with challenging the “siloes” nature of the (dis)continuum of medical education.

*Target Audience: GME Educators*

**Presented By:** Richard K. Reznick, MD, MEd, FRCSC, FACS, FRCSEd (hon), FRCSI (hon)

**8:00 a.m. - 9:30 a.m.**

**SES078: Incorporating Surgical Simulator Training and Patient Care Data to Enhance Resident Training and Patient Safety**

Cataract surgery is by far the most commonly performed surgery by ophthalmic residents, and is in fact the most common surgical procedure performed worldwide. The learning curve is steep, and with the advent of residency training, the presenters incorporate cataract simulator training into our training program. This session highlights how the presenters managed to do this, and more importantly, how the presenters closed the loop by using patient care data to objectively demonstrate that such simulator training has indeed resulted in improved patient care.

*Target Audience: DIOs, Program directors, Coordinators, GME educators, Faculty members, Administrators*

**Presented By:** Llewellyn Lee, MBBS, MMed, FRCS; Shaan Wiryasaputra, MBBS

**Session Objectives:** At the end of the session, learners should be able to:

1. Understand how to effectively integrate simulator training into residency programs.
2. Be able to integrate residents into quality and safety at their institution.
3. Be able to make use of patient-reported outcome measures in graduate medical education.

**8:00 a.m. - 9:30 a.m.**

**SES079: Town Hall: Surgical Accreditation**

This session will provide an open forum for attendees to receive updated information regarding the latest accreditation news in their specialties, and give them the opportunity to ask accreditation-related questions. Led by the ACGME Senior Vice President, Surgical Accreditation, with all of the ACGME surgical specialty Review Committee Executive Directors present, the session will be highly interactive and geared to the needs of the audience.

*Target Audience: DIOs, Program directors, Coordinators, GME educators in the specialties of Colon and Rectal Surgery, Neurological Surgery, Obstetrics and Gynecology, Ophthalmology, Orthopaedic Surgery, Otolaryngology, Plastic Surgery, Surgery, Thoracic Surgery, and Urology*

\*Session does not qualify for CME credit

**Presented By:** John Potts, MD

**8:00 a.m. - 9:30 a.m.**

**SES080: International Track: ACGME-I Accreditation Data System – The Basics**

The ACGME's Application Development and Data Analysis team will discuss the basics regarding the ACGME International (ACGME-I) Accreditation Data System (ADS), including the electronic application process. Other ADS topics that will be covered are annual reporting, including Resident and Faculty Surveys; Milestones reporting; and the Resident Case Log System. Accessing program-and institution level reports for internal program evaluations will also be discussed.

*Target Audience: International Attendees*

**Presented By:** Rebecca Miller, MS; Andrew Turkington

**Session Objectives:** At the end of the session, learners should be able to:

1. Summarize the electronic application process, including the type of information programs need to provide, and the steps involved in submitting an electronic application.
2. Successfully use ADS to update annual program data, report on the Milestones, report case logs, and transmit information on major program changes to the ACGME-I.
3. Successfully obtain reports to use as part of the program evaluation/improvement process.

**8:00 a.m. - 9:30 a.m.**

**SES081: CSI – Clinical Competency Committee**

In June 2014, programs from across the country in Phase I of the Next Accreditation System began submitting their first round of Milestone data through the ACGME's Accreditation Data System (ADS), determined in large part through the actions of their Clinical Competency Committees. Over the course of an academic year, our institutional assessment processes, as well of those described by other programs within our institutional Milestones committee, uncovered several significant challenges or "crimes." The first crime was that of programs that are "checking the box" as the evaluation tool rather than having evaluations determine the appropriate box to check (crime-invalid assessment). The second crime found was programs that base high stakes decisions of promotion and graduation solely on a relatively small number of Milestones in an attempt to assess the overall competency and clinical acumen of trainees (crime-over-evaluation). The third and final crime was the failure to make difficult decisions when valid assessments tell you a trainee is not yet competent, even when the Dreyfus model states they are, especially when it involves a soon-to-graduate resident (crime-failing to act on valid data or under-evaluation). This workshop uses all of our best techniques of investigation and deduction to help you understand the mechanisms at work for these common crimes and steps you can take to protect your program from their harmful effects. Actual cases taken directly from the crime scene will be used. Participants will delve deeper into these cases, understanding the conditions that promote them, and processes that deter them.

*Target Audience: Program directors, Coordinators, GME educators, Faculty members*

**Presented By:** Jon Courand, MD; Beth Payne, MAEd, C-TAGME

**Session Objectives:** At the end of the session, learners should be able to:

\*Session does not qualify for CME credit

1. Review emerging challenges in the implementation of Milestone evaluations for assessments and high-stakes decision making.
2. Understand critical concepts of assessment, observation, and evaluation.
3. Generate solutions to these emerging challenges via case-based discussion.

**8:00 a.m. - 9:30 a.m.**

**SES082: RIME-Stones: How the Reporter-Interpreter-Manager-Educator Framework Facilitates Implementation of Milestones**

Do you need help with the faculty development burden in training to the new Milestones? With the adoption of the Milestones in graduate medical education (GME), and discussion of core Entrustable Professional Activities for entering residency (and/ or attempting to implement Milestones in undergraduate medical education (UME)), the observation and assessment tasks for faculty members who carry out work-based and workplace assessment has become increasingly complex. The Milestones represent an advance in the ACGME competency framework in that they reflect a synthetic model in which teachers are asked to observe tasks rather than assess knowledge, skills, and attitudes. Nevertheless, they may suffer from a similar over-elaboration that may make them difficult for faculty members to use in daily interactions with learners. There is a solution. The RIME framework has been successfully implemented for more than two decades, it maps to the ACGME Competencies, and it provides a simple framework for faculty members to organize and relate their observations. The presenters will demonstrate how RIME maps to the Milestones, and as such, how it not only provides a bridge from UME to GME, but also makes the task of daily observation more manageable for faculty members and trainees.

*Target Audience: DIOs, Program directors, GME educators, Faculty members*

**Presented By:** Paul Hemmer, MD, MPH; Louis Pangaro, MD

**Session Objectives:** At the end of the session, learners should be able to:

1. Have a plan to enhance workplace assessment by using RIME and the Milestones.
2. Develop an explicit mapping of RIME and the Milestones.
3. Develop scholarly collaborations around the use of RIME and the Milestones.

**8:00 a.m. - 9:30 a.m.**

**SES083: Joy of Teaching Meets the NAS, Milestones, and CLER – Strategies to Sustain Clinical Teacher Motivation**

Teaching can be extraordinarily rewarding, yet sometimes it can be crushingly painful. On top of these highs and lows, clinical teachers are being pulled in multiple directions by the ever changing clinical and educational contexts in which they teach: from the ACGME Milestones and Clinical Learning Environment Review program requirements, to escalating expectations for clinical revenue production and technology utilization as clinicians and teachers. Understanding what motivates (and demotivates) teachers can help clinician educators, program directors, designated institutional officials, and education specialists chart a path through this maze to sustain teacher joys and minimize the disincentives in teaching. This session will apply precepts from Social Determination Theory and the study of expertise to identify clinical teachers' intrinsic motivations, de-motivators, and strategies to enhance teaching.

*Target Audience: DIOs, Program directors, GME educators, Faculty members, Administrators, Residents*

**Presented By:** Deborah Simpson, PhD; Danish Siddiqui, MD

\*Session does not qualify for CME credit



**Session Objectives:** At the end of the session, learners should be able to:

1. Articulate the joys of teaching.
2. Analyze the joys and challenges of teaching using the three psychological needs associated with Social Determination Theory (SDT): competence, autonomy, and relatedness.
3. Utilize SDT to generate strategies to turn “de-motivators” into joys by increasing competence, autonomy, and relatedness.
4. Celebrate our roles as teachers and recognize the how the NAS can support our needs for competence, autonomy, and relatedness as clinician educators.

**8:00 a.m. - 9:30 a.m.**

**SES084: “Needs to Read More” – Writing Meaningful Comments on Resident/Fellow Evaluations**

Written comments about resident/fellow performance remain a cornerstone of assessment. These comments complement the scaled portion of evaluations and should provide both the learner and members of the Clinical Competency Committee with meaningful information regarding performance. Content analysis of comments has demonstrated that there are many aspects of written comments that can be improved for them to be meaningful. Narrative comments must meet several well-documented requirements, which include using descriptive language, having a behavioral focus, and being specific. This session will provide program leaders with experience identifying deficits of written comments, a method for faculty development to improve faculty members’ comment writing and suggestions to engage faculty members to write comments describing resident/fellow performance.

*Target Audience: Program directors, GME educators, Faculty members, Faculty developers*

**Presented By:** Miriam Bar-on, MD; Sandhya Wahi-Gururaj, MD, MPH; Kristin Stout, MPA

**Session Objectives:** At the end of the session, learners should be able to:

1. Discuss the importance of written comments on residents’ and fellows’ evaluations.
2. Describe structure and content of written comments which make them useful in an evaluation.
3. Develop strategic methods of engaging and training faculty members to write meaningful comments on evaluations.

**8:00 a.m. - 9:30 a.m.**

**SES085: Building Bridges: Developing Institutional Infrastructure and a Strategic Plan to Integrate the Quality and Safety Mission of Teaching Hospitals and their Graduate Medical Education Programs**

The ACGME’s Clinical Learning Environment Review (CLER) program is prompting U.S. teaching hospitals to critically evaluate and increase the amount of integration between their institutional quality and safety activities and their graduate medical education (GME) programs. For many institutions, this will require the GME office to develop or strengthen organizational collaborations and create new approaches to quality and safety education. In this session, the presenters will describe a conceptual framework that includes six key elements necessary to achieve this integration, and share the common and unique strategies in place at their institutions. By engaging participants in an organizational needs assessment and action planning exercise, the presenters will help attendees prepare for their institutional CLER visits.

*Target Audience: DIOs, GME educators, Administrators*

**Presented By:** Jennifer Myers, MD; Anjala Tess, MD

\*Session does not qualify for CME credit

**Session Objectives:** At the end of the session, learners should be able to:

1. Describe the foundational elements for integrating GME and residents into the quality and safety infrastructure of your health system.
2. Identify your organization's strengths and weaknesses as you prepare for an ACGME CLER visit in order to identify improvement opportunities.
3. Compare organizational strategies from two institutions that are developing infrastructure to align GME with their health system quality and safety goals.

**8:00 a.m. - 9:30 a.m.**

**SES086: Diversifying the Residency Class: Recruiting and Mentoring of Under-represented Minority Physicians**

Health disparities exist in every area of medicine; many of these are related to race and ethnicity, and one way to address these disparities is through a more diverse physician workforce. Graduate medical education (GME) programs must strive to admit, train, and graduate physicians capable of providing high-quality and culturally-responsive care to all patients. One facet of accomplishing this goal is the diversification and inclusion in our programs of trainees from all backgrounds. Features of this session that are innovative or focus on newly identified or rapidly changing challenges to GME include emphasis not just on recruitment strategies, but specifically on holistic review. Another unique aspect of the workshop is a look toward next steps that include mentorship and retention of talented under-represented minority (URM) residents. In addition to the importance of addressing disparities in health, a diverse trainee population impacts the environment of GME. The Next Accreditation System includes Milestones which focus on a resident's ability to deliver culturally-responsive health care by respecting and modifying care plans to accommodate patients' cultural differences, and effectively communicating with people of diverse backgrounds. Diversification and inclusion of trainees from all backgrounds within our residency programs increases the opportunities for residents to learn from each other, beyond learning from their patients and the residency curriculum. Participants will leave with a detailed toolkit of strategies for attracting URM applicants, appropriately and fairly reviewing their application materials, and fully supporting their professional development and success through mentorship activities. This toolkit will include a worksheet for evaluating applications and a slide set to be used for faculty development around recruitment and retention of URM candidates.

*Target Audience: DIOs, Program directors, Faculty members*

**Presented By:** Shanta Zimmer, MD; Alda Gonzaga, MD, MS

**Session Objectives:** At the end of the session, learners should be able to:

1. Recruit a more diverse residency applicant pool with a structured "tool box" approach.
2. Holistically review residency applications to evaluate the strengths of under-represented minority (URM) medical students.
3. Enhance mentorship activities in the program to maximize the success of all residency trainees with a focus on URM residents.
4. Lead from the periphery to increase the excellence of the academic mission through diversification of the physician workforce.

**10:30 a.m. - 12:00 p.m.**

**Marvin R Dunn Keynote Address – A Programmatic View on Assessment**

*Target Audience: All Attendees*

\*Session does not qualify for CME credit

**Presented By:** Cees van der Vleuten, PhD

**1:45 p.m. - 4:45 p.m.**

**SES087: How Hard can it be to DO-D.O.? The Role of Direct Observation (D.O.) in Medical Education**

Direct observation of learners as they apply their skills is integral in virtually all types of education, be it learning to play the piano, swim freestyle, or solve a complex puzzle. For the medical learner it is no less important. However, what is clear is that the medical learner is infrequently being observed in the practice of their evolving medical skills. The causes of this include time pressures on faculty members, volume of patients, tasks the medical resident needs to complete, some discomfort for faculty members with their own expertise on a skill they are supposed to be teaching, and many other barriers. This session will discuss the importance and the challenges to direct observation of the medical learner. It will provide some solutions to overcome these obstacles. The presenters will also discuss tools to facilitate direct observation, including how to refine and improve those tools and the observers employing them.

*Target Audience: Program directors, GME educators, Faculty members*

**Presented By:** Allen Lloyd, MD; Lisa Howley, PhD, MEd

**Session Objectives:** At the end of the session, learners should be able to:

1. Understand why direct observation of the learner is important for their continued medical education.
2. Be aware of the current state and importance of direct observation as it is represented in the medical education literature.
3. Be able to identify challenges to direct observation and overcome these barriers.
4. Be able to develop or refine the tool they are currently using through quality improvement techniques combined with an awareness of factors impacting rater reliability.

**1:45 p.m. - 4:45 p.m.**

**SES088: Oh the Humanities! Utilizing Medical Readers' Theater to Train Faculty and Learners on the Professionalism Milestones**

Milestone levels for each resident and fellow are now required to be reported semiannually to the ACGME. Trainees and their evaluators will require ongoing development around the Milestones, including the Core Competency of Professionalism. Medical Readers Theater: A Guide and Scripts (Savitt, 1969) is a well-known medical educators' tool that allows audience members to perform without preparation a variety of medically-based short stories. In this session, the Professionalism Milestones from both pediatrics and internal medicine will be presented, and volunteer participants will be assigned characters from a medical short story to read aloud to the audience. Following the reading, small groups will collaboratively designate Professionalism Milestone levels for the physician protagonist, based on observed behaviors and attitudes from the reading. Small groups will then share their levels with the group at-large, providing examples from the story to support their decisions. An interactive discussion on the appraised Milestone levels for the protagonist will be led by the facilitator. Specific examples to help further categorize and differentiate between the Professionalism Milestones and how they may be encountered and habituated in everyday practice will also be provided. In the remaining time, participants will receive a facilitator's guide, including additional examples from medical literature, which may be utilized in a similar format.

*Target Audience: DIOs, Program directors, GME educators, Faculty members, Residents, Fellows*

\*Session does not qualify for CME credit

**Presented By:** Casey Hester, MD; Jerry Vannatta, MD

**Session Objectives:** At the end of the session, learners should be able to:

1. Identify and define the Professionalism milestones for multiple specialties, including internal medicine and pediatrics.
2. Differentiate between the Professionalism milestones and appraise Professionalism milestone levels for the physician protagonist in a narrated short story.
3. Plan a similar session locally utilizing each participant's specific Professionalism milestones for their specialty and the provided facilitator's guide.

**1:45 p.m. - 4:45 p.m.**

### **SES089: New Strategies for Resident Engagement in Patient Safety and Quality Improvement**

After our institution underwent its Clinical Learning Environment Review (CLER) program site visit (as #6 site), the GMEC and institutional and program leadership examined the role and involvement of residents in patient safety and quality improvement. Using the findings from the CLER visit, the ACGME Resident and Faculty Surveys, and our Institutional Annual Survey of Residents' Educational and Clinical Experiences (which has been conducted since 2006), the GMEC identified several goals for improvement, including implementation of a standardized process for hand-overs across all programs. The strategies for integrating residents in patient safety and quality improvement include top-down and bottom-up approaches, and feature the newly appointed "chief" residents in Patient Safety and Quality Improvement. The program shows an innovative approach that enables residents to work toward integration within their own programs and across programs. This approach recognizes that no one knows the clinical learning environment better than the residents who work and learn in it.

*Target Audience: DIOs, Program directors, GME educators, Faculty members, Administrators*

**Presented By:** Judy Paukert, PhD; Julius Balogh, MD, MHA; Stacy Smith, MD; Hillary Patuwo, MD, MBA

**Session Objectives:** At the end of the session, learners should be able to:

1. Identify data for setting institutional and program improvement items and determining annual gains and losses.
2. Participate in several patient safety and quality Improvement (PS/QI) activities, including a mock root cause analysis competition formatted for use at orientation/
3. Describe the chief resident in PS/QI improvement program and its differences from PS/QI councils.
4. List the benefits of residents leading PS/QI from their own programs and working across all programs to improve patient care processes.
5. Describe implementation of the PS/QI program and the role of the institutional quality office, GME Committee, the DIO, and program directors.

**1:45 p.m. - 4:45 p.m.**

### **SES090: Breaches of Professionalism: What Will You Do?**

Significant progress has been made in defining and devising evaluation processes for the Core Competency of Professionalism. However, mid-and senior-level educators are often faced with making challenging value-based decisions on what actions to take after a trainee has demonstrated unprofessional conduct. This session will present new cases of unprofessional conduct by residents, and utilize a four-domain framework (PACC Framework - Person/Act/Circumstances/Consequences) for decision making in each case of unprofessional behavior. The session attendees will then vote

\*Session does not qualify for CME credit

anonymously using an audience response system to determine which academic action is most appropriate for the lapse in professionalism presented. Each case will be followed by a facilitated discussion regarding why members voted as they did. Finally, members will reflect upon new insights gained from the case discussions.

*Target Audience: DIOs, Program directors, GME educators, Faculty members*

**Presented By:** Woodson Jones, MD; Lois Bready, MD, CMQ

**Session Objectives:** At the end of the session, learners should be able to:

1. Utilize a framework to assess cases of unprofessional behavior, giving them a structured approach to decision making in challenging cases.
2. Reflect and justify why their approaches concur or do not concur with the majority decision on the cases presented.
3. Describe a broader array of approaches to manage a resident or fellow who has demonstrated unprofessional behaviors.

**1:45 p.m. - 4:45 p.m.**

### **SES091: The Holy Grail of Feedback: Engaging in Learner-centered Feedback that Works**

Despite significant faculty development efforts, the provision of effective feedback remains one of the most common educational needs identified by residents and faculty members, even for the “best” educators. The presenters postulate that the biggest challenge to improving feedback is the almost exclusive focus on feedback frequency and delivery methods. However, feedback can only be effective if it is first grounded in mutual goals, derived from direct observations of a learner’s performance, intentionally focused on specific skill components, related to the learner’s self-assessment, and followed by specific planning for future practice. During this session, participants will be introduced to the Doctor Coach approach for teaching clinical skills by engaging in a series of activities corresponding to each of these steps that will better prepare them to create a learner-centered feedback dialog. The session activities have been used extensively in many different settings for faculty development and resident-as-teacher. First, participants will reflect on what learner-centered feedback looks like and how faculty members and learners know when it works. Participants will then utilize a set of Milestones to identify components of a resident’s performance that should be observed and then employ these components to observe a video of a resident discussing treatment options with a patient. Through small-group activities, participants will synthesize their observations of the resident’s performance to prioritize the most important resident strengths, areas for improvement, and questions to test their inferences about the reasons for the resident’s performance. Each participant will then use a feedback preparation tool to outline his/her own plan for a feedback dialog with the resident in the video. In group of three, participants will have the opportunity to practice and coach one another in creating a learner-centered feedback dialog. The session will conclude with participants’ plans for creating more learner-centered feedback dialogs with their own learners and/or others at their home institutions. Paper-based and online resources from the Doctor Coach model will be provided to support the implementation of these plans.

*Target Audience: DIOs, Program directors, GME educators, Faculty members, Residents*

**Presented By:** Kimberly Gifford, MD; Leslie Fall, MD

**Session Objectives:** At the end of the session, learners should be able to:

\*Session does not qualify for CME credit

1. Describe the importance of goal setting, observation, assessment, and reflection for creating an effective learner-centered feedback dialog.
2. Identify key components of a learner's performance that should be observed based on a desired patient outcome, the Milestones frameworks for the clinical skills necessary to reach that outcome and the learner's goals, and the observer's perspective.
3. Synthesize observations of a learner's performance to prioritize the most important learner strengths, areas for improvement, and questions for the learner that can be used to plan a feedback dialog.
4. Create a learner-centered feedback dialog to establish a plan for the learner's ongoing practice of clinical skills and the role of the clinical teacher/coach.
5. Establish a plan to create more learner-centered dialogs with learners or others at their home institution.

**1:45 p.m. - 3:15 p.m.**

### **SES092: CLER and Health Care Disparities: Residents Improving the Health of Populations**

One of the focus areas of the Clinical Learning Environment Review program is quality improvement, that is, how the sponsoring institution engages resident and fellow physicians to improve systems of care, including reducing health care disparities. This session will emphasize collaboration between the clinical and graduate medical education leadership to improve access and outcomes for populations served by the clinical site. The session will use interactive educational methods to engage participants in understanding the meaning of health disparities, to share strategies and initiatives in which they are engaged, and to develop ideas for future institutional strategies, initiatives and community involvement to reduce health disparities.

*Target Audience: DIOs, GME Chairs, GME Coordinators, GME Educators*

**Presented By:** Carl Patow, MD, MPH, MBA, FACS; Jehan El-Bayoumi, MD, FACP; Khadija A. Tribble; Marilu Bintz, MD, MBA, FACS

**Session Objectives:** At the end of the session, learners should be able to:

1. Provide a definition for the term "health care disparities," and reflect on the populations served by their clinical site.
2. Describe efforts to address health care disparities, including efforts that include residents in addressing health care disparities.
3. Reflect on the opportunities to improve residents' and fellows' participation in reduction of health care disparities at their institution.

**1:45 p.m. - 3:15 p.m.**

### **SES093: Patient Safety and CLER: The Voices Continue**

The Clinical Learning Environment Review (CLER) program provides a unique opportunity for the graduate medical education (GME) and the clinical leadership, together, to shape the clinical environment for optimal patient care and resident learning. One of the focus areas of the CLER program is patient safety that is, how the sponsoring institution engages residents in identifying, reporting, analyzing and developing plans of action to address patient safety events, near misses and unsafe conditions. This session will emphasize the ongoing collaboration needed between the clinical and GME leadership in creating a robust "Culture of Safety." Through interactive educational techniques, each participant will identify, for his/her own institution, the fundamental systems for educating about, training in, and improving patient safety, and the role of residents and GME in adding value to the clinical site's patient safety program.

\*Session does not qualify for CME credit

*Target Audience: DIOs, GME Chairs, GME coordinators, GME educators*

**Presented By:** Robin Newton, MD, FACP, CSSBB (ASQ); Douglas Paull, MD, FACS, FCCP, CHSE; Sharon Hall, MSM

**Session Objectives:** At the end of the session, learners should be able to:

1. Describe their sponsoring institution's progress in engaging residents and faculty members in the identification and reporting of patient safety events, near misses, or unsafe conditions.
2. Describe ongoing efforts at their institution to assist residents in learning how to analyze patient safety events, inclusive of identifying causes and designing and implementing changes to mitigate patient safety vulnerabilities.
3. Discuss the relative roles and responsibilities of the GME and institutional leadership in improving patient safety at the clinical site, and how the CLER Pathways can be used to promote organizational learning to advance a "Culture of Safety."

**1:45 p.m. - 3:15 p.m.**

#### **SES094: Entrustable Professional Activities as a Framework for the Assessment of Residents**

Using entrustable professional activities (EPAs) in graduate medical education was suggested in 2007 to bridge a gap between the theory of using competencies and the everyday practice of clinical health care. This session will address the backgrounds and practice of using EPAs and entrustment decisions focused on the appropriate level of supervision for critical activities. This approach to assessment may better align with clinical practice than current in-training assessment procedures focused on evaluating competencies, and may reconcile the demands of competency-based education and Milestones with the focus on clinical practice.

*Target Audience: GME educators*

**Presented By:** Olle (Th.J.) ten Cate, PhD

**1:45 p.m. - 3:15 p.m.**

#### **SES095: Entrustment, Direct Observation and Milestones: The University of Cincinnati Three-year Experience**

As of July 2014, residency programs must comply with Milestone reporting requirements as part of the Next Accreditation System (NAS). Although much thinking went into creating this requirement, there has been little practical experience in the application of Milestones assessment for residents. At the University of Cincinnati, the presenters have been using an assessment system based on entrustment of observable practice activities mapped to specific milestones (first curricular, then reporting) for the past three years. The presenters will share their experience, including hundreds of thousands of entrustment progression data points for multiple learners across multiple settings. Entrustment over time can be measured not only by learner, but also by rotation, faculty member, and even assessment question. This information can be used to assess and control for variation in evaluator and rotation, allowing for a more precise portrayal of learner progression over time. The presenters will describe our technique for doing this, and how our Clinical Competency Committee uses this information in advancement, promotion, and NAS reporting decisions. The presenters will also suggest ways that this information can be used to assess and modify an entire residency curriculum. Throughout the session, the presenters will invite audience participation through a needs assessment, open questions, and discussion.

*Target Audience: DIOs, Program directors, GME educators, Faculty members*

\*Session does not qualify for CME credit

**Presented By:** Eric Warm, MD, FACP; Daniel Schauer, MD, MSc

**Session Objectives:** At the end of the session, learners should be able to:

1. Describe the three-year experience of an assessment system based on entrustment of observable practice activities mapped to the Reporting Milestones.
2. Detail the advantages and pitfalls of using entrustment over time as an assessment framework.
3. Discuss how this information can be used by Clinical Competency Committees in advancement, promotion, and Next Accreditation System reporting decisions.
4. Describe novel measurement techniques that more accurately show learner progression over time.

**1:45 p.m. - 3:15 p.m.**

**SES096: Voice of the Director: Your Experience on What Works and Doesn't Work with CCC Meetings**

In this session, participants will learn about the outcomes, from a large sample of program directors and coordinators across multiple institutions, and their perspectives and experience in preparing for and supporting their Clinical Competency Committees (CCCs). The discussion will focus on both effective and ineffective processes. The participants will develop and take home an action plan to better enable successful CCC meeting outcomes.

*Target Audience: DIOs, Program directors, Coordinators, GME educators, Faculty members, Administrators*

**Presented By:** Kimberly Walker, PhD; Nancy Piro, PhD

**Session Objectives:** At the end of the session, learners should be able to:

1. Understand and discuss the results from a multi-institution survey on CCC practices.
2. Review their own practices in light of the survey outcomes.
3. Identify best practices that best suit their program or institution needs.
4. Develop and take home an action plan enabled by these best practices to better facilitate the work of their CCCs.

**1:45 p.m. - 3:15 p.m.**

**SES097: The Developing Faculty Scholars in Cultural Competency Project: Lessons Learned and Useful Applications**

Effective medical education can powerfully impact the devastating health inequities in the United States. To do so, faculty members must be trained and empowered to teach culturally-responsive care to medical students and residents with confidence, creativity, and effectiveness. Moreover, faculty members must create cultural medicine learning opportunities interwoven with existing medical curriculum delivery, towards successful fulfillment of ACGME Competencies in this arena. This session will highlight the outcomes of a series of year-long HRSA-funded faculty development fellowships aiming to invigorate and systematize residency faculty delivery of a structured cultural medicine curriculum. Participants will leave the session with tangible strategies and educational tools toward enhancing cultural teaching in their respective medical schools and residency programs.

*Target Audience: GME educators*

**Presented By:** Jeffrey Ring, PhD; Julie Nyquist, PhD

\*Session does not qualify for CME credit



**Session Objectives:** At the end of the session, learners should be able to:

1. Articulate the elements of a comprehensive cultural medicine faculty development program.
2. Clearly understand the ACGME competencies related to culturally responsive care.
3. Begin a needs assessment of cultural medicine education in their own programs.
4. Access resources to educate and enhance faculty members' capacity to effectively teach culturally responsive health care.

**1:45 p.m. - 3:15 p.m.**

**SES098: Resident-driven Themed Evaluation Process – Reality or Fantasy?**

Who has not struggled with faculty members completing evaluations of residents in a timely manner, and with those evaluations actually providing the needed information to assess resident performance? The Milestones provide opportunities for programs to rethink their evaluation processes and consider empowering residents to take responsibility for their feedback. The pathology program at the University of Vermont Medical Center piloted an evaluation process unlike any they previously used. The program created theme-based Milestone assessments, developed an evaluation frequency grid, and transferred control in generating evaluation matches to the residents instead of program-generated matches. The main focus of this new process is verbal, timely feedback to the residents with written documentation that ties directly to the Milestones, with the added plus of excellent faculty member compliance in completing resident evaluations. The speakers in this session will share the process used to implement the new evaluation system and data gathered to measure the success with the resident-driven feedback.

*Target Audience: DIOs, Program directors, Coordinators, GME educators, Faculty members, Administrators*

**Presented By:** Karen Miller, MS; Scott Anderson, MD

**Session Objectives:** At the end of the session, learners should be able to:

1. Identify metrics to assess evaluation processes.
2. Consider the role of themed-based evaluations.
3. Describe the focus of the resident-driven evaluation process.
4. Analyze outcome data to determine the success of the resident-driven evaluation process.

**1:45 p.m. - 3:15 p.m.**

**SES099: Why Does this Resident Score Poorly on Tests? A Method to Diagnose the Problem and Implement Solutions**

Tests are ubiquitous in medical education, and some tests are high-stakes. Trainees who repeatedly fail such tests are typically professionally devastated and require considerable faculty member time and effort to remediate. Our session will (a) describe a novel method, based on self-regulated learning theory, to diagnose the underlying problem(s) that test takers often face, and (b) introduce a learner-centered technique to improve test taking (and study) skills.

*Target Audience: DIOs, Program directors, GME educators, Faculty members*

**Presented By:** William Kelly, MD, FACP, FCCP; Mary Andrews, MD

**Session Objectives:** At the end of the session, learners should be able to:

\*Session does not qualify for CME credit

1. List reasons why a trainee may not be successful in taking standardized tests.
2. Describe how to apply script theory to test taking.
3. Demonstrate a standardized method to determine learner deficiencies.

**1:45 p.m. - 3:15 p.m.**

**SES100: International Track: ACGME-I Hospital-Based Accreditation Round Tables**

Program directors of ACGME-I accredited programs in hospital-based specialties will discuss practical approaches their programs are using to obtain and maintain ACGME-I accreditation. Particularly, program directors will discuss faculty development activities, how they manage and evaluate the curriculum, and how they have implemented Clinical Competency and Program Evaluation Committees.

*Target Audience: International Attendees*

**Presented By:** Nicholas Chew, MBBS, MMED (Psy), MHPEd, FAMS, Grad Dip (Psy); Susan Day, MD; Lorraine Lewis, EdD, RD

**Session Objectives:** At the end of the session, learners should be able to:

1. Summarize the process of obtaining ACGME-I accreditation.
2. Using information from international programs' past experience, determine ways to improve compliance with the ACGME-I Program Requirements and develop ways to improve GME in their specific program(s).

**1:45 p.m. - 3:15 p.m.**

**SES101: Common Core Curriculum Requirements (C3R) for QI/PS: A Novel Tool for Engagement**

Graduate medical education (GME) programs need to engage trainees in the quality improvement and patient safety (QI/PS) activities of their host training hospitals. The Common Core Curriculum Requirements (C3R) is a prescriptive yet flexible instrument for initiating and tracking resident/fellow education and involvement in QI/PS. It provides a broad menu of points-based learning and clearly defined graduation requirements. The purposes of the session are to review ACGME requirements regarding QI/PS and their oversight; discuss previous/existing ideas for providing program/institutional oversight; introduce the C3R instrument/processes and review results to date; and assist GME leaders in developing similar institution-specific instruments.

*Target Audience: DIOs, Program directors, GME educators*

**Presented By:** Randall Zernzach, MD; Christopher Nagy, MD

**Session Objectives:** At the end of the session, learners should be able to:

1. List/identify ACGME requirements for resident/fellow involvement in QI/PS.
2. Discuss the importance of program/institutional oversight with regards to QI/PS.
3. Describe the development/details of the C3R instrument and the process used to track trainee compliance with QI/PS requirements.
4. Outline plans for institution-specific instruments similar to C3R.

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\*Session does not qualify for CME credit

**1:45 p.m. - 3:15 p.m.**

**SES102: How Can Institutional Objective Structured Clinical Examinations (OSCEs) Assist in Assessing Milestones?**

OSCEs are sources of multiple direct observations of residents. But how valuable are those observations for program directors for Milestone evaluations? This session has been designed to explore communications-focused OSCEs and how direct observation data is being captured and evaluated by fourteen Henry Ford Hospital residency programs. The questions that the presenters explored with program directors were: Did the data get used by your Clinical Competency Committee? Did the data help you in preparing performance evaluations for the Clinical Competency Committee or to inform the level of resident Milestone achievement for the ACGME? The presenters captured, recorded, and cross-referenced direct observation data for first-year residents, utilized existing systems, and provided information to program directors and Clinical Competency Committees in real time.

*Target Audience: DIOs, Program directors, GME educators, Faculty members*

**Presented By:** Maria Kokas, PhD; Kimberly Baker-Genaw, MD, FACP

**Session Objectives:** At the end of the session, learners should be able to:

1. Identify common interpersonal communication OSCE elements that can be mapped to the Milestones as a source of direct observation.
2. Coordinate OSCE-mapping efforts of multiple residency programs in their institutions.

**1:45 p.m. - 3:15 p.m.**

**SES103: Teaching the New Generation about Cost-conscious Care: Current Tools, Resources for Medical Educators**

The changing landscape of health care calls for new approaches to teaching residents about delivering cost-conscious care and enhancing resource stewardship skills. In this highly interactive session, the presenters will review existing instructional strategies for teaching and evaluating this systems-based practice sub-competency. Participants will consider existing curricula and engage in and critique a newly developed exercise: The Three-Cs (Cost-Conscious Care) Team Challenge. Graduate medical education faculty members and designated institutional officials have the opportunity to strongly influence the ultimate practice patterns of their learners. This session will provide the opportunity to gain tools and resources for improving cost-consciousness and resource stewardship skills.

*Target Audience: DIOs, Program directors, GME educators, Faculty members, Administrators*

**Presented By:** Lisa Howley, PhD, MEd; Vanessa McPherson

**Session Objectives:** At the end of the session, learners should be able to:

1. Assess the current need for enhancing cost-consciousness of residents.
2. Review available resources for teaching and evaluating residents' cost-conscious care skills.
3. Critique a novel simulation-based approach to teaching residents how to lead cost-conscious care interventions.
4. Commit to actions for implementing relevant curricula changes within their sponsoring institutions.

Saturday, February 28, 2015

\*Session does not qualify for CME credit

1:45 p.m. - 3:15 p.m.

**SES104: Flex your PECs\* – GMEC Oversight of Annual Program Evaluation and Improvement (\*Program Evaluation Committees)**

Developing a structured Annual Program Evaluation process will be essential to the success of institutional oversight and continuous educational quality improvement in the Next Accreditation System (NAS). The Annual Program Evaluation and Improvement (APEI) process is an opportunity for comprehensive program self-assessment. It should include, at a minimum, metrics on resident performance, faculty development, graduate outcomes, and program quality. Development of an organized APEI process will be one tool essential for institutional oversight. This will be especially important as internal reviews, at least as we know them currently, are no longer required in the NAS. Institutions can use APEI documentation to design an institutional scorecard of best practices, disseminate innovations, identify areas for program improvement and faculty development, prioritize institutional initiatives, and prepare for Clinical Learning Environment Review program site visits. This workshop will discuss strategies for developing an Annual Program Evaluation process with oversight by the GMEC. Duke University Hospital has had three years' experience transitioning our Internal Review (IR) process to create "Education Competency Committees" to conduct peer assessments of APEIs. Professional development has been created for program directors and coordinators to optimize their Program Evaluation Committees. The GMEC conducts an annual APEI review process to identify programs that might benefit from a special review, discern institution-wide needs, and highlight innovation and best practices.

*Target Audience: DIOs, Program directors, Coordinators, GME educators, Faculty members, Administrators, Residents*

**Presented By:** Kathryn Andolsek, MD, MPH, Diana McNeill, MD; Rhea Fortune

**Session Objectives:** At the end of the session, learners should be able to:

1. Recognize current ACGME requirements related to the Annual Program Evaluation (Common Program Requirements, Section V).
2. Compare strategies for optimizing the Program Evaluation Committee (PEC).
3. Develop a process of continual quality improvement to the comprehensive Annual Program Evaluation in order to benefit both programs and the sponsoring institution.

1:45 p.m. - 3:15 p.m.

**SES105: Redesigning Chief Resident Training to include Standardized Simulated Resident Leadership and Professionalism Scenarios**

The course director of the chief resident training partnered with two internal medical program directors and one of the institution's Standardized Patient Educator for the Center for Simulation & Immersive Learning to redesign the rising chief training program. Our literature search resulted in no published articles related to the use of leadership/professionalism/teaching simulations specifically used for chief training. This collaboration resulted in the development of unique, interactive, simulated case experiences for the training day. The presenters will share the specific activities, along with the simulation cases, that were developed for the training, including leadership, professionalism, and teaching skills. The digital recordings of the simulations will be presented, along with the feedback from the rising chiefs that participated in the training day.

*Target Audience: DIOs, Program directors, GME educators, Faculty members*

**Presented By:** Agatha Parks-Savage, EdD, RN; David Lieb, MD; Marissa Galicia-Castillo, MD, MEd, CMD, FACP; Amelia Wallace

\*Session does not qualify for CME credit

**Session Objectives:** At the end of the session, learners should be able to:

1. Define and identify activities that can be incorporated into their Rising Chief Training program for their institution.
2. Create and utilize standardized simulated leadership, professionalism, and teaching scenarios with the cases presented for this session.
3. Identify techniques associated with patient-centered interviewing that may be utilized in different contexts (e.g., resident to resident, resident to medical student, resident to attending).
4. Describe components needed to train and develop standardized residents.

**1:45 p.m. - 3:15 p.m.**

**SES106: Better than Breadcrumbs – Creating a Clear Pathway When Your Learners Go Astray**

We teach medical students to document, residents to document, but did anyone teach you how to document appropriately when you accepted your role in program leadership? Were you taught how to develop policies that will protect both your learners and your program? Most program directors receive no formal (or informal) training in this realm, yet they are expected to master legal documentation and authoring of policies. The pressure of meticulous documentation is even greater when dealing with a problem learner. Learners with performance problems, academic or professional, demand substantial program director and staff member time, while inducing emotional exhaustion. When policies are strong and processes are well defined, there is a clear path for remediation, probation, and if necessary, termination. When remediation is unsuccessful, these policies and processes are essential to prevent program turmoil and legal disaster. This session is designed to enable participants to learn and strategize from personal experience, and to develop policies and tools that will protect them in the future. The session will begin with participants working in small groups to share and analyze de-identified cases of academic and professional deficiency, from successful to disastrous, identifying what has gone right and what has gone wrong in their processes. Session leaders will then share their experiences, lessons learned, and pearls of wisdom for policy development, documentation (including how to document verbal complaints from faculty members), and tools for moving an unsuccessful learner remediation toward termination. Topics addressed will include: ensuring a paper trail that supports your decisions; tips for conducting and documenting meetings with a problem learner; when to involve the hospital legal department; and more. The small groups will then work, using the information learned, to design a remediation/probation/termination process that can be applied in their home institutions. The large group will meet again to discuss barriers and strategies newly identified during the activity. Participants will receive samples of documentation tools, policies, and guidelines to adapt for use in their own programs.

*Target Audience: DIOs, Program directors, Coordinators, GME educators, Faculty members, Administrators*

**Presented By:** Susan Guralnick, MD; Robyn Blair, MD, FAAP

**Session Objectives:** At the end of the session, learners should be able to:

1. Create a strong Academic Deficiency policy.
2. Better document probation and termination during the process of learner remediation.
3. Skillfully conduct and document difficult meetings with learners.

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**1:45 p.m. - 3:15 p.m.**

\*Session does not qualify for CME credit

### **SES107: Harvest the Low Hanging Fruit First: Strategies for Submitting (and Resubmitting) Educational Innovations for Publication**

Educational innovations in graduate medical education (GME) often come from faculty members who think creatively about overcoming challenges or identifying better avenues for improving the education of residents and, ultimately, patient care. These educational innovations present unique opportunities for the field of GME to improve, but such an impact can only be enjoyed if these innovations are shared. Dissemination of educational innovations allow ideas and best practices to spread across the field—though faculty members developing these innovations often do not write them up or submit them for publication. In this session, the presenters will explore educational innovations and their role and value in the GME literature. Participants will apply a framework for outlining educational innovations, including their own innovations, and will discuss opportunities for next steps, including potential outlets for publication.

*Target Audience: Program directors, GME educators, Faculty members*

**Presented By:** Rebecca Blanchard, PhD; Anthony Artino, PhD

**Session Objectives:** At the end of the session, learners should be able to:

1. Identify scholarship opportunities for educational innovations in GME.
2. Describe successful elements of published educational innovations.
3. Identify and apply “first steps” towards outlining their own or others’ innovations for publication.

**1:45 p.m. - 3:15 p.m.**

### **SES108: Specialty Update: Nuclear Medicine**

This session will include an update on recent Review Committee and ACGME activities, and will provide information as it relates to the individual specialty’s adaptation to the Next Accreditation System. There will be ample time for Q&A.

*Target Audience: DIOs, Program directors, Coordinators, GME educators*

**Presented By:** Jon Baldwin, DO, MBS; Felicia Davis, MHA

**Session Objectives:** At the end of the session, learners should be able to:

1. Identify changes related to accreditation in their specialty.
2. Discuss strategies to satisfy accreditation requirements.
3. Build new or strengthen current relationships with ACGME staff members, other program directors, and administrators in the specialty.

**1:45 p.m. - 3:15 p.m.**

### **SES109: Specialty Update: Colon and Rectal Surgery**

This session will include an update on recent Review Committee and ACGME activities, and will provide information as it relates to the individual specialty’s adaptation to the Next Accreditation System. There will be ample time for Q&A.

*Target Audience: DIOs, Program directors, Coordinators, GME educators*

\*Session does not qualify for CME credit

**Presented By:** Bruce Orkin, MD; Pamela Derstine, PhD, MHPE

**Session Objectives:** At the end of the session, learners should be able to:

1. Identify changes related to accreditation in their specialty.
2. Discuss strategies to satisfy accreditation requirements.
3. Build new or strengthen current relationships with ACGME staff, other program directors, and administrators in the specialty.

**1:45 p.m. - 3:15 p.m.**

**SES110: Specialty Update: Obstetrics and Gynecology**

This session will include an update on recent Review Committee and ACGME activities, and will provide information as it relates to the individual specialty's adaptation to the Next Accreditation System. There will be ample time for Q&A.

*Target Audience: DIOs, Program directors, Coordinators, GME educators*

**Presented By:** Mary Ciotti, MD; Mary Joyce Turner, RHIA, MJ

**Session Objectives:** At the end of the session, learners should be able to:

1. Identify changes related to accreditation in their specialty.
2. Discuss strategies to satisfy accreditation requirements.
3. Build new or strengthen current relationships with ACGME staff, other program directors, and administrators in the specialty.

**1:45 p.m. - 3:15 p.m.**

**SES111: Specialty Update: Thoracic Surgery**

This session will include an update on recent Review Committee and ACGME activities, and will provide information as it relates to the individual specialty's adaptation to the Next Accreditation System. There will be ample time for Q&A.

*Target Audience: DIOs, Program directors, Coordinators, GME educators*

**Presented By:** Walter Merrill, MD; John Potts, MD, Donna Lamb, MBA

**Session Objectives:** At the end of the session, learners should be able to:

1. Identify changes related to accreditation in their specialty.
2. Discuss strategies to satisfy accreditation requirements.
3. Build new or strengthen current relationships with ACGME staff, other program directors, and administrators in the specialty.

**1:45 p.m. - 3:15 p.m.**

**SES112: Specialty Update: Medical Genetics**

\*Session does not qualify for CME credit

This session will include an update on recent Review Committee and ACGME activities, and will provide information as it relates to the individual specialty's adaptation to the Next Accreditation System. There will be ample time for Q&A..

*Target Audience: DIOs, Program directors, Coordinators, GME educators*

**Presented By:** V. Reid Sutton, MD; Laura Edgar, EdD, CAE

**Session Objectives:** At the end of the session, learners should be able to:

1. Identify changes related to accreditation in their specialty.
2. Discuss strategies to satisfy accreditation requirements.
3. Build new or strengthen current relationships with ACGME staff, other program directors, and administrators in the specialty.

**3:45 p.m. - 5:15 p.m.**

**SES113: Specialty Update: Preventive Medicine**

This session will include an update on recent Review Committee and ACGME activities, and will provide information as it relates to the individual specialty's adaptation to the Next Accreditation System. There will be ample time for Q&A.

*Target Audience: DIOs, Program directors, Coordinators, GME educators*

**Presented By:** Beth Baker, MD, MPH; Lorraine Lewis, EdD, RD

**Session Objectives:** At the end of the session, learners should be able to:

1. Identify changes related to accreditation in their specialty.
2. Discuss strategies to satisfy accreditation requirements.
3. Build new or strengthen current relationships with ACGME staff, other program directors, and administrators in the specialty.

**3:45 p.m. - 5:15 p.m.**

**SES114: Specialty Update: Allergy and Immunology**

This session will include an update on recent Review Committee and ACGME activities, and will provide information as it relates to the individual specialty's adaptation to the Next Accreditation System. There will be ample time for Q&A.

*Target Audience: DIOs, Program directors, Coordinators, GME educators*

**Presented By:** William Dolen, MD; Louise King, MS

**Session Objectives:** At the end of the session, learners should be able to:

1. Identify changes related to accreditation in their specialty.
2. Discuss strategies to satisfy accreditation requirements.
3. Build new or strengthen current relationships with ACGME staff, other program directors, and administrators in the specialty.

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\*Session does not qualify for CME credit



**3:45 p.m. - 5:15 p.m.**

**SES115: Specialty Update: Otolaryngology**

This session will include an update on recent Review Committee and ACGME activities, and will provide information as it relates to the individual specialty's adaptation to the Next Accreditation System. There will be ample time for Q&A.

*Target Audience: DIOs, Program directors, Coordinators, GME educators*

**Presented By:** Sukgi Choi, MD; Pamela Derstine, PhD, MHPE

**Session Objectives:** At the end of the session, learners should be able to:

1. Identify changes related to accreditation in their specialty.
2. Discuss strategies to satisfy accreditation requirements.
3. Build new or strengthen current relationships with ACGME staff, other program directors, and administrators in the specialty.

**3:45 p.m. - 5:15 p.m.**

**SES116: Institutional Town Hall**

This session will provide an open forum for attendees to receive updated information from the ACGME's Institutional Accreditation Section, which includes institutional accreditation activities and the Clinical Learning Environment Review (CLER) program. Discussion will be led by Senior Vice President, Institutional Accreditation, along with Institutional Review and CLER Committees' leadership and staff members. The session will be highly interactive with an open mic for questions from participants.

*Target Audience: DIOs, GMEC Chairs, GME coordinators, GME educators*

**Presented By:** Robin Wagner, RN, MHSA; James Bagian, MD; Kevin Weiss, MD, MPH, MHSA

**3:45 p.m. - 5:15 p.m.**

**SES117: Learner-centered Feedback on Milestone Achievement: Calibrating Self-assessments and Promoting the Desire to Learn**

As programs begin to report Milestone achievement to the ACGME, the focus has naturally been on the summative assessment of residents' development. However, an essential goal in this new process is to ensure that feedback and discussion about Milestone achievement is learner-centered, promotes more accurate self-assessment for gap filling, and fosters the desire to learn. Following a brief review of the literature, participants will explore theories around what influences the calibration of self-assessment, as well as what impacts the desire to learn. This engaging session will use small-and large-group discussions, along with role-plays of feedback sessions to help participants accomplish the following goals: 1) ensure the process to calibrate resident self-assessment of Milestone development with external judgments of the Clinical Competency Committee is learner-centered; and 2) utilize Milestones-based feedback and assessments to promote and internalize a desire to learn and improve. Participants will be given examples of feedback frameworks for use in their own programs.

*Target Audience: DIOs, Program directors, Coordinators, GME educators, Faculty members, Administrators, Residents*

**Presented By:** Daniel Schumacher, MD, MEd; John Frohna, MD, MPH

\*Session does not qualify for CME credit

**Session Objectives:** At the end of the session, learners should be able to:

1. Value the role of the Milestones in providing a road map for learning for trainees.
2. Discuss theories that inform and calibrate self-assessment.
3. Discuss the three components of self-determination theory and how attending to them can drive learner-centered feedback and discussions about development along the Milestones.

**3:45 p.m. - 5:15 p.m.**

### **SES118: Using Structured Interviews in the Residency Application Process**

In many residency programs, the selection of applicants is highly dependent upon cognitively-loaded metrics such as USMLE Step 1 and 2 scores, and honors scores in core courses. Despite programs' reliance on these metrics, however, they have not been demonstrated to be strong predictors of residency performance (Lee et al., 2008). In this session, the presenters describe how structured interviews can be used to assess key non-cognitive variables that may be predictive of success in residency. These variables include traits such as interpersonal skills, conflict management, teamwork, stress tolerance, tolerance for ambiguity, and others. The session will be highly practical and interactive, with a focus on how to develop the interview questions and rating scales, score the questions, validate them, and use the scores in combination with other available data to make residency application decisions.

*Target Audience: DIOs, Program directors, Coordinators, GME educators, Faculty members*

**Presented By:** Michael Cullen, PhD; Brittany Marcus-Blank

**Session Objectives:** At the end of the session, learners should be able to:

1. Determine which competencies are best measured using structured interviews.
2. Develop their own structured interview questions, along with probes.
3. Develop rating scales to score the structured interview questions.
4. Score the structured interview questions.
5. Validate the structured interview questions.
6. Use the data provided by the structured interviews in combination with other available data to make residency selection decisions.

**3:45 p.m. - 5:15 p.m.**

### **SES119: Collaborative Technologies: Adopting Wikis in Medical Training Programs**

Wikis have emerged as a promising collaboration platform and teaching tool. Using Rich Site Summary (RSS) technologies, wikis support social and peer interactions that promote positive learning experience, develop critical thinking skills, and improve flexibility in teaching and learning. For educational uses, wikis offer unique advantages and opportunities for medical learners. As a web-based participatory model, they have potential of creating communities of practice, supporting both explicit and tacit knowledge management, integrating information from multiple, widespread sources. Implementing wikis into the medical education environment can serve many teaching and learning opportunities, such as resident/fellowship curriculum development, and managing rotational information, including goals and objectives, rotation manuals, and access to didactic presentation materials all in one place. All these capabilities complement the ACGME mandates for training in pediatrics which state that residents must demonstrate the ability to use Internet and information technologies to optimize learning as part of the practice-based learning and improving competencies and the Liaison Committee on Medical Education (LCME) regulations for standardized curricula. This interactive session is designed for participants

\*Session does not qualify for CME credit

interested in adopting open source-based wiki social software to create dynamic work environments for professional development and collaborative knowledge construction. Presenters will share a range of design and collaboration strategies, as well as their own experiences with wikis.

*Target Audience: DIOs, Program directors, Coordinators, GME educators, Faculty members, Administrators*

**Presented By:** Kadriye Lewis, EdD; Jane Knapp, MD

**Session Objectives:** At the end of the session, learners should be able to:

1. Describe how wikis are being adopted for professional development and collaborative knowledge construction in medical training programs.
2. Identify effective strategies from design to implementation of wikis in medical/resident education.
3. Discuss the best practices and educational features of wikis, including foreseeable barriers and issues.

**3:45 p.m. - 5:15 p.m.**

#### **SES120: How to Promote Scholarly Activity in a Busy Residency Program**

This will be an interactive session where faculty members from different residency programs can inform and learn from one another about ways in which the program curriculum can support resident research. Research projects can serve as a means to not only meet the ACGME scholarly activity requirement, but to enhance the education, experience, and future careers of residents. The presenters will describe how research has been incorporated into their program for several years prior to the implementation of the ACGME scholarly activity requirement and its results.

*Target Audience: Program directors, Coordinators, GME educators, Faculty members, Administrators*

**Presented By:** Tochi Iroku-Malize, MD, MPH, FAAFP, SFHM; Maureen Grissom, PhD

**Session Objectives:** At the end of the session, learners should be able to:

1. Increase understanding and scope of what is considered “scholarly activity.”
2. Learn from the speakers’ experience (and that of others in attendance) about resources and approaches to incorporating research as part of their residency curriculum to meet this requirement.
3. Review the resources at their home residency program that would support resident research projects.
4. Leave with examples of manageable resident research projects and realistic ways to implement projects.

**3:45 p.m. - 5:15 p.m.**

#### **SES121: Measuring Milestones and Integrating Patient Safety through the Use of Simulation**

Simulation is a valuable educational tool that can be utilized in a variety of ways to enhance graduate medical education. Various types of simulation for almost any residency program can have Milestones embedded into them. The participants of this session will gain an understanding of the use of simulation, as well as of evaluation tools that can be developed and implemented to map the Milestones from the simulation as data usage for Milestone review.

\*Session does not qualify for CME credit

*Target Audience: DIOs, Program directors, Coordinators, GME educators, Faculty members, Administrators*

**Presented By:** Pam Jager, MBA, BSN, RN; Vicki Swendroski, RN, CHSE

**Session Objectives:** At the end of the session, learners should be able to:

1. Describe the scope and use of simulation in graduate medical education.
2. Describe how the Milestones can be embedded into simulation.
3. Describe how simulation evaluations can be mapped to Milestone assessment.
4. Understand how safety training can be incorporated into simulation.

**3:45 p.m. - 5:15 p.m.**

### **SES122: Facilitating the Faculty Role in the Accreditation Process**

As programs and institutions move into the Next Accreditation System (NAS), there are both new and enhanced roles for faculty members. An example is that of participation in the Clinical Competency and Program Evaluation Committees. Preparing faculty members to meet the expanded needs of GME and the NAS requires programs and institutions to address time challenges and clinical productivity constraints. After viewing a clinical scenario, participants will identify issues unique to faculty members, and discuss potential solutions in a small-group setting to address them. The presenters will highlight successful approaches for promoting faculty member involvement, developing the GME community, and structuring salient resources. At the conclusion of the session, participants should be able to delineate their own methods to enhance faculty member involvement within their programs or at their respective institutions.

*Target Audience: DIOs, Program directors, Coordinators, GME educators, Faculty members*

**Presented By:** Julie McCausland, MD, MS; Rita Patel, MD

**Session Objectives:** At the end of the session, learners should be able to:

1. Discuss the role of the faculty member in the Next Accreditation System.
2. Describe approaches that could be used to develop faculty members for their roles on the Clinical Competency and Program Evaluation Committees.
3. Highlight methods to increase faculty member participation in educational activities related to accreditation.

**3:45 p.m. - 5:15 p.m.**

### **SES123: International Track: ACGME-I Institutional Accreditation Round Tables**

Designated institutional officials (DIOs) of ACGME-I accredited sponsoring institutions will discuss practical approaches their institutions are using to obtain and maintain ACGME-I accreditation. Particularly, DIOs will discuss how they are maintaining an effective resident educational and work environment, how they have used their GMEC to improve resident education, and how they have implemented the process of internal review of programs.

*Target Audience: International Attendees*

**Presented By:** Nicholas Chew, MBBS, MMED (Psy), MHPEd, FAMS, Grad Dip (Psy); Halah Ibrahim, MD, MEHP, FACP; Susan Day, MD; Lorraine Lewis, EdD, RD, Susan Day, MD

\*Session does not qualify for CME credit

**Session Objectives:** At the end of the session, learners should be able to:

1. Summarize the process of obtaining ACGME-I accreditation
2. Using information from international programs' past experience, determine ways to improve compliance with the ACGME-I Program Requirements and develop ways to improve GME in their specific institution(s).

**3:45 p.m. - 5:15 p.m.**

**SES124: Navigating Resident Education in the World of Interprofessional Collaborative Care**

The world is rapidly moving toward health care that is interprofessional and actively engages patients and families. Emerging models of care require new collaborative patterns of assessment, decision making, and leadership that are not necessarily aligned with traditional expectations of resident education. Based on pioneering experience, a cardiothoracic surgeon who studies collaborative care will facilitate consideration of the benefits and concerns experienced by faculty members and residents attempting to make this transformation.

*Target Audience: GME educators*

**Presented By:** Paul Uhlig, MD, MPA, FACS

**3:45 p.m. - 5:15 p.m.**

**SES125: Caring for those Who Care for Others – Balancing Work and Life**

The current chaos in health care poses particular challenges for health care professionals who seek to find meaningful work making a difference in patients' lives while living authentic and balanced lives themselves. The pressures are for health care professionals in academic and community settings to do more with less. The tempo of work, as well as information overload, add fragmentation and increased demands on our time, attention, and energy. Computers, the Internet, and cell phones have changed the way we work and live. Modern workers are virtually "plugged in" to the office around the clock, and health care professionals are no exception. As a result, many are looking for new strategies to manage their 24 by-7-by-365-day jobs, while still enjoying personal and family lives.

*Target Audience: DIOs, Program directors, Coordinators, GME educators, Faculty members, Administrators*

**Presented By:** Shakaib Rehman, MD, Jennifer Allie, PhD, MPA

**Session Objectives:** At the end of the session, learners should be able to:

1. Identify the barriers to balancing work and family.
2. Explore strategies on how to prioritize to achieve balance.
3. Discuss unique opportunities and techniques for promoting balance.
4. Discover skills to achieve balance and joy.

**3:45 p.m. - 5:15 p.m.**

**SES126: The PCFDI: A Novel Interdisciplinary Learning Community Approach to Catalyze Clinical and Educational Redesign in Primary Care**

\*Session does not qualify for CME credit

In this session, members of the central project team and faculty representatives from participating programs will present results and lessons from the PCFDI. Included will be data from core project instruments, both quantitative and qualitative. Following this, we will lead a discussion in which members of the audience share their own experiences with practice and residency re-design, and discuss implications of the PCFDI results for primary care educators who are preparing residents to practice in a patient-centered medical home. A model for a future professional development program that builds on the successes of PCFDI with a planned expansion to include other health professionals will be presented.

*Target Audience: GME educators*

**Presented By:** M. Patrice Eiff, MD; Kelly Caverzagie, MD; Mumtaz 'Taj' Mustapha, MD, Jill Patton DO, FACP, FACOI

**Session Objectives:** At the end of the session, learners should be able to:

1. Describe the PCFDI and its overall impact on practice and residency re-design in primary care.
2. Discuss lessons learned and helpful tips from the participating institutions to assist other programs in their transformation work.
3. Describe future professional development models to accelerate change and leverage resources needed to transform primary care residencies and continuity clinics.

**3:45 p.m. - 5:15 p.m.**

#### **SES127: Promoting Medical Education Research in GME: Uphill Battle or Uncontrolled Free-fall?**

Medical Education Research (MER) is critical to the improvement of patient care and the advancement of graduate medical education (GME). Yet promoting education research at some institutions may prove to be an uphill battle, requiring constantly convincing faculty members of its accessibility, rigor, and importance. Promoting MER in other contexts, however, may reflect more of an uncontrolled free-fall, where faculty members conduct education research without appropriate knowledge, skills, and/or mentorship. This workshop engages participants in a presentation and discussion around the existence of MER, including its opportunities, challenges, and rewards for GME faculty members and learners, and encourages actionable next steps for winning the battle and stopping the free-fall.

*Target Audience: DIOs, Program directors, GME educators, Faculty members*

**Presented By:** Alisa Nagler, JD, EdD; Rebecca Blanchard, PhD

**Session Objectives:** At the end of the session, learners should be able to:

1. Review the existence of medical education research: what it includes, where it lives, how it impacts GME.
2. Identify the opportunities, challenges, and rewards inherent in medical education research for GME faculty members and residents/fellows.
3. Describe how other GME sponsoring institutions are supporting and promoting medical education research.
4. Develop a plan for next steps at home institutions.
5. Saturday, February 28, 2015

**3:45 p.m. - 5:15 p.m.**

#### **SES128: Continuing the Conversations... Techniques for Difficult Encounters**

\*Session does not qualify for CME credit

Graduate medical education leaders, whether in the designated institutional official, program director/associate program director, or key clinical faculty member roles, frequently encounter situations when a difficult conversation needs to occur. These situations run the gamut of topics, and the conversations are never easy. Rather than approach these situations with dread, this session will focus on developing strategies to make the task less onerous. Participants will hear about multi-dimensional problem-solving within the context of communication, simple negotiation strategies, enhanced feedback approaches, re-framing, and listening strategies. As a large group, they will have the opportunity to react to and provide critique on a variety of examples which demonstrate the techniques presented. Finally participants will have the opportunity to practice these techniques in small groups using real life examples. Attendees will not only practice these techniques, but will also receive feedback from colleagues/peers on the success of their approach. At the conclusion of the workshop, attendees will have developed and practiced strategies for having difficult conversations with their constituents.

*Target Audience: DIOs, Program directors, Coordinators, GME educators, Faculty members, Administrators*

**Presented By:** Ann Dohn, MA

**Session Objectives:** At the end of the session, learners should be able to:

1. Have a strategy for conducting a difficult conversation.
2. Discuss components which need to be included in difficult conversations.
3. Develop a series of scripts based on the method to be incorporated in the difficult conversation.
4. Understand the complex nature of listening skills.

**3:45 p.m. - 5:15 p.m.**

**SES129: When the POPULATION is “The Patient”: Developing Population Health Milestones to Teach Essential Skills for Tomorrow’s Clinicians**

The goals of this session are to prioritize Milestones for resident education in population health, and identify gaps in materials for teaching and assessment. The Institute of Medicine has warned: “The traditional separation between primary health care providers and public health professionals is impeding greater success in meeting their shared goal of ensuring the health of populations.” The implementation of the Accountable Care Act expedites the nation’s need to bridge that divide. The ACGME has required elements of population health training through the Common Program Requirements addressing Professionalism and Systems-based Practice, expecting residents to demonstrate “sensitivity and responsiveness to a diverse patient population,” and “incorporate... cost-awareness and risk-benefit analysis in... population-based care.” The Clinical Learning Environment Review program emphasizes additional components through its focus on Transitions in Care. The Centers for Disease Control (CDC), and the American Association of Medical Colleges (AAMC) awarded Duke a project to improve residents’ training in population health, building on the work of the Duke-CDC population health model, but modified to meet the needs of different specialties and programs. Listservs of program directors in family medicine, internal medicine, and pediatrics have been used to solicit collaborators. A “starter set” of Milestones has been created, and curricular and assessment materials are being mapped to them. This session will significantly advance this effort, adding the “wisdom from the crowd” of graduate medical education thought-leaders representing an even broader audience. Session participants will contribute in developing these population health Milestones, and share materials and resources, such as those from the Practical Playbook, with opportunities for further engagement.

*Target Audience: Program directors, Faculty members, Residents*

**Presented By:** Kathryn Andolsek, MD, MPH; Lloyd Michener, MD; Denise Kook, MD, MPH

\*Session does not qualify for CME credit

**Session Objectives:** At the end of the session, learners should be able to:

1. Prioritize milestones for population health.
2. Identify gaps in available curricular materials.
3. Recognize solutions to common challenges.

**3:45 p.m. - 5:15 p.m.**

**SES130: Beyond the Feedback Sandwich: Clinical Coaching for Housestaff as Teachers**

Teaching is an important part of residency training. Residents teach interns, medical students, and their peers. Interns teach medical students, and one another. Teaching is a multi-faceted activity that not only involves sharing knowledge, but giving meaningful feedback. This session provides a framework for streamlining and enhancing feedback interactions. Designed as a workshop that can be delivered to housestaff, this interactive session will put participants into the roles of resident and intern, and give them an opportunity to learn and implement learner-centered feedback skills. Instead of seeing feedback as occurring in solitary episodes which are directed solely by the person giving feedback, this workshop emphasizes a helpful longitudinal relationship that provides continuing feedback on, and assistance with, improving performance. We call this relationship coaching. Our goal is to provide participants with a framework that can be readily transferred and implemented at their respective institutions, with the overarching goal of improving the quantity and quality of coaching interactions between and amongst trainees.

*Target Audience: Program directors*

**Presented By:** Lorrel Brown, MD; Deepa Rangachari, MD

**Session Objectives:** At the end of the session, learners should be able to:

1. Define key behaviors for both the resident coach and the intern/student apprentice in successful coaching relationships.
2. Rate as important the active roles for both coach and apprentice during coaching interactions.
3. Increase the frequency and recognition of coaching interactions amongst their housestaff.
4. Implement a clinical coaching curriculum for housestaff at their respective institutions.



# **SUNDAY SESSIONS**

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2015 ACGME Annual Educational Conference

Sunday, March 1, 2014

**8:00 a.m. - 9:00 a.m.**

**SES131: The Clinical Learning Environment Review: A National Report of Findings**

As the first cycle of baseline visits draws to a close, the Clinical Learning Environment Review (CLER) program will have collected information and observations from the clinical sites of over 200 sponsoring institutions. At this session, the leaders of the CLER Evaluation Committee will share a first look at the CLER program's national report of findings with regard to resident and fellow physician engagement in the six focus areas of patient safety, health care quality, transitions in care, supervision, duty hours/fatigue management, and professionalism.

*Target Audience: DIOs, GME Chairs, GME Coordinators, GME Educators*

**Presented By:** James Bagian, MD; Kevin Weiss, MD, MPH, MHSA

**Session Objectives:** At the end of the session, learners should be able to:

1. Identify, at a national level, areas of strength and opportunities to improve the clinical training experience for resident and fellow physicians.
2. Identify key factors of resident and fellow training within the clinical learning environment that could contribute to improved patient care and outcomes.

**9:00 a.m. - 10:30 a.m.**

**SES132: Conversations with the CEO**

*Target Audience: All*

**Presented By:** Thomas Nasca, MD, MACP

\*Session does not qualify for CME credit

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2015 ACGME Annual Educational Conference

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Dr. Aboff is the associate chair of education, and the internal medicine and transitional year program director for the Christiana Care Health System. He is a graduate of Weill Cornell Medical College and completed his internal medicine residency training at the Vanderbilt University Hospital. After serving an additional year as a chief medical resident, Dr. Aboff spent four years in the United States Air Force at Wright-Patterson Air Force Base, where he served as the chief of general internal medicine. A general internist and medical educator, Dr. Aboff has been working at the Christiana Care Health System in Wilmington, Delaware since 1993. Dr. Aboff has been named one of the "top doctors" by Delaware Today magazine, was a Teacher of the Year award winner, and is a recipient of the Leonard Lang Award given by the Delaware Chapter of the American College of Physicians to honor a physician and chapter member who "exemplifies in his or her personal and professional life the qualities of an outstanding internist." In 2014, Dr. Aboff completed a master's in medical management from Carnegie Mellon University. At the national level, Dr. Aboff is a councilor for the Association of Program Directors of Internal Medicine, and is chair of the ACGME's Transitional Year Review Committee.

**Jennifer Allie, PhD, MPA**

Dr. Allie currently serves as the assistant dean for faculty affairs and development at the University of Arizona College of Medicine-Phoenix. Prior to this role, she served as the executive director for faculty affairs at the University of Utah Health Sciences Center. Dr. Allie has spent her career devoted to faculty success and vitality, primarily for faculty in academic medicine. She received her undergraduate degree in gender studies, her MPA, and her PhD in higher education leadership and policy from the University of Utah. She served as a research assistant for the Utah Education Policy Center, and conducted the formal assessment and evaluation of the parental leave policy for the university. As a graduate student, she was awarded the George Bolon Fellowship and the Bennion Policy Fellowship for Higher Education Studies. Dr. Allie completed both her master's and her PhD while raising her two children. Her experiences mentoring faculty in academic medicine, along with her own experiences in balancing work and life in the academy, served as the impetus for her PhD thesis regarding the adoption of work-life policies in the academy. Her research focused specifically on how policy discourse disrupts or creates space for faculty members to fully integrate and engage their professor and family roles in meaningful ways. She has presented her work at several national conferences and has three manuscripts in preparation.

**Melodie Allison, C-TAGME**

Ms. Allison is the academic administrator for the Baylor College of Medicine (BCM) pediatric residency program. She is a veteran coordinator with 30 years of experience in medical education, and also serves as chair of the BCM Pediatric Coordinators Council, which is made up of 22 medical education coordinators. Ms. Allison is very aware of communication challenges that can occur within a mega training program of 175 residents, and believes that clear and precise communication is vital for the success of any organization. Ms. Allison has previously presented "Communication, A Coordinator's Master Key."

**Ronald Amedee, MD, FACS**

Dr. Amedee earned his medical degree in 1981 from Louisiana State University (LSU) School of Medicine in New Orleans, Louisiana, and completed his residency in otolaryngology at LSU School of Medicine in 1986. Dr. Amedee is certified by the American Board of Otolaryngology and has been on staff at Ochsner Health System, New Orleans since October 2007, where he currently serves as chairman for the Department of Otolaryngology-Head and Neck Surgery. In October 2009 he became the designated institutional official (DIO) at Ochsner, overseeing the activities in the Graduate Medical Education Office. In July 2013 he was appointed to the ACGME's Institutional Review Committee. He was elected president of the Alliance of Independent Academic Medical Centers in April 2014, and has been actively engaged in the planning and execution of the Alliance's national initiatives. He is extensively published in peer-reviewed literature, and has given over 150 scientific presentations and invited lectureships in 13 countries. He serves on the editorial boards of 13 specialty-related journals, and is the recipient of numerous academic awards from the American Academy of Otolaryngology-Head and Neck Surgery, the American Medical Association, and Alpha Omega Alpha, and is also a Fulbright Scholar. In 2009 he was the recipient of the Ochsner Health System "Spirit of Leadership -- Teacher of the Year Award."

**James Anderson, MD**

Dr. Anderson grew up in a rural town in Nebraska and attended the University of Nebraska at Lincoln for undergraduate training, followed by his medical training at the University of Nebraska Medical Center (UNMC). After an internship at UNMC, he moved to the University of Kansas at Wichita for his residency in diagnostic radiology. Following residency, Dr. Anderson spent several years working as a locum tenens radiologist for solo and group practices in Kansas, as well as several months in New Zealand. Finding that he enjoyed the study of neuroradiology and missed teaching and mentoring, he obtained a neuroradiology fellowship position at Vanderbilt Medical Center in Nashville, Tennessee. There he became interested in resident training, working as assistant radiology residency director, before taking the same position upon moving to Oregon Health & Science University (OHSU) in 2001. Dr. Anderson is now the OHSU diagnostic radiology residency director and chief of neuroradiology. He continues to be interested in advancing resident education and training. He now serves on the ACGME Review Committee for Diagnostic Radiology, and is active in the Association of Program Directors in Radiology.

**Scott Anderson, MD**

Dr. Anderson is an associate professor of pathology at the University of Vermont and practices surgical and cytopathology. He graduated from the Loma Linda University School of Medicine and was a transitional year intern at Legacy Health Systems in Portland, Oregon. His combined anatomic and clinical pathology residency was at the University of Utah, followed by fellowship training in cytopathology from the Hospital of the University of Pennsylvania. Dr. Anderson has been a program director for the past eight years for both the cytopathology fellowship and the anatomic and clinical pathology residency at the University of Vermont Medical Center, where he is the vice chair of pathology education and is actively involved in graduate student, medical student, and residency education. In addition, Dr. Anderson is a member of the Cytopathology Fellowship Program Directors Committee at the American Society of Cytopathology.

**Kathryn Andolsek, MD, MPH**

Dr. Andolsek is a professor in the Department of Community and Family Medicine at Duke University School of Medicine. She was a residency director for over 13 years. She joined Duke GME as associate director in 2002, originally to facilitate implementation of the ACGME Outcome Project. She developed national curricular resources on resident well-being, funded in part by the Josiah Macy Jr. Foundation. She has served as the Association of American Medical Colleges (AAMC) course director for the DIO/GME Leadership Course from 2007-2013 and on the GRA Steering Committee. Dr. Andolsek has helped Duke enhance the APEI process over the years, and provided numerous workshops locally, nationally, and internationally on this topic. She co-presented a similar workshop at the 2013 and 2014 ACGME Annual Educational Conferences, and has co-authored related articles, including on Internal Review and on the use of an institutional template for Annual Program Evaluation.

**Mary Andrews, MD**

Dr. Andrews completed her undergraduate studies at the University of Notre Dame, South Bend, Indiana, and her medical education at Creighton University School of Medicine, Omaha, Nebraska. She completed both her internship and residency in internal medicine at Walter Reed National Military Medical Center in Bethesda, Maryland, where she is currently a general internal medicine fellow. She is also an assistant professor of medicine at the Uniformed Services University of the Health Sciences, Bethesda, Maryland.

**Steven Angus, MD**

Dr. Angus, a board certified internist, is the program director of the internal medicine residency program at the University of Connecticut. He is an associate professor who is the vice chair of education in the Department of Medicine at the university, and also serves as the director of medical education research for the University of Connecticut School of Medicine. His areas of research interest include educational outcomes and curricular design. His professional memberships include fellowship in the American College of Physicians, where he currently serves as the secretary-treasurer of the Connecticut Chapter; the Association of American Medical Colleges (AAMC)'s Group on Resident Affairs, and Council of Faculty and Academic Societies, where he is a member of the program planning committee; and the Society of General Internal Medicine. He is an active member of the Alliance for Academic Internal Medicine (AAIM) and the Association of Program Directors in Internal Medicine (APDIM), serving as vice chair of AAIM's Medical Student to Residency Interface Committee and on APDIM's Survey and Scholarship Committee. He received his bachelor of science degree from Yale University and his doctor of medicine degree from Ross University. Dr. Angus completed his residency, including a chief resident year, at the University of Connecticut.

**Eileen Anthony, MJ**

Ms. Anthony joined the ACGME in 1997, where she is currently the executive director for the Review Committees for Dermatology and Family Medicine. She has previously served as executive director for the Review Committees for Orthopaedic Surgery and Physical Medicine and Rehabilitation.; as associate executive director for the Review Committees for Allergy and Immunology, Ophthalmology, Otolaryngology, and Preventive Medicine; and as an accreditation administrator for the Review Committees for Allergy and Immunology, Ophthalmology, Otolaryngology, Preventive Medicine, Surgery, and Thoracic Surgery. Before joining the ACGME, Ms. Anthony worked for the American Medical Association as a staff associate in the Division of Health Law, and as an administrative associate in the Department of HIV/AIDS. Ms. Anthony earned her master of jurisprudence in health law from Loyola University Chicago School of Law, and her bachelor's in speech communication and philosophy from Loyola University Chicago.

**Anthony Arnold, MD**

Dr. Arnold is professor and chief, Neuro-Ophthalmology Division, Jules Stein Eye Institute, Department of Ophthalmology at the University of California at Los Angeles. He completed his residency in ophthalmology and a fellowship in neuro-ophthalmology at UCLA, and joined the full-time faculty there in 1986. He is director of the UCLA Optic Neuropathy Center, and has a research interest in ischemic and inflammatory optic neuropathies, with more than 100 publications. He is co-editor of the text, Neuro-Ophthalmology: The Practical Guide and is editor of the American Academy of Ophthalmology resident manual, Basic Principles of Ophthalmic Surgery. He has been residency program director at UCLA since 1994, and served as president of the Association of University Professors of Ophthalmology (AUPO)'s Program Directors Council from 2006-2007. He is currently a director of the American Board of Ophthalmology, chair of the ACGME Review Committee for Ophthalmology, chair of the ACGME Ophthalmology Milestone Working Group, and immediate past-chairman of the Board of the North American Neuro-Ophthalmology Society.

**James Arrighi, MD**

Dr. Arrighi is an associate professor of medicine at Alpert School of Medicine at Brown University. He is also the program director of the cardiology fellowship at Brown University. He completed his internal medicine residency at Barnes Hospital, Washington University, St. Louis, Missouri, and his fellowships in cardiology and cardiac imaging at Yale University, National Institutes of Health. He is currently the chair of the ACGME Review Committee for Internal Medicine.

**Anthony Artino, PhD**

Dr. Artino is associate professor of preventive medicine and biometrics at the Uniformed Services University of the Health Sciences. Dr. Artino mentors graduate students and teaches in the master of health administration and policy and master of public health degree programs. In addition to his role as an educator, he is the principal investigator (or Associate Investigator) on several funded research projects totaling more than \$3 million, and is the co-director of the School of Medicine's Long-Term Career Outcome Study. As part of his program of research, Dr. Artino employs social-cognitive views of motivation, emotion, and self-regulation to better understand how undergraduate medical students, residents, and practicing physicians learn in various contexts. In his most recent work, Dr. Artino and his colleagues have developed and are collecting validity evidence for a theory-driven diagnostic and remediation assessment methodology designed to help struggling medical students develop basic competence in clinical reasoning. Dr. Artino is also an editorial board member of four peer-reviewed journals, including the *Journal of Graduate Medical Education*, and he publishes his work in a variety of national and international outlets, including *Academic Medicine*, *Medical Education*, *Advances in Health Sciences Education*, *Medical Teacher*, *Aviation, Space, and Environmental Medicine*, and *Military Medicine*.

**Jean Ashley, MSBC, C-TAGME**

Ms. Ashley has presented at the local, regional, and national levels on the topic of leadership and change in graduate medical education, including presentations on mentoring in the workplace. She has presented at her home institution, the University of Louisville, the Association of Pediatric Program Directors (APPD), and the Association for Hospital Medical Education (AHME), as well as at departmental conferences and workshops. Ms. Ashley holds a master's degree and is a member of the Program Coordinators Leadership Council at the University of Louisville, where she also serves as co-chair for both the Mentoring Program and the Curriculum for Coordinators. She also serves on graduate medical education committees in various organizations.

**Jillian Atherton, PhD, (ABD)**

Ms. Atherton is the residency coordinator for the University of Kentucky family and community medicine residency and sports medicine fellowship programs. She assists in medical education evaluation, research, curriculum development, and faculty development. She has almost 10 years of experience in the higher education arena, including almost three years of experience within the residency/fellowship setting. Additionally, she has a clinical counseling background, using systems theories.

**James Bagian, MD**

Dr. Bagian has extensive experience in the fields of human factors, aviation, and patient safety. Dr. Bagian is the director of the Center for Healthcare Engineering and Patient Safety and is a professor in the Department of Anesthesiology and the College of Engineering at the University of Michigan. Previously, he served as the first and founding director of the VA National Center for Patient Safety and as the VA's first chief patient safety officer, where he developed numerous patient safety-related tools and programs that have been adopted nationally and internationally. A NASA astronaut for over 15 years, he is a veteran of two space shuttle missions, including as the lead mission specialist for the first dedicated Life Sciences Spacelab mission. He also served as a lead investigator for the space shuttle Challenger mishap, and as the chief flight surgeon and medical consultant for the Space Shuttle Columbia Accident Investigation Board. He is currently the co-chair of the ACGME CLER Evaluation Committee, the chair of the Joint Commission's Patient Safety Advisory Group, a member of the DOD Trauma and Injury Sub-committee of the Defense Health Board, and a member of NASA's Aerospace Safety Advisory Panel. Dr. Bagian holds a bachelor of science degree in mechanical engineering from Drexel University and a doctor of medicine from Thomas Jefferson University. He is a fellow of the Aerospace Medical Association, a member of the National Academy of Engineering, and the Institute of Medicine, and has received numerous awards for his work in the field of patient safety and aerospace medicine.

**Beth Baker, MD, MPH**

Dr. Baker is an assistant professor at the University of Minnesota (U of MN) School of Public Health and co-director of the occupational and environmental medicine (OEM) course at the U of MN. She is chair of the ACGME Review Committee for Preventive Medicine and a past chair of the medical toxicology sub-board of the American Boards of Preventive Medicine, Emergency Medicine, and Pediatrics. She is board certified in occupational medicine, medical toxicology, and internal medicine. Previously she was a residency director of the occupational and environmental medicine residency program at HealthPartners of the U of MN, and a staff physician in the U of MN OEM residency for 18 years. She is currently the chief medical officer of Canadian Pacific Railway.

**Kimberly Baker-Genaw, MD, FACP**

Dr. Baker-Genaw, a board-certified internist, is the designated institutional official (DIO)/director of medical education at Henry Ford Hospital in Detroit, Michigan. In addition, she is the vice chair for education in the Department of Internal Medicine at Henry Ford, and is a volunteer site visitor for the ACGME CLER program. She has a long-standing career interest in graduate medical education and undergraduate medical education. Dr. Baker-Genaw served as the program director of the internal medicine residency program at Henry Ford during the Educational Innovations Project (EIP) for five years prior to her current position. Dr. Baker-Genaw has also worked extensively with students as the clerkship director for the Wayne State University students at the Henry Ford campus and as a previous member of the Admission Committee at Wayne State University School of Medicine. She has presented at several national meetings of the Association of Program Directors in Internal Medicine (APDIM), the Association of American Medical Colleges (AAMC), and the Association for Hospital Medical Education (AHME), on topics including medical education, residency training requirements, internal medicine program-specific activities, and accreditation oversight. Her professional memberships include: the American College of Physicians, where she is a fellow; the Society of General Internal Medicine; the AAMC; and the APDIM. Dr. Baker-Genaw is a graduate of Wayne State University School of Medicine. She completed her residency and chief residency training in internal medicine at Henry Ford Hospital.

**Jon Baldwin, DO, MBS**

Dr. Baldwin is an associate professor of radiology at the University of Alabama at Birmingham, where he is the program director of the nuclear medicine residency, and assistant program director of the diagnostic radiology residency. Dr. Baldwin is very active in both resident education and promoting the specialty of nuclear medicine. He joined the ACGME Review Committee for Nuclear Medicine in July 2013, and became its chair in July 2014.

**Julius Balogh, MD, MHA**

Dr. Balogh is a PGY-2 surgery resident at Methodist Hospital in Houston, Texas. He has a master's degree, with a thesis on the electronic medical record and its importance to patient safety. Before going to medical school he was a registered nurse in critical care and the operating room. He brings an interesting perspective to hand-overs, having been exposed to the nursing side for more than a decade.

**Miriam Bar-on, MD**

Dr. Bar-on has been a medical educator for over 25 years, the last eight at the University of Nevada School of Medicine, where she is the associate dean for graduate medical education and designated institutional official (DIO), as well as a professor of pediatrics. In the Department of Pediatrics she serves as the associate program director and provides faculty development snippets at faculty meetings; she is a member of the Department's Clinical Competency Committee (CCC). Further, she regularly presents faculty development sessions locally, regionally, nationally, and internationally. Dr. Bar-on is the DIO for the state of Nevada. In July 2014 under her leadership, four new programs started, including three fellowships (cardiology, gastroenterology, and child psychiatry), as well as a rural family medicine program. In addition, a new orthopaedic surgery program was accredited to start in July 2015, and in September 2014, pulmonary critical care was approved, also to start in July 2015.



**Deborah Barrand**

Ms. Barrand is an education program coordinator at Mayo Clinic in Arizona. She manages a total of four residency and fellowship programs, including transitional year, nephrology, transplant nephrology and geriatric medicine. Prior to accepting the program coordinator position, she worked in the graduate medical education (GME) office as a coordinator, where her responsibilities included support for various schools, including GME, the Mayo Medical School, and the Mayo Clinic School of Health Sciences. She has worked at Mayo Clinic in Arizona since 2006.

**Jana Basham**

Ms. Basham is the manager of the Medical Education Department at Grant Medical Center in Columbus, Ohio. Grant is a member of OhioHealth, a faith-based, not-for-profit hospital system and the largest Level I trauma center in central Ohio and home to the area's only Acute Care for the Elderly (ACE) unit. Grant trains approximately 160 learners in 10 core programs, seven affiliated programs, and one nurse anesthesia program. In her role as manager, Ms. Basham is responsible for all accreditation activities related to the ACGME, the American Osteopathic Association (AOA), the Council on Podiatric Medicine Education (CPME), the Society of Surgical Oncology (SSO), the Orthopedic Trauma Association (OTA), and the Council on Accreditation of Nurse Anesthesia Educational Programs (COA). Ms. Basham has 30 years of medical education experience and is a graduate of The Ohio State University.

**Hasan Bazari, MD**

Dr. Bazari is the program director emeritus of the internal medicine residency program at Massachusetts General Hospital, after 20 years of service ending September 30, 2014. His clinical interests include hypertension management, glomerulonephritis, chronic kidney disease, and polycystic kidney disease. Dr. Bazari received his medical degree from Albert Einstein College of Medicine, and completed both his residency and fellowship at Massachusetts General Hospital. He is board certified in internal medicine and nephrology. Dr. Bazari is a Parker J. Palmer Courage to Teach awardee, and has experience utilizing the techniques celebrated by this award in his roles. He has run a reflections curriculum for his trainees, as well as facilitated groups in other settings.

**Shawn Beaman, MD**

Dr. Beaman has taught simulation-based courses at the University of Pittsburgh's Winter Institute for Simulation Education & Research (WISER) for eight years. He has taught courses for medical students, residents of all levels, and faculty members, which have included a difficult airway management course, an anesthesia crisis leadership course, a medical student procedures course, and a maintenance of certification course for anesthesiologists. He currently serves as the co-director of the difficult airway management course at WISER. Serving as the anesthesiology residency's associate program director at the University of Pittsburgh School of Medicine allows him a top-down view of the challenges and successes of integrating simulation longitudinally throughout a large, busy academic residency program.

**Terry Bennett**

Ms. Bennett is the GME compliance manager for the University of Virginia (UVA)'s Department of Medicine. In this role, Ms. Bennett is responsible for working with the members of the centralized UVA Department of Medicine medical education team along with the institution's graduate medical education office to maintain favorable accreditation status for the department's training programs. Ms. Bennett began her medical education career in undergraduate medical education as the clerkship coordinator with the Department of Pediatrics in 2002, and joined the Department of Medicine's education team in early 2010. She assumed her current role in July 2014. Presently, she serves as chair-elect for UVA's Coordinator Council, and previously served as chair of the Staff Employee Advisory Committee in the Department of Medicine for three years. Ms. Bennett received the Department's "Employee of the Year" award for Administrative Excellence in 2013. She was co-team lead on UVA's "Milestones for Administrators" initiative, a team engagement and professional development project. She and Joy Hilton conducted a workshop on "Milestones for Program Administrators" at the spring 2014 Association of Program Directors in Internal Medicine national meeting. Subsequent to the meeting, Hilton and Bennett were contacted and interviewed by Emily Beaver, a contributing editor for HCPro's "Residency Program Alert" newsletter and the interview was published in the July 2014 edition of this trade publication.

**Marilu Bintz, MD, MBA, FACS**

Dr. Bintz is a general surgeon and one of four medical vice presidents for Gundersen Health System. Since 2006, she has served as medical vice president for general internal medicine and the internal medicine subspecialty departments, as well as radiology, pathology, the Center for Cancer & Blood Disorders, and the Norma J. Vinger Center for Breast Care. She is also the medical vice president for the affiliate regional sites, and the vice president of quality and patient safety. Dr. Bintz completed her residency at Gundersen in 1988. She served on its Board of Governors from 1999 to 2009, and became medical vice president in 2002. From 2002 to 2006, she served as medical vice president for regional services and primary care, including: family medicine, behavioral health, obstetrics and gynecology, and pediatrics in multiple locations in three states. Dr. Bintz received her master's degree in business administration-healthcare management from Regis University in Denver, Colorado, and is a fellow of the American College of Surgeons. She has authored or co-authored 12 publications in peer-reviewed journals.

**Mark Bixby, MD**

Dr. Bixby grew up in Park Ridge, Illinois. He graduated from medical school at the University of Illinois, Chicago in 1978, and completed his family medicine residency at the University of Minnesota, North Memorial Health Care in 1981. From 1981-1991, Dr. Bixby was in private practice in Burnett County, Wisconsin. From 1991-2010, he became a full-time faculty member at the University of Minnesota, in the Department of Family Medicine and Community Health. He served as the program director for the family medicine residency program for University of Minnesota, North Memorial from August 1996-March 2010. From March 2010-March 2014, Dr. Bixby served as a medical director for the North Memorial Clinics. He currently serves as a field representative for the ACGME (March 2014-present).

**Beth Blackwell, MBA**

Ms. Blackwell is the program coordinator for the Departments of Urology and Otolaryngology at the University of Illinois at Chicago. In this role, Ms. Blackwell is responsible for a total of 27 residents and three fellows. Both departments are surgical subspecialties, which provides opportunities for the programs to learn from each other and to share labs and other educational materials. Ms. Blackwell enjoys engaging residents in many educational opportunities, including Quality Improvement and Patient Safety initiatives. She has held this position for three years.

**Robyn Blair, MD, FAAP**

Dr. Blair is a board-certified pediatrician. She earned her bachelor of science from Cornell University and her doctor of medicine from SUNY Stony Brook School of Medicine. Following her pediatrics residency at Stony Brook, Dr. Blair entered a career in general pediatrics. In 2006, she became the associate program director, and in 2010, began her current position as the program director for the pediatric residency program at Stony Brook Children's Hospital. In addition, she is also the resident continuity clinic director. Dr. Blair has presented her work on curricular innovation and development, Milestone implementation, patient safety, and systems error analysis nationally.

**Rebecca Blanchard, PhD**

Dr. Blanchard is the director for medical education and research at Baystate Health, the Western Campus of Tufts University School of Medicine. Dr. Blanchard mentors faculty members and junior investigators in designing, implementing, and studying innovative educational efforts in graduate medical education and across other educational programs. She encourages rigorous approaches towards education design and education research through formal faculty development activities and informal consultation. She also conducts her own education research, serving as a principal investigator on several grants, and publishing in and reviewing for several peer-reviewed journals, including *Academic Medicine*, and *The Journal of Graduate Medical Education*, as well as for MedEdPORTAL. Her primary areas of focus are research mentor training and interprofessional education efforts. Dr. Blanchard also writes a blog titled "Feed the Educator," targeted toward improving the practice of clinician educators, and encouraging them to write about their educational innovations.

**Marilane Bond, EdD, MEd, MBA**

Dr. Bond is assistant dean and director for graduate medical education (GME) at Emory University School of Medicine. In this capacity, Dr. Bond oversees all operational activities of the Office of Graduate Medical Education. She provides leadership in the implementation and maintenance of the GME database for 98 ACGME-accredited programs and several non-ACGME programs, and over 1,200 residents and fellows. Dr. Bond is the current president-elect of the Association for Hospital Medical Education (AHME). She served as a past member and chair of the Steering Committee for the Group on Residents Affairs of the Association of American Medical Colleges, and also served as chair of the advisory committee of the GME Leadership Development Course. She has made presentations at several organizations, including the Association of American Medical Colleges (AAMC), GRA, AHME and the Association of Anesthesiology Program Directors. Dr. Bond received two bachelor degrees, an EdD in higher education administration, and a master's in education from Pennsylvania State University. She also has an MBA from the University of Southern California. For five years, prior to becoming director of GME, she held the position of director for continuing medical education at Emory.

**Donald Brady, MD**

Dr. Brady is a board-certified general internist, a fellow in the American Academy on Communication in Healthcare, and chair of the Association of American Medical Colleges (AAMC) Group on Resident Affairs Steering Committee. He graduated from Vanderbilt University School of Medicine, where he also did his residency in internal medicine. In 1993, Dr. Brady moved to Atlanta where he served on the faculty at Emory University School of Medicine. While at Emory, he helped establish the primary care track in the internal medicine residency program, serving as its director for a decade. Dr. Brady returned to Vanderbilt in October 2007 to assume the roles of associate dean for graduate medical education (GME) and designated institutional official. In 2013, he was promoted to senior associate dean for GME and continuing professional development, in recognition of the close linkage between house staff training and ongoing professional development of clinical faculty. In 2010, he was invited by ACGME International (ACGME-I) to serve as the institutional site visitor for mock accreditation reviews in the Republic of Singapore as it and its institutions became the first non-US residency programs accredited by the ACGME-I. In 2013, he co-chaired a summit on GME for the Association of American Medical Colleges (AAMC). He has received numerous teaching awards, including being named the Clinician-Educator of the Year by the Southern Society of General Internal Medicine. He serves currently as the chair of the Board of Directors for the American Academy on Communication in Healthcare, and as past chair of the Faculty Senate at Vanderbilt University.

**Lois Bready, MD, CMQ**

Dr. Bready serves as vice dean for graduate medical education and DIO at the University of Texas Health Science Center (UTHSC) at San Antonio. As DIO she has responsibility for 800 residents in 60 ACGME-accredited programs and 25 non-accredited programs. Two programs are integrated with the military GME programs in San Antonio, and six are geographically distant in the Lower Rio Grande Valley, along the Texas-Mexico border, where she and her team are developing additional new GME programs in conjunction with creation of a new University of Texas System Rio Grande Valley School of Medicine. She is a tenured professor and vice chair in the Department of Anesthesiology, a former residency program director, and is clinically active in anesthesia and peri-operative care at University Hospital, a Level I trauma center. She is engaged in patient safety and quality, is a graduate of the University of Texas System Clinical Safety and Effectiveness Course, and has master trainer certification in TeamSTEPPS. Selected honors include selection as distinguished alumnus for the UTHSCSA School of Medicine, member and chair of the ACGME Review Committee for Anesthesiology, Parker J. Palmer Courage to Lead awardee, chair of the Steering Committee of the Association of American Medical Colleges (AAMC) Group on Resident Affairs, University of Texas System Clinical Safety and Effectiveness Fellow, and certification in medical quality by the American Board of Medical Quality. She serves as a consultant to the Food and Drug Administration Center for Devices and Radiological Health (CDRH) Advisory Panel for Anesthesia and Respiratory Devices. Dr. Bready is a graduate of the University of Texas at Austin and the UTHSC School of Medicine at San Antonio. She completed her residency and chief residency at the University of North Carolina.

**Timothy Brigham, PhD, MDiv**

Dr. Brigham is the chief of staff and senior vice president for the Department of Education at the ACGME. Dr. Brigham's responsibilities as head of the Department of Education include the Annual Educational Conference, the original Outcome Project, and the development of new educational programs. Since 1989, prior to joining the ACGME in 2008, Dr. Brigham served in several capacities at Jefferson Medical College, including associate dean for graduate medical education and continuing medical education, and most recently as senior associate dean for organizational development, chief of staff, and associate professor of medicine. Dr. Brigham has been involved in physician faculty development, resident education, and chief resident and program director development. He is widely sought after as a teacher, speaker, group facilitator, and consultant in a variety of areas, including resident stress and well-being; chief resident, program director, and chair-person leadership development; medical student, resident, and faculty teaching development; and group and team organizational development. Dr. Brigham holds a PhD in psychological studies in education from Temple University, a master's in counseling and human relations from Villanova University, and a master's of divinity from Palmer Theological Seminary.

**Lorrel Brown, MD**

Dr. Brown is an associate professor of medicine in the Division of Cardiology at the University of Louisville. Dr. Brown first developed an interest in feedback and clinical coaching during her year as chief resident at the Johns Hopkins Osler medical residency training program. Based on her responsibility as both inpatient attending and longitudinal mentor for a group of 20 housestaff, and in conjunction with her colleague Dr. Deepa Rangachari, she developed the philosophy behind clinical coaching. Together they completed a professional curriculum development course under the tutelage of Drs. David Kern and Michael Melia, which culminated in this curriculum. Dr. Brown served as a physician champion for the campus-wide "Residents As Teachers" initiative at The Johns Hopkins University School of Medicine, as well as serving on numerous educational and policy committees. She recently joined the faculty at the University of Louisville in the Division of Cardiology, where she is the associate program director for the cardiovascular disease fellowship training program. She continues her educational endeavors at Louisville, where she has created and implemented a cardiovascular core curriculum for the internal medicine residents, and an interprofessional "Code Blue" resuscitation curriculum in the intensive care unit. Dr. Brown is a graduate of The Johns Hopkins University School of Medicine, where she also completed her residency, chief residency, and cardiology fellowship.

**Kim Burchiel, MD**

Dr. Burchiel majored in biochemistry and genetics at the University of California, Davis before attending medical school at the University of California, San Diego. He completed his surgical internship at the UCLA/Harbor General Hospital in Torrance, California, and his neurosurgical residency at the University of Washington. In 1988, Dr. Burchiel accepted the position of professor and head of the Division of Neurosurgery at Oregon Health & Science University (OHSU). During his tenure there, the Division of Neurosurgery has expanded to become a clinically-active program with a fully-accredited residency program in neurological surgery, with emphasis on clinical and basic neurosurgical research. In 1997, the Department of Neurological Surgery was established by the Dean of the School of Medicine. Dr. Burchiel currently serves as the John Raaf professor and chairman of the Department of Neurological Surgery at OHSU, and sits on the Executive Committee of the OHSU Medical Group. He is a past-president of the Western Neurosurgical Society, Society of University Neurosurgeons, the American Board of Pain Medicine, and the Society of Neurological Surgeons. He is past-vice chairman of the American Board of Neurological Surgery, and current chair of the ACGME Review Committee for Neurological Surgery.

**Stephanie Burnham**

Ms. Burnham has been the residency coordinator for Vanderbilt general surgery in Nashville, Tennessee since October 2005. Ms. Burnham is originally from a small town in southeast Arkansas, and earned her undergraduate degree at the University of Mississippi. Ms. Burnham has presented workshops and presentations at both the national and institutional levels. She is a member and current president of the Association of Residency Coordinators in Surgery (ARCS).

**Trevor M. Burt, MS**

Mr. Burt is the director of education administration for Houston Methodist Hospital. Before joining Methodist in August 2006, Mr. Burt served in research leadership positions at The University of Texas M. D. Anderson Cancer Center. A graduate of Texas A&M University, Mr. Burt became involved in the administration of medical student educational programs through his role for the National Cancer Institute-funded Cancer Teaching and Curriculum Enhancement in Undergraduate Medicine (CATCHUM) Project at the University of Texas Medical Branch in Galveston. In this role, he worked with several committees on the development of OSCEs, PBLs, and content exams relating to early detection and treatment of cancer in undergraduate medical education programs at the eight Texas medical schools. Over the past several years, he has been involved in the financial and personnel administration of clinical and research departments at Baylor College of Medicine. In his current role, Mr. Burt is responsible for the daily administrative activities of the Houston Methodist Hospital Education Institute (EI) and graduate medical education office, and has been instrumental in the development of the EI's collaboration among the educational programs of the hospital. Mr. Burt received his MS in human relations and business from Amberton University and is currently completing a doctorate of education in professional leadership with an emphasis in health science education at the University of Houston.

**Lynn Byars, MD**

Dr. Byars is a graduate of the Uniformed Services University of the Health Sciences. She completed training in internal medicine at the National Naval Medical Center in Bethesda, Maryland, and a general internal medicine fellowship at Walter Reed National Military Medical Center. She presently serves as the associate clerkship director for the internal medicine inpatient rotation at Walter Reed National Military Medical Center.

**Robert Cain, DO**

Dr. Cain is the vice dean for graduate medical education at the Ohio University Heritage College of Osteopathic Medicine and the Centers for Osteopathic Research and Education (CORE). He is a past director of medical education at the Grandview Medical Center in Dayton, Ohio. He has served as the Board of Trustees-Secretary for the Association of Osteopathic Directors and Medical Educators, on the Bureau of Osteopathic Hospitals Representative for the American Osteopathic Association, on the Council on Osteopathic Postdoctoral Training Institutions, as co-chairman, Osteopathic Medical Education Leadership Conference Planning Committee of the American Osteopathic Association, and as vice-chairman of the American College of Osteopathic Internists' Council on Education and Evaluation. He was an American Osteopathic Association-American College of Osteopathic Internists (ACOI) Fellow, and has won numerous teaching awards, including the ACOI Teacher of the Year and the Ohio University College of Osteopathic Medicine Standard of Excellence Award.

**Julie Campbell, C-TAGME**

Ms. Campbell is the education coordinator for neurosciences at Nationwide Children's Hospital, The Ohio State University. In this role, Ms. Campbell is responsible for administering the ACGME-accredited child neurology residency program, the clinical neurophysiology and neuromuscular medicine fellowships, as well as the neuromuscular-genetics and neuromuscular research fellowships, and the UCNS-accredited headache fellowship. Ms. Campbell earned her TAGME certification in 2011 and has since served to promote certification of fellow administrators by offering and proctoring monitored assessment examinations. She is the founder of the Program Coordinators' Session within the Child Neurology Society, whose inaugural meeting was held in the fall of 2014. Ms. Campbell currently serves as a member of the Nationwide Children's Hospital's Advisory Council for the newly-formed Central Ohio Program Coordinators of Medical Education group. She was a voting member of the Graduate Medical Education Committee at Nationwide Children's Hospital in conjunction with her role as chair of the Program Coordinators' Committee. Ms. Campbell has been an active member of the graduate medical education (GME) arena since 1987, having begun her career as program coordinator for the colon and rectal surgery residency at Grant Medical Center in Columbus, Ohio. She has presented multiple lectures and workshops relating to GME on the local, regional, and national levels.

**Grace Caputo, MD, MPH**

Dr. Caputo is the designated institutional official and director of medical education at Phoenix Children's Hospital. She served as the Phoenix Children's Hospital/Maricopa Medical Center pediatric residency program director from 1996-2013, and as fellowship director in pediatric emergency medicine at Children's Hospital, Boston for eight years prior to that. She is currently a professor of pediatrics at the University of Arizona College of Medicine-Phoenix and was director of the Transitions Block program. Dr. Caputo has led the faculty development efforts of the University of Arizona, serving as the co-chair of the Task Force on Enhancing Learning and Teaching and as the coordinator of the Innovations in Medical Education Program from 2001-2006. She served as the chair of the Board of Directors for Reach Out and Read Arizona Coalition, was a member of the Board of Directors at Southwest Human Development, and was elected to the Board of Directors of the Association of Pediatric Program Directors in 2008. Previously, she was the medical director of Reach Out and Read Arizona Coalition, vice chair of the Health Committee for Arizona's Early Childhood Development and Health Board, and a member of the Board of Directors of Southwest Human Development. She was an active member of the Arizona School Readiness Board, chairing the Healthy Childhood Collaborative from 2003-2006. Dr. Caputo graduated from medical school at State University of New York Downstate Medical Center and completed her pediatric residency and fellowship in pediatric emergency medicine at Children's Hospital of Philadelphia. In 1996, she completed a second fellowship in academic general pediatrics at Children's Hospital in Boston and received her master's in public health from the Harvard University School of Public Health, with a concentration in Clinical Effectiveness. Dr. Caputo currently serves as a faculty council member of the Association of Pediatric Program Directors (APPD) Leadership in Academic Education Development Program. Her educational leadership efforts have been recognized with the ACGME Parker J. Palmer Courage to Teach Award in 2012 and with the APPD Robert S. Holm, MD Award for Leadership in 2014.

**Peter Carek, MD, MS**

Dr. Carek is professor and chair in the Department of Community Health and Family Medicine at the University of Florida. Dr. Carek attended medical school at the Medical University of South Carolina in Charleston, where he also completed his family medicine residency training. He completed a fellowship in sports medicine at the Ohio Physical Therapy and Sports Medicine Clinic and the University of Tennessee Medical Center in Knoxville, and also holds a certificate of added qualification in primary care sports medicine. He is a fellow of the American Academy of Family Physicians and a diplomate of the American Board of Family Medicine. Dr. Carek has authored/co-authored over 75 articles for peer-reviewed journals, as well as numerous chapters, monographs, and articles for non-peer-reviewed journals, and has given over 100 invited presentations and over 50 submitted presentations during meetings of national and international medical organizations. He is the chair of the ACGME Review Committee for Family Medicine, has served as principal investigator on several Health Resources and Services Administration-funded grants, and is an associate editor for the *Journal of Graduate Medical Education* and a member of the editorial board for family medicine. He has reviewed for numerous medical journals, including *American Family Physician*, *Journal of Family Practice*, *JAMA*, and *Annals of Family Medicine*. Dr. Carek was the recipient of the ACGME Parker J. Palmer Courage to Teach Award in 2009 and the American Academy of Family Physicians' Nikitas J. Zervanos Outstanding Program Director Award in 2010. His areas of interest include resident education, quality improvement in patient care and medical education, and sports medicine.

**Baretta Casey, MD, MPH, FAAFP**

Dr. Casey is regional vice president for the ACGME CLER program. She is responsible for the CLER small program development and application in the field. Dr. Casey received her medical degree from the University of Kentucky (UK) College of Medicine, completed her family medicine specialty training at Trover Clinic Foundation in Madisonville, Kentucky, and received her master's in public health from the UK College of Public Health. Dr. Casey was a professor in the UK College of Public Health, in the Departments of Health Behavior and Health Systems Management, and a professor in the College of Medicine, Department of Family and Community Medicine. She served as the director for the UK Center for Excellence in Rural Health in Hazard, Kentucky from 2005-July 2010, and prior to that was the program director for the UK College of Medicine, Hazard-based East Kentucky family medicine residency program. Dr. Casey started her medical career as a solo-practice physician in her home town of Pikeville, Kentucky. She is past president of the Kentucky Medical Association and the Kentucky Academy of Family Medicine. She served 19 years on the Kentucky Medical Association Board of Trustees, where she held numerous offices. She served on the American Medical Association Council of Medical Education, the National Residency Matching Program, and the ACGME Board of Directors, with the last year as its chair. Dr. Casey has received numerous awards for her work in education, research, and rural health, with the most notable including: the Distinguished Service Award, Kentucky Medical Association, September 2012; the Louis Gorin Award for Outstanding Achievement in Rural Health Care, National Rural Health Association, May 2008; the Dan Martin Award, Kentucky Rural Health Association, 2011; the Educational Achievement Award, Kentucky Medical Association, 2005.

**Robin Catino, C-TAGME**

Ms. Catino is a program coordinator in the Division of Geriatrics at the University of California, Los Angeles (UCLA), for both the geriatric medicine and the hospice and palliative care fellowship programs. Ms. Catino is responsible for the coordination of both programs under the graduate medical education office and the ACGME guidelines. She is also the coordinator of the Bureau of Health Professions (BHP), where she works with fellows in geriatric dentistry and geriatric psychiatry. She coordinates the Chief Resident Immersion Training (CRIT), where she works with chief residents at UCLA who are interested in enhancing their geriatric skills. Ms. Catino is certified in TAGME geriatrics and is the chair of the TAGME Geriatric Review Board. She has been part of the UCLA geriatrics team for 12 years, and has been a program coordinator for nine years.

**Kelly Caverzagie, MD**

Dr. Caverzagie is the associate dean for educational strategy at the University of Nebraska Medical Center, and the vice-president for education for its clinical enterprise partner. As a leader in developing the Internal Medicine and Internal Medicine Subspecialty Milestones, as well as an international leader in competency-based medical education (CBME), he has facilitated many transformative projects designed to improve and advance graduate medical education and the clinical delivery of care. He has presented at and facilitated numerous national and international conferences and sessions regarding the ACGME's Next Accreditation System, the Milestones, Entrustable Professional Activities, and CBME in addition to numerous grand rounds presentations for multiple specialties regarding education redesign. In 2013, he co-presented an ACGME session, jointly introducing the Internal Medicine and Pediatrics Milestones, which had overall very positive reviews.

**Nicholas Chew, MBBS, MMED (Psy), MHPed, FAMS, Grad Dip (Psy)**

Dr. Chew obtained his MBBS in 1995, his masters of medicine in psychiatry in 2001, and a graduate diploma in psychotherapy in 2000 from the National University of Singapore. From 2009-2010 he was appointed associate program director for the National Healthcare Group (NHG) psychiatry residency program, and helped lay the foundations for successful accreditation of the program by the ACGME International. From 2010-2011 he started the ACGME-I-accredited NHG transitional year residency program while also serving as the associate designated institutional official for the NHG sponsoring institution. Dr. Chew currently holds the appointment of DIO of the NHG sponsoring institution. He recently completed the Massachusetts General Hospital - Institute of Health Professions Masters of Science in Health Professions Education program. His role as DIO since 2011 has allowed him to steer the direction for the NHG residencies to constantly seek continuous improvement through education implementation and review.

**Sally Chih Wei Ho, MBBS, MMED (FM), FCFP (S)**

Dr. Chih Wei Ho is program director of the SingHealth family medicine residency and Assistant Director, Education at SingHealth Polyclinics in Singapore. She worked with health care institutions and the ACGME-I in the establishment of residency programs in Singapore during her work at the Ministry of Health Singapore, and is a member of ACGME-I Review Committee. Dr. Chih Wei Ho has been actively involved in teaching students of the Yong Loo Lin School of Medicine, Duke-NUS Graduate Medical School, as well as post-graduates for the master of medicine (MMed) and fellowship programs. She has a special interest in assessments, and has been examiner and organizing chair of the MMed Family Medicine Exams. Dr. Chih Wei Ho was awarded the Outstanding Educator Award (Special Mention) at the SingHealth GCEO Excellence Awards. She is a member of the MOH Medical Education Coordinating Committee and Medical Licensing Examination Test Design Workgroup. She is also a member of the Family Physicians Accreditation Board and chairs the accreditation subcommittee.

**Amy Chmielewski, MS**

Ms. Chmielewski is a program coordinator at the University of Connecticut School of Medicine. In this role, she oversees the accreditation procedures for the internal medicine residency and subspecialty fellowship programs at her institution. Ms. Chmielewski recently earned her master's of science in medical education leadership from the University of New England, and obtained her Training Administrators of Graduate Medical Education (TAGME) certification. She has extensive training in data management and a special interest in Microsoft Access, designing and developing databases.

**Sukgi Choi, MD**

Dr. Choi is the current chair of the ACGME Review Committee for Otolaryngology. She is the Chief and Eberly Chair in Pediatric Otolaryngology at the Children's Hospital of Pittsburgh, and professor of otolaryngology at the University of Pittsburgh School of Medicine. Prior to her current position, she was at the Children's National Medical Center in Washington, DC for 21 years.

**Mary Ciotti, MD**

Dr. Ciotti is a professor and the vice-chair of education within the Department of Obstetrics and Gynecology at the University of Southern California (USC). She received her undergraduate and medical degrees from Indiana University, and completed her residency in obstetrics and gynecology at St. Joseph Mercy Hospital in Ann Arbor, Michigan. She has been involved in medical education her entire career and is the recipient of many teaching awards. She has been on the teaching faculty at Michigan State University, the University of California-Davis, and now USC. Dr. Ciotti is currently the chair of the ACGME Review Committee for Obstetrics and Gynecology, is an active member and participant in the Council of Resident Education in Obstetrics and Gynecology and the Association of the Professors of Gynecology and Obstetrics, and has been a board member of the American Board of Obstetrics and Gynecology.

**John Patrick Co, MD, MPH**

Dr. Co is the director of graduate medical education (GME) for Partners Healthcare (Boston, Massachusetts), designated institutional official for Massachusetts General (MGH) and Brigham and Women's Hospitals, and MGH's director of pediatric outpatient quality and safety. He is a practicing general pediatrician with academic and administrative interests in medical education and quality improvement. In his GME role, he is responsible for oversight of over 200 GME programs and approximately 2,000 residents and fellows. He completed fellowships in general pediatrics academic development at Johns Hopkins and Pediatric Health Services Research at Harvard Medical School, as well as the Harvard Macy Institute's program for educators in health professions. He has conducted research related to medical education and quality of care. He received training in quality improvement methodology at Intermountain Healthcare, and served on the American Board of Medical Specialties Expert Panel for the Multi-Specialty Maintenance of Certification Portfolio Approval Program, helping develop standards for clinical investigators to receive Part IV Maintenance of Certification credit for investigation related to quality improvement. He is a member of the ACGME's Clinical Learning Environment Review (CLER) Evaluation Committee.



**Jon Courand, MD**

Dr. Courand has been a program director for nine years and has recently moved into a position of vice chair of education and training for the Department of Pediatrics at the University of Texas Health Science Center. He sits on the Institutional Graduate Medical Education Executive Board, and is a major advisor and contributor to the Institutional Milestones Committee. He has contributed to the production of two Milestones-related workshops for the Southwest Region of the Association of Pediatric Program Directors.

**Malcolm Cox, MD**

Dr. Cox is an adjunct professor of medicine at the University of Pennsylvania. He most recently served for eight years as the chief academic affiliations officer for the United States Department of Veterans Affairs, in Washington DC, where he oversaw the largest health professions training program in the country and repositioned the VA as a major voice in clinical workforce reform, educational innovation, and organizational transformation. Dr. Cox received his undergraduate education at the University of the Witwatersrand and his medical degree from Harvard Medical School. After completing postgraduate training in internal medicine and nephrology at the Hospital of the University of Pennsylvania, he rose through the ranks to become professor of medicine and associate dean for clinical education. He has also served as dean for medical education at Harvard Medical School; upon leaving the dean's office, he was appointed the Carl W. Walter Distinguished professor of medicine at Harvard Medical School. Dr. Cox has served on the National Leadership Board of the Veterans Health Administration, the VA National Academic Affiliations Advisory Council (which he currently chairs), the National Board of Medical Examiners, the National Advisory Committee of the Robert Wood Johnson Foundation Clinical Scholars Program, the Board of Directors of the Accreditation Council for Graduate Medical Education, and the Global Forum on Innovation in Health Professions Education of the Institute of Medicine (which he currently co-chairs). Dr. Cox is the recipient of the University of Pennsylvania's Christian R. and Mary F. Lindback award for distinguished teaching and in 2014 was recognized by the Association of American Medical Colleges as a nationally and internationally renowned expert in health professions education.

**Michael Cullen, PhD**

Dr. Cullen has over 10 years of experience developing, implementing, and evaluating human capital systems in a variety of public and private sector organizations. His research includes work in the areas of job analysis, test development and validation for selection, promotion, and certification; adverse impact, fairness, and utility analysis; training program development, delivery, and evaluation; and performance management and competency modeling. Prior to assuming his role in graduate medical education, Dr. Cullen created, validated, and implemented structured interviews for a variety of organizations, including American Express, the Tennessee Highway Patrol, the Department of Defence, the Office of the Director of National Intelligence, and many others. Dr. Cullen is a past member of the editorial board of *Personnel Psychology*, and has presented his work at national conferences and in a wide array of scientific journals, including *The Journal of Applied Psychology*, *American Psychologist*, and *Human Performance*.

**Michele Dalmendray**

Ms. Dalmendray is the fellowship program coordinator for the Department of Medical Imaging in the College of Medicine at the University of Arizona. She orchestrates the department's medical student education program and five fellowship programs, four of which are ACGME-accredited. Ms. Dalmendray is a founding member of the institution's TAGME study group and a core constituent of the University of Arizona graduate medical education (GME) office's Professional Development Subcommittee. She holds a bachelor's degree in business administration and is a member of the Association of Program Coordinators in Radiology. Prior to her involvement in GME, Ms. Dalmendray worked as a regional sales manager for a medical software company and as a trainer in the medical device industry.

**Karen D'Angelo, MSW**

Ms. D'Angelo is the lead trainer and a research associate for the Hispanic Health Council, a non-profit, community-based organization committed to improving the health and social well-being of Latinos and other diverse communities. With over a decade of experience in public health social work, Ms. D'Angelo has developed an extensive training curriculum, and has facilitated cross-cultural and diversity inclusiveness training for more than 1,500 participants, including community health workers, allied health professionals, social workers, nurses, physicians, educators, and students. Ms. D'Angelo also has expertise in community-engaged research and with community-based participatory research, needs assessments, and program evaluation. Her research interests involve health inequities, the social determinants of health, cultural competency, and community organizing. Ms. D'Angelo is a doctoral candidate at University of Connecticut School of Social Work, and is an adjunct professor at the University of Connecticut and the University of Hartford. She is currently working on her research dissertation, entitled, "Community-identified solutions to health inequities: A community-based participatory research project in Hartford, Connecticut."

**Felicia Davis, MHA**

Ms. Davis joined the ACGME in 2001, and is currently the executive director for the Review Committees for Diagnostic Radiology, Emergency Medicine, and Nuclear Medicine. Prior to this role, she was a senior data coordinator in the ACGME's Department of Applications and Data Analysis from 2001-2005, and then worked with the Review Committee for Internal Medicine from 2005-2013, during which time she served as a senior accreditation administrator from 2005-2008, and as associate executive director from 2008-2013. Ms. Davis is a nationally-recognized speaker on topics in graduate medical education. She has been involved in several administrator and program director workshops presenting on topics that emphasize meeting the accreditation standards, understanding the accreditation process, and completing the Program Information Form. Ms. Davis recently served as a faculty member for the ACGME International's Qatar Educational Symposium. She has co-authored accreditation articles for the *Journal of Graduate Medical Education* and the Association of Program Directors in Internal Medicine's publication, *The Toolkit Series: A Textbook for Internal Medicine Education Programs*. Ms. Davis holds a bachelor's degree in business administration from DePaul University and a master's degree in health administration from the University of St. Francis.

**Susan Day, MD**

Dr. Day joined the ACGME-I as its vice president, medical affairs in October 2014. Prior to working at the ACGME, Dr. Day worked for the California Pacific Medical Center, where she was most recently the chair and program director for the Department of Ophthalmology. Dr. Day is also a practicing pediatric ophthalmologist. In addition to being president of the American Academy of Ophthalmology in 2005, Dr. Day has held numerous other positions in the academy: Board of Trustees from 1998-2001; Chair of the Ethics Committee from 1996-2000; Membership Advisory Committee from 2000-present; Instruction Advisory Committee; Professional Liaison Committee; Interspecialty Committee; Allied Health Committee; and Preferred Practice Patterns Committee. Dr. Day has also served as president of the Association of University Professors of Ophthalmology (2011), president of the American Association for Pediatric Ophthalmology and Strabismus (2004), and on the board or on several committees, including Women in Ophthalmology, OMIC, American Academy of Pediatrics (division of ophthalmology), Smith-Kettlewell Eye Research Institute and Pacific Vision Foundation. She is also a member of the American Ophthalmological Society and the Association for Research in Vision and Ophthalmology. Dr. Day received her medical degree from Louisiana State University. Additional educational achievements include Letterman Army Medical Center, The Presidio Medicine Internship; Pacific Medical Center Ophthalmology Resident; The Hospital for Sick Children, England, David Taylor Pediatric & Strabismus Fellowship; and the University of Iowa, William Scott, MD Pediatric & Strabismus Fellowship. She has authored more than 40 peer-reviewed articles and papers. Dr. Day has previously served the ACGME in a variety of capacities: she was a member and chair of the ACGME Board of Directors; and was both a member and chair of the Review Committee for Ophthalmology. Additionally, Dr. Day was co-chair of the ACGME Duty Hours Task Force from 2009-2010, and an ACGME-I site visitor for programs in Singapore and Beirut.

**Amy Day, MBA**

Ms. Day is the director of graduate medical education (GME) in the School of Medicine at the University of California, San Francisco (UCSF). She earned her bachelor's degree in english and political science from Washington State University, and an MBA with an emphasis in sustainable business from San Francisco State University. She began her GME career in 2001 as a residency and fellowship program coordinator at UCSF, and in 2005 became the manager of resident and fellow affairs in the Office of GME. In 2009, Ms. Day assumed her current role, in which she leads a staff of eight extremely talented GME professionals who oversee and coordinate all aspects of GME at UCSF, including accreditation, education technology, appointments/credentialing, finance, communications, events, and general administration. Ms. Day has completed the Association of American Medical Colleges (AAMC) GRA Leadership Development Program; UCSF Leadership Institute; and UCSF School of Medicine Leadership Development Program. Most recently, Ms. Day participated in and completed the UCSF Teaching Scholars Program, which develops educational leaders and scholars. Her project was focused on program coordinator engagement and competence through the creation of an innovative approach to program coordinator development by creating competencies and milestones; a core development curriculum; and a leadership certificate program.

**Pamela Derstine, PhD, MHPE**

Dr. Derstine joined the ACGME in 2005, and is currently the executive director for the Review Committees for Colon and Rectal Surgery, Neurological Surgery, Orthopaedic Surgery, and Otolaryngology. She has previously served as executive director for the Review Committees for Medical Genetics and Psychiatry. Prior to joining the ACGME, Dr. Derstine was director of curriculum and faculty development at Loyola University Medical Center, and a researcher at the University of Chicago, Argonne National Laboratory, and Loyola University Medical Center. She earned her PhD in molecular genetics from Northwestern University, and her MHPE from the University of Illinois Chicago.

**DeStefano, Lisa, DO**

Dr. DeStefano graduated from Michigan State University College of Osteopathic Medicine (MSUCOM) in 1993. She is an assistant professor and chair in the Department of Osteopathic Manipulative Medicine (OMM) at MSUCOM. She is also program director of the neuromusculoskeletal residency, and one of eight clinical faculty members at MSUCOM's OMM clinic. Dr. DeStefano is certified by the American Osteopathic Board of Neuromusculoskeletal Medicine and the American Osteopathic Board of Family Physicians. She is a member of the American Academy of Osteopathy (AAO) Strategic Planning and C-NMM/OMM Committees, and also serves on the American Osteopathic Board of Neuromusculoskeletal Medicine. In March, Dr. DeStefano was re-elected to a three-year term on the Board of Governors at the annual membership meeting of the AAO.

**Robin Dibner, MD**

Dr. Dibner is a field representative for the ACGME CLER program. She is a graduate of the Wayne State University School of Medicine, an American Board of Internal Medicine-certified internist and rheumatologist, fellow of the American College of Physicians and American College of Rheumatology, and Clinical Associate Professor of Medicine at the New York University School of Medicine. Prior to joining the ACGME, Dr. Dibner dedicated her career to graduate medical education at several hospitals in the New York City area. Dr. Dibner has been a leader in the regional and national levels of the Association of Program Directors in Internal Medicine, a member organization of the Alliance for Academic Internal Medicine, and has held numerous offices in the New York State Chapter of the American College of Physicians. Passionate about patient safety, Dr. Dibner has been the recipient of two grants to study the impact of educating residents on medical errors.

**Ann Dohn, MA**

Ms. Dohn is the designated institutional official, director of graduate medical education, training program liaison for the Educational Commission for Foreign Medical Graduates, representative to the National Resident Matching Program, and medical school representative to the Medical Board of California for the Stanford University programs at Stanford Hospital and Clinics, Lucile Packard Children's Hospital. She has 30 years of experience in medical education and oversees 94 ACGME-accredited programs with over 1,100 trainees. At Stanford she sits on the Graduate Medical Education Review Committee, the Physician Well Being Committee, the Medical Staff Executive Committee, and the Respectful Educator Committee. Ms. Dohn holds a bachelor's degree from the University of California at Davis and a master's degree from Goddard College. She also holds a certificate of completion in Advanced Health Care Negotiation and Conflict Resolution from the Harvard School of Public Health. Ms. Dohn was a member of the Steering Committee of the Group on Resident Affairs (2009-2012), an invited reviewer for the Association of American Medical Colleges, has presented at the GRA, Western GEA, ACGME, and the Congress of Neurological Surgeons meetings and conferences, and published several articles and a book chapter on medical education. Ms. Dohn is a recipient of the ACGME's Parker J. Palmer Courage to Lead Award (2013), and has twice been the recipient of the House Staff Appreciation Award from Stanford's residents. In 2012, a group of former Stanford residents founded the Ann M. Dohn Legacy, a fund to promote resident well-being.

**William Dolen, MD**

Dr. Dolen is interim division chief for the Division of Allergy-Immunology and Rheumatology at the Medical College of Georgia at Georgia Regents University in Augusta. Dr. Dolen is also director of the allergy-immunology residency program. He chairs the ACGME Review Committee for Allergy and Immunology, and is a director of the American Board of Allergy and Immunology. He is a past president of the American College of Allergy, Asthma, and Immunology, the Southeastern Allergy, Asthma, and Immunology Society, and the Georgia Society for Allergy and Immunology.

**Debra Dooley**

Ms. Dooley is the director of educational activities for the ACGME. In this role, Ms. Dooley is responsible for working with the senior vice president of education on the development, administration, and delivery of the ACGME's educational programs for all of its stakeholders. In addition, she is primarily responsible for the planning, execution, and success of the ACGME Annual Educational Conference. Ms. Dooley holds a degree in health care leadership and is in her seventeenth year of employment with the ACGME. She previously held the position of associate executive director for the Review Committee for Internal Medicine. Prior to joining the ACGME, Ms. Dooley was the program administrator for the internal medicine residency program at East Tennessee State University in Johnson City.

**Laura Edgar, EdD, CAE**

Dr. Edgar joined the ACGME in 2011. She is the executive director for Milestone Development and the executive director for the Review Committees for Medical Genetics, Pathology, and Radiation Oncology. Over the last four years she was influential in the development of the Milestones for more than eighty specialties and subspecialties. Dr. Edgar is a frequent speaker on topics related to accreditation, the Milestones, assessment, and education. Prior to joining the ACGME, Dr. Edgar worked in the clinical laboratory for 10 years, and then moved on to direct certification, education, and accreditation programs for various domestic and international medical and scientific organizations. Dr. Edgar earned her doctorate in organizational leadership after obtaining a baccalaureate degree in medical laboratory sciences and a master's in business administration. She is a certified medical technologist and a certified association executive.

**M. Patrice Eiff, MD**

Dr. Eiff is a professor of family medicine and vice chair for academic affairs and director of faculty development in the Department of Family Medicine at Oregon Health & Science University. She is the project director for the Primary Care Faculty Development Initiative, a multi-institutional clinical and residency transformation collaborative in primary care. Throughout her career, Dr. Eiff has developed her reputation as a curriculum expert, having designed and implemented many successful educational programs. From 2007-2014, Dr. Eiff served as the co-principal investigator for the Preparing the Personal Physician (P4) Project, a national residency re-design demonstration project in family medicine.

**Jehan El-Bayoumi, MD, FACP**

Dr. El-Bayoumi attended the University of Michigan for both her undergraduate and medical school education. She completed her internal medicine residency and chief residency at The George Washington University (GWU). She joined the general internal medicine faculty at GWU in 1989, and served as clerkship director for internal medicine for five years before becoming program director in 1998. After overseeing the residency for 15 years and making it through several accreditation cycles, the last one for 10 years with no citations, she stepped down in September 2013. She founded the Rodham Institute in 2013 to improve health equity in Washington, DC. The Rodham Institute partners with communities to educate the District of Columbia's next generation of clinicians to provide compassionate and high-quality health care for all. The Institute's three priorities are health professions training in health equity, health workforce development, and community-based health equity research and evaluation.

**Ruaa Elteriefi, MD**

Dr. Elteriefi is the associate director of the internal medicine residency program at Oakwood Hospital and Medical Center, in Dearborn, Michigan and a clinical assistant professor at Wayne State University's School of Medicine. She completed her medical school training at University of Gezira (Sudan) and her residency at Oakwood Hospital. She is a teacher, mentor, and advisor to internal medicine residents and medical students. She has developed and implemented numerous curricula for residents and medical students, participated in and co-led several faculty development programs, and speaks on the topics of teaching and assessment in medical education. Her current interests include new ways to teach and assess medical knowledge.

**Redonda Engel**

Ms. Engel is the COO/director of Wichita Center for Graduate Medical Education in Wichita, Kansas. Ms. Engel assists the designated institutional official in ensuring institutional and program compliance with the ACGME requirements, and monitors the programs for quality, efficiency, cost, relevance, and utilization of resources. In addition, Ms. Engel manages all planning, financial, and resource-related aspects of medical education, including administration and supervision of staff, development of annual budgets, and all contractual relationships. Ms. Engel is passionate about medical education and the intricacies of accreditation requirements. Her scope of experience spans undergraduate medical education, graduate medical education, simulation, and resident ambulatory training. Although Ms. Engel has 21 years' experience in medical education, she enjoys the variety of the work and the fact that she continues to learn something new each day. Prior to her role at Wichita, Ms. Engel was the administrative director at Riverside Methodist Hospital in Columbus, Ohio for 19 years. She is passionate about meeting quality measures and leading programs into innovative improvement.

**Leslie Fall, MD**

Dr. Fall serves as the associate dean for faculty development at the Geisel School of Medicine at Dartmouth, and is an inaugural member of Geisel's Academy of Master Educators. She is a professor of pediatrics (hospital medicine), and also serves as the vice chair for education in the Department of Pediatrics. Dr. Fall has been deeply involved in the continuum of medical education, serving as a pediatric clerkship director and residency program director, as well as leading many faculty development efforts throughout her career. A Geisel graduate herself, she completed a medical education fellowship at Michigan State University (1995) and the Executive Leadership in Academic Medicine (ELAM) program for women (2013). Her innovative approach to teaching clinical skills using a developmental coaching paradigm ([www.doctor-coach.org](http://www.doctor-coach.org)), co-developed with Dr. Kim Gifford, has resulted in numerous invited national workshops, visiting professorships, and recent publications. Dr. Fall is also the co-founder, president, and executive medical director of MedU. Founded in 2006, MedU is a non-profit social enterprise with a mission to advance medical education through collaborative development, dissemination, and research of technology-enabled medical education programs. The majority of US and Canadian medical schools subscribe to at least one of MedU's virtual patient courses (CLIPP, SIMPLE, fmCASES, CORE), with over 30,000 registered new users per year and over 1,000,000 case sessions completed annually – a success which far exceeds that of any other e-learning program in medical education anywhere in the world. Dr. Fall and her fellow co-founder, Dr. Norm Berman, have received numerous national medical education awards for their work developing MedU. Dr. Fall lives in Hanover, New Hampshire with her husband and three children.

**Caroline Fischer, MBA**

Ms. Fischer joined the ACGME in 1998 and is currently the executive director for the Review Committees for Pediatrics and Physical Medicine and Rehabilitation. She previously served as the executive director for Accreditation Standards, and as the associate executive director for the Review Committees for Family Medicine and Pediatrics. Prior to joining the ACGME, Ms. Fischer was the residency coordinator for the Department of Orthopaedic Surgery at Northwestern University Medical School. Ms. Fischer earned both her bachelor's in business administration and master's in business administration from Loyola University Chicago.

**Christine Flores**

Ms. Flores is the associate director for graduate medical education at Oregon Health & Science University. She has worked for OHSU since 2005. She received her bachelor's degree from the University of California at Santa Cruz, and her master's in public health from Portland State University. Her professional areas of interest are resident wellness, education research, administrative efficiencies, and supporting residents and fellows. When not at work, she enjoys hiking in the northwest, baking, and spending time with her family.

**Rhea Fortune**

Ms. Fortune is the office manager and administrative coordinator for the office of graduate medical education (GME) at Duke University Hospital and Health System. She began her professional career as a program coordinator and assistant to the director of medical education in Cleveland, Ohio in 1991; she transitioned to Duke in 2006. After spending her first four years at Duke as the program coordinator for internal medicine, she transitioned to the office of GME, where she oversees the daily operations of the office and coordinates the educational and professional development activities for Duke's 50 program coordinators. Ms. Fortune began supporting the Annual Program Evaluation process as a member of the Annual Program Evaluation Committee in 2013. She is passionate about maintaining the integrity of processes while continuing to explore methods of streamlining through the use of the electronic residency management system and collaboration with other members of the GME office team, Duke's GME community, and other institution administrators.

**Yvette Foster**

Ms. Foster is the academic programs coordinator in the Department of Pediatrics at The University of Texas Health Science Center at San Antonio. She holds a BA in psychology from Our Lady of the Lake University. In her current role, her responsibilities include providing superior leadership, excellent customer service, maintaining good communication and rapport, and implementing a creative budget reduction. Ms. Foster has previously presented lectures and workshops, and is one of four founding members of the first state-wide coordinator group in Texas (ACTION). She participates in fundraising events both in and outside of the University, and sits on several committees within the institution. Ms. Foster is married and has a six-year-old who is the light of her life.

**Gerard Francisco, MD, FAAPMR**

Dr. Francisco is a professor and chairman of physical medicine and rehabilitation at the University of Texas Health Science Center, and the chief medical officer and director of neurorecovery research Center at TIRR Memorial Hermann Hospital in Houston, Texas. He is the president-elect for the Association of Academic Physiatrists. He currently serves as chair of the ACGME's Review Committee for Physical Medicine and Rehabilitation. He is the director and chair of Brain Injury Medicine Committee for the American Board of Physical Medicine and Rehabilitation, and also chairs the Education Committee for the International Society of Physical and Rehabilitation Medicine.

**John Frohna, MD, MPH**

Dr. Frohna is the program director and vice chair for education in the Department of Pediatrics at the University of Wisconsin School of Medicine and Public Health. Over the past 15 years he has presented a variety of workshops at regional and national meetings on evidence-based medicine, program director leadership, medical education, and residency training. He has been recognized with the ACGME Parker J. Palmer Courage to Teach Award in 2010 and with the Association of Pediatric Program Directors' Robert S. Holm, MD Award for Leadership in 2012.

**Marissa Galicia-Castillo, MD, MSeD, CMD, FACP**

Dr. Galicia-Castillo is the Sue Faulkner Scribner professor of geriatrics at Eastern Virginia Medical School in the Glennan Center for Geriatrics and Gerontology. She is a Norfolk native, completing all of her schooling and medical training in the area. She is a graduate of Eastern Virginia Medical school, completing an internship and residency in internal medicine and also having served as a chief resident. She went on to become the first graduate of the geriatrics fellowship. Dr. Galicia-Castillo is board certified in internal medicine, geriatrics, and palliative medicine. She is currently the section head for palliative medicine, and also serves in several capacities, including, geriatrics fellowship director, medical director for the Sentara Norfolk General Hospital Palliative Medicine team, and medical director for Harbor's Edge.

**Lauren Garlapo**

Ms. Garlapo, an accreditation administrator, represents the University at Buffalo (UB), a sponsoring institution with over 700 residents and fellows in 60 ACGME-accredited programs. She is a founding member of the Program Quality Review Subcommittee (PQRS), and is currently participating in the Royal College of Physicians' educator program. Ms. Garlapo manages UB's institutional and program accreditation. Along with Dr. Roseanne Berger, DIO, and colleagues, Ms. Garlapo manages UB's processes for special reviews, annual program reviews, and annual institutional review.

**Laura Gibson, C-TAGME**

Ms. Gibson is the medical training program administrator in both the Division of Geriatric Medicine and the McKusick-Nathans Institute of Genetic Medicine at Johns Hopkins University School of Medicine. She has presented multiple workshops dedicated to providing leadership skills to coordinators at her home institution, specialty organization (American Geriatric Society) annual meeting, and grantors meeting settings, including the 2014 Annual ACGME Coordinator Forum. She is certified by the Training Administrators in Graduate Medical Education (TAGME), has chaired both its Geriatric Medicine Task Force and the Geriatric Review Board, and was recently elected its vice president/president elect. She also represents coordinators with the Association of Directors of Geriatric Academic Programs.

**Kimberly Gifford, MD**

Dr. Gifford is a primary care pediatrician and assistant professor of pediatrics at Geisel School of Medicine at Dartmouth. She received her BS from Allegheny College and her MD from Pennsylvania State University School of Medicine. She completed her pediatric residency and a chief resident year at the Children's Hospital at Dartmouth, where she is currently the pediatric residency program director. Her medical education work in the clinical setting has focused on medical home and community advocacy. She directed the development of a series of virtual patient cases regarding medical home and culture in health care. She has also developed many curricular innovations and faculty development materials, presented both locally and nationally, related to increasing self-regulated learning skills in trainees and tailoring curricula to meet the individual needs of trainees. She co-created Doctor Coach, which has been used as the basis for extensive faculty development and resident-as-teacher programs at Dartmouth and other institutions. She is the co-PI on a multi-institutional study in pediatric residencies examining Milestones-based self-assessment and external assessment by Clinical Competency Committees. She is currently completing the Academic Pediatric Association Educational Scholar's Program with a pilot project to help residents develop their self-regulated learning skills through the use of an electronic portfolio to create an "individualized curriculum plan."

**Joseph Gilhooly, MD**

Dr. Gilhooly received his medical degree from the University of Hawaii, and completed his residency in pediatrics and his fellowship in neonatal-perinatal medicine at Oregon Health & Science University (OHSU). He is board certified in pediatrics and neonatal-perinatal medicine. Dr. Gilhooly directed the pediatric residency program at OHSU for fifteen years, followed by an appointment as vice-chair for education and director of fellowship education in the Department of Pediatrics. He received the Parker J. Palmer Courage to Teach Award from the ACGME and the Robert S. Holm Leadership Award from the Association of Pediatric Program Directors in recognition of his leadership and mentorship in teaching. Currently he has retired from clinical practice and is devoting his full effort to improving medical education. Dr. Gilhooly is chair of the Pediatric Residency Review Committee for the ACGME, immediate past chair of the Organization of Program Director Associations and a member of the Training and Education Committee for the American Board of Pediatrics.

**Jaclyn Goodfellow, MM**

Ms. Goodfellow has 10+ years of central graduate medical education (GME) office experience, and has worked collaboratively with human resources and GME leaders in her institution to create an enduring relationship between the central GME office and an engaged, dedicated, and efficient group of program coordinators. She chairs the monthly residency program coordinator meetings at her institution, and served as the GME operations & coordinator manager for five years before becoming the director of accreditation & compliance. She holds a master's degree in management with a concentration in organizational leadership.

**Alda Gonzaga, MD, MS**

Dr. Gonzaga is the residency program director for internal medicine-pediatrics at the University of Pittsburgh Medical Center Medical Education (UPMCME) and a member of the Department of Medicine Diversity Committee. Her educational focus is on mentorship and faculty development around mentorship across differences. Dr. Gonzaga is a member of the University of Pittsburgh School of Medicine (UPSOM)/UPMC GMEC Sub-committee on Program Director Development, and is the Medicine-Pediatrics Program Directors Association's secretary-treasurer. In 2010, the UPSOM Department of Medicine won the Robert H. Connamacher Courage and Leadership in Diversity Award (presented by the Office of Student Affairs/Diversity Programs, University of Pittsburgh School of Medicine) for dedication in mentoring underrepresented minority medical students, done in part by Dr. Gonzaga. As a fellow in general internal medicine, Dr. Gonzaga conducted the "Residents' perceived competence in cross-cultural communication skills" study, which was published in the *Journal of General Internal Medicine* and presented at the Annual Meeting of the Society of General Internal Medicine, Los Angeles, California, April 2006.



**Anne Gravel Sullivan, PhD**

Dr. Gravel Sullivan is the executive director for the Review Committees for Anesthesiology and the Transitional Year. She earned her doctorate in speech communication at the Pennsylvania State University and has over eighteen years' experience in program development and evaluation in adult professional education. She held leadership roles in graduate medical education (GME) at the University of Wisconsin Hospital and Clinics, where she oversaw institutional GME accreditation operations and education activities. Her research background includes communication education and curriculum development, particularly in the area of teaching effective communication and team skills to support patient safety and quality improvement. She also has expertise in instructional design, distance learning, building organizational capacity to support learning, and change management.

**Maureen Grissom, PhD**

Dr. Grissom has published in the area of neurodevelopment, has taught undergraduate courses in statistics and research methods, and has been involved with national research projects. She is a faculty member of the Hofstra-North Shore LIJ School of Medicine, as well as the director of behavioral science for the family medicine residency at North Shore LIJ-Southside Hospital.

**Susan Guralnick, MD**

Dr. Guralnick graduated from SUNY Buffalo School of medicine and completed her pediatric residency at the Children's Hospital of Buffalo. In 1992, Dr. Guralnick joined the faculty at Stony Brook University Medical Center, where she is associate professor of pediatrics and was the residency director for 12 years. She is currently associate dean for graduate medical education and student affairs, as well as designated institutional official at Winthrop University Hospital. Dr. Guralnick is a member of the Transitional Year Review Committee and a member of the ACGME Pediatric Milestone Working Group. She is deputy editor of the American Academy of Pediatrics publication *PREP SA*, and participates on several American Academy of Pediatrics committees. She is a past president of the Association of Pediatric Program Directors and a member of the National Residency Matching Program Board of Directors. Dr. Guralnick maintains a primary care practice where she specializes in the care of children with special health care needs.

**Constance Haan, MD, MS**

Dr. Haan joined the ACGME in May 2013 in the position of Clinical Learning Environment Review (CLER) program field representative. In this role, she conducts site visits to assess how sponsoring institutions and their participating sites fulfill their responsibility to integrate residents and fellows in the quality and safety of the environment for learning and patient care. She is a board-certified general surgeon and board-certified cardiothoracic surgeon, with master's degrees in the evaluative clinical sciences and in international relations and conflict resolution. She has extensive experience in accreditation compliance, program development, and faculty development as senior associate dean for educational affairs and designated institutional official for the University of Florida College of Medicine-Jacksonville, and has led development of simulation training and a fellowship curriculum in patient safety. She also has broad experience in organizational quality leadership through responsibilities in product line development, peri-operative services functional efficiency, and as senior medical director for hospital system outcomes and effectiveness, as well as serving as a site physician leader in the IHI national collaborative to reduce costs and improve care in cardiac surgery. Dr. Haan received her medical degree from the University of South Dakota School of Medicine, and completed her post-graduate training at the University Hospital, Boston, Massachusetts, The Ohio State University Hospitals in Columbus, Ohio, and Beth Israel Hospital, Boston, Massachusetts. She has been engaged in community efforts to improve vitality of community health and health care systems in Florida.

**Hilary Haftel, MD, MHPE, MEd**

Dr. Haftel has been in pediatric residency leadership at the University of Michigan for the last 18 years, serving as the pediatric residency program director and associate chair for pediatric education for the past seven. She is an inaugural Council Member of the Association of Pediatric Program Director's Leadership in Educational Academic Development (APPD LEAD), as well as chair of the Advisory Committee of the APPD Longitudinal Educational Assessment Research Network (APPD LEARN). Dr. Haftel received her undergraduate degree from Union College in Schenectady, New York, and her medical degree from Albany Medical College in Albany, New York, where she also completed her residency in combined medicine-pediatrics and chief residency in internal medicine. She then moved to Michigan, where she completed fellowships in adult and pediatric rheumatology. She received a master's degree in health professions education from the University of Illinois at Chicago in 2004. Dr. Haftel has won many awards for her teaching, and served on numerous medical school and national committees for undergraduate and graduate medical education. She continues to be active both clinically and within the teaching programs of the residencies and medical school, where she is a professor of pediatrics, internal medicine, and medical education. Her research interests include the quality of clinical education, performance assessment, medical decision-making, and autonomy in the changing medical climate.

**Elissa Hall, EdD (ABD)**

Ms. Hall is an education program manager for the Department of Laboratory Medicine and Pathology at the Mayo Clinic. Her background is in academic teaching, information technology, and academic doctoral research. Ms. Hall brings experience and expertise in instructional technology, curriculum development, assessment, faculty development, and instructional design. She actively integrates instructional technology in graduate medical education and faculty development. She facilitates sharing of instructional technology best practices across institutions through communities of practice.

**Mary Hall, MD**

Dr. Hall is the chief academic officer for the Carolinas HealthCare System Division of Medical Education. She is responsible for all academic programs: undergraduate and graduate medical education, nursing & allied health, continuing medical education, and ACP fellowships. She is the designated institutional official, the director of Charlotte Area Health Education Center (AHEC), and a professor of family medicine at the University of NC at Chapel Hill. Prior to joining the Division of Medical Education in 2011, Dr. Hall was the chair of family medicine for eight years. Dr. Hall is past president of the American Balint Society, is chair of the National Academic Family Medicine Advocacy Council, and sits on the Board of the Society of Teachers of Family Medicine. She has recently been elected to serve as president elect of the Society of Teachers of Family Medicine.

**Sharon Hall, MSM**

Ms. Hall is currently the president of the Charleston Area Medical Center (CAMC) Health Education and Research Institute, Inc., and the DIO at CAMC in Charleston, West Virginia. Her primary responsibility is to provide executive administrative leadership to CAMC graduate medical education and residency programs, and the CAMC Institute departments and centers of excellence, including the Center for Health Services and Outcomes Research, Cancer Research Center, Research and Grants Administration, Clinical Trials Center, the Center for Innovative Learning and Assessment, continuing education, education and media, School of Nurse Anesthesia, and the CAMC University, a corporate leadership and training initiative. Ms. Hall's current leadership appointments include: member, American Society of Health System Pharmacists Committee on Credentialing (Public Member); chair, Association of American Medical Colleges Group on Resident Affairs Task Force on Leadership Competencies; vice chair, Mountain State Osteopathic Postgraduate Training Initiative (OPTI), West Virginia School of Osteopathic Medicine, Lewisburg, West Virginia. Ms. Hall is also a member of the West Virginia University Physicians of Charleston Board of Directors (Faculty Practice Plan), West Virginia University/Charleston Division; a member of the Visiting Committee, West Virginia University School of Medicine, Morgantown, West Virginia; and a member of the United Way of Central West Virginia Board of Directors, Charleston, West Virginia.

**Cheryl Halvorson, MBA**

Ms. Halvorson is currently the program administrator for the University of Hawaii John A. Burns School of Medicine Department of Psychiatry, serving in this capacity since January 2003. She has an MBA with a focus on health care. As program administrator, she is responsible for the administration of the psychiatry training program and the subspecialty programs of addiction psychiatry, child and adolescent psychiatry, and geriatric psychiatry, as well as of the Triple Board Program. Ms. Halvorson is directly involved in rotation schedules, didactics, grand rounds, recruitment activities, resident gatherings, contracts, licensing, letters of agreement, personnel and training records, and annual data entry into the ACGME Accreditation Data System, GME Track Survey, and the American Board of Psychiatry and Neurology (ABPN) Board Pre Cert system. Ms. Halvorson assisted in the development and presentation of "I Get It" at the Annual Staff Development Day that received much positive feedback from attendees.

**William Hannah, MD**

Dr. Hannah is a general internist who has served as an internal medicine residency program director for the past 10 years. He has a special interest in the role of technology in medical education, and has implemented several e-learning modalities, including podcasting and Q-Stream™, in his training program. Dr. Hannah has given numerous lectures on the topic of social media and its use in medical education, and was a plenary speaker at the Association of Program Directors in Internal Medicine Plenary Session in 2013, entitled "Podcasting. How do they do that? Making technology work for you – practical and novel uses of technology in residency education."

**Susan Hathaway, PhD**

Dr. Hathaway is the vice chair and administrative director of graduate medical education at Children's Mercy Hospital (CMH). Along with the chair of GME, she oversees all undergraduate, graduate, and continuing medical education at CMH in addition to library services. She has taught leadership studies at the University of Missouri-Kansas City (UMKC) since 2003, first with the Conservatory of Music and now as an assistant teaching professor at the UMKC School of Medicine. She has a bachelor's and master's of education from UMKC and a PhD in educational policy, planning and leadership (2005) from the College of William & Mary. Dr. Hathaway's current teaching responsibilities include student electives, a resident rotation, and lectures throughout the medical education continuum, as well as regional and national conference presentations. Her leadership roles have been diverse in subject, ranging from the director of a university women's center, a community music school, and the UMKC School of Medicine Student Affairs Office. She has served on the National Board of Directors for the service and leadership fraternity Alpha Phi Omega, and was a board member for the Kansas City Chamber Music Society.

**Josh Heck, MD**

Dr. Heck received a bachelor's in molecular and cellular biology, then attended medical school at Vanderbilt, followed by a general surgery internship and residency in diagnostic radiology, serving as chief resident in his fourth year. He is currently a musculoskeletal radiology fellow at Vanderbilt University Medical Center, but has had an interest in and has been involved with patient safety and quality throughout his training. He served as the housestaff representative on the Vanderbilt Patient Safety and Quality Council, was the radiology representative on the Graduate Medical Education Council, and is currently co-chair of the Vanderbilt Housestaff Choosing Wisely Steering Committee.

**Paul Hemmer, MD, MPH**

Dr. Hemmer received his medical degree from the Medical College of Wisconsin and his master's in public health from the Uniformed Services University, (USU). He is professor of medicine and the vice-chairman for educational programs in the Department of Medicine at USU. He has been involved with US national leadership in undergraduate medical education, including serving as president of the Clerkship Directors in Internal Medicine (CDIM), the national organization representing those who teach internal medicine to medical students, and as a member of Group on Educational Affairs of the Association of American Medical Colleges. He chairs the Assessment Sub-committee of the Executive Curriculum Committee at USU, and is a member of the Alliance for Academic Internal Medicine Education Committee. His interests include improving the descriptive (or narrative) evaluation of trainee performance, professionalism, and clerkship director professional development.

**Casey Hester, MD**

Dr. Hester is the pediatric residency program director and vice-chair of education for the Department of Pediatrics at the University of Oklahoma Health Sciences Center (OUHSC). One of her interests in medical education is the training and assessment of professionalism through the medical humanities, and she has presented nationally on the topic. She is a graduate of the University of Oklahoma College of Medicine, and completed her pediatric residency and a pediatric chief residency at the Children's Hospital of Oklahoma. Dr. Hester currently serves on the OUHSC Graduate Medical Education Committee, and in 2014 was selected to participate in the Association of Pediatric Program Director's Leadership in Educational Academic Development, (LEAD) program.

**Theresa M. Hill, C-TAGME**

In 1991, Ms. Hill joined the Department of Orthopaedic Surgery at the University of Texas Health Science Center at San Antonio (UTHSCSA) as a clinical secretary for a sports medicine physician and an orthopaedic oncologist. In 1998, she became the coordinator for the orthopaedic surgery residency program that included not only managing 30 residents, but also overseeing the medical student rotations. She was elected by her peers to serve as the first chair of the Program Coordinators Subcommittee of the Graduate Medical Education Committee, for which she organized two workshops for the UTHSCSA coordinators. As the GME Accreditation Manager from 2009-2014, she managed more than 54 ACGME-accredited programs. Currently she is the manager of academic programs in orthopaedic surgery, and is responsible for overseeing the orthopaedic surgery residency program and three affiliated fellowship programs. As one of the founding members of the Administrators and Coordinators of Texas Inspiring Organization and Networking (ACTION), she helped organize and host the first state-wide conference, and is currently working on the 2015 conference. These conferences provide an educational and networking venue to discuss not only ACGME-related topics, but also topics specific to managing residency training within Texas. Ms. Hill is actively involved in Training Administrators of Graduate Medical Education (TAGME), currently as president. She previously served as a member of its Orthopaedic Task Force and as chair of its ACGME Professionals of Central GME Offices Task Force, developing certification tools. She is also a founding member of the Association of Residency Coordinators in Orthopaedic Surgery (ARCOS), and served as secretary from 2006-2009.

**Nowoka Hilton**

Ms. Hilton is the director of education for the University of Virginia's (UVA) Department of Medicine. She started her medical education career in undergraduate medical education as the internal medicine clerkship coordinator with the Department in early 2008, and assumed her current role in September 2009. She is responsible for the oversight of the centralized UVA Department of Medicine medical education team, encompassing all UME and GME administrators. Ms. Hilton is an active member of the Academic Alliance for Internal Medicine (AAIM). She is the staff liaison to UVA's Global Health Track, Intern Selection Committee, Clinical Competency Committee, and Professional Evaluation Committee, and is a member of the Department of Medicine's management team. She has worked in a management role for almost 30 years. Ms. Hilton recently received the Department's Employee of the Year Award for Administrative Excellence. Prior to her tenure at UVA, Ms. Hilton owned and operated a training center in Charlottesville, Virginia, and has a proven track record as a successful life coach, wellness consultant, and motivational speaker. Ms. Hilton was co-team lead on UVA's "Milestones for Administrators" initiative, a team engagement and professional development project. She co-conducted a workshop on "Milestones for Program Administrators" at the spring 2014 Association of Program Directors in Internal Medicine national meeting.

**Grant Hoekzema, MD**

Dr. Hoekzema is the chair of Association of Family Medicine Residency Directors Residency Performance Index (RPI) Task Force and past-president of the Association of Family Medicine Residency Directors. He made presentations on residency performance improvement from 2011-2014 at the American Academy of Family Physicians Program Director's Workshop, as well as at the American Academy of Family Physician's Residency Program Solutions Conference in 2012, and at the Society of Teacher's in Family Medicine Annual Meeting in 2013. He has submitted a paper on residency performance improvement to *JGME*, published in the December 2014 issue. Dr. Hoekzema received his medical degree from Washington University and completed his residency at Mercy Hospital in St. Louis, Missouri.

**Eric Holmboe, MD, MACP, FRCP**

Dr. Holmboe, a board-certified internist, is senior vice president, Milestones Development and Evaluation at the ACGME. From 2009 until January 2014, he served as the chief medical officer and senior vice president of the American Board of Internal Medicine (ABIM) and the ABIM Foundation. He originally joined the ABIM as vice president for Evaluation Research in 2004. He is also professor adjunct of medicine at Yale University, and adjunct professor of medicine at the Uniformed Services University of the Health Sciences, and Fineberg School of Medicine at Northwestern University. Prior to joining the ABIM in 2004, he was the associate program director, Yale Primary Care internal medicine residency program, director of student clinical assessment, Yale School of Medicine, and assistant director of the Yale Robert Wood Johnson Clinical Scholars Program. Before joining Yale in 2000, he served as division chief of general internal medicine at the National Naval Medical Center. Dr. Holmboe retired from the US Naval Reserves in 2005. His research interests include interventions to improve quality of care and methods in the evaluation of clinical competence. His professional memberships include the American College of Physicians, where he is a fellow, Society of General Internal Medicine, and Association of Medical Education in Europe. He is an honorary fellow of the Royal College of Physicians in London. Dr. Holmboe is a graduate of Franklin and Marshall College and the University of Rochester School of Medicine. He completed his residency and chief residency at Yale-New Haven Hospital, and was a Robert Wood Johnson Clinical Scholar at Yale University.

**Lisa Howley, PhD, MEd**

Dr. Howley is the assistant vice president of medical education & physician development associate and designated institutional official of Carolinas HealthCare System. She is also an associate professor of medical education at the University of North Carolina School of Medicine. Dr. Howley is an educational psychologist. She oversees the graduate medical education (GME) accreditation process and directs the development of learning objectives, course materials, and assessments for programs across the continuum of medical education. She has co-facilitated the GME assessment process at Carolinas Medical Center. In 2013 she was invited to join the Association of American Medical Colleges (AAMC) GME Summit to develop a roadmap to change the context for discussions around GME training, assess health care workforce implications, and brainstorm solutions to current GME-related problems. She is currently a member of the AAMC Advisory Panel on Healthcare. She has also designed and facilitated numerous workshops, courses, and curricula on topics impacting learners and faculty members across the continuum of medical education.

**Larry Hurtubise, MA**

Mr. Hurtubise has over 15 years of experience in medical education with a focus on instructional design and learning technology. He joined the Ohio Heritage College of Osteopathic Medicine (OH-HCOM) in 2013 as a faculty development educational technologist and assistant professor of family medicine. In this role, he leads the efforts to prepare OU-HCOM faculty members to deliver an interconnected educational experience to live and distance audiences simultaneously. He spent 15 years at OSU developing models for advancing technology-enhanced learning activities focused on the pedagogies related to online education. His area of scholarship is the diffusion of technological innovations in medical education. He has presented multiple workshops relevant to this topic, including Learning Technology, Enhancing Significant Learning Through Technology, Video Triggers and Articulate Methods for Online Module Development. He currently serves as chair-elect of the Generalists in Medical Education.

**Wade Iams, MD**

Dr. Iams is a PGY-3 resident in internal medicine at Vanderbilt University Medical Center. He is a graduate of the University of Notre Dame and the University of Michigan Medical School. He will be a chief resident for the Vanderbilt Internal Medicine Residency Program from July 1, 2015-June 30, 2016, after which he hopes to pursue a career in academic oncology.

**Halah Ibrahim, MD, MEHP, FACP**

Dr. Ibrahim is the founding designated institutional official and former chair of academic affairs for Tawam Hospital in Abu Dhabi, UAE. She also served as the program director for the internal medicine residency training program. In these roles, Dr. Ibrahim spearheaded the move for ACGME International accreditation for Tawam Hospital. She is a member of several regional and international advisory committees for medical education, including the ACGME International Review Committee. She is a certified professional in healthcare quality and is actively involved in many patient safety and resident-led quality improvement initiatives. She holds a master's of education for health professionals with a focus in educational leadership from the Johns Hopkins Graduate School of Education. She currently serves as a faculty member for the MEHP. Her research interests include medical professionalism and international graduate medical education reform. Dr. Ibrahim is an American Board Certified general internist. Prior to moving to Abu Dhabi in 2008, she was employed as a clinician-educator in the faculty practice of New York Presbyterian Lower Manhattan Hospital for 10 years. Dr. Ibrahim is a native New Yorker. She completed her internship and residency at The New York Hospital- Cornell Medical Center (currently New York Presbyterian University Hospital of Columbia and Cornell). She is a graduate of the Mount Sinai School of Medicine.

**Julia Iezzoni, MD**

Dr. Iezzoni is a professor of anatomic pathology at the University of Virginia Health System. Her area of clinical practice and research interest is surgical pathology, with particular focus on liver and liver transplant pathology. Dr. Iezzoni earned her medical degree at Washington University School of Medicine. She continued at Washington University for her residency in anatomic pathology. She then completed three sequential fellowships at the University of Minnesota, Yale University, and the University of Oklahoma, respectively. After completing her training, Dr. Iezzoni came to the University of Virginia, where she has been a faculty member and attending surgical pathologist since 1992. Dr. Iezzoni has a strong interest in medical education at the undergraduate, graduate, and post-graduate levels. She has served as associate director of the pathology residency program at the University of Virginia, and is the recipient of multiple teaching awards.

**Tochi Iroku-Malize, MD, MPH, FAAFP, SFHM**

Dr. Iroku-Malize is published in the area of graduate medical education and has presented nationally and internationally on numerous topics, including clinical medicine, public health, and academic medicine. She is the chair of family medicine for the Hofstra-North Shore LIJ School of Medicine, as well as the program director of the family medicine residency at North Shore LIJ-Southside Hospital.

**Joyce Jadwin, PsyD**

Dr. Jadwin is the assistant director of faculty development and assistant professor of family medicine at the Ohio University Heritage College of Osteopathic Medicine and Centers for Osteopathic Research and Education (CORE). Dr. Jadwin is part of a team that provides faculty development resources and services to the over 20 hospitals associated with The Heritage College and CORE, including a new program for CORE residents that focuses on clinical teaching, interprofessional education, research, and leadership. Recently, her work has involved preparing program directors managing osteopathically-accredited residencies for the transition to ACGME accreditation. Prior to her current role, Dr. Jadwin provided psychological services to incarcerated women, and she currently maintains a small practice.

**Pam Jager, MBA, BSN, RN**

Ms. Jager graduated from the Butterworth Hospital School of Nursing, followed by the University of Michigan with a bachelor's of science in nursing in 1989. She earned a master's in business administration degree in 2014 from Northwood University's DeVos Graduate School of Management. Throughout her career, Ms. Jager has held several clinical and managerial nursing positions. She owned and operated her own business for 15 years before accepting a position as an educator at Grand Rapids Medical Education Partners (GRMEP) in 2009. Ms. Jager has always been passionate about education, and is currently the director of education and development for both graduate and continuing medical education at GRMEP. Ms. Jager is a member of the Association of American Medical Colleges, the Association of Hospital Medical Education, the Society for Simulation In Healthcare, and the National Association of Professional Women.

**Susan Johnston, EdD**

Dr. Johnston is the director of education in graduate medical education (GME) at the University of Washington. In this role, she works with program directors, faculty members, and trainees to improve the learning environment, particularly with the development of meaningful assessment processes. Prior to joining the GME community, she assisted with the development and management of health care-related graduate programs at the University of Washington. Dr. Johnston's career has focused on curriculum development and teacher training in higher education, much in international education. She has directed a graduate program for teachers as a Fulbright senior lecturer in Turkey; has served as an educational specialist in curriculum development, educational assessment, and teacher training for the U.S. Department of State in universities in Taiwan, Hungary, Montenegro, Albania, and Turkey; and co-authored a number of textbooks in higher education.

**Woodson Jones, MD**

Dr. Jones has had a significant interest in enhancing professionalism in medicine for the last 13 years while serving in multiple medical education roles as a medical student clerkship director, residency program director, and associate designated institutional official. While at the Uniformed Services University, he developed the Structured Clinical Observation Of the Preceptor (SCOOP) for explicit mentoring of professional behaviors. Details on the SCOOP were published in *Teaching and Learning in Medicine* in 2004 and presented in workshop format at the Pediatric Academic Society, Council on Medical Students in Pediatrics (COMSEP), and American Academy of Pediatrics section meetings. Over the last several years, due to his changing roles as a program director and now leading his institution's graduate medical education committee, he has focused more on the decision making and management of residents demonstrating unprofessional behaviors. Completion of the Association of American Medical Colleges GME Leadership Course has given him a greater understanding of the legal issues in graduate medical education. He has presented on the management of "The Problem Resident" at local and national conferences.

**Kianoush Kashani, MD**

Dr. Kashani is an assistant professor of medicine in the Department of Internal Medicine at the Mayo Clinic in Rochester, Minnesota. He completed his critical care medicine fellowship at the Mayo Clinic, Rochester, and pursued nephrology fellowship training at the University of Southern California. He currently holds joint appointments in the Division of Nephrology and Hypertension and the Division of Pulmonary and Critical Care Medicine. He is the program director for the critical care medicine fellowship program, and serves on the Nephrology and PCCM education committees. He was granted the "Excellence in Education" award from the Department of Medicine at Mayo Clinic. He is Bronze and Silver certified through the Mayo Quality Fellows program, Quality Academy and teaches and supervises fellows to help them to be silver certified. He was instrumental in incorporating quality improvement (QI) education into the fellowship curriculum, resulting in numerous awards and recognitions.

**Larry Katznelson, MD**

Dr. Katznelson received his medical degree from the University of California, Los Angeles and performed his internship and residency in internal medicine at the Hospital of the University of Pennsylvania, Philadelphia. He then performed a fellowship in endocrinology and metabolism at the Massachusetts General Hospital, Boston. After serving as a faculty member in endocrinology at Massachusetts General Hospital, Dr. Katznelson relocated to the Stanford University School of Medicine where he is a professor of medicine and neurosurgery. He was the program director for the endocrinology fellowship program for 10 years, until he was appointed as the associate dean for graduate medical education at Stanford. He is currently the chair of the GMEC as well. At Stanford Hospital and Clinics, he is the medical director of the Pituitary Center, and has ongoing clinical and research interests involving pituitary disorders. In the field of endocrinology, he is currently the chair of the Pituitary and Neuroendocrine Scientific Committee for the American Association of Clinical Endocrinologists, as well as the chair for the task force for the development of clinical guidelines for acromegaly for The Endocrine Society.

**Marlene Keawe, MBA**

Ms. Keawe is the chief operating officer and GME administrator for Hawaii Residency Programs, Inc., which employs about 235 residents/fellows who are sponsored for accreditation by the University of Hawaii, John A. Burns School of Medicine. She holds a master's in business administration, focusing on healthcare management, and holds a certificate of non-profit management. Prior to serving as the GME administrator for the past five years, she served as the pediatric program administrator for the previous 10. Ms. Keawe has served on the Executive Board of the Association of Pediatric Program Directors (APPD), delivering many presentations at the national level on organization, management, and other GME/program-related topics. In 2012, she presented at the ACGME Annual Educational Conference on developing core values with your team. Ms. Keawe's focus in GME has been to create administrative efficiencies in keeping up with ACGME's advancement of accreditation, and to provide the necessary support for the program in developing competent physicians. On a monthly basis, she leads the local group of program administrators and provides guidance in managing their own specialties alongside their program directors. She has also developed a yearly session for GME staff in all programs that develop employee skills, personal well-being, and GME knowledge. As a result, these programs are more active in networking, and sharing ideas and best practices. Her community involvement and leadership are similarly structured, as she voluntarily leads a group of nine district leaders. She provides guidance and educational strategies to each of these groups, who then work directly with their own group of teachers and children ages 2-12. Her roles both in GME and in the community have given her the opportunity to work effectively with teams in building strong and efficient administrative support.

**Tanya Keenan, MA**

Ms. Keenan has presented at the local, regional, and national levels on the topic of leadership and change in graduate medical education. She has presented at her university, as well as departmental conferences and workshops, and has had poster presentations at the Association of Hospital Medical Education. Ms. Keenan has a master's degree. She is a member of the Program Coordinators Leadership Council and serves as co-chair of the Curriculum for Coordinators at her university.

**George Keepers, MD**

Dr. Keepers is the Carruthers Professor and chair of the Department of Psychiatry at Oregon Health & Science University in Portland, Oregon. He is a distinguished fellow of the American Psychiatric Association and a fellow of the American College of Psychiatry. He is a director of the American Board of Psychiatry and Neurology. Dr. Keepers' earliest research interests included the psychopharmacological treatments of schizophrenia and side effects of these treatments, acute extra-pyramidal side effects (dystonia, akathisia and parkinsonism), tardive dyskinesia, and other aspects of neuropsychiatry and neuropsychopharmacology. His current clinical and research interests continue to be in the field of neuropsychiatry. Prior to his selection as chair, Dr. Keepers was program director for the department's residency program for a decade. He has continued his contributions to medical education through his activities with the American Board of Psychiatry and Neurology, the ACGME Review Committee for Psychiatry, and the development of the Milestones for Psychiatry and its subspecialties.

**William Kelly, MD, FACP, FCCP**

Dr. Kelly is board certified in internal medicine, pulmonary disease, critical care medicine, and sleep disorders. He is an associate professor and director of clerkship programs for medicine at America's Medical School, Uniformed Services University. He was active in design and implementation of the new medical school curriculum as heart-lung-renal curriculum Module Director prior to his current position. He is also currently chair of the Walter Reed National Military Medical Center Medicine Residency Education and Competency Committee, and previously served as associate program director. He is chair-elect of education for the American College of Chest Physicians, and chair for Educational Games, creating some now played in four countries. Areas of interest include assessment alternatives to multiple-choice examinations, use of games to enhance medical education, and low cost and technology-based solutions to the challenges of providing meaningful clinical participation and education to large numbers of learners.



**Sorabh Khandelwal, MD**

Dr. Khandelwal is the assistant dean for clinical science, responsible for the design and implementation of curricula related to clinical skills, and is also clinical associate professor of emergency medicine, The Ohio State University College of Medicine. He completed an emergency medicine residency at MetroHealth Medical Center in Cleveland, Ohio. Dr. Khandelwal serves as director of hyperbaric medicine, as well as associate director of Ohio State's Comprehensive Wound Center. Dr Khandelwal leads the efforts to integrate iPads into the medical education curriculum at Ohio State, and has completed the iBooks bootcamp at Apple's training center in Cupertino, California.

**Louise King, MS**

Ms. King joined the ACGME in 1997. She is the executive director for the Review Committees for Allergy and Immunology, Neurology, and Psychiatry. She has previously served as executive director for the Review Committees for Colon and Rectal Surgery and Urology; associate executive director for the Review Committees for Neurology, Plastic Surgery, Psychiatry, Surgery, and Thoracic Surgery; senior accreditation administrator for the Review Committees for Allergy and Immunology, Plastic Surgery, Surgery, Thoracic Surgery, and Urology; and accreditation administrator for the Review Committees for Allergy and Immunology, Otolaryngology, Plastic Surgery, and Urology. Before joining the ACGME staff, she worked at the American Medical Association as an executive liaison coordinator and as senior secretary for the Board of Trustees in the Office of Officer Services. Ms. King earned her master's in managerial leadership from National Louis University and her BLAS in communications from DePaul University.

**Michael King, MD, MPH, FAAFP**

Dr. King is a graduate of the University of Kentucky College of Medicine. He is an associate professor of family and community medicine at the University of Kentucky in Lexington, Kentucky, where he has been the program director for the family medicine residency for the last seven years. Dr. King regularly presents scholarly material at national, state, regional, and local family medicine professional conferences.

**Jane Knapp, MD**

Dr. Knapp is the chair of graduate medical education at Children's Mercy Hospital in Kansas City, Missouri. She is also a professor of pediatrics and associate dean at the University of Missouri-Kansas City School of Medicine. Dr. Knapp is a pediatric emergency medicine physician with 10 years of experience in graduate medical education with oversight responsibilities for Children's Mercy Hospitals residency program in pediatrics, fellowships in 25 pediatric subspecialties, continuing medical education programs, and library services. She has participated in over 30 workshops at national and international venues, on a broad range of topics, including the use of audience response systems in education, individual learning plans, family-centered care, mentoring, and the 10-minute teacher. Her current interests include demonstrating the effectiveness of e-learning and web-based technologies.

**Stephen Knohl, MD**

Dr. Knohl has been a member of the educational leadership in the Department of Medicine at Upstate Medical University for the last 11 years. He held the position of associate program director from 2003-2008. In 2008 he became the program director, with the additional title of vice chair for education since 2011. Dr. Knohl has been intricately involved with graduate medical education financing. With the implementation of the Next Accreditation System, he felt it was very important to better understand the financial implications of this change at both the program and institutional levels, as well as to study the costs associated with housestaff versus midlevel providers. Dr. Knohl presented his findings with Drs. Sharma and Steinmann at the Spring 2014 Association of Program Directors in Internal Medicine meeting, and has submitted a manuscript (currently in review) to the *Journal of Graduate Medical Education*.

**Maria Kokas, PhD**

Dr. Kokas earned her PhD in education from Wayne State University, with an emphasis on adult learning and performance improvement. Throughout her career she has focused on helping individuals reach their maximum potential through personal growth and organizational achievement. She has extensive experience in graduate medical education, public health, learning systems, human resources, and coaching/mentorship, in both university and private industry settings. Dr. Kokas' expertise spans communication skills development, behavior-based interviewing, educational methods and curriculum development, performance and process improvement, and educational diversity.

**Lyuba Konopasek, MD**

Dr. Konopasek is the designated institutional official for New York-Presbyterian Hospital in New York, overseeing graduate medical education at both the Columbia and Weill Cornell campuses. Prior to this, she served a three-year term as associate dean for medical education at the Weill Cornell Medical College in Qatar, a branch of Weill Cornell Medical College in New York. She earned a bachelor's in biology from Brown University in 1985 and received her MD from the University of Chicago's Pritzker School of Medicine in 1991. Dr. Konopasek completed residency training in pediatrics at the Massachusetts General Hospital in 1994 and was an attending there prior to joining Weill Cornell in 1996. She is currently an associate professor of pediatrics (education) at Weill Cornell. Dr. Konopasek's activities in medical education span the continuum from undergraduate medical education to residency training and faculty development. At Weill Cornell, she has served as director of pediatric undergraduate medical education and course director of the first-year doctoring course. She has presented numerous faculty development workshops, both nationally and internationally, on topics including effective teaching skills, professionalism, communication skills, clinical reasoning, and feedback and assessment strategies.

**Denise Koo, MD, MPH**

Dr. Koo is the senior advisor for health systems in the office of public health and scientific services with the Centers for Disease Control. Dr. Koo graduated from Harvard University with a bachelor's in biochemical sciences. After combining medical school at the University of California, San Francisco, with a master's in public health in epidemiology at the University of California, Berkeley, she completed a primary care internal medicine residency at the Brigham and Women's Hospital in Boston. Dr. Koo is a graduate of the Centers for Disease Control and Prevention's epidemic intelligence service and preventive medicine residency. Other positions that Dr. Koo has held at the CDC include running the National Notifiable Disease Surveillance System, serving as director of the Division of Public Health Surveillance and Informatics, and most recently, serving as Director of the Division of Scientific Education and Professional Development. Dr. Koo holds appointments as adjunct professor of global health and of epidemiology at Rollins School of Public Health, Emory University. She is also a consulting professor for the Department of Community and Family Medicine at Duke University Medical Center.

**Cindy Koonz, MS**

Ms. Koonz has been the education manager and program coordinator for the emergency medicine residency program at Oregon Health & Science University (OHSU) for over 14 years. In 2014, she was one of five recipients of the ACGME Program Coordinator Excellence Award. She has collaborated with other program coordinators and graduate medical education (GME) administrators to develop the Program Coordinator's Professional Development Series at OHSU. The series has included extensive curriculum development and teaching fellow coordinators about GME. The best thing about her job is working with an amazing education faculty and a stellar group of residents.

**Murray Kopelow, MD, MS (Comm), FRCPC**

Dr. Kopelow is the president and chief executive officer of the Accreditation Council for Continuing Medical Education, (ACCME), where he leads the efforts to identify, develop, and promote national standards for quality CME that improves physician competence and performance, and contributes to improving medical care for patients and their communities. Dr. Kopelow is responsible for the implementation of the ACCME system for accrediting US institutions that offer CME to physicians and other health care professionals, and for the ACCME system of recognizing state and territory medical societies as accreditors for local CME providers. Dr. Kopelow has overseen several important changes in this national accreditation system, including the introduction of the 2000 criterion-referenced Essential Areas and Their Elements, the 2004 update of the ACCME's Standards for Commercial Support: Standards to Ensure Independence, and the 2006 Updated Accreditation Criteria, which position accredited "CME as a Bridge to Quality™." He coordinated efforts to create and implement the 2010 Markers of Equivalency, which ensure the equivalency of accreditation decision-making between the national ACCME process and the recognized state system. For more than a decade, he has collaborated with the Accreditation Council for Pharmacy Education and the American Nurses Credentialing Center to develop a joint accreditation process that rewards organizations for offering team-focused education that improves patient care. Dr. Kopelow has contributed to the advancement of CME on the national and international levels. In the US, he currently serves as a member of the Coalition for Physician Accountability, a Joint Working Group on Maintenance of Certification® CME, and as the CEO of the Advisory Council to the Federation of State Medical Boards' Maintenance of Licensure Implementation Group. He has served as an advisor to emerging and existing CME accreditation systems in nations around the world and collaborated on the creation of a substantial equivalency recognition process for CME systems outside the US. He currently serves on the CPD Provider Accreditation Standards Working Group of the Royal College of Physicians and Surgeons of Canada (RCPSC)-Committee on the Accreditation of CME, and is a member of the Advisory Board for the *Journal of European CME*. From June-December 2009, Dr. Kopelow served as a Special Advisor to the Office of Demand Reduction within the Office of National Drug Control Policy of the Executive Office of the President of the United States. From 2010-the present, he has worked with the Food and Drug Administration, health care education accreditors, and industry to facilitate the role of accredited CME in supporting the FDA's Risk Evaluation and Mitigation Strategy for opioid medications. He has studied tools for the evaluation of clinical competence for medical schools and credentialing organizations in Canada and the US, and has authored and co-authored more than 30 peer-reviewed and non-peer-reviewed articles on evaluation and assessment across the continuum of medical education. A native of Canada, Dr. Kopelow holds a medical degree from the Faculty of Medicine, University of Manitoba, and a master's of science in communications systems from the Department of Communications Studies at Northwestern University. He is a fellow of the RCPSC and a successful participant in that organization's maintenance of certification program.

**Donald Kraybill, MSW, PhD**

Dr. Kraybill received his BA in psychology from Goshen College in Goshen, Indiana, his master's in social work from California State University in Fresno, California, and his doctorate in psychology from Alliant University/California School of Professional Psychology. After completing his graduate training, Dr. Kraybill was employed as a behavioral scientist for the University of California affiliated family medicine residency program in Merced, California. He then joined the Penn Foundation for Behavioral Health in Sellersville, Pennsylvania, doing outpatient psychotherapy with children and adolescents. In 1985, he became the director of behavioral science at the Montgomery Hospital Medical Center in Norristown, Pennsylvania. In this capacity he was responsible for providing Temple University-affiliated family medicine residents with clinical training and experience in behavioral medicine. In addition to teaching and precepting, he served on the Graduate Medical Education Committee, published research, and coordinated the curriculum for the psychiatry rotation. In 1988, he also took a position as the region II mental health consultant (serving six states) for the U.S. Department of Labor, Youth Services/Job Corps Program in Philadelphia, Pennsylvania. He was responsible for doing site reviews and providing technical assistance to evaluate the overall Medical, Dental, Mental Health and Substance Abuse Programs for 20 Job Corps Centers. Dr. Kraybill joined the Field Staff of the ACGME in February 2002. Since then, he has conducted 600 site visits of residency programs.

**Catherine Kuhn, MD**

Dr. Kuhn is the designated institutional official and director of graduate medical education at Duke University Hospital. Fairly new to this role, she has been instrumental in streamlining surveys for residents/fellows, faculty members, and program directors. She has developed surveys to inform her decisions and support programs. She has used surveys as a means of program oversight, and has helped faculty members and learners realize the benefits and importance of completing surveys, partly by listening to the answers and responding accordingly.

**Patricia Ladds**

Ms. Ladds is the GME academic manager at the University of Pittsburgh Medical Center (UPMC) Hamot in Erie, Pennsylvania. She is TAGME certified for the orthopaedic residency program. Ms. Ladds began her career as the orthopaedic residency program coordinator in 1993. She then became involved with starting the osteopathic neurology and emergency medicine residency programs. She is currently the graduate medical education manager at UPMC Hamot, as well as the residency program coordinator for the orthopaedic residency program, hand fellowship, and osteopathic emergency medicine program. Ms. Ladds is a member of the Coordinators Leadership Council for UPMC.

**Donna Lamb, MBA**

Ms. Lamb joined the ACGME in December 2014 in the role of executive director for the Review Committees for Plastic Surgery, Surgery, and Thoracic Surgery in the Department of Accreditation Services. Ms. Lamb was the division vice president of graduate medical education and designated institutional official at the Hospital Corporation of America, East Florida Division. Prior to this, she was the director, GME at Florida Hospital/Adventist Health Systems, Sunbelt, Inc. Ms. Lamb has experience with allopathic, osteopathic, and podiatry training programs. Ms. Lamb earned her bachelor's in nursing from Florida Southern College, her master's in business administration from University of Phoenix, and is currently working toward a doctorate in health sciences with a concentration in leadership and organizational behavior from A.T. Still University.

**William Lamb, DO, FACP**

Dr. Lamb is director of osteopathic medical education and program director of the osteopathic internship at the University of Pittsburgh Medical Center (UPMC) Shadyside Hospital. He is certified by the American Board of Internal Medicine and the American Osteopathic Board of Internal Medicine. He is a clinical associate professor of medicine at the University of Pittsburgh Medical School, and serves as the section chief of general internal medicine at UPMC Shadyside Hospital. He is also a clinical professor of medicine for the Philadelphia College of Osteopathic Medicine. His role in medical education at the University of Pittsburgh has recently expanded to help oversee 15 osteopathic programs in seven UPMC hospitals. Before coming to UPMC, he served as director of osteopathic medical education at St. Francis Medical Center, and he established an osteopathic internship at that institution. Dr. Lamb is a graduate of St. Vincent College and the Philadelphia College of Osteopathic Medicine. He completed his osteopathic internship in Brentwood Hospital near Cleveland, Ohio, and his internal medicine residency at St. Francis Medical Center in Pittsburgh, Pennsylvania.

**Cynthia Ledford, MD**

Dr. Ledford is a physician educator, with clinical training in primary care internal medicine and pediatrics. She has 18 years' experience teaching residents, students, and faculty members in Ohio, at Wright State University and Ohio State University. She is a former clerkship director of internal medicine and current associate vice chair of education for the Department of Internal Medicine and the assistant dean of evaluation and assessment at Ohio State's College of Medicine. Her areas of curricular innovation include faculty development, professionalism, and clinical reasoning. Dr. Ledford is a trained facilitator for the Stanford Faculty Development program for clinical teaching (1999) and designed a Health Resources and Services Administration-funded online faculty development program for community-based and ambulatory teachers (2006). Her current activities focus on designing the outcomes-based assessments for Ohio State's Lead Serve Inspire curriculum for medical students. She serves as deputy editor for Ohio State's Faculty Development 4 Medical Educators (FD4ME) program.

**Llewellyn Lee, MBBS, MMed,FRCS**

Dr. Lee graduated from the National University of Singapore (NUS) in 1997. He earned his master's of medicine from his alma mater in 2005. In 2008, Dr. Lee obtained his fellowship with the Royal College of Surgeons in Edinburgh, United Kingdom. He was awarded Singapore's Ministry of Health Manpower Development Program scholarship in 2008, and underwent a 12-month clinical fellowship under the esteemed Professor Kim Yoon Duck at Samsung Medical Center, Seoul, South Korea, where his subspecialty training was in the field of oculoplastic surgery. Dr. Lee plays an active role in the training and education of junior ophthalmologists and other health professionals in Singapore, being head of his department's Training and Education Committee. He is a Clinical Senior Lecturer at the NUS, as well as a lecturer of the Singapore Polytechnic-University of Manchester (SPUM) optometry degree program. Dr. Lee is the inaugural program director for the National Healthcare Group ophthalmology residency program. He is also a member of the institution's Graduate Medical Education Committee, and was recently appointed as member and site visitor of the Joint Committee on Specialist Training (JCST) Accreditation Committee of Singapore. His approachable and friendly nature has also seen him being appointed the department's care counselor. Dr. Lee's areas of clinical interests are in cataract, eyelid, and lid reconstructive surgery, as well as the management of a wide range of eyelid and orbital conditions.

**Annette Lemire, C-TAGME**

Ms. Lemire is a program coordinator at Mayo Clinic in Arizona and manages four different residency and fellowship programs (otolaryngology, head and neck surgery, hospice and palliative medicine, and gynecologic surgery). She has over 15 years' experience in GME and was previously a surgical program coordinator at Baystate Medical Center in Springfield, Massachusetts. She was a founding member of the Otolaryngology Program Coordinators Organization and served as its first chair for two years. Ms. Lemire is active in TAGME and currently serves as the review board chair for otolaryngology and as the chair of the Process Quality Improvement Committee.

**Kadriye Lewis, EdD**

Dr. Lewis is the director of evaluation and program development in the Department of Graduate Medical Education at Children's Mercy Hospital. She is also professor of pediatrics at the University of Missouri-Kansas City School of Medicine. Prior to coming to Children's Mercy, Dr. Lewis worked for Cincinnati Children's Hospital Medical Center for more than 13 years. She played a major role in the development of the online master's degree in education program for healthcare professionals. This program has developed a national and international reputation for excellence and played an important role in training future leaders in medical education. Dr. Lewis is specialized in educational assessment and evaluation, distance learning, instructional design, curriculum design, and program development. Dr. Lewis is active in medical education research and her scholarly interests include performance-based assessment, the construction of new assessment tools, and the improvement and validation of existing tools and methods. Due to her extensive experience in e-learning and web-based technologies, she has a particular interest in instructional design and implementation of innovative technologies for curriculum delivery at many levels in health care education. Dr. Lewis presents extensively at many professional meetings and conferences, and has been an invited speaker at many international and national universities.

**Lorraine Lewis, EdD, RD**

Dr. Lewis became executive director for the ACGME-I in May 2014. She joined the staff of the ACGME in 2011 as the executive director for the Review Committees for Anesthesiology, Preventive Medicine, and the Transitional Year. Before joining the ACGME, Dr. Lewis was manager of predoctoral dental education and international accreditation for the Commission on Dental Accreditation. She was also professor, department chairperson, and program director in the nutrition and dietetics department at Viterbo University, and practiced as a renal dietitian and a clinical research dietitian where she conducted research on the nutritional needs of patients on long-term tube feedings. Dr. Lewis earned her EdD in higher education policy and administration from the University of Minnesota, where she conducted research on faculty attitudes and practices related to use of student learning outcomes for program evaluation. She has a master's in allied health and a bachelor's in medical dietetics, both from The Ohio State University. Recognitions and honors include serving on the American Dietetic Association's (ADA) Position Committee, where she edited association position papers on home health care, nutrition and hydration in end-of-life care, nutritional treatment of HIV, and comprehensive school nutrition services.

**Steven Lewis, MD**

Dr. Lewis graduated from Yale University with a degree in molecular biophysics and biochemistry, received his medical education at Stanford University School of Medicine, and did his medical internship and neurology residency at the University of Chicago. He is professor of neurological sciences at Rush University Medical Center in Chicago, Illinois, where he serves as associate chairman of the department, head of the section of general neurology, and director of the neurology residency program. Dr. Lewis is the current chair of the ACGME Review Committee for Neurology, and was chair of the ACGME Neurology Milestone Working and Advisory Groups. He is also the editor-in-chief of *Continuum: Lifelong Learning in Neurology*, the official continuing medical education journal of the American Academy of Neurology, as well as the section co-editor for CME for the journal *Neurology*. Dr. Lewis is the current vice-chair of the American Academy of Neurology Education Committee, and in January 2014 became chair of the Education Committee of the World Federation of Neurology. His main clinical and academic interests are general adult clinical neurology, neurologic education, transient global amnesia, and the neurology of systemic disease.

**David Lieb, MD**

Dr. Lieb has been on the faculty at Eastern Virginia Medical School (EVMS) since 2009. He currently serves as the program director for the EVMS endocrinology and metabolism fellowship, and is the director for endocrine electives. He is board-certified in both internal medicine, and endocrinology and metabolism, is a fellow of the American College of Endocrinology, and is the medical director for the EVMS-Sentara Thyroid Clinic in Norfolk, Virginia. Dr. Lieb is very involved in the EVMS Graduate Medical Education Committee, and is a member of the American Association of Clinical Endocrinologists Education Training Support Committee. He is devoted to fellow, resident, and student education, and has been a small-group facilitator for the EVMS Introduction to the Patient Course for the last three years. He has mentored medical students, residents, and fellows, and has served as an official student career advisor at EVMS. He enjoys working with residents and fellows in their research projects and scholarly activities.

**Mary Lieh-Lai, MD, FAAP, FCCP**

Dr. Lieh-Lai is the senior vice president, medical accreditation at the ACGME. She is also a volunteer professor of pediatrics at Wayne State University School of Medicine. She graduated from the University of Santo Tomas in the Philippines, and completed her pediatric residency and pediatric critical care medicine training at the Children Hospital of Michigan, Wayne State University School of Medicine. After fellowship, she became director of the ICU at the Georgetown University Medical Center, and later returned to the Children Hospital of Michigan, where she held various roles through the years. Dr. Lieh-Lai has been involved in medical education throughout her career. She was instrumental in publishing the Pediatric Acute Care Handbook, which was written by pediatric residents under her mentorship. Dr. Lieh-Lai is the recipient of numerous teaching awards. She was also named Top Doctor. She has participated in numerous Operation Smile missions to at least 10 countries to help provide care for children following cleft lip/palate repairs. On a national level, she was a member of the Pediatrics Step II Committee for the National Board of Medical Examiners. She was a member of the ACGME Review Committee for Pediatrics and served as its vice chair. She was a long-time newsletter editor for the American Academy of Pediatrics Section of Critical Care, and is also a member of the Executive Committee. Dr. Lieh-Lai was a member of the PREP-ICU editorial board and was also appointed to the American Board of Pediatrics sub-board of Critical Care. Dr. Lieh-Lai was funded by the National Institutes of Child Health and Human Development for 15 years as co-investigator or principal investigator as part of the Pediatric Pharmacology Research Network. She helped develop a mouse model of asthma and worked on nanotechnology for drug delivery. She headed multiple clinical trials related to the pharmacologic treatment of critically-ill children and medication errors in the ICU, with funding from Ronald McDonald Children Charities and Blue Cross/Blue Shield Network. She is the author of numerous peer-reviewed articles and book chapters.

**Louis Ling, MD**

Dr. Ling is senior vice president, hospital-based accreditation at the ACGME, responsible for the operation of the review process for hospital-based specialties. Previously, he was associate dean for graduate medical education at the University of Minnesota Medical School, and concurrently, chief medical education officer at Hennepin County Medical Center (HCMC) in Minneapolis. He is a graduate of the University of Minnesota, and of the University of Chicago emergency medicine residency. He practiced at HCMC, where he also directed the emergency medicine, medical toxicology, and transitional year training programs. As one of the first medical toxicologists in the country, he published in that field, was an editor of three toxicology textbooks, and was the medical director of a regional poison center. He formed the new academic Department of Emergency Medicine at the University of Minnesota, and was an editor of Rosen's *Emergency Medicine* and Harwood-Nuss' *Clinical Emergency Medicine*. Dr. Ling has been chair of the Academic Affairs and the Graduate Medical Education Committees of the American College of Emergency Physicians, chair of the Certification Committee of the American Association of Poison Control Centers, and president of the American Board of Emergency Medicine. As president of the Society for Academic Emergency Medicine, he started the journal, *Academic Emergency Medicine*. He has been on the National Advisory Committee of the Robert Wood Johnson Faculty Physician Scholar program, the planning committee for the Macy Conference on Emergency Medicine in the Future of American Health Care, the American Medical Association (AMA) Governing Council for the Section on Medical Schools, and liaison to the AMA Council on Medical Education. He has been a resident member, member, and chair of the ACGME Review Committee for Emergency Medicine, a member of the Institutional Review Committee, and a member of the ACGME Board of Directors before his present position.

**Allen Lloyd, MD**

Dr. Lloyd is an assistant professor of medicine for the University of North Carolina Chapel Hill and the director of faculty development for the Division of Internal Medicine at Carolinas Medical Center (CMC). In October 2010 he completed a fellowship in Clinical Teaching at the Stanford University Faculty Development Center for Clinical Teachers. Since then he has been running a seven-session, 14-hour course on clinical teaching twice per year. Each of these sessions includes a specific discussion on learner evaluation and direct observation. He has also been to regional medical centers and residencies to co-facilitate workshops on clinical teaching. In addition, Dr. Lloyd delivers a fall seminar on clinical teaching to the internal medicine residents at CMC, as well as to the broader division of graduate medical education at CMC in the spring. He has specifically facilitated on the topic of direct observation for CMC's Center for Faculty Excellence.

**Donald Mackay, MD**

Dr. Mackay is the William P. Graham III professor of plastic surgery, professor of surgery and pediatrics, and vice chair of the Department of Surgery at Penn State's Milton S. Hershey Medical Center. Dr. Mackay received a dental degree followed by a medical degree from the University of The Witwatersrand in Johannesburg, South Africa. He completed residency training in general surgery and plastic surgery in South Africa, and in plastic surgery at Penn State. Dr. Mackay has served as president of the Federation of Cleft Palate Clinics of Pennsylvania, the Robert H. Ivy Society, the Northeastern Society of Plastic Surgeons, the American Association of Pediatric Plastic Surgeons, and as chair of the Section of Plastic Surgery of the American Academy of Pediatrics. He currently serves as chair of the ACGME Review Committee for Plastic Surgery, and is vice chair of the American Board of Plastic Surgery. Dr. Mackay has been actively involved in the treatment of cleft lip and palate patients through the Lancaster Cleft Palate Clinic for the past 25 years and currently serves as the Chief Medical Officer for Operation Smile. Dr. Mackay and his family have been residents of Hershey, Pennsylvania since emigrating from South Africa 26 years ago.

**Kathryn MacRae**

Ms. MacRae has experience as a program coordinator in emergency medicine, as well as in the central graduate medical education (GME) office. She now holds the position of GME coordinator manager. Ms. MacRae has experience working one-on-one with programs implementing Next Accreditation System requirements, including Milestones tracking. She presents frequently at the monthly residency program coordinator meetings, and has developed new coordinator orientation and training workshops for continued program coordinator development. She holds a degree in health communications and is currently pursuing a master's of management in healthcare administration. Ms. MacRae is in her fourth year of employment with Grand Rapids Medical Education Partners.

**Brittany Marcus-Blank**

Ms. Marcus-Blank is the evaluation intern for graduate medical education (GME) at the University of Minnesota Medical School. In this role, Ms. Marcus-Blank is responsible for analyzing program metrics to assess institutional strengths and areas of improvement in residency training. In addition, she is involved in the creation and implementation of new residency selection and training methods, such as structured interviews and professionalism trainings. Ms. Marcus-Blank is a second-year PhD student in the industrial-organizational psychology program at the University of Minnesota, and this is her first year working in GME. She has previously worked on research regarding public health behavior change interventions, including smoking cessation and adherence to exercise.

**J Lawrence Marsh, MD**

Dr. Marsh is the chairman, professor, the Carroll B. Larson chair of Orthopaedic Surgery, and the director of the orthopaedic residency program at the University of Iowa Hospitals and Clinics. Dr Marsh received his undergraduate degree from Colgate University and his medical degree from Upstate Medical Center in Syracuse, New York. His residency was at Boston University, and his post-residency training was as clinical lecturer in orthopaedic surgery at Oxford University in Oxford, England and as an AO scholar in Switzerland. Dr Marsh's clinical practice is in orthopaedic trauma and adult reconstruction. His research interests are primarily in post-traumatic osteoarthritis and surgical skills training. His work is currently funded by NIH, NBME, OTA, and OMeGA. He and his co-investigators are recipients of the 2011 OREF Clinical Research Award. He has been awarded two OMeGA Core Competency grants. Nationally, Dr. Marsh serves as a director of the American Board of Orthopaedic Surgery and is the current chair of the ACGME Review Committee for Orthopaedic Surgery. He is the president of the Mid-American Orthopaedic Association, and a member of the National Board of Medical Examiners. He has actively served the American Academy of Orthopaedic Surgeons as chair of the Evaluation Committee, and the Orthopaedic Trauma Association as chair of the Classification Committee. He is currently the president of the American Orthopaedic Association.

**Theresa (Tess) Marsh**

Ms. Marsh is currently the critical care medicine fellowship program coordinator, as well as the administrative assistant to the system-wide director of critical care, at Geisinger Medical Center in Danville, Pennsylvania. She is actively involved in Geisinger's Administrative Professionals' Center for Continuing Education, and serves on the Program, Mentor, Education, and Enrollment committees. She served six years in the United States Marine Corps and subsequently worked for 10 years as a defense industry contractor. Ms. Marsh became involved in health care after leaving the defense industry and taking on the role of business manager of a physical therapy clinic. Ms. Marsh earned her associate's degree in general studies in 1986, and her bachelor's degree in health care administration in 2011.



**Bryan Martin, DO**

Dr. Martin is the associate dean for graduate medical education and designated institutional official at The Ohio State University, where he also serves as the associate medical director of University Hospital. He has been a program director in allergy and immunology for over 14 years. He retired from the US Army in 2008, after serving for 28 years. He is a graduate of the US Army Medical Department (AMEDD) Officer's Basic and Advanced Courses, the Company Commander's Course, and the Command and General Staff College, where he received a master's in military art and science (MMAS) degree. His awards include the Order of Military Medical Merit, the "A" Proficiency Designator from the Army Medical Department, the Legion of Merit, the Bronze Star Medal with 3 Oak Leaf Clusters, The Army Commendation Medal with 7 Oak Leaf Clusters, and the 2006 Lewis Aspey Mologne Award from the Army Surgeon General for Academic Excellence within the Army Medical Corps. Dr. Martin has served the ACGME as chair of the Review Committee for Allergy and Immunology, as a member of the Executive Committee of the Council of Review Committee Chairs, and as a member of the Monitoring Committee. In 2013, he was honored with the ACGME's Parker J. Palmer Courage to Teach Award. He is the author of over 60 abstracts, articles, and book chapters, and lectures widely on a variety of topics. He is currently the chair of the Leadership Task Force of the American Academy of Allergy, Asthma and Immunology (AAAAI) and the chair of the faculty development program of the American College of Allergy, Asthma and Immunology (ACAAI).

**Serge Martinez, MD, JD**

Dr. Martinez is a board-certified otolaryngologist. He attended University of Miami School of Medicine and completed his residency in otolaryngology at National Naval Medical Center in Bethesda, Maryland. Dr. Martinez came to the ACGME from the University of Louisville School of Medicine where he was a professor of surgery and bioethics. He is a member of the American Academy of Otolaryngology-Head and Neck Surgery Ethics Committee, and served on the Academy Program Advisory Committee for nine years. Dr. Martinez served in the US Navy, and held the rank of Commander in the United States Navy Medical Corps. His prior academic positions include associate professor of otolaryngology at Creighton University School of Medicine and director of medical and surgical services at Boys Town Institute for Communication Disorders in Children, Omaha, Nebraska. In 1981, he was appointed director of the Division of Otolaryngology at the University of Louisville, during which time he was editor of *The Ear, Nose and Throat Journal*. In 1993, he moved to Massachusetts to serve as physician-in-chief for Kaiser Permanente Health Center in Springfield and as chief of Otolaryngology Services for Kaiser Permanente's Northeast region. In 2001, Dr. Martinez received his Juris Doctorate from Western New England School of Law in Springfield, Massachusetts. He holds membership in the Health Law Section of both the American Bar Association and the Louisville Bar Association. He has won many awards, including several for teaching: the Honor Award of the American Academy of Otolaryngology, American's Top Physicians, Who's Who in America, and Best Doctors in America. Dr. Martinez joined the ACGME as a site visitor in January 2009, and has conducted accreditation site visits of 441 programs since that time. He and his wife currently reside in Louisville, Kentucky.

**Lisa Maxwell, MD**

Dr. Maxwell serves as a member of the Resident Performance Index (RPI) Task Force for the Association of Family Medicine Residency Directors. In 2014 she presented at the ACGME Annual Educational Conference on interdepartmental handoffs, and on the optimal use of the Annual Program Evaluation/Program Evaluation Committee at the American Academy of Family Physicians Program Director's Workshop. She is currently the assistant designated institutional official and family medicine program director at Christiana Care Health System in Delaware.

**Elaxis McBee, LCDR, USN, DO, MPH, FACP**

Dr. McBee is an assistant professor with the Department of Medicine in the School of Medicine at the Uniformed Services University of Health Sciences. Dr. McBee is a 2006 graduate of Ohio University in Athens, Ohio, and a lieutenant commander in the U.S. Navy, having completed her medical internship at the National Naval Medical Center in Bethesda, Maryland. Dr. McBee is an experienced educator and received extensive training in medical education during her general internal medicine fellowship, including extensive reviews of educational theory and attendance at the Stanford Faculty Development Seminar.

**Kortney McBryan**

Ms. McBryan is currently an obstetrics and gynecology residency and fellowship coordinator at Geisinger Medical Center in Danville, Pennsylvania. She has served in this role for over seven years. Ms. McBryan received her bachelor's degree in elementary education in 2005 from Wilkes University in Wilkes-Barre, Pennsylvania. During the 2013-2014 academic year, Ms. McBryan served as chairman of the Graduate Medical Education Network, which is a residency and fellowship coordinator group at Geisinger Health System that meets monthly.

**Julie McCausland, MD, MS**

Dr. McCausland is the vice chair of the ACGME Transitional Year Review Committee and co-chair of the Program Director Development Subcommittee of the University of Pittsburgh Medical Center (UPMC) Graduate Medical Education Committee. She is the program director of the UPMC Medical Education transitional year residency, and a practicing emergency physician and faculty member in an academic emergency medicine residency program based at a level I trauma center.

**Julia McMillan, MD**

Dr. McMillan is executive vice chair of the Department of Pediatrics and associate dean for graduate medical education at Johns Hopkins School of Medicine. She earned a bachelor of art degree from the University of North Carolina in 1969. She completed medical school, pediatric residency, and a fellowship in pediatric infectious diseases at the State University of New York Health Science Center at Syracuse, and remained on the faculty there for 10 years. She then joined the faculty at Johns Hopkins as vice chair and residency program director in 1991. She stepped down as residency program director in 2012. Since 2004, she has also served as associate dean for graduate medical education at Johns Hopkins. From 2007-2013 she was a member of the ACGME Review Committee for Pediatrics. Dr. McMillan has served as chair of the Board of Directors of the American Board of Pediatrics (ABP) and on numerous committees of the Board. She currently chairs the Board's Strategic Planning Committee. She has been a representative of the ABP to the American Board of Medical Specialties, and is a member of the Infectious Disease Society of America, the Pediatric Infectious Disease Society, and the American Academy of Pediatrics.

**Diana McNeill, MD**

Dr. McNeill is the director of Duke AHEAD (Academy for Health Professions Education and Academic Development) at Duke University School of Medicine. As the first director, she has been tasked with using the academy to identify faculty development needs and support medical educators in their teaching role, including promotion. She has led an effort to develop medical educator competencies for use as a needs assessment for programming and self-assessment, and as part of promotion criteria.

**John McPherson, MD, FACP, FACC**

Dr. McPherson is vice-chair for education in the Department of Medicine at Vanderbilt University and is the director of the Vanderbilt internal medicine residency program. A California native, Dr. McPherson is a graduate of Princeton University and attended medical school at the University of California, Los Angeles. He completed his residency in internal medicine at the Johns Hopkins Hospital and fellowships in cardiovascular medicine and interventional cardiology at the University of Virginia. Dr. McPherson joined The Heart Group in Nashville, Tennessee in 2000, and served as the director of interventional research in addition to practicing interventional cardiology. In 2006, Dr. McPherson joined the faculty at Vanderbilt and where he was the director of the cardiovascular intensive care until 2011. Dr. McPherson is a member of the Educational Oversight Committee of the American College of Cardiology and of the Education Committee of the Alliance for Academic Internal Medicine.

**Vanessa McPherson, MD**

Dr. McPherson received her undergraduate education at the University of North Carolina (UNC)-Charlotte, and attended medical school at UNC-Chapel Hill. After completing her residency training at the University of South Carolina, she practiced in an independent group practice in Belmont, North Carolina for several years, serving as a community preceptor for medical students and a guest preceptor at the residency's family medicine center. She joined the faculty of Carolinas Medical Center in 2000 as the associate director of the rural program in Monroe, North Carolina, and completed UNC's faculty development fellowship in 2002. She then transitioned to Charlotte, where she served as the program director of the main program in from 2003-2013. She completed the National Institute for Program Director Development in 2006, and co-founded Carolinas HealthCare System's annual Senior Resident Leadership Skills Seminar. Dr. McPherson returned to the rural program in Monroe as the program director in April 2013. Her interests include leadership education, teaching procedural skills, women's health, inpatient medicine, and assisting residents in their professional development using formative feedback and self-reflection.

**Randall Meacham, MD**

Dr. Meacham is professor and head of the Division of Urology at the University of Colorado School of Medicine. He has also been the urology residency program director at the University of Colorado since 1999. Dr. Meacham currently serves as chair of the ACGME Review Committee for Urology and on the Board of Directors of the American Urological Association.

**Walter Merrill, MD**

Dr. Merrill attended the University of the South in Sewanee, Tennessee. He received his medical degree from Johns Hopkins, where he also trained in general and cardiothoracic surgery. He received additional training at the Clinic of Surgery, National Heart Lung and Blood Institute, NIH, and the Hospital for Sick Children in London. He has worked at Vanderbilt University Medical Center, the University of Cincinnati, and at the University of Mississippi.

**Lloyd Michener, MD**

Dr. Michener is the professor and chairman of the Duke Department of Community and Family Medicine. He is the director of the Duke Center for Community Research, and clinical professor in the Duke School of Nursing. Dr. Michener has served as co-chair of the Community Engagement Key Function Committee for the Clinical Translation Science Awards of the NIH. He is a member of the Council for the National Center for Complementary and Alternative Medicine, and the National Academic Affiliations Advisory Council of the Department of Veterans Affairs. He is also a member of the National Quality Forum Population Health Committee, and the North Carolina Institute of Medicine. Dr. Michener previously served as a member of the Institute of Medicine Committee that led to the publication of "Primary Care and Public Health: Exploring Integration to Improve Population Health," and now directs a national program for the "Practical Playbook" which facilitates the integration of Primary Care and Public Health, supported by the Centers for Disease Control and Prevention, the Health Resources and Services Administration, and the de Beaumont Foundation. Dr. Michener has served on multiple national boards, including the Board of the Association of American Medical Colleges, the National Patient Safety Foundation, and the Association of Departments of Family Medicine. He is also past president of the Association for Prevention Teaching and Research, and received that organization's Duncan Clark Award in 2013. At Duke, Dr. Michener founded the training programs in nutrition and prevention, and oversees the master's program in clinical leadership, a joint program of the Schools of Medicine, Nursing, Business, Law, and the Institute of Public Policy. As chair of the department, he leads the family medicine, preventive/occupational medicine, community health, informatics, and physician assistant programs.

**Bonnie Miller, MD**

Dr. Miller is associate vice chancellor for health affairs and the senior associate dean for health sciences education. She has served in multiple leadership positions at Vanderbilt, including associate dean for undergraduate medical education (2005-2008) and associate dean for medical students (1999-2004). She is a founding member of the Academy for Excellence in Teaching at the School of Medicine and is a recipient of both the Shovel Award for Excellence in Teaching and the John S. Johnson Award, both honors that are bestowed by students. With academic interests in the moral development of physicians and personalized learning in medicine, Dr. Miller is recognized as a senior leader in medical education, serving on numerous national organizations and consulting nationally and internationally on medical education matters. At Vanderbilt, she has guided the School of Medicine through several cycles of curriculum innovation, most recently spearheading the curriculum revision known as Curriculum 2.0. Dr. Miller is the primary investigator of the American Medical Association's Accelerating Change in Medical Education Grant, awarded to Vanderbilt University School of Medicine in June 2013. Dr. Miller remains engaged in the daily lives of medical students and residents. She is course director for the Foundations of the Profession Course, the first course taken by medical students upon their arrival at the school. After attending Colorado College for her undergraduate education, she received her MD degree at the University of Oklahoma. Dr. Miller then focused her clinical interests on patients with breast cancer. A board-certified surgeon, she has practiced at Vanderbilt University Medical Center and the TVHS-Veteran's Administration Hospital, as well as other hospitals in Nashville since arriving in 1987. She is married to Robert Miller, a pulmonologist who serves as medical director of Vanderbilt's student-run free clinic.

**Karen Miller, MS**

Ms. Miller oversees the regulatory compliance for 36 ACGME-accredited programs and institutional adherence to the ACGME Institutional Requirements at the University of Vermont Medical Center. She develops and supports systems for continuous monitoring of graduate medical education (GME) program performance. Ms. Miller has six years of experience in ACGME regulatory compliance, nine years of experience as an administrator for a web-based enterprise content management system, four years of experience as a GME residency management system administrator, and 30 years of experience in developing educational curricula for a wide range of audiences, from secondary and higher education levels to physicians.

**Rebecca Miller, MS**

Ms. Miller is currently the senior vice president, applications and data analysis at the ACGME. She previously held the positions of vice president, applications and data analysis (2007-2009), and director of operations and data analysis (1999-2007). In her role, Ms. Miller is responsible for developing and supporting data collection systems, conducting data analysis, and designing reporting systems that deal with residency program accreditation and outcomes. Under Ms. Miller's supervision and leadership, the department manages the Accreditation Data System, the Resident Case Log System, the Resident and Faculty Surveys, and the Milestone Reporting System. Most recently, Ms. Miller's team created the infrastructure and fully implemented the Next Accreditation System for the ACGME, including the creation of an Annual Work-up System for Review Committee teams. Ms. Miller has an undergraduate degree in psychology and a graduate degree in applied statistics and research methods. She has over 30 articles published in peer-reviewed journals, and extensive experience working with graduate medical education data. Prior to her work at the ACGME, Ms. Miller was the director of research and data analysis in the Division of Graduate Medical Education at the American Medical Association (1993-1999). Prior to 1993, Ms. Miller was the assistant director of research for the Ambulatory Sentinel Practice Network, and an instructor at the University of Colorado School of Medicine Department of Family Medicine.

**Wendy Miller, MD, FACP**

Dr. Miller is a board-certified internist. She is the graduate medical education quality and safety education officer and the assistant designated institutional official for the University of Connecticut School of Medicine. She is an assistant professor of medicine, and works clinically as a hospitalist. Prior to assuming her current educational leadership role in the graduate medical education office, she served for seven years as an associate program director for the University of Connecticut's internal medicine residency program. In this role, she was responsible for patient safety and quality improvement education and project implementation, as well as curriculum development in the areas of transitions of care and professionalism. Dr. Miller's educational and research interests center around curriculum development at the institutional level with an emphasis on patient safety and quality related topics. She currently provides oversight for the University of Connecticut's institutional GME curriculum and is responsible for new curriculum development. Dr. Miller serves as the faculty mentor to the Resident Leadership Council, which is UCONN's patient safety and quality council. Dr. Miller is currently an associate member of the Association of American Medical College's Group on Resident Affairs, and a fellow of the American College of Physicians. Dr. Miller is a graduate of Villanova University and the University of Connecticut School of Medicine. She completed her internship and residency at the Hospital of the University of Pennsylvania in Philadelphia.

**Amy Miller Juve, EdD, MEd**

Dr. Miller Juve is an assistant professor, currently serving as the director for education in the Department of Anesthesiology & Perioperative Medicine, and an education specialist for graduate medical education at Oregon Health & Science University. She began her career in undergraduate higher education, and transitioned to graduate medical education eight years ago. She earned a master's degree in college student services and administration and a doctorate in educational leadership. Dr. Miller Juve's professional interests include exploring and implementing ways to improve training program quality through institutional support and programs, reflective practice as a means to enhance educational outcomes, and increasing professional development opportunities for administrative leaders.

**April Morgan, MEd**

Dr. Morgan has been the simulation coordinator at Geisinger Medical Center since 2012. She has been the manager of surgical education since 2014. She has been involved with surgical education for three years in the Department of General Surgery at Geisinger Medical Center, which includes managing the simulation program, fellowship programs, and professional/faculty development, and more. She is a member of the Association for Surgical Education (ASE) Committee on Nurses in Surgical Education, a member of the ASE Committee on Citizenship and Social Responsibility, and chair of the Education Steering Committee and Program Evaluation Committee.

**Sandra Moutsios, MD, FACP, FAAP**

Dr. Moutsios, a board-certified internist and board-certified pediatrician, has been the med-peds program director at Vanderbilt for the past 16 years. She is a primary care physician and the senior member of a 10-faculty member med-peds practice. She is a master clinical teacher at her home institution and teaches clinical medical students and residents in both the inpatient and outpatient settings. She is passionate and enthusiastic about the paradigm shift to competency-based medical education, and has been an integral part of re-designing the assessment system at Vanderbilt that employs local specialty-written entrustable professional activities (EPAs) for each clinical activity. Together with Dr. John McPherson, Dr. Moutsios presented a well-attended and well-received workshop entitled "Teaching Your Core Faculty to Write EPAs for their Own Discipline: Meaningful Milestone-Based Assessments Your Faculty Understand and Want to Use!" at the 2014 ACGME Annual Educational Conference. They incorporated into this year's session some of the concepts participants requested last year. Drs. Moutsios and McPherson attended Dr. Eric Holmboe's Clinical Assessment Course this fall, and plan to incorporate some new skills and insights gained at that week-long training session into this new mini-course as well. Dr. Moutsios is a graduate of Duke University School of Engineering and the University of Florida College of Medicine. She completed her med-peds residency training at Vanderbilt University, followed by a chief residency in pediatrics at Vanderbilt.

**Andrew Murray, MBChB, FASE**

Dr. Murray is an American Board of Anesthesiology-certified anesthesiologist. He has been the director of the Anesthesia Crisis Leadership Training course at the University of Pittsburgh anesthesiology residency program and the Winter Institute for Simulation, Education & Research (WISER) since 2003. This annual course is designed for residents and student nurse anesthetists to participate in a team model in simulated crises in the operating room. It forms the foundation for learning anesthesia non-technical skills that are required to react efficiently and effectively in the operating room. He is also the director of the annual Fiberoptic Bronchoscopy Course that allows residents to learn the theory, thinking, judgment, and technical skills to perform fiberoptic bronchoscopy as it pertains to difficult airway management and anesthetic practice requiring lung separation. He is responsible to curriculum development, website material development, scheduling, and faculty recruitment.

**John Musich, MD, MBA**

Dr. Musich is a fellow of the American College of Obstetricians and Gynecologists (ACOG), becoming board certified in obstetrics and gynecology in 1978 and Reproductive Endocrinology in 1982. He received his medical degree from the University of Minnesota and completed residency training at the University of Michigan. He completed fellowship training at William Beaumont Hospital (Royal Oak, Michigan) and earned his MBA at Michigan State University. After serving on the medical faculty of the University of Illinois at Chicago, he was named obstetrics and gynecology chair and residency director at Beaumont Hospital in 1983, positions he held until 2004. In 2002, he was named Beaumont's vice president and director of medical education, and designated institutional official, serving in these roles through 2010. During his last two years at Beaumont he also served as the first associate dean for GME of the new Oakland University William Beaumont School of Medicine. He has also held professorships at the Wayne State University and University of Michigan medical schools. Dr. Musich has been active with a number of professional organizations, including the American Congress of Obstetricians and Gynecologists (ACOG), the Council on Resident Education in Obstetrics and Gynecology, the American Board of Obstetrics and Gynecology, and the Association of American Medical Colleges. He has served the ACGME as a member of the Institutional Review Committee from 2004-2010 and through participation in the ACGME's first-ever international accreditation site visits in Singapore in 2010. Key awards have included ACOG's Distinguished Service Award (2010) and the ACGME's 2011 Parker J. Palmer Courage to Lead Award, both in recognition of his many contributions to medical education at the undergraduate and especially graduate levels. Dr. Musich joined the ACGME Accreditation Field Staff in January 2011, and has completed over 135 site visits.

**Mumtaz 'Taj' Mustapha, MD**

Dr. Mustapha is a graduate of University of California San Francisco School of Medicine and the University of Minnesota medicine-pediatrics residency program. Following residency training, she served as a pediatric chief resident, then subsequently joined the faculty in the Departments of Internal Medicine and Pediatrics in 2010, and served as the internal medicine core clerkship site director from 2010-2012. She has been the associate program director for the medicine-pediatrics residency program since 2012, and one of 10 faculty advisors for the medical school since 2013. Her scholarly interests include medical education and the care of pediatric chronic conditions through adulthood. Harkening back to her years as a social worker, her clinical passion is the care of adolescents.

**Jennifer Myers, MD**

Dr. Myers is the director of quality and safety education for the Perelman School of Medicine at the University of Pennsylvania. She is the associate designated institutional official for quality and safety education, and the director of fellowship training programs for the Center for Healthcare Improvement and Patient Safety at Penn. She also has nine years of experience as the hospital patient safety officer and as an assistant program director, and is a 2011 Josiah Macy Faculty Scholar. In these roles, she has designed and implemented multiple innovative curricula in patient safety and quality improvement for trainees, and works to coordinate quality and safety training across the medical education continuum at Penn. She co-directs the Quality and Safety Educators Academy, one of the first national faculty development programs exclusively designed to prepare faculty members to effectively design and implement quality and safety curricula for residents.

**Eric Nadel, MD**

Dr. Nadel is the program director for the Brigham and Women's Hospital (BWH)/Massachusetts General Hospital (MGH) Harvard affiliated emergency medicine residency and the associate director of graduate medical education for Partners Healthcare. He was involved in the creation of the Harvard affiliated emergency medicine residency in 1996, and has been program director since 1999. He has been responsible for the oversight of an innovative educational curriculum which has focused on medical simulation and seminar-based teaching, and is interested in the development of the next generation of academic physicians. Dr. Nadel is an active member of the Graduate Medical Education Committees for MGH, BWH, and Partners. His academic interests focus on education. He is a co-editor of the Case Presentation series in the *Journal of Emergency Medicine*, and has served as an editor on emergency medicine textbooks. Dr. Nadel is a graduate of the Albert Einstein College of Medicine, and trained in emergency medicine at Boston City Hospital.

**Alisa Nagler, JD, EdD**

Dr. Nagler is the assistant dean for graduate medical education (GME) at Duke University. She supports GME programs with accreditation requirements, development of quality learning experiences, learner and program evaluation, and faculty development. She encourages faculty members and residents to use the great work they are doing in medical education and turn it into research and scholarship. She works with individual faculty members and residents/fellows at developing medical education projects, maneuvering the IRB, identifying meaningful outcomes, and manuscript preparation and submission. She is currently working with a small group to develop and implement a medical education IRB template and process which will be made available to the Medical Center faculty in the coming year.

**Christopher Nagy, MD**

Dr. Nagy is program director, San Antonio Uniformed Services Health Education Consortium (SAUSHEC) anesthesiology, and a member of the SAUSHEC Quality Improvement/Patient Safety (QI/PS) Subcommittee. His areas of interest are helping define faculty "proficiency" in QI/PS, and the development of QI/PS Milestones for the continuum of physician development. He published an article titled, "What Does 'Proficient' in Quality Improvement and Patient Safety Look Like?" in the September issue of the *Journal of Graduate Medical Education*.

**Thomas J. Nasca, MD, MACP**

Dr. Nasca is the Chief Executive Officer of the ACGME and ACGME International. He is also a professor of medicine (vol.) at Jefferson Medical College. Dr. Nasca graduated from the University of Notre Dame with High Honors and is an Alpha Omega Alpha graduate of Jefferson Medical College. Prior to coming to the ACGME, Dr. Nasca served as senior vice president for Academic Affairs of Thomas Jefferson University and as the Anthony and Gertrude DePalma Dean of Jefferson Medical College. Dr. Nasca left the deanship at Jefferson to assume leadership of the ACGME in December 2007. In May 2009, Dr. Nasca became the founding president of ACGME International, LLC. Dr. Nasca is board certified in internal medicine and nephrology. Dr. Nasca has been a member and leader of a wide array of organizations with the mission of advancement of excellence in medical education, such as the Liaison Committee on Medical Education (LCME), the National Board of Medical Examiners (NBME), the Education Commission on Foreign Medical Graduates (ECFMG), the Association of Program Directors in Internal Medicine (APDIM), and the Initiative to Transform Medical Education (ITME) of the American Medical Association (AMA). Dr. Nasca was elected to Mastership by the American College of Physicians in 2006, and received the Dema C. Daley Founders Award for Excellence in Internal Medicine Education from the Association of Program Directors in Internal Medicine, the Rev. Clarence Shaffrey, S.J. Award from St. Joseph's University in Philadelphia, the John C. Leonard Award from the Association of Hospital Medical Education, the Johnson Award from the Association of Hospital Medical Education, and the Jefferson Medical College Alumni Achievement Award. He was named one of the 50 most powerful/influential physician executives in 2009, 2010, 2011, 2012, and 2013 by *Modern Healthcare*, and most recently received honorary doctoral degrees from the University of Toledo and Wake Forest University. He is the author of over 140 peer-reviewed articles, chapters, and other publications, and has delivered nearly 400 invited lectures on topics related to medical education. He and his wife, Jean, are the proud parents of four sons and two grandsons.

**Robin Newton, MD, FACP, CSSBB, (ASQ)**

Dr. Newton is one of three regional vice presidents for the Clinical Learning Environment Review (CLER) program at the ACGME, where she is responsible for training and supervising a cadre of field representatives and volunteer site visitors. She also conducts CLER site visits at ACGME-accredited sponsoring institutions. Prior to joining the ACGME, Dr. Newton served as the associate vice president for clinical affairs and quality at Howard University, where she managed and oversaw the quality and patient safety initiatives of the full range of clinical, educational, research, and administrative activities attendant to the Howard University Health Sciences, inclusive of the Howard University Hospital (HUH). During her tenure at Howard University, Dr. Newton also served as the designated institutional official for nine years. Dr. Newton served on the Institutional Review Committee of the ACGME and on the Group on Resident Affairs Steering Committee of the Association of American Medical Colleges. She is a past winner of the ACGME's coveted Parker J. Palmer Courage to Lead Award. Dr. Newton received her medical degree from Howard University College of Medicine in 1983, and is board certified in internal medicine. After completing her residency in internal medicine, she joined the staff at DC General Hospital, where she spent several years as a hospitalist involved in quality improvement projects and teaching medical students and residents. During her 18-year tenure at the hospital, she assumed many leadership positions culminating in being named chief medical officer of the DC Public Benefit Corporation, which at that time included the District's 10 public health clinics, the school health program, and as DC General Hospital.

**Julie Nyquist, PhD**

Dr. Nyquist has been teaching leadership courses to graduate medical education faculty members within the master of academic medicine, and giving workshops on building teams since 2008. Within the arena of academic medicine, she has given over 600 invited presentations and workshops primarily for health professions' faculty groups.

**John Ogunkeye, MS**

Mr. Ogunkeye joined the ACGME in August 2013 as its chief financial officer and senior vice president of operations, and as executive vice president for ACGME International. For nearly three decades, Mr. Ogunkeye held a variety of management positions within academic medical centers. He started his career in 1985 as a division administrator at the University of Texas Health Sciences in Houston. Since then, he assumed expanding scope and responsibilities, culminating in his most recent position at Johns Hopkins Medicine, where he served as vice president and chief administrative officer for the Office of Johns Hopkins Physicians. He also served as the associate dean and executive director for the clinical practice association and clinical research operations and finance for the Johns Hopkins School of Medicine. Prior to joining Johns Hopkins University, Mr. Ogunkeye served as the chief operating officer of Jefferson Medical College, and as the executive director and vice president for Jefferson University Physicians (JUP), a large, multi-specialty physician group practice based in Philadelphia. Before JUP, Mr. Ogunkeye was the executive director and chief executive officer of Morehouse Medical Associates in Atlanta, Georgia. Mr. Ogunkeye has broad management experience with medical school departments, having served as a department administrator at a number of medical schools. He was an administrator in surgery departments at West Virginia University, the University of Colorado, and at the University of Chicago. Mr. Ogunkeye has served on a number of non-profit boards which include physician practices, a governmental authority, an international agency, and an insurance captive. He holds master's of science degrees in biology and health care administration.



**Lawrence Opas, MD**

Dr. Opas is the associate dean for graduate medical education and professor of clinical pediatrics at the Keck School of Medicine of the University of Southern California (USC). He has been the designated institutional official for the Los Angeles County, University of Southern California Medical Center for the past 13 years. The hospital, in partnership with the Keck School of Medicine of USC, sponsors 61 ACGME-accredited programs with 913 residents. He was a pediatrics program director for 25 years, and a combined medicine-pediatrics program director for 20 years. He has served as the chief, Department of Pediatrics since 1990. Dr. Opas has been a member of the ACGME Institutional Review Committee since 2010, serves as chair (2014-2017), and chaired the subcommittee for the revised Institutional Requirements. He is also a member of the editorial board of the *Journal of Graduate Medical Education*. Dr. Opas addressed the Institute of Medicine and the ACGME Duty Hours Task Force regarding the financial impact of proposed duty hour changes to safety net institutions. He has lectured and consulted on graduate medical education in Japan, Thailand, and Taiwan. He also co-authored both versions of the Association of American Medical College's GRA manuscripts, "Core Competencies for Institutional GME Leaders and DIOs." He was honored to be a 2012 recipient of the ACGME's Parker J. Palmer Courage to Lead Award. Dr. Opas is a board-certified pediatrician and pediatric nephrologist who has had the privilege of caring for the underserved children of Los Angeles County for the past 38 years.

**Michael Opipari, DO**

Dr. Opipari is a 1964 graduate of the Chicago College of Osteopathic Medicine. He completed a rotating internship and internal medicine residency at Detroit Osteopathic and Bi-County Community Hospitals in 1968, and a fellowship in medical oncology at Wayne State University School of Medicine in 1970. Dr. Opipari is board certified in internal medicine and medical oncology by the American Osteopathic Board of Internal Medicine. He has functioned in many leadership positions, including president of the American College of Osteopathic Internists and chair of the Governing Board for Statewide Campus System of Michigan State University College of Osteopathic Medicine. He practiced medical oncology from 1975-2005, and served as director of medical education and later as VP/chief medical officer for Horizon Health System. Dr. Opipari has received many honors, including the American Osteopathic Association (AOA) Great Pioneers in Osteopathic Medicine Medal, the Walter F. Patenge Medal of Public Service from Michigan State University College of Osteopathic Medicine, the Phillips Medal of Public Service from Ohio University College of Osteopathic Medicine, the 2011 AOA Presidential Citation, and the 2014 American Osteopathic Foundation Lifetime Achievement Award. At the time of his retirement in 2005, Dr. Opipari was director for the Osteopathic Medical Education for Henry Ford Health System in Detroit and VP/chief medical officer for Henry Ford-Bi-County Community Hospital. He served from 1992-2012 as chair of the AOA Council on Osteopathic Postdoctoral Training (COPT), and in 2012 was appointed advisor to the AOA-COPT. In 2013 Dr. Opipari joined the Detroit Wayne County Health Authority as associate director of medical education, to assist with initiation of a teaching health center, HRSA grant-funded set of osteopathic primary care residency community programs in Detroit. He is a member of the AOA/ACGME Joint Education Committee.

**Bruce Orkin, MD**

Dr. Orkin is a practicing colon and rectal surgeon on the full-time faculty of the Rush University In Chicago, Illinois. He serves as the chief of Colon and Rectal Surgery and the vice chair for academic affairs in the Department of General Surgery. Dr. Orkin received his bachelor's degree from the University of Wisconsin in Madison, Wisconsin and his medical degree from the University of Minnesota, and performed his internship at the University of California, Los Angeles and his general surgery residency at the Mayo Clinic in Rochester, Minnesota. He completed fellowships in gastrointestinal research at the Mayo Clinic and in colon and rectal surgery at the Cleveland Clinic in Ohio. Dr. Orkin is an acknowledged authority on colorectal surgery and has published numerous research papers, review articles, and chapters in his field. He has served as a guest lecturer and professor at many national and regional meetings. He has been visiting professor at many institutions internationally, from the Netherlands to Brazil to China. Dr. Orkin has been actively involved in the ACGME since 2007. He chaired the subcommittees for revision of the Colon and Rectal Surgery Program Requirements and for revision of the Case Log System. He has served as chair of the Review Committee for Colon and Rectal Surgery since 2012.

**Nicole Owens, MD**

Dr. Owens is the former program director of the San Antonio Uniformed Services Health Education Consortium Combined Army and Air Force Dermatology Residency Program in San Antonio, Texas, which included 21 residents. She trained at Johns Hopkins for dermatology and at the Walter Reed Army Medical Center for internal medicine residency. Dr. Owens is a retired army colonel, and is currently in private practice in San Antonio, Texas.

**Mukta Panda, MD, FACP**

Dr. Panda is a board-certified internist. She is a professor of medicine, the assistant dean for medical student education, and program director for the transitional year program at the University of Tennessee - College of Medicine (UTCOCM) in Chattanooga, Tennessee. She was the former chair of the Department of Medicine at UTCOCM. Her roles include physician, educator, scholar, and administrator with a proven track record in clinical, educational, and administrative leadership, teaching, academics, student, resident, fellow, and faculty education and development, as a clinician, and in hospital and university administration. She provides leadership to faculty and staff members while guiding, mentoring, and teaching medical students, residents, fellows, and other health care and community-related personnel. She received the ACGME's Parker J. Palmer Courage to Teach Award in 2008. Dr. Panda has completed the facilitator preparation course with the Center of Courage and Renewal.

**Louis Pangaro, MD**

Dr. Pangaro is chairman of the Department of Medicine at the Uniformed Services University (USU). His medical degree is from Georgetown University (1973), and he did a residency in internal medicine and a fellowship in endocrinology there. In 1978, Dr. Pangaro joined the Army to do a research fellowship at Walter Reed Army Medical Center, winning the Bailey K. Ashford Research Award for developing the first immunoassay for 3,5 - Diiodothyronine. Dr. Pangaro joined the USU in 1978, initially as an instructor in the Department of Medicine, and was appointed professor with tenure in 1998, upon his retirement from the United States Army. In 1990, he served as the department's director of education programs and vice-chair, and was selected as department chairman in June 2008. Since 2009, Dr. Pangaro has been one of the faculty leaders of curricular redesign for the USU School of Medicine. His scholarly work is in the evaluation of competence of medical trainees. He created "standardized examinees" to calibrate validity of the prototype clinical skills examination of the US Medical Licensing Exam, and a "synthetic" framework for defining expectations of students and residents (the "RIME scheme," for reporter-interpreter-manager-educator). This conceptual alternative to the traditional knowledge-skills-attitudes paradigm is used in half of American medical schools. In 2000, Dr. Pangaro created a six-day course for military GME program directors in assessing competence, and he co-directs the annual Harvard Macy International Program for a Systems Approach to Assessment in the Health Sciences Education. He was recognized by the Army Chapter of the American College of Physicians (ACP) with its inaugural Master Teacher Award (1997), and by the Washington, DC Chapter of the College with its Sol Katz Teaching Award (2005) and its Laureate Award (2012). In 2010, Dr. Pangaro was named a master of the ACP, and in 2012, he received the Lifetime Achievement Award from the Association of Program Directors in Internal Medicine.

**Agatha Parks-Savage, EdD, RN**

Dr. Parks-Savage has 21 years of experience working with faculty members and residents in the medical education setting at Eastern Virginia Medical School (EVMS). She served as a faculty member (Behaviorist) for a family medicine residency training program. Currently, she is the assistant dean of graduate medical education at EVMS, and has regular contact with faculty members and residents from all training programs. She has conducted several projects (funded) specific to humanism in medicine, resident professionalism, medical student empathy development, and predoctoral education in cultural/contextual competence. Dr. Parks-Savage has several peer-reviewed presentations (national and international) and has mentored several junior faculty members, residents, medical and MPH students, and doctoral counseling students on various research projects ranging from medical education to counseling/behavioral medicine topics. During the past two years, she has presented at the ACGME Annual Educational Conference and the Association of American Medical Colleges Groups on Resident Affairs Conferences on topics related to resident development and training, the Next Accreditation System/the CLER program, and teaching residents.

**Rita Patel, MD**

Dr. Patel is professor of anesthesiology and associate dean for graduate medical education at the University of Pittsburgh School of Medicine. She is a recipient of the Sheldon Adler Award for Innovation in Medical Education from the University of Pittsburgh School of Medicine and a (2013) Pitt Innovator Award from the University of Pittsburgh. She serves as the designated institutional official (DIO) for the University of Pittsburgh Medical Center (UPMC) Medical Education. In this capacity she oversees 120+ ACGME-accredited residency and fellowship programs and over 1500 residents and fellows in the UPMC system, as well as 10+ osteopathic programs, dental programs, pharmacy, and podiatry. Dr. Patel served as a member of the ACGME Review Committee for Anesthesiology, and is currently a member of the Institutional Review Committee. She was previously an instructor in the DIO leadership course for the Association of American Medical Colleges (AAMC)-GRA. Dr. Patel has presented at national organizations, including the ACGME, AAMC, the Association of Hospital Medical Education, and within the specialty of anesthesiology on topics of interest in GME, including: the development of the GME community; evaluation and competence of physicians; leadership in changing times; the Next Accreditation System; faculty development; professionalism; duty hours; simulation; and patient safety and quality improvement.

**Carl Patow, MD, MPH, FACS**

Dr. Patow is a regional vice president for the ACGME Clinical Learning Environment Review (CLER) program. In that role, he oversees CLER site visitors, participates in the development of the CLER program, and promotes better understanding of the CLER program in the medical community. From 1998-2013, Dr. Patow served as executive director, health professional education, at the HealthPartners Institute for Education and Research in Minneapolis, Minnesota, and was associate dean of the University of Minnesota Medical School for Faculty at HealthPartners. His responsibilities included oversight of medical students, residents, fellows, CME and CE programs, allied health professional training, clinical simulation, and the medical library in the HealthPartners system of care. Dr. Patow served on the Board of the ACGME, and is past president of the Alliance of Independent Academic Medical Centers. In 2011, he received the Parker J. Palmer Courage to Lead Award given by the ACGME to outstanding designated institutional officials. He has received numerous national awards for excellence in leadership and innovation in continuing medical education and graduate medical education. Dr. Patow received his medical degree at the University of Rochester School of Medicine and Dentistry, a master's degree in public health from the Johns Hopkins Bloomberg School of Public Health, and a master's degree in business from St. Thomas University. He completed a residency in otolaryngology at Walter Reed Army Medical Center and fellowships at the National Cancer Institute and the National Institutes of Health, and was a visiting fellow at Columbia Presbyterian Medical Center. He is board certified in otolaryngology and facial plastic and reconstructive surgery. Dr. Patow is the recipient of a Bush Medical Fellowship for leadership advancement and studies related to innovation in graduate medical education. He has been a member of the clinical faculty at the Uniformed Services University of the Health Sciences, the Johns Hopkins School of Medicine, and the University of Minnesota Medical School, and is professor of otolaryngology at Virginia Commonwealth University.

**Jill Patton, DO, FACP, FACQI**

Dr. Patton is board certified by American Board of Internal Medicine as well as by the American Osteopathic Board of Internal Medicine. In 2006, she started the dually-accredited osteopathic residency at Advocate Lutheran General Hospital, and serves as its osteopathic director of medical education. In 2013, she became the program director for the allopathic internal medicine program and vice chairman of Advocate Lutheran General Hospital in Park Ridge, Illinois. Dr. Patton is an assistant professor of medicine, Rosalind Franklin University Chicago Medical School, and clinical instructor in the Department of Medicine at the University of Illinois College of Medicine. Her commitment to primary care keeps her busy in a shared resident faculty NCQA Level 3 recognized patient-centered medical home. As the lead physician of the Advocate Primary Care Transformation Collaborative, she coordinates shared faculty and resident development with the Departments of Family Medicine, Pediatrics, and Internal Medicine. Their mission is to redesign their primary care practices with the patients in mind to build relationships, service, reliability, and value utilizing a patient-centered medical home model. The collaborative has the additional goal of promoting primary care among the residents. Dr. Patton is a graduate of the University of Michigan and Michigan State College of Osteopathic Medicine. She did an osteopathic internship at Chicago College of Osteopathic Medicine, and was a resident and chief resident at Advocate Lutheran General Hospital.

**Hillary Patuwo, MD, MBA**

Dr. Patuwo is currently the administrative and academic chief resident of obstetrics and gynecology at Houston Methodist Hospital in the Texas Medical Center. She is a native Houstonian, and completed her education at Rice University and Baylor College of Medicine through their combined BA/MD degree program. During medical school, she returned to Rice University to complete her MBA at the Jesse H. Jones Graduate School of Business. Her interests include hospital administration and operations, and she is currently serving as the chief resident in patient safety and quality for the graduate medical education department.

**Judy Paukert, PhD**

Dr. Paukert is the designated institutional official at Methodist Hospital (Houston) and oversees more than 40 ACGME- and non-ACGME-accredited programs. She initiated one of the first senior medical course electives on patient safety in 2003 at the University of Texas Medical School at San Antonio, and has had significant training and research experience in patient safety (including the VA Patient Safety Training Course). She has more than 50 invited presentations on patient safety to various resident, fellows, and staff groups over the last 12 years. One of Dr. Paukert's innovations was the implementation of a chief resident in patient safety and quality improvement.

**Douglas Paull, MD, FACS, FCCP, CHSE**

Dr. Paull graduated from Duke University with degrees in zoology and medicine. He completed his general surgical training at the New York Hospital, Cornell Medical Center, and his cardiothoracic surgical fellowship at the University of North Carolina at Chapel Hill. Prior to joining the VHA National Center for Patient Safety (NCPS), he was associate professor of surgery at the Boonshoft School of Medicine at Wright State University in his hometown of Dayton, Ohio. From 2007-2010 he served as co-director of Medical Team Training at NCPS. He is currently serving as director of patient safety curriculum and director of medical simulation at NCPS. Dr. Paull is the author of multiple publications in surgery, team training, and patient safety. His current academic interests revolve around medical simulation.

**Judith Pauwels, MD**

Dr. Pauwels is a family physician and associate professor at the University of Washington (UW) School of Medicine in Seattle. A graduate of the University of Wisconsin-Madison School of Medicine, she completed her residency in family medicine through the Medical College of Wisconsin in Milwaukee. She has worked in graduate medical education throughout her career, including as program director of the UW family medicine residency program for 10 years, and before that at Tacoma family medicine for six years. She currently works in the UW WWAMI (Washington/Wyoming/Alaska/Montana/Idaho) Network of family medicine residency programs as the developing program consultant, organizes regional faculty development, and provides program and institutional support services. She has worked with the Health Resources and Services Administration as a consultant on the Teaching Health Center grant program, and served on Society of Teachers of Family Medicine and American Academy of Family Physicians (AAFP) national task forces. Dr. Pauwels continues to serve on the AAFP Residency Program Solutions Panel of Consultants since 2002. Her primary areas of scholarly work have been on the financing of family medicine graduate medical education programs, faculty development in competency assessment, and institutional/program interfaces for single-program sponsoring institutions.

**Beth Payne, MAEd, C-TAGME**

Ms. Payne is the director of academic programs, assistant program director, and the inpatient pediatrics educational design expert at The University of Texas Health Science Center at San Antonio in the Department of Pediatrics. Ms. Payne has a master's of education focused on adult education and organizational leadership and learning. Her interests include curriculum design and implementation, quality improvement initiatives/outcomes, and education-based grant writing. In addition she is a local thought leader in the development and sustainability of high functioning teams throughout graduate medical education. Ms. Payne has presented numerous lectures, posters, and workshops at national, state, and local levels on topics ranging from coordinator professional development to resident curriculum design. She chaired the Urology Taskforce for TAGME, and is dually-certified in pediatrics. Ms. Payne is the co-chair - Coordinator Communications Committee, member - Professional Development Taskforce, and immediate past chair - SW Region of Coordinators in the Association of Pediatric Program Directors. Ms. Payne is a founding member of the first state-wide coordinator group in Texas; ACTION. She also sits on the Compliance and Accreditation Committee, and has been chair of the Program Coordinator Subcommittee in her own institution. One of her greatest accomplishments is the receipt of grant support to develop policies and implement the use of tablet computers for all pediatric residents at UTHSCSA along with the creation of STACPAD™, the first all-inclusive web-based academic suite for residency education. Ms. Payne has implemented novel curricula and enhanced evaluation across the continuum of graduate medical education, and has been selected to head the Milestones section of the departmental Clinical Competence Committee with a goal to build and implement individual curricula, evaluations, and outcome measures throughout the pediatric training program in compliance with the Next Accreditation System.

**Marguerite Peters, MEd**

Ms. Peters is currently director of graduate medical education (GME) for Scott & White Healthcare in Temple, Texas, having joined the GME team at Scott & White in April 2013. Ms. Peters brought with her over 20 years of graduate medical education experience. She started her GME career in 1990 as a program coordinator at Penn State Milton S. Hershey Medical Center. After obtaining her master's degree in education, Ms. Peters moved to the University of Virginia Health System where she was a GME education specialist for seven years. When joining Scott & White, the GME institutional structure of a team-based approach to the management of the program coordinators was a new concept for her. Ms. Peters is looking forward to sharing the value of such a structure.

**Ingrid Philibert, PhD, MBA**

Dr. Philibert is the senior vice president, Department of Field Activities at the ACGME. She is responsible for the ACGME's 31 MD and PhD/EdD accreditation field representatives, for all aspects of all accreditation site visits conducted annually at accredited programs and sponsoring institutions, and for related efforts, including data collection, development of policies and procedures, site visitor professional development, and continuous quality improvement. She also serves as the managing editor for the *Journal of Graduate Medical Education*, and staffs the Journal Oversight Committee and Editorial Board. She serves as an at-large member of the National Board of Medical Examiners (NBME) Board of Directors, and has served on several NBME committees. She also has served as a member of the National Board of Examiners for the Malcolm Baldrige National Quality Award for numerous years since 2000. Her research interests are patient hand-offs in teaching settings, simulation and rehearsal in medical education, the effect of resident duty hour limits on resident learning and acquisition of competence and patient care in teaching institutions, resident involvement in quality and safety improvement, and program evaluation. Dr. Philibert received master's degrees in hospital and health care administration and business administration, and a doctor of philosophy degree, all from the University of Iowa.

**Janice Piazza, MSN, MBA**

As the AVP, graduate medical education for the Ochsner Health System, Ms. Piazza leverages a deep background in quality and clinical expertise to lead the academics/education for Ochsner clinicians. Highly respected for her knowledge base, Ms. Piazza has built a career path over the last 42 years in health care that emphasizes excellence in process and high standards for details of care delivery. Focusing on a mission of change and continually improving the tools and resources to support clinical operations, Ms. Piazza has taken on leadership roles in nursing, performance improvement, patient safety, and research and education administration. She has also been a consultant with VHA, where she participated in that organization's roll-out of patient safety initiatives and presented in many workshops and partnered with leaders from the Agency for Healthcare Research and Quality, Institute of Medicine, and The Joint Commission in training and planning sessions. She has a bachelor of science and master of science in nursing from the University of South Alabama and a master of business administration from the University of New Orleans. She has led the Graduate Medical Education Department of the Ochsner Health System in New Orleans for the last 10 years.

**Nancy Piro, PhD**

Dr. Piro is the program manager/education specialist in the Graduate Medical Education (GME) Department at Stanford Healthcare, responsible for supporting 40 residency and fellowship programs in meeting their accreditation/ACGME requirements. She has 37 years of experience in education and evaluation, with the last 10 years focusing on GME. She also served as an educational consultant to General Motors in the adoption of the Toyota Production System (LEAN processes). Dr. Piro holds an MA and a PhD in psychology. She has been a presenter at many previous conferences, including for the ACGME, the Association of American Medical Colleges, the Group on Resident Affairs, and Integrating Quality, and has also designed and taught numerous courses, workshops, and seminars to support faculty development at Stanford University.

**John Potts, MD**

Dr. Potts is the senior vice president, surgical accreditation at the ACGME since 2012. He graduated from Oklahoma State University with a bachelor's with honors in history, and from the University of Oklahoma College of Medicine (1977). He did his residency in surgery at the University of Oklahoma Health Sciences Center in Oklahoma City, during which he also did a one-year laboratory fellowship in surgical gastroenterology at the University of Utah under the direction of Dr. Frank Moody. Following residency, he did a two-year fellowship in surgery for portal hypertension under the direction of Dr. W. Dean Warren at Emory University. His first faculty appointment was at Vanderbilt University during the chairmanship of Dr. John Sawyers. He joined the faculty of the University of Texas Medical School at Houston in 1991. There, he served as program director in surgery for 21 years, as chair of the Graduate Medical Education Committee for 16 years, as assistant dean for GME for 10 years, and as designated institutional official for two years. He is a past president of the Houston Surgical Society, a past president of the Association of Program Directors in Surgery, a past chair of the Organization of Program Director Organizations, and was a director of the American Board of Surgery from 2007-2012. He is a fellow of the American College of Surgeons, the Southern Surgical Association, the American Surgical Association, and the Southeastern Surgical Congress, and is the current vice-president of the Southwestern Surgical Congress.

**Susan Quintana**

As a veteran coordinator of 10 years in medical education, Ms. Quintana has experienced the results of poor communication and has proven tools that improve communication between individuals that enhance the training environment. Ms. Quintana serves on the University of New Mexico's Health Sciences Center coordinators' network and on a graduate medical education committee, where effective communication is a vital component to the success of the graduate medical education community. Ms. Quintana has a bachelor's degree from Colorado State University.

**Kannan Ramar, MD**

Dr. Ramar is an associate professor of medicine at the Division of Pulmonary and Critical Care Medicine, Mayo Clinic, Rochester, MN, USA. He completed his pulmonary and critical care medicine (PCCM) fellowship training at University of Wisconsin, Madison and University of California, Irvine. He went on to complete his sleep medicine fellowship training at Stanford University. He is currently the program director for the PCCM fellowship program and the education chair for the division. He was the chair of the ICU quality committee between 2010 and 2012. He is currently Bronze, Silver and Gold certified through the Mayo Quality Fellows program, Quality Academy and teaches and supervises fellows to help them to be silver certified. Along with Dr. Kashani, he was instrumental in incorporating quality improvement (QI) education as part of the fellows' curriculum that resulted in numerous awards and recognition.

**Deepa Rangachari, MD**

Dr. Rangachari is an instructor of medicine at Harvard Medical School and a faculty member in the Division of Hematology/Oncology at the Beth Israel Deaconess Medical Center in Boston, Massachusetts. She earned her medical degree from the University of Chicago Pritzker School of Medicine and then completed both her residency in internal medicine and fellowship in hematology/oncology at The Johns Hopkins Hospital, where she also served as chief resident for the Osler Medical Residency Training Program and chief fellow for the Department of Oncology. Over the course of her training and career, she has developed a keen interest in evolving innovative strategies for post-graduate medical education, with an emphasis on curriculum development and mentorship. This has specifically included assessing and evolving meaningful strategies for feedback in the clinical setting. In collaboration with her colleagues, this effort has resulted in the development of a clinical coaching model designed specifically for trainees at the resident/fellow level.

**Dale Ray, MMM, MD**

Dr. Ray is an emergency medicine physician with over 26 years of clinical experience. He has been a member of the ACGME's CLER program field staff since September 2013. Prior to coming to the ACGME, Dr. Ray held positions in hospital operations and leadership, and all levels of graduate medical education, which provided broad experience in each of the six CLER focus areas.

**Shakaib Rehman, MD**

Dr. Rehman is the chief of education and professor of internal medicine at the Phoenix VA, University of Arizona College of Medicine. He received his MD degree from the University of Punjab, Pakistan with gold medals in physiology, forensic medicine, and pathology. He did his internal medicine residency at Nassau University Medical Center/State University of New York and general internal medicine fellowship at the University of South Carolina. Dr. Rehman was elected a fellow in the American College of Physicians in 1999 and fellow of American Academy on Communication in Healthcare in 2007. The American Society of Hypertension designated him a clinical specialist in hypertension, and he is a certified mentor for the Department of Veterans Affairs. He has received numerous teaching, local, and national awards. He is a national faculty member for communications courses for the Department of Veterans Affairs. He has been a presenting faculty member at the American College of Physicians, the Society of General Internal Medicine, the American Academy on Communication in Healthcare (AACH), the Association of American Medical Colleges, and the Southern Medical Association annual and regional meetings for several years. Dr. Rehman has served as the vice-president of AACH, and as councilor and Chairman-Medicine for the Southern Medical Association. He has chaired the AACH 2006 Annual Meeting and the 2007 International Conference on Communication in Healthcare. He also was a steering committee member for the 2008-2010 AACH annual meetings and a steering committee member for the 2011 International Conference in Communication in Healthcare. He was a member of American College of Physicians (ACP) Council of Young Physicians (CYP), and was also chair of the ACP-South Carolina Chapter CYP, and chair of the ACP-South Carolina Chapter Health and Public Policy Committee (HPPC). He is currently chair of the ACP-Arizona chapter HPPC and a member of ACP-national HPPC. He has been a member of the scientific committees for annual sessions of the Society of General Internal Medicine, AACH, Southern Medical Association, ACP (South Carolina and Arizona chapters) for many years. He has been involved in many VA- and NIH-sponsored research studies. Dr. Rehman is well published and also serves as a reviewer for many scientific journals, such as *Annals of Internal Medicine*, *Journal of General Internal Medicine*, and the *American Journal of Hypertension*, among others. He is the associate editor of *Medical Encounter* and was the editor of *Journal Scan*.

**Richard Reznick, MD, Med, FRCSC, FACS, FRCSEd (hon), FRCSI**

Dr. Reznick received his medical degree from McGill University and his master's in medical education at Southern Illinois University, and completed a fellowship in colorectal surgery at the University of Texas, Houston. Appointed at the University of Toronto in 1987, Dr. Reznick has been active in both colorectal surgery and research in medical education. He was instrumental in developing a performance-based examination, now used for medical licensure in Canada. At the University of Toronto he was inaugural director of the Wilson Centre, vice president of Education at UHN, and R.S. McLaughlin professor and chairman of the Department of Surgery. In July 2010, Dr. Reznick assumed the position of dean, faculty of health sciences at Queen's University, and chief executive officer of the Southeastern Ontario Academic Medical Organization (SEAMO). Dr. Reznick has received numerous awards, including the Royal College of Physicians and Surgeons of Canada Medal in Surgery, the Association for Surgical Education Distinguished Educator Award, the National Board of Medical Examiners John P. Hubbard Award, the Daniel C. Tosteson Award for Leadership in Medical Education, the 2006 Inaugural University of Toronto President's Teaching Award, and the Karolinska Institutet Prize for Research in Medical Education. In July 2011, Dr. Reznick was awarded an honorary fellowship from the Royal College of Surgeons of Scotland, and in November 2011, an honorary fellowship from the Royal College of Surgeons in Ireland. In 2013, the Royal College of Physicians and Surgeons of Canada awarded Dr. Reznick the James H. Graham Award of Merit. Dr. Reznick was named the British Journal of Surgery Travelling Fellow in 2014 by the Association of Surgeons of Great Britain and Ireland, and he also received an honorary membership from the Association. Dr. Reznick is the author of 120 peer-reviewed publications and has given over 280 lectures to hospitals, universities, and scientific organizations around the world.



**Jeffrey Ring, PhD**

Dr. Ring is a health psychologist and principal at Health Management Associates, with a focus on fostering seamless integrated health care. He holds a PhD in clinical/community medicine from Boston University, and completed a post-doctoral fellowship in multicultural and community psychology at the School of Medicine at the University of California, San Francisco. For 19 years, he served as director of behavioral sciences and cultural medicine at the family medicine residency program at White Memorial Medical Center in Los Angeles, California, and he holds a clinical professorship in family medicine at the Keck School of Medicine at the University of Southern California. Dr. Ring also engaged in an active integrated clinical psychology practice at White Memorial, within the same clinic space as the primary care ambulatory clinic, working collaboratively with family medicine faculty and resident colleagues in consultation, education, and clinical intervention. He articulated the clinic policy on shared medical/behavioral documentation, along with developing the informed consent protocol and EMR confidentiality protections. Dr. Ring's teaching and writing have focused on effective communication, both between doctor and patient and between health practitioner colleagues. His work has focused on culturally responsive and respectful care, and he is the first author of the book *Curriculum for Culturally Responsive Care: The Step-by-Step Guide for Cultural Competency Training*. He is currently authoring a book chapter on social networking and shared decision making in the doctor-patient relationship, and is the author of Virtual classrooms and communities of practice: New tech strategies for enhancing culturally responsive health care. (In Gregerson, M.B. (Ed.) *Technology Innovations for Behavioral Education*. New York: Springer.) He has extensive experience with online education and virtual world technologies in medical and patient education. Dr. Ring is a fellow of the American Psychological Association and has held leadership positions in the Society of Teachers of Family Medicine (chair of the Group on Minority Health and Multicultural Education) and the Society for the Psychological Study of Culture, Ethnicity and Race.

**William Robertson, Jr, MD, MBA**

Dr. Robertson, Jr. is a board certified orthopaedic surgeon. He graduated from Vanderbilt University Medical Center in 1972. After completing internship training in general surgery at the University of San Diego, he served two years in the US Navy. Subsequently, he completed graduate training in orthopaedic surgery at Vanderbilt University Medical Center in 1979. After his residency, Dr. Robertson assumed an academic position at Texas Tech School of Medicine, advancing in 1985 to associate professor in the Departments of Orthopaedic Surgery and Pediatrics. From 1987-1990, he served as an associate professor of orthopaedics at the University of Pennsylvania. He then joined George Washington University as a professor of orthopaedics and pediatrics, where he remained through 2000. In addition to his teaching duties, he served as the chairman of the pediatric orthopaedic surgery program at Children's National Medical Center from 1990-1999. Dr. Robertson has been active with a number of professional organizations, including the American Academy of Orthopaedic Surgeons, American Orthopaedic Association, the Pediatric Orthopaedic Society of North America, and the American Academy of Pediatrics (Orthopaedic Surgery Section). Dr. Robertson has served as a specialist site visitor for the Review Committee for Orthopaedic Surgery. He joined the ACGME Accreditation Field Staff in May 2001, and has conducted over 1371 site visits. He currently resides in Bethesda, Maryland with his wife.

**Daisy Rosado**

Ms. Rosado's career in GME began during the grass roots efforts to develop and obtain ACGME accreditation for a new family medicine residency program in a community-based hospital located in upstate New York. She led her team to accreditation upon submission of the PIF and a successful site visit. Ms. Rosado then relocated to Las Vegas, Nevada, and accepted the position of state-wide institutional coordinator for the University of Nevada School of Medicine (UNSOM), where she streamlined the on-boarding of incoming residents and provided leadership to 19 residency and fellowship coordinators located in Las Vegas and Reno. Due to exceptional stressors and ever-changing accreditation standards, Ms. Rosado understands the necessary leadership skills required of program coordinators to navigate this ambiguous territory, and during her time with UNSOM she successfully developed and implemented the institution's first-ever leadership development retreat. Ms. Rosado has recently taken the position of graduate medical education director at MountainView Hospital, where she is constructing a brand new GME program to start in 2016. Ms. Rosado has collaborated with Dr. Miriam Bar-on to provide a full-day of coordinator leadership development for program coordinators.

**Judith Rubin, MD, MPH**

Dr. Rubin is board certified in pediatrics and preventive medicine. She graduated from Bryn Mawr College and the University of Pennsylvania School of Medicine. Following her internship at the Children's Hospital of Philadelphia, Dr. Rubin was an exchange resident in pediatrics in Shiraz, Iran. She completed residency training in pediatrics and in preventive medicine at the University of Maryland, Baltimore, and also received an MPH degree from the Johns Hopkins School of Hygiene and Public Health. She is a former member of the American Board of Preventive Medicine (1993-2002) and of the ACGME Review Committee for Preventive Medicine (1998-2004). Since joining the ACGME field staff in April 2005, she has conducted over 500 site visits.

**Kenneth Saffier, MD**

Dr. Saffier is a family and addiction medicine physician involved in medical school, residency, and health professions education throughout his career, focusing on addiction medicine, chronic pain management, and motivational interviewing. He is a member of the Residency Leadership Group of the Contra Costa Regional Family Medicine Residency, located in Martinez, California. In 2008, he completed a faculty development fellowship at the University of Southern California's Division of Medical Education, and is currently a clinical professor in the Department of Family and Community Medicine at the University of California, San Francisco. As a member of The American Society of Addiction Medicine and the California Society of Addiction Medicine's Education Committee, he has given regional and national presentations on addiction medicine and motivational interviewing for primary care professionals. In 2012, he became a member of the Motivational Interviewing Network of Trainers. In local and regional family medicine residencies and in the Society of Teachers of Family Medicine's Group on Addictions, he has been active in integrating addiction medicine into residency curricula. His current interest is developing mentored faculty-resident teams to promote curricular change. After receiving his medical degree from the State University of New York, Stony Brook, he completed his family medicine residency at Chicago's Cook County Hospital, and has continued to work in "safety net" hospitals in medically underserved communities. He is certified by the American Board of Family Medicine and the American Board of Addiction Medicine.

**Jason Sapp, MD, FACP**

Dr. Sapp is the director of central graduate medical education curriculum, and associate transitional year program director at Madigan Army Medical Center in Tacoma, Washington. He is a graduate of the Uniformed Services University of the Health Sciences in Bethesda, Maryland. He completed his internal medicine residency at Madigan Army Medical Center, was the chief resident from July 2008-June 2009, and is a fellow of the American College of Physicians. His faculty appointments include: assistant professor of medicine at the Uniformed Services University of the Health Sciences in Bethesda, Maryland; and Clinical Instructor, University of Washington School of Medicine in Seattle, Washington. In 2013, he created the Transitions of Care OSCE that has been used as a Milestone-based assessment to evaluate resident handoffs for multiple departments at Madigan. He has several national presentations in the area of graduate medical education.

**Daniel Schauer, MD, MSc**

Dr. Schauer, a board-certified internist, is an assistant professor of medicine, the internal medicine residency associate program director for resident research, and a member of the Center for Clinical Effectiveness at the University of Cincinnati. Dr. Schauer completed an undergraduate degree in mathematics and premedicine in 1995 at the University of Dayton, and was a 1999 graduate of the University of Cincinnati College of Medicine. He completed his residency and an outcomes research fellowship there as well, joining the internal medicine faculty in 2004. His methodological expertise is in the decision sciences, patient-centered outcomes, and comparative effectiveness research. He has completed a K23 career development award from the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), and was recently awarded an R01 from NCI to study the relationship between obesity, cancer, and intentional weight loss. His professional memberships include the Obesity Society, where he has served as the chair of the Health Services Research Section for the past three years; the Society of General Internal Medicine; the American College of Physicians; and the Society of Medical Decision Making. Dr. Schauer uses his methodological expertise to study the impact of curricula and system changes in the education of residents.

**Melissa Schori, MD**

Dr. Schori joined the ACGME in October 2014 as a Clinical Learning Environment Review (CLER) program field representative. Prior to working for the ACGME, she was the chief medical officer at Lincoln Medical Center in the Bronx, New York. She is board certified in internal medicine and has had extensive experience in patient safety, quality initiatives, Joint Commission accreditation compliance, and ACGME program compliance. She served as chair of the hospital-wide performance improvement committee and as co-chair of the Graduate Medical Education Committee. Her areas of interest include reducing health care disparities, developing patient navigation programs to increase cancer screening, implementing best practices to reduce asthma hospitalizations and ED utilization, and implementing best practice patient safety initiatives. Dr. Schori received her medical degree from Cornell University Medical College, and her post-graduate training in internal medicine at the New York Hospital. She received her MBA from the Hagen School of Business of Iona College.

**Daniel Schumacher, MD, MEd**

Dr. Schumacher is a member of the Pediatrics Milestone Working Group, and has co-authored many of the Milestones. He studies Milestones as a learner-centered approach to assessment and feedback. His previous work focused on whether or not the construct of the Pediatrics Milestones is learner-centered (Schumacher et al, Academic Pediatrics 2013). His current work focuses on studying learner-centered Milestones feedback, using the tenets of self-determination theory that will be discussed in his ACGME conference session. Dr. Schumacher has also authored a paper (Schumacher et al, Academic Medicine 2013) that describes how these self-assessment and self-determination theories can be used to promote learning and lifelong learning skill development as central tenets to the competency-based education process.

**Theodore Sectish, MD**

Dr. Sectish is the vice chair for education at Boston Children's Hospital and program director of the combined residency program in pediatrics, and professor of pediatrics at Harvard Medical School. He graduated from the Johns Hopkins University School of Medicine in 1977 and trained at Boston Children's Hospital from 1977-1980. Dr. Sectish then practiced as a general pediatrician in Salinas, California from 1980-1993. He was the program director at the Lucile Packard Children's Hospital from 1993-2007, and was an associate professor of pediatrics at Stanford University School of Medicine when he left Stanford in 2007. His interest in educational innovation and improvement has spanned the continuum from undergraduate medical education to graduate medical education and the continuous professional development of practicing physicians. From January 1, 2007-June 30, 2014, he was executive director of the Federation of Pediatric Organizations, an umbrella organization made up of the seven leading pediatric organizations. He is a member of the American Pediatric Society, the Association of Pediatric Program Directors (past president), the Academic Pediatric Association, and the American Academy of Pediatrics. Dr. Sectish is a member of the I-PASS Executive Council, co-chair of the Patient and Family-Centered I-PASS Education Executive Committee, co-chair of the Patient and Family Centered I-PASS Dissemination Committee and chair of the I-PASS Consultation Program.

**Mohsen Shabahang, MD, PhD, FACS**

Dr. Shabahang has been director of the Department of Surgery at Gesinger Medical Center since 2010. He has also served as the program director for the general surgery residency program since 2005. Dr. Shabahang is board certified in surgery. He completed his medical degree in 1990 at Georgetown University and his residency in 2000 at the Georgetown University Medical Center. He completed his surgical oncology fellowship at the University of Miami Hospital and Clinics in 2002. Dr. Shabahang has continued to lead clinical trials for investigation of prevention and treatment of colon cancer, as well as pancreatic resection and nutrition. His national professional memberships include the American College of Surgeons, the American Medical Association, the American Society of Surgical Oncology, and the Society for Surgical Oncology. Dr. Shabahang is also a member of the Association of Surgical Education (ASE), Chicago. ASE uses surgical educations to impact high school students. He is also a member of the Education Steering Committee and Program Evaluation Committee. He is the president of the Texas Association of Surgical Skills Labs (TASSL).

**Niraj Sharma, MD, MPH**

Dr. Sharma has done considerable work in public policy for graduate medical education and medicine-pediatrics. She is the former vice-chair of the Association of Program Directors in Internal Medicine Public Policy Committee, and is currently the vice chair of the Alliance for Academic Internal Medicine Advocacy Committee, and the secretariat of the Primary Care Organizations Consortium. She has given numerous presentations and written about the impact of health care reform on graduate medical education and transition care. She also organized conferences for the internal medicine community promoting advocacy for federal issues related to graduate medical education. Lastly, she led the successful effort to include medicine-pediatrics programs in the definition of Primary Care for the Health Resources and Services Administration (HRSA) Title VII Funding Grants.

**Philip Shayne, MD, FACEP**

Dr. Shayne has been the program director for emergency medicine at Emory University School of Medicine since 1999. Dr. Shayne joined the Emory faculty in 1996, and is currently professor and vice chair for education in addition to program director for the Department of Emergency Medicine. He graduated from the University of Pennsylvania in 1981, the University of Illinois at Chicago College of Medicine in 1989, and the Cook County Hospital emergency medicine residency program in 1993. He is past president of the Council of Emergency Medicine Residency Directors (CORD), and is an American Board of Emergency Medicine (ABEM) oral boards examiner. Dr. Shayne is the current chair of the ACGME Review Committee for Emergency Medicine.

**Matthew Short, MD, FAAFP**

Dr. Short is the transitional year program director and associate director of medical education at Madigan Army Medical Center in Tacoma, Washington. He is a board-certified family physician and associate professor of family medicine at the Uniformed Services University of the Health Sciences School of Medicine. Dr. Short was a member of the ACGME Milestone Working Group for transitional year programs, and is currently a member of the ACGME Transitional Year Review Committee. He has numerous national presentations and publications in the area of graduate medical education, and has received multiple awards for his educational, clinical, and simulation-based research and mentorship.

**Danish Siddiqui, MD**

Dr. Siddiqui, a board-certified generalist obstetrician-gynecologist is currently the chair and program director of the Aurora Health Care residency program in obstetrics and gynecology in Milwaukee, Wisconsin. He holds his academic title as the clinical adjunct associate professor of the University of Wisconsin School Of Medicine and Public Health. Prior to his current program director position, he has served in the capacity of Medical Student Clerkship director and chief of the service in obstetrics and gynecology at Aurora Sinai Medical Center. He is also currently vice president of the medical staff at Aurora Sinai Medical Center. As a faculty leader in a residency program, he has authored and co-authored numerous publications in peer-reviewed journals. His teaching skills have been recognized by numerous national faculty awards by the Council on Resident Education in Obstetrics and Gynecology. Dr. Siddiqui has also provided coaching to faculty members on teaching, locally and nationally. His clinical interests include minimally invasive gynecologic surgery. He completed his residency at Bridgeport Hospital in association with Yale University School of Medicine.

**Sue Simmons**

Ms. Simmons is the director of graduate medical education (GME) at Oregon Health & Science University (OHSU). She has 16 years of experience in her role as the institutional administrator for GME. She has a passion for education, a wealth of institutional knowledge, and, along with the designated institutional official and other GME leaders, has fostered an environment for excellent training programs. She describes her job as being "mom" to over 800 residents/fellows. Ms. Simmons collaborated with GME leaders to develop the Program Coordinators' Professional Development Series at OHSU, which involved creating a vision for the series, as well as curriculum development, implementation, and evaluation. Ms. Simmons and her husband enjoy music, gourmet food/wine and gardening. They have more time for these activities now that their daughter is a freshman at Eastman School of Music majoring in violin performance.

**Deborah Simpson, PhD**

Dr. Simpson is the Medical Education Programs Director for Aurora Health Care, a not-for-profit health care system whose physicians provide education to medical students, residents, fellows, and other health professionals. She is an adjunct clinical professor in family medicine at the University of Wisconsin School of Medicine and Public Health and the Medical College of Wisconsin (MCW). Her primary foci are inter-related: (1) education as scholarship (developing, recognizing, and valuing faculty members as teachers and educators); and (2) workplace learning across the continuum of physician education: aligning competencies and entrustable professional activities with clinical care markers for quality and patient experience to support the highest quality of education and patient care. Dr. Simpson is a Deputy Editor for the *Journal of Graduate Medical Education* and is a member of the Association of American Medical Colleges (AAMC) and National Board of Medical Examiners Pivotal Working Group on Faculty. Her more than 400 presentations and 130 publications in medical education reflect her primary interests clinical teaching effectiveness, faculty development and vitality for clinician educators, and documenting faculty contributions in education consistent with criteria for educational scholarship. Prior to joining Aurora Health Care, Dr. Simpson served as Director of the Office of Educational Services and Associate Dean for Educational Support and Evaluation at MCW, and was a member of MCW's Society of Teaching Scholars, the first holder of the Elsa B. and Roger D. Cohen MDs Children's Hospital of Wisconsin/MCW Professorship in Medical Education, and the first female to receive the college's Distinguished Service Award. Nationally, Dr. Simpson served as Chair of the AAMC's Group on Educational Affairs, chaired the AAMC-Group on Educational Affairs (GEA) Consensus Conference on Educational Scholarship, and recently concluded her service as a member of the GEA's Educator Evaluation Task Force. Dr. Simpson is a graduate of the University of California, Santa Barbara (BS – American History and Cultural Anthropology), The Ohio State University (MA – Student Personnel Work in Higher Education), and the University of Minnesota (PhD – Educational Psychology).

**Aditi Singh, MD**

Dr. Singh is an associate program director and ambulatory director of education at the University of Nevada School of Medicine (UNSOM), Las Vegas for the internal medicine residency program. In her role as one of the associate program directors, she serves as a member of the Clinical Competency Committee and is part of the committee charged with developing personalized learner-centered remediation plans. Dr. Singh has presented workshops at national meetings, including at the ACGME Annual Educational Conference, Association of Program Directors in Internal Medicine, the Association of Hospital Medical Education, and at the International Conference of Residency Education.

**Gregory Smith, DO, FACOS**

Dr. Smith is a neurosurgeon, completing training at Doctors Hospitals in Columbus, Ohio in 1990. He is a graduate of Pennsylvania State University with a bachelor's of science (1980), and from Kirksville College of Osteopathic Medicine (1984), where he received his doctorate of osteopathic medicine. He entered into service in the US Navy following training, culminating with service as chief of neurosurgery at Portsmouth Naval Hospital, Portsmouth, Virginia. He was also engaged as adjunct clinical faculty at the Eastern Virginia Medical School in Norfolk, Virginia. In 1993, he began practice in Fort Worth, Texas at the University of North Texas Medical Center in the Texas College of Osteopathic Medicine, and subsequently became active in national GME activities. Dr. Smith has also served on the teaching faculty at both the Ohio University College of Osteopathic Medicine and the Erie College of Osteopathic Medicine. He was appointed to the Residency Evaluation and Standards Committee (RESC) of the American College of Osteopathic Surgeons (ACOS), which oversees multiple surgical specialty training programs. He became chair of RESC, and continues to hold this position for the past seven years. He has been active with the Postgraduate Training and Review Committee (PTRC) of the American Osteopathic Association (AOA), and has served as its representative from the ACOS and as a member of the Executive Committee. He is a past board examiner for neurosurgery certification examinations (ABOS), and currently serves on the Joint Education Committee of the Operations Committee for the single accreditation system. He is active in professional society counsels and committees within neurosurgery. He is currently the spine program director at Texas Health Harris Methodist Hospital, Fort Worth Texas. He is the state representative for the Texas Association of Neurological Surgeons to the Council of State Neurosurgical Societies of the AANS/CNS.

**Stacy Smith, MD**

Dr. Smith completed her medical training at the University of Texas Health Science Center at Houston and is currently a PGY-4 resident in neurology at the Houston Methodist Neurological Institute. She represents her department as a chief of patient safety and quality and member of the Graduate Medical Education Committee. She is also very active in care management and performance improvement committees. After she finishes her training, she plans to complete a neuro-ophthalmology fellowship.

**Ann Spangler, MD, MS**

Dr. Spangler is an associate professor of radiation oncology at the University of Texas (UT) Southwestern in Dallas, Texas. Dr. Spangler graduated from the Medical College of Pennsylvania, and completed her residency in radiation oncology at the University of Florida. She was in private practice in Daytona Beach, Florida for 12 years, then moved to Dallas to complete a fellowship in breast cancer care through the Komen Foundation and UT Southwestern. She has been on the faculty in radiation oncology at UT Southwestern since 2003. Dr. Spangler was instrumental in establishing a radiation oncology residency program at UT Southwestern in 2005, and served as program director for seven years. She served as president of the Association of Directors of Radiation Oncology Programs in 2008-2009. Dr. Spangler received a master's of academic medicine degree from the Keck School of Medicine at the University of Southern California in 2013, and is a member of the Graduate Medical Education Committee at UT Southwestern. Dr. Spangler has served on the ACGME Review Committee for Radiation Oncology since July 2013.

**Marcie Sparks**

Ms. Sparks has been with Nationwide Children's Hospital for 11 years, and in her current roll as fellowship program director for eight. Ms. Sparks was a co-speaker at the 2014 ACGME Coordinator Forum, 'R\*E\*S\*P\*E\*C\*T - My Program Director, My Residents, and Me.' Ms. Sparks currently serves as co-chair of her institution's Program Coordinator Committee, and has designed and implemented a physician and employee onboarding process. In addition to having been a member of the hazmat team, Ms. Sparks has attended multiple conferences and seminars pertaining to program coordinator and management skills.

**Nancy Spector, MD**

Dr. Spector is the program director and associate chair of education and faculty development at St. Christopher's Hospital for Children. She is a professor of pediatrics at Drexel University. Dr. Spector is a graduate of Brown University and the University of Massachusetts Medical School. She completed pediatric residency training, as well as chief residency and a fellowship in general academic pediatrics, at St. Christopher's Hospital for Children. She received additional training in education and leadership at the Michigan State Primary Care Faculty Development Program, the Association of American Medical Colleges, the Harvard Macy Institute, and the Executive Leadership in Academic Medicine Program. She has worked in the Section of General Pediatrics at St. Christopher's since 1997. She served as the associate residency program director there from 2002-2012. Her scholarly work focuses on the development and implementation of competency-based educational programs, faculty development, professional development, mentoring programs, and leadership skills. She is the current chair of the Association of Pediatric Program Directors (APPD) Faculty and Professional Development Task Force, as well as co-chair of the APPD Mentorship Program. She is a member of the Academic Pediatric Association's Mentoring Task Force, and was the co-chair of the Federation of Pediatric Organization's Working Group on gender and generations. In 2010, she was recognized as a leader and mentor when she became the recipient of the Robert S. Holm Award from the APPD. In 2011, she received the Elias Abrutyn Mentoring Award from the Drexel University College of Medicine, and in 2014, she was awarded the Miller Sarkin Mentoring Award from the Academic Pediatric Association. Dr. Spector is a member of Alpha Omega Alpha and the American Pediatric Society. She is chair of the I-PASS Executive Council, and co-chair of the Patient and Family Centered I-PASS Education Executive Committee, in addition to several leadership roles in the I-PASS Institute.

**Alwin Steinmann, MD, FACP**

Dr. Steinmann received his medical degree from the New York University School of Medicine and completed his internal medicine residency at the Albany Medical Center. He later joined the full-time faculty in the Division of General Internal Medicine at Albany Medical College, where his duties included provision of primary care to adult patients and the teaching of residents and medical students. In 1997, he became the program director of the internal medicine residency training program, and three years later, vice-chair for Academic Affairs in the Department of Medicine at Albany Medical College. In 2010 he moved to Denver, Colorado to accept the position of chief of academic medicine at Exempla Saint Joseph Hospital, where he oversees all of the graduate medical education programs. A long-standing member of the Association of Program Directors in Internal Medicine (APDIM) and its parent organization the Alliance for Academic Internal Medicine (AAIM), he has served on the national APDIM Public Policy Committee and the AAIM Advocacy Committee, including terms as chair of each. He has been a member of the APDIM Council since 2011, and currently serves as the APDIM president. In this role, he is also a member of the AAIM Board of Directors. Through APDIM and AAIM, he has had the opportunity to be involved in numerous presentations at national meetings and publications, all dealing with various aspects of health policy. He has also been an active member of the American College of Physicians, he has served on the New York Chapter Council, chaired the New York chapter's Health and Public Policy Committee, and is the past-chair of the Colorado chapter's Health and Public Policy Committee. Although he has a broad interest in health policy, his activities to date have been driven by his experiences as a physician and educator and have largely pertained to graduate medical education, physician workforce, and the promotion of primary care, and tobacco control.

**Emily Stotts**

Ms. Stotts is the general pediatrics residency coordinator for the University of Arkansas for Medical Sciences (UAMS) Department of Pediatrics at Arkansas Children's Hospital. After joining the housestaff office in 2009, Ms. Stotts' main focuses have been recruitment and onboarding of their new interns. With a program of 95 residents, she stays busy all year long.

**Kristen Stout, MPA**

Ms. Stout is the coordinator of graduate medical education institutional performance for the University of Nevada School of Medicine (UNSOM), responsible for the development and design of performance measurements for programs to maintain substantial compliance with ACGME requirements. In addition, she is responsible for resident reimbursement for all residency and fellowship programs at the UNSOM. Ms. Stout holds a degree in political science and a master's in public administration. She previously held the position of program officer with the UNSOM in graduate medical education. Prior to joining UNSOM, Ms. Stout was a management analyst with the City of Las Vegas in the Department of Planning & Development, in Las Vegas, Nevada.

**Joseph Stuckelman, MFA, C-TAGME**

Mr. Stuckelman has nearly five years' experience as the academic program coordinator for the diagnostic radiology residency program at Cedars-Sinai Medical Center in Los Angeles, California. In 2014, he earned TAGME certification and was elected to the Executive Board of the Association of Program Coordinators in Radiology (APCR). He is the incoming chairman of the Electronic Communication Committee. He is an active member of the Cedars-Sinai Medical Center's Toastmasters, where he has achieved Competent Communicator and Advanced Leader Bronze designations. One of his primary goals as a member of the APCR is to facilitate greater communication and collaboration among coordinators across institutions. His accomplishments include the creation of the APCR LinkedIn group as a means to foster discussion among radiology program coordinators. He is always looking for innovative ways to train residents, faculty members, and his peers. He produced and distributed a text-to-animation video to introduce the Milestones to radiology faculty members and residents at Cedars-Sinai. He enthusiastically collaborates with Sylvia Zavatchen to create a podcast series to enhance professional training for coordinators and managers.

**Gail Sullivan, MD, MPH**

Dr. Sullivan is professor of medicine, associate director for education, and geriatric medicine fellowship program director at the University of Connecticut Center on Aging, University of Connecticut Health Center in Farmington, Connecticut. She teaches geriatric medicine to medical and other trainees, and sees patients through the University of Connecticut Health Center's Geriatrics Associates practice. In June 2010, Dr. Sullivan became the inaugural editor-in-chief of the *Journal of Graduate Medical Education (JGME)*, a peer-reviewed, editorially independent, quarterly journal focusing on graduate medical education. In May 2013, Dr. Sullivan received the prestigious Dennis Jahnigen Memorial award from the American Geriatrics Society for her career accomplishments in medical education. Dr. Sullivan graduated from Radcliffe College and Harvard University, and earned a medical degree and public health degrees from Yale University School of Medicine in New Haven, Connecticut. She also completed an internal medicine residency at Yale-New Haven Medical Center in New Haven, Connecticut. She was selected as a Robert Wood Johnson Clinical Scholar at the Yale University School of Medicine, and then joined the Yale faculty. In 1990, Dr. Sullivan joined the University of Connecticut School of Medicine faculty. Dr. Sullivan's research interests are in generalist/geriatric medicine education, and she has received numerous grants to develop, evaluate, and disseminate curriculum in geriatrics. Dr. Sullivan is co-editor-in-chief of the *Geriatric Review Syllabus*, 7th and 8th editions, published by the American Geriatrics Society, and associate editor of editions 4-6. She is on the editorial board of the *Journal of the American Geriatrics Society*. Dr. Sullivan is a fellow of the American College of Physicians and the American Geriatrics Society. She is listed in "Best Doctors in America," "Best Doctors for Women" (Connecticut Magazine), and "Top Doctors in the Greater Hartford Area" (Hartford Magazine).

**V Reid Sutton, MD**

Dr. Sutton is chair of the ACGME Review Committee for Medical Genetics. He is a tenured associate professor in the Department of Molecular and Human Genetics at Baylor College of Medicine in Houston, Texas, and has been the program director for the residency and fellowship programs there for over 10 years. In addition to education, he provides patient care for individuals with inborn errors of metabolism, skeletal dysplasias, disorders of sexual differentiation, and general genetics. He has a variety of clinical research interests, including sponsored drug trials and translational research.

**Vicki Swendroski, CHSE**

Ms. Swendroski has presented on the topics of simulation. She is a certified healthcare simulator educator through the Society of Simulation in Healthcare. She serves in the role as educator and is active in developing, running, debriefing, and documenting a variety of simulation in many of our graduate medical education programs. She has worked actively with program directors, specifically in emergency medicine and internal medicine, to develop the program simulation curriculum and embed Milestones into it. She has also been an active member of the team to capture the assessment of those Milestones when utilizing simulation. She is currently attending Michigan State University pursuing a master's in health professions education.

**Nazhat Taj-Schaal, MD, FAAP, FACP**

Dr. Taj-Schaal is currently an assistant professor in the Department of General Internal Medicine at the Ohio State University where she is the current associate division director of Quality. She completed her medical training at the University of Missouri-Columbia and then an internal medicine and pediatrics residency at Indiana University. Dr. Taj-Schaal has worked for Kaiser Permanente and Indiana University. She currently guides her division at Ohio State University in the transformation of its clinics into patient centered medical homes.



**Danny Takanishi, MD, FACS**

Dr. Takanishi is currently professor (with tenure) of surgery and the general surgery residency program director at the University of Hawaii, in Honolulu, Hawaii. A graduate of the John A. Burns School of Medicine, he completed his general surgery residency and surgical critical care fellowship in Hawaii, obtaining American Board of Surgery certification in both specialties. He then completed a National Institutes of Health-sponsored surgical oncology fellowship at the University of Chicago and remained on the faculty for a number of years, serving as an associate program director for the surgical residency program and the director of the Comprehensive Breast Center, prior to returning to Hawaii. On a local level, he is the immediate past-president of the Hawaii Chapter of the American College of Surgeons, and immediate past-chair of the Hawaii Medical Board. He is a member of a number of national organizations, including the American College of Surgeons, American Medical Association, Federation of State Medical Boards, Society of University Surgeons, Society of Surgical Oncology, Society of Critical Care Medicine, Western Surgical Association, Association for Surgical Education, and the Association of Program Directors in Surgery. Dr. Takanishi has also served as chair of the National Board of Medical Examiners (NBME) and the United States Medical Licensing Examination (USMLE) Step II Surgery Test Material Development Committees. He is the current chair of the NBME/USMLE Anatomy and Embryology Test Material Development Committee, and a member of the newly constituted USMLE Management Committee. He previously served as chair of the ACGME Transitional Year Review Committee, chair of the Common Program Requirements Subcommittee of the Council of Review Committee Chairs of the ACGME, and is currently the vice chair of the ACGME Review Committee for Surgery.

**Margaret Tarpley, MLS**

Ms. Tarpley is senior associate in surgery in the Department of Surgery Education Office at Vanderbilt University working with general surgery residents and medical students. She serves as liaison for the fourth-year general surgery rotation to Kijabe, Kenya, which was the first ACGME-approved international rotation for surgery residents in the US. Ms. Tarpley spent 15 years as a theological librarian in Nigeria at the Nigerian Baptist Theological Seminary, where she continues to hold the position of liaison officer. Her research interest is surgery education and cultural competence/sensitivity as related to medicine and health care. Ms. Tarpley also conducts surgery education workshops, such as setting up international rotations for surgery residents and effective PowerPoint and public speaking. She is active in the Association for Surgical Education where she serves on several committees and as webmaster for the Association of Program Directors in Surgery. Ms. Tarpley is on a World Health Organization subcommittee working to revise the textbook Surgical Care at the District Hospital.

**Olle (Th.J.) ten Cate, PhD**

Dr. ten Cate attended medical school at the University of Amsterdam, the Netherlands, and has spent his professional life from 1980 serving medical education. In 1986, he completed a PhD dissertation on peer teaching in medical education. Until 1999, he was closely involved with all of the University of Amsterdam's major preclinical and clinical curriculum reforms, education research, program evaluation, and educational development. In 1999, he was appointed full professor of medical education at Utrecht University, the Netherlands, and program director of undergraduate medical education at University Medical Center Utrecht(UMCU). Since 2005, he leads the Center for Research and Development of Education at UMCU. His research interests include curriculum development, peer teaching, competency-based medical education, and many other topics. From 2006-2012 he served as president of the Netherlands Association for Medical Education. In 2012 he was appointed adjunct professor of medicine at the University of California, San Francisco, next to his work in Utrecht. He has published extensively in the medical education literature and supervised many doctoral students in medical education research.

**Michelle Teo**

Ms. Teo is the institutional coordinator of the National Healthcare Group (NHG) (Singapore) residency and oversees the graduate medical education executive office (with about 40 administrators), managing all the residency programs offered by the institution. She has been involved in numerous internal education reviews since 2011, and supports the designated institutional official in overseeing the implementation of accreditation matters. Her experience has given her a clear view of what works and does not work for continuous improvement in terms of the accreditation and internal education review processes.

**Anjala Tess, MD**

Dr. Tess is the director of quality and safety education for graduate medical education, and director of the patient safety core faculty and associate residency program director in the Department of Medicine at the Beth Israel Deaconess Medical Center. She has developed and implemented a residency-wide curriculum in quality and safety that has trained over 300 residents in the last 10 years. She has experience in teaching patient safety and quality at the medical student, resident, fellow, and faculty levels.

**Jennifer Thompson, MD**

Dr. Thompson is an internist and infectious diseases specialist who has over 12 years of experience in graduate medical education (GME) as an associate program director, director of medical education, and currently, as the associate chief of staff for education for a Veterans Affairs Medical Center. She has a special interest in the pedagogical potential of e-learning and its effective implementation in GME curricula.

**Khadija Tribble**

Ms. Tribble is the principal of Ground Game LLC. She is best known for leading change, delivering impactful results, and acting as a powerhouse “Executive Advocate” for improving living for individuals domestically and abroad. She is a co-founder of the Community Wellness Collective in southeast Washington, DC focused on reducing the health disparities for residents east of the Potomac River. Coveted for uncompromised project management, campaign strategy and innovative problem solving are Ms. Tribble’s organic strengths. These talents, blended together with passion, high energy, and intrinsic client engagement, result in bottom-line improvements and client satisfaction. Ms. Tribble’s career path commenced upon graduating from the University of Montevallo in Montevallo, Alabama. Earning her bachelor of business administration degree from the Stephens College of Business, Ms. Tribble was bound and determined to make a difference in the world. After completing graduate coursework in women’s and afro-american studies, Ms. Tribble traveled to the nation’s capitol, where she has served in a variety of roles impacting and improving the lives of children, women, and families.

**Franklin Trimm, MD**

Dr. Trimm has been a medical educator focusing on graduate medical education for more than 20 years. He is the pediatric residency program director at the University of South Alabama. He has developed and presented multiple workshops focused on resident professional development at a variety of regional and national meetings. He co-chairs a working group that develops and improves the American Academy of Pediatrics PediaLink resident platform, a tool for guiding residents through reflection and self-assessment as a method to building individualized learning plans. He is a member of the ACGME Review Committee for Pediatrics and is president-elect of the Association of Pediatric Program Directors.

**Andrew Turkington**

Mr. Turkington is the product manager for the ACGME Resident Case Log System. During his eight-year career at the ACGME, Mr. Turkington has worked exclusively in the Department of Applications and Data Analysis as an application support specialist and quality and improvement coordinator.

**David Turner, MD**

Dr. Turner is the associate director of graduate medical education (GME) at Duke University Hospital and Health System. Dr. Turner completed medical school, internship, residency, and an additional year as chief resident in pediatrics at Baylor College of Medicine in Houston, Texas. He completed fellowship training in pediatric critical care medicine at Boston Children’s Hospital of Boston in Boston, Massachusetts. Since completion of fellowship in 2008, Dr. Turner has been a faculty member in the Division of Pediatric Critical Care Medicine and Department of Pediatrics at Duke. He is currently an associate professor, and prior to his role as associate director of GME, Dr. Turner served as the program director for the pediatric critical care medicine fellowship. Dr. Turner is a dedicated educator who was recognized with the David C. Leach, MD Award by the ACGME in 2010. Along with his local GME roles at Duke, Dr. Turner is also responsible for coordinating several national efforts to improve both education and education-based research in GME.

**Mary Joyce Turner, RHIA, MJ**

Ms. Turner is the executive director for the Review Committees for Obstetrics and Gynecology, Ophthalmology, and Urology and the Council of Review Committees at the ACGME. Ms. Turner received her undergraduate degree in health information management from Illinois State University, Bloomington-Normal. She holds a master's of jurisprudence in health law from Loyola University of Chicago School of Law. Ms. Turner is currently pursuing a doctoral degree in health administration and leadership at the Medical University of South Carolina.

**Teri Lee Turner, MD, MPH, MEd**

Dr. Turner serves as associate program director of the pediatric residency program at Texas Children's/Baylor College of Medicine. She also serves as associate vice-chair of education, Department of Pediatrics, director of the academic general pediatrics fellowship program, director of the Center for Research, Innovation and Scholarship-Medical Education, Department of Pediatrics, and chair of the Academy of Distinguished Educators, Baylor College of Medicine. She has extensive experience as a presenter locally and nationally, and has developed and presented multiple workshops focused on faculty development, learning styles, and the impact of various educational methods across the medical continuum. She has presented multiple workshops relevant to this topic, including ones devoted to the Effectiveness of Learning Technology, E-Learning 2.0, and the Pediatric Nutrition Series. She has served on the American Academy of Pediatrics Pedialink Editorial Board, and recently served as co-chair of the Federation of Pediatric Organizations Task Force of Medical Education across the Continuum. She is a member of the Pediatric Nutrition Series Educators Working Group.

**Teodora Ucenic, MD**

Dr. Ucenic was born in, Sibiu, Romania. She graduated from medical school (Facultatea de Medicina si Farmacie in Targu-Mures, Romania) in 1986. She served as a specialist in obstetrics and gynecology in 1994, and as a consultant in obstetrics and gynecology in 1998. She was an assistant professor of obstetrics and gynecology at Facultatea de Medicina Victor Papillian in Sibiu, Romania (1996). Since 2004, Dr. Ucenic has worked as a consultant in Tawam Hospital, and from 2010 in the United Arab Emirates (UAE) in Al Ain Hospital. She has served as the program director of obstetrics and gynecology at Al Ain Hospital since 2013. She is married with two children (ages 24 and 26), and her extraprofessional interests include science and classical music.

**Paul Uhlig, MD, MPA, FACS**

Dr. Uhlig is a cardiothoracic surgeon. He is an associate professor, office of the dean, at the University of Kansas School of Medicine-Wichita. His professional interests include innovative practice and research in patient safety; high reliability collaborative care with active engagement of patients and families; and interprofessional health care education. Dr. Uhlig and the care team he led at Concord Hospital, Concord, New Hampshire received the John M. Eisenberg Patient Safety Award in System Innovation from the National Quality Forum and The Joint Commission. He has given invited addresses on collaborative care, patient safety, and interprofessional education at academic health centers and health systems across the US and internationally, including at the Royal College of Surgeons of Edinburgh, where he was honored with a King James IV professorship. Dr. Uhlig was the founding president of the Central Plains Regional Health Care Foundation in Wichita, Kansas, where he helped to implement Project Access, a community-based program of care for the uninsured that has provided over \$170M in care to the community since it was founded in 1999. He was a board member for the Center for Health Design; was chair of the Education Committee of the Thoracic Surgery Foundation for Research and Education; and was national co-chair of the Health Policy Committee of the Society of Thoracic Surgeons. He is a founding board member and co-director of HealthSim United, an interprofessional collaborative simulation center in Wichita, Kansas. Dr. Uhlig received his MD degree from the University of Kansas School of Medicine. He served his residencies in general surgery at the Massachusetts General Hospital and in cardiothoracic surgery at Indiana University. He was a research fellow in cardiovascular physiology at the University of California, San Francisco. He received a mid-career master's of public administration degree from the John F. Kennedy School of Government at Harvard.

**Cees van der Vleuten, PhD**

Prof. Cees van der Vleuten, PhD has been at the University of Maastricht (Netherlands) since 1982. In 1996, he was appointed professor of education and chair of the Department of Educational Development and Research in the Faculty of Health, Medicine and Life Sciences. Since 2005, he has been scientific director of the School of Health Professions Education. His primary expertise is in evaluation and assessment. He has published widely in this domain, and holds numerous academic awards, including several career awards. He serves frequently as a consultant internationally. He mentors many researchers in medical education and has supervised more than 60 doctoral graduate students. In 2010, he received a Dutch royal decoration for the societal impact of his work, and in 2012, the Karolinska Prize for Research in Medical Education.

**Jerry Vannatta, MD**

Dr. Vannatta has been a member of the University of Oklahoma Health Sciences Center (OUHSC) Department of Medicine since July 1979. He is a David Ross Boyd professor of medicine and the John Flack Burton professor of humanities in medicine and adjunct member of the Honors College Faculty at the University of Oklahoma. From 1995-2002, Dr. Vannatta served the multiple roles of executive dean, College of Medicine, associate provost for medical affairs, and vice-president for health affairs at OUHSC. He is a graduate of Oklahoma City University and the Oklahoma College of Medicine, and has received the Distinguished Alumnus Award from both institutions. Dr. Vannatta has practiced internal medicine in the Oklahoma City community for approximately 30 years. He teaches in the undergraduate curriculum of the Honors College at the University of Oklahoma. He also teaches Literature and Medicine in the medical school, along with Evidence Based Medicine for medical students and the residency programs. In addition to his teaching positions at the College of Medicine, he served from 1979-1995 as director of Medical Education at Presbyterian Hospital. The recipient of numerous awards for teaching and administration in medical education, Dr. Vannatta is published in medical journals, including a DVD, *Medicine and Humanistic Understanding: The Significance of Literature in Medical Practice*, that is published by the University of Pennsylvania Press.

**Jerry Vasiliadis, PhD**

Dr. Vasiliadis began his ACGME career in 1994, and has been the executive director for the Review Committee for Internal Medicine since May 2010. Prior to this, he served as the executive director for the Review Committees for Family Medicine and Pediatrics. He previously worked in the ACGME Department of Field Activities as associate director, field staff activities; and as a senior research associate at the ACGME. Dr. Vasiliadis earned his PhD in applied social psychology from Loyola University Chicago, and his BA in psychology and philosophy.

**Julianne Veal, MS**

Ms. Veal has been the anesthesiology residency coordinator at the University of Florida (UF) since September 2011. During this time, she led the coordination of ACGME site visits for the UF subspecialty fellowships in adult cardiothoracic anesthesiology and multidisciplinary pain medicine, as well as internal reviews for critical care medicine and the core anesthesiology residency program.

**Appasamy Vijayan, FRCS, FAMS, FACS**

Dr. Vijayan is a senior consultant trauma and general surgeon at Tan Tock Seng Hospital, Singapore. He completed fellowships in general surgery from both the Royal Colleges of Surgeons of Edinburgh and Glasgow in 1997, and a trauma and critical care fellowship in Australia in 2001. He was elected fellow of the Singapore Academy of Medicine in 2003 and fellow of the American College of Surgeons in 2013. He is currently president elect of the College of Surgeons of Singapore. He is involved in medical education both nationally and internationally. He is program director for the general surgery residency program of the National Healthcare Group, Singapore, and is adjunct associate professor of surgery and surgical lead for Singapore's third medical school. He serves on the Joint Committee on Specialist Training, Ministry of Health, Singapore and on the Board of Reviewers of the Master of Medicine (Surgery) Final Examination. He is a member of the ACGME International Review Committee, and serves on the Surgical Education Committee, Federation of Surgical Colleges of the Association of South East Asian Nations. He is director and faculty member of the Advanced Trauma Life Support (ATLS) and Definitive Surgical Trauma Care Courses locally and internationally, and serves on the Singapore National ATLS Committee. Keen in quality and patient safety, he is the Deputy Chairman of Tan Tock Seng Hospital's Quality and Patient Safety Committee, and is the patient safety officer in the hospital and faculty member for patient safety courses. Active in community service, he was conferred the Public Service Medal in 2000 and Public Service Star Medal in 2011 by the Singapore Government. He received the Healthcare Humanity Award in 2004, the National Healthcare Group Outstanding Citizenship Award in 2010, and the Health Manpower Development Award in 2010 to pursue a master's program in medical education. In 2012, he received the National Healthcare Group Education Leadership Award.

**Harpreet Wadhwa, MD**

Dr. Wadhwa is a fourth-year urological surgery resident at the University of Illinois at Chicago.

**Linda Waggoner-Fountain, MD, MA, MEd**

Dr. Waggoner-Fountain is the pediatrics residency program director and associate professor of pediatric infectious diseases at the University of Virginia. She is an inaugural member of the Association of Pediatric Program Directors Leadership in Educational Academic Development Program (LEAD) Council. She helped develop and deliver the content of LEAD for the first three program director cohorts. Dr. Waggoner-Fountain is active on her institutional Graduate Medical Education Committee, as well as on her institutional Undergraduate Medical Education Curriculum Committee and medical student clerkships. Her research interests include learner development across the spectrum of medical education, emotional intelligence in education, and resident handover of care.

**Robin Wagner, RN, MHSA**

Ms. Wagner is the vice president of the Clinical Learning Environment Review (CLER) program at the ACGME. Ms. Wagner is responsible for overseeing the development and implementation of all aspects of CLER--from the site visits to program evaluation. Ms. Wagner is a registered nurse with over 25 years of experience in the health care environment. Prior to joining the ACGME, she was program director of Research and Evaluation at the American Board of Medical Specialties (ABMS). In that role she was responsible for providing leadership and management in the design, conduct, and dissemination of various efforts in physician performance measurement, resource use measurement, and meaningful use of health IT, as well as for facilitating and supporting the ABMS Committee on Research and Evaluation Procedures. Prior to joining ABMS, Ms. Wagner administered the Institute for Healthcare Studies and the Division of General Internal Medicine at Northwestern University, where she was responsible for oversight of strategic, managerial, and financial functions in support of the research and educational mission of the programs and their associated faculty members, staff members, and post-doctoral fellows. While at Northwestern, she also played a key role in the design and launch of a new master's degree program in patient safety and healthcare quality. Prior to Northwestern, she served as the assistant director of the Center for Health Services Research of the Rush Primary Care Institute. During her clinical career she worked in the areas of women's health, neonatal care, and infertility. Ms. Wagner holds a bachelor of science degree in nursing from the University of Maryland and a master of health services administration degree from the George Washington University.

**Sandhya Wahi-Gururaj, MD, MPH**

Dr. Wahi-Gururaj has been the internal medicine program director at the University of Nevada School of Medicine for the past six years. She is an associate professor of internal medicine. She is integrally involved in presenting faculty development sessions to her faculty members, and has presented workshops to audiences nationally, including at the Association of Program Directors of Internal Medicine annual meetings. She has created, and mentored junior faculty members on the development of, remediation plans that have led to successful outcomes.

**Kimberly Walker, PhD**

Dr. Walker is an educational specialist at Stanford Healthcare. Dr. Walker consults with residency and fellowship program directors and coordinators to ensure compliance with national accreditation program requirements. In addition, she enjoys consulting with faculty members on curriculum design and mixed instructional and assessment strategies. Dr. Walker holds a PhD and MEd in curriculum and instruction with an emphasis in instructional design and science education. Her research interests include the role of qualitative inquiry in identifying best practices in graduate medical education. She has previously presented at the ACGME, as well as at the Association of American Medical Colleges Group on Resident Affairs Spring Meeting.

**Amelia Wallace**

Ms. Wallace is currently a simulation specialist and senior standardized patient educator at the Sentara Center for Simulation and Immersive Learning at Eastern Virginia Medical School (EVMS). At EVMS, her work includes development of training methods, curricula, and assessment strategies for medical and non-medical learners as well as standardized patients (SPs). This includes collaboration, such as the development and implementation of the Master Interview Rating Scale (MIRS) introductory E-Learning Course, the Physical Exam Teaching Associate Course and their corresponding trainings at the Youg Loo Lin School of Medicine at the National University of Singapore. Since 2007, she has presented over 35 works on SP methodology at the annual conferences of the Association of Standardized Patient Educators (ASPE), the Association for Medical Education in Europe (AMEE), the Society in Europe for Simulation Applied to Medicine (SESAM), the International Meeting for Simulation in Healthcare (IMSH) and ModSim World. She serves as vice-chairperson of the Educational Content committee and chairperson of the Core Curriculum sub-committee for ASPE. In 2013, she received the first annual Emerging Leader Award from ASPE, recognizing her contributions in the field of standardized patient educators. Her educational background includes a bachelor of music from the University of North Carolina School of the Arts and a teaching certificate from Old Dominion University.

**Eric Warm, MD, FACP**

Dr. Warm, a board-certified internist, is the Richard W. Vilter professor of medicine, the internal medicine residency program director, and the medical director of the resident ambulatory practice at the University of Cincinnati. Dr. Warm completed an undergraduate degree in biology in 1989 from the University of Cincinnati, earning summa cum laude and Phi Beta Kappa honors, and was a 1993 Alpha Omega Alpha graduate of the University of Cincinnati College of Medicine. He completed his residency and chief residency there as well, joining the Internal Medicine faculty in 1997. He has served as chair of the ACGME Educational Innovations Project Council, and has participated as a core faculty member in several national teaching collaboratives, including the Society of Hospital Medicine's Quality Safety Educator's Academy, as well as the Primary Care Faculty Development Initiative sponsored by the Boards of internal medicine, pediatrics, and family medicine. Dr. Warm has won the Master Teacher Award (American College of Physicians Ohio Chapter), the A.B. Dolly Cohen Award for teaching excellence (University of Cincinnati), the Dean's Award for teaching excellence (medical school), the Vilter Teaching Award (residency), the Silver Apple Teaching Award (medical students), and the Resident as Teacher Award. In addition, he has been recognized as one of Cincinnati's 'Top Docs' multiple times. His professional memberships include the American College of Physicians, where he is a fellow, the Society of General Internal Medicine, and the Association of Program Directors in Internal Medicine. Dr. Warm creates and studies curricula and systems that simultaneously improve education and care.

**Elizabeth Wedemeyer, MD**

Dr. Wedemeyer is a site visitor for the ACGME Clinical Learning Environment Review (CLER) program. She is a general pediatrician who was residency program director in pediatrics for more than 20 years at the Columbia University NewYork Presbyterian Hospital. She maintains an academic appointment at Columbia University as associate professor of pediatrics at Columbia University Medical Center. Her clinical work involved both ambulatory and inpatient care, and she was medical director for the combined medical/surgical pediatric inpatient unit. She joined the CLER program staff in September 2013.

**John R. Weinland**

Mr. Weinland is the associate director for graduate medical education at the University of Texas MD Anderson Cancer Center in Houston, Texas. In this role, Mr. Weinland serves as the institutional coordinator, and is responsible for working with the designated institutional official, as well as the Graduate Medical Education (GME) Committee to ensure compliance with institutional and program standards for the institution's 28 accredited and 52 non-standard GME training programs. Mr. Weinland has more than 20 years of experience in medical student education and GME at both the program and the institutional levels. He has also written a chapter on developing program manuals in the Association for Hospital Medical Education Guide to Medical Education in the Teaching Hospital.

**Kevin Weiss, MD, MPH, MHSA**

Dr. Weiss has devoted his medical career to issues of health care quality, equity, and access to care, and to training physicians and other health care providers in health care improvement. As the ACGME's senior vice president, institutional accreditation, he is responsible for the Clinical Learning Environment Review (CLER) program, co-chairs the CLER Evaluation Committee, and has oversight of the ACGME Institutional Review Committee's accreditation process. Dr. Weiss came to the ACGME from the American Board of Medical Specialties (ABMS), where from 2007-2012 he served as president and Chief Executive Officer. While at the ABMS, he broadened public involvement; implemented the ethics and professionalism and health and public policy programs; established alignment with maintenance of licensure and with Medicare's Physician Quality Reporting Initiative; and established ABMS-International. He has served on committees for the National Committee for Quality Assurance, the National Quality Forum, and the American Medical Association's Physicians Consortium for Performance Improvement. He has served on the American College of Physicians' Board of Regents, and chaired its committees for clinical guidelines and performance measurement. Dr. Weiss serves on the board of the Education Commission for Foreign Medical Graduates, and has served on Institute of Medicine committees, including those which developed the reports, "Crossing the Quality Chasm" and "Identifying Priority Areas for Quality Improvement." Over the years Dr. Weiss has conducted federally-funded US and international research projects related to guideline implementation, chronic care management, outcomes measurement, quality improvement, and health care equity, and has published over 200 papers. In 2005, Dr. Weiss established the first US graduate-level master's degree program in health care quality and patient safety. Dr. Weiss is board certified in internal medicine. He also maintains a role as professor of clinical medicine in the Division of General Medicine and in the Center for Healthcare Studies.

**Kyla K. West, MEd**

Ms. West is the manager of academic programs for the Department of Anesthesiology at the University of Texas Health Science Center at San Antonio (UTHSCSA). In 2001, she joined UTHSCSA as the program coordinator for the anesthesiology residency program, anesthesiology pain medicine fellowship, and the anesthesiology critical care medicine fellowship. Ms. West has served on the Professional Development Committee, Program Coordinator Professional Development Sub-committee, Anesthesiology Faculty Recruitment Committee, and Departmental Education Committee. Ms. West received her bachelors of science degree in biology in 2003 and teacher certification in 2005 from the University of Texas at San Antonio. She taught secondary science for six years, and completed her master's of education and principal certification with a special focus in educational leadership from Schreiner University in 2010. Ms. West has given 13 state and local presentations focused on best practices, professional development, learning strategies, educational culture, curriculum design, and general education.

**Jennifer White, C-TAGME**

Ms. White is the instructional development specialist for the anesthesiology residency program at the University of Arkansas for Medical Sciences (UAMS). In this role, Ms. White works alongside the program director and associate program director in the day-to-day operations of this educational training program, as well as supports the program's 56 residents. Ms. White is in her 17th year of employment with UAMS, and has been in her current position for seven years. Ms. White has been TAGME-certified since 2010.

**Curtis Whitehair, MD**

Dr. Whitehair is a core faculty member at the Harvard Macy Institute (HMI), a collaborative effort of Harvard Medical School, the Harvard Graduate School of Education, and Harvard Business School that provides professional development programs for academic leaders in health care. The lecture he is presenting at the conference is part of the "Program for Educators in Health Professions." He is one of the course directors of the new HMI course, "Become a Digital Citizen – Technology in Health Care Education." He is invited each year by medical schools to provide faculty development on the topic of education and technology. He speaks nationally on this topic, as well as on social media use in medical education. In 2013, he spoke at the ACCME Board of Directors meeting on the digital learner. He is a 2010 MedStar Teaching Scholar and completed the Association of American Medical Colleges Medical Education Research Certification program. He is involved in many research protocols on the use of social media and technology in medical education.

**Mark Wilson, MD, MPH**

Dr. Wilson is a general internist who came to the University of Iowa Hospitals and Clinics in 2004 to direct the graduate medical education (GME) efforts. Subsequently, his bridging role with the Carver College of Medicine was formalized with his appointment as Iowa's first associate dean for GME. He works to improve the learning environments for 550 resident and 200 fellow physicians by addressing issues that go beyond meeting accreditation standards. Seven years ago, he launched cross-departmental initiatives in chief resident leadership development and more recently a certificate program in educational leadership for program directors. His background includes a three-year fellowship in academic generalism at Johns Hopkins and serving as the internal medicine program director at Wake Forest for 11 years. He was elected to the national Council of the Association of Program Directors in Internal Medicine, and through his Iowa role has been active in the Association of American Medical Colleges Group on Resident Affairs (GRA). He is a past chair of the GRA, and currently serves as chair of its Advisory Committee to the GME Leadership Development Program. He also has been an active member of the international Evidence-Based Medicine (EBM) Working Group over the past two decades, making contributions to the popular *Users' Guides to the Medical Literature*. He is energized by opportunities to teach in educational courses and workshops that emphasize practical integration of EBM into busy clinical settings and overcrowded curricula. At Iowa, he maintains a visible presence in inpatient care, loves teaching at the bedside, and remains as an associate program director because he is fascinated by the challenge to educate better internists. He appears genetically predisposed to try to illuminate dark alleyways that may be impairing the quality and effectiveness of clinical education and patient care.

**Yolanda Wimberly, MD**

Dr. Wimberly is the associate dean of graduate medical education and the designated institutional official (DIO) for the graduate medical education office at Morehouse School of Medicine, where she is also the associate professor of clinical pediatrics. She has been DIO for four years. Dr. Wimberly practices at several adolescent/young adult health centers located in the Atlanta area. She directs a teen center at Morehouse Medical Associates, is a staff doctor at Student Health Services at Clark Atlanta University and Morehouse College, and is a faculty member at Children's Healthcare of Atlanta. Originally from Nashville, Tennessee, Dr. Wimberly completed her medical training at Meharry Medical College, her residency at Northwestern Children's Memorial Hospital, and an adolescent medicine fellowship at Cincinnati Children's Hospital.



**Dorothy Winkler, C-TAGME**

Ms. Winkler is the program administrator for the psychiatry residency program and child and adolescent psychiatry fellowship program at Texas A&M College of Medicine/Scott and White Program in Temple, Texas. She has served in this position for almost 15 years. Ms. Winkler is responsible for administrative, education, and accreditation activities necessary to meet institutional, program, and board certification requirements for these programs. During this time, she also served as a team leader for Academic Operations at Scott and White. Ms. Winkler became certified by the Training Administrators for Graduate Medical Education (TAGME) in 2006. She is an active member of TAGME, serving as chair of the Psychiatry Review Board and as a voting member of the TAGME Board of Directors. Ms. Winkler is nearing completion of her bachelor's degree in multidisciplinary studies from the University of Texas at El Paso.

**Shaan Wiryasaputra, MBBS**

Dr. Wiryasaputra is an ophthalmology resident at the National Healthcare Group in Singapore. Dr. Wiryasaputra has presented the resident's perspective on the new ACGME International-accredited ophthalmology program in Singapore, and has previously presented at the Association for Medical Education in Europe (AMEE) Annual Meeting in 2013.

**Margaret Wood, MD**

Dr. Wood received her medical degree from the University of St. Andrews, Scotland. Following anesthesiology residency training in Scotland, she came to the United States for fellowship training at Vanderbilt University, Nashville, and stayed. She joined the Vanderbilt faculty in the departments of both anesthesiology and pharmacology and rose through the ranks to become professor of anesthesiology with tenure in 1986, and division chief for cardiac anesthesia. In 1995, she moved to Columbia University Medical Center in New York to become the first woman appointed to chair a clinical department at Columbia University. Dr. Wood has conducted extensive research in anesthetic cardiovascular pharmacology, drug metabolism, anesthetic hepato-toxicity, vascular biology, pharmacokinetics, drug interactions, drugs disposition, and aging and anesthesia. Dr. Wood has published more than 140 articles and book chapters and lectured extensively, and with Alastair J.J. Wood, co-authored two editions of the anaesthesiology textbook, *Drugs and Anaesthesia: Pharmacology for Anesthesiologists*. She has served on the boards of several medical journals, including the journal *Anesthesiology*, and many committees and boards for national societies and organizations, including the American Society of Anesthesiologists, Society of Cardiovascular Anesthesiologists, and the Foundation for Anesthesia Education and Research. She has served on the Food and Drug Administration's Anesthetic and Life Support Drugs Advisory Committee, and is the chairman of the ACGME Review Committee for Anesthesiology. Dr. Wood was the first woman elected as president of the Association of University Anesthesiologists. In 2008, Dr. Wood received the degree of Doctor of Laws, honoris causa from The University of Dundee, Scotland.

**James Zaidan, MD, MBA**

Dr. Zaidan is the associate dean for graduate medical education at Emory University School of Medicine. He is a professor of anesthesiology and immediate past chair of the Department of Anesthesiology. He completed his anesthesiology residency training and fellowship in cardiothoracic anesthesiology at Harvard Medical School at the Massachusetts General Hospital. He served for many years as a senior associate examiner of the American Board of Anesthesiology, and is the past president of the Association of Cardiac Anesthesiologists. Currently Dr. Zaidan is on the Board of Directors of the Foundation for Anesthesiology Education and Research, and is a member and vice chair of the Institutional Review Committee of the ACGME, from which he received the Courage to Lead Award.

**Sylvia Zavatchen**

Ms. Zavatchen has been the diagnostic radiology residency program coordinator at Cleveland Clinic since 2007. An active member of the program coordinator community, she was voted to the Board of the Association of Program Coordinators in Radiology (APCR) in 2012, and currently serves as the chairman of both its Membership and Long-Range Planning Committees. As a program coordinator, she strives to ensure ACGME compliance in a program training 32 residents. Within the Cleveland Clinic, she has had multiple graduate medical education presentations, educating program coordinators throughout the institution, and she received recognition from the Education Institute for spearheading the Program Coordinator Mentorship Program. As an APCR Board member, she desires to help program coordinators, especially new program coordinators, understand their responsibilities and the resources available to them. Developing a podcast series with Joseph Stuckelman highlights an achievement of reaching coordinators across institutions to offer guidance, advice, and support.

**Randall Zernzach, MD**

Dr. Zernzach is the director of graduate medical education for the Air Force's 59th Medical Wing and an associate dean for the San Antonio Uniformed Services Health Education Consortium (SAUSHEC). He is also a practicing developmental-behavioral pediatrician. Dr Zernzach leads the SAUSHEC Graduate Medical Education QI/PS Sub-Committee and was instrumental in the development of the C3QR instrument.

**Shanta Zimmer, MD**

Dr. Zimmer is an infectious disease specialist and the internal medicine residency training program director at the University of Pittsburgh Medical Center Medical Education (UPMCME). She is an associate professor in medicine and fellow of the Infectious Diseases Society of America, and a fellow of the American College of Physicians. Dr. Zimmer has presented multiple workshops at the Association of Program Directors in Internal Medicine meetings on a variety of topics, including reflection, mentorship, and walk-rounding. She has been recognized for her efforts in underrepresented minority (URM) recruitment to the internal medicine residency program, and was asked to present her approach at a GME-wide special session on Diversity Recruitment. This work was presented to program directors, chairs, and program coordinators at UPMCME. Dr. Zimmer works closely with the School of Medicine Office of Diversity and Minority Affairs, where she serves as an advisor and mentor to URM medical students and serves on the School of Medicine Committee on Diversity. For its efforts in URM recruitment, mentorship and retention, the Department of Medicine was nominated this year for the Chancellor's Award on Affirmative Action.

**Jonathan Zimmerman, MD, MBA, FACP**

Dr. Zimmerman completed his medical school and residency training at the University of Michigan, and joined Oakwood Hospital and Medical Center's internal medicine residency faculty in 2001. He has been Oakwood's program director for the last 10 years, and holds an assistant clinical faculty appointment with Wayne State University's School of Medicine. He is a dedicated teacher and mentor to internal medicine residents and medical students, has developed and implemented numerous faculty development programs, has developed a novel, overarching resident assessment tool, and has presented this tool at regional and national medical education conferences. He speaks on the topics of teaching and assessment in medical education.

# **STAFF INFORMATION**

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2015 ACGME Annual Educational Conference

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Ms. Janssen joined the ACGME in October 2013 in the position of facilities and office manager, and was promoted to director, facilities and meeting services in January 2015. In her current role, she is responsible for organizing and supervising all of the strategic and day-to-day administrative activities that support ACGME facilities and meeting services operations. Prior to joining the ACGME, Ms. Janssen most recently held an assistant teaching position in the Head Start Program with Chicago Public Schools. Previously, she was vice president of operations for Moneytree, Inc. in Seattle, Washington. Ms. Janssen earned her bachelor of science degree in English from Minnesota State University.

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Ms. Johnson joined the ACGME in 2011. She was recently promoted to the position of senior accreditation administrator in the Department of Accreditation Services, where she works with the Review Committee for Internal Medicine. Prior to this promotion, Ms. Johnson was the accreditation administrator for the Review Committees for Diagnostic Radiology and the Transitional Year. Ms. Johnson holds a bachelor of arts in sociology and anthropology from Truman State University, and a master of nonprofit administration from North Park University.

**Christopher Jordan**

Mr. Jordan is currently the director of systems development and quality assurance at the ACGME. He previously held the positions of data coordinator (2001-2003) and application quality assurance manager (2003-2008). In his role at the ACGME, Mr. Jordan is responsible for supervising the maintenance and improvement of several data collection systems that deal with the accreditation process. Mr. Jordan is also responsible for managing external support staff for ACGME applications. Prior to his work at the ACGME, Mr. Jordan was a data coordinator at the Rehabilitation Institute of Chicago. Mr. Jordan has an undergraduate degree in anthropology from the University of Michigan.

**Tom Jurczak, MBA**

Mr. Jurczak is the senior director of finance at ACGME. He joined ACGME in April 2014. He was previously the director of finance and administration for the Society of American Archivists. Mr. Jurczak has a MBA in finance and a BBA in accounting from Loyola University of Chicago.

**Elizabeth (Betsy) Kimball, MA**

Ms. Kimball joined the ACGME in 2014 and is the associate director for the CLER Site Visit Program. She was previously the operations leader for academic and clinical integration in the merger of two large health systems, and before that an executive director of ambulatory clinic operations. Ms. Kimball received her master of arts in liberal studies from Creighton University.

**Nancy Koh, PhD**

Dr. Koh joined the ACGME in January 2015 as the director of program evaluation for the CLER program. Dr. Koh most recently served as director of assessment and accreditation at Boston College. In the U.S. and abroad, Dr. Koh has conducted large-scale mixed-methods research and evaluation studies to gather scientific and meaningful evidence to convey research-based knowledge of effective practices in education and the health fields. Her research interests are in assessment and evaluation methodology, instrument design and validation, program theory models and other causal path diagrams in evaluation research, and diagnostic assessment for learning. She earned her bachelor of science in biology from UCLA, master's in educational leadership from Teachers College, Columbia University, and PhD in assessment, evaluation, and educational policy from Columbia University.

**Kirsten Kolar**

Ms. Kolar is a quality assurance coordinator for the ACGME in the Department of Applications and Data Analysis. In her role, Ms. Kolar works to improve and enhance the online application systems. She joined the ACGME in 2012 as an applications and data coordinator assisting users with the online applications.

**Karen Lambert**

Ms. Lambert has been with the ACGME since 1988. She currently serves as associate executive director for the Review Committee for Internal Medicine, as well as an interim appointment as associate executive director for the Review Committees for Allergy & Immunology, Neurology, and Psychiatry.

**David Larson, MD**

Dr. Larson is a board certified plastic surgeon who most recently held the position of chair of plastic surgery at the Medical College of Wisconsin. Dr. Larson joined the Medical College in 1986 as professor and chief of the division of plastic surgery, assuming the role of chairman when that division became a department in 2001. In 2007, he was named George J. Korkos professor in plastic surgery, as the department's first endowed chair. During the two decades he directed the department, he served as program director and specialized in plastic and reconstructive surgery for patients with injuries from trauma, cosmetic surgery, and cancer-related problems. Prior to this, he was the only plastic surgeon at the M.D. Anderson Cancer Center in Houston. Dr. Larson is board certified in both otolaryngology and plastic surgery. He received his medical degree from Louisiana State University in New Orleans, and completed a residency in otolaryngology at Baylor College of Medicine, Houston, and residency in plastic surgery at Indiana University Medical Center, Indianapolis. Dr. Larson also served on active duty for two years as a general medical officer with the U.S. Navy Medical Corps.

**Kathy Malloy**

Ms. Malloy has been with the ACGME since 1988. She is the vice-president of accreditation standards and also chairs the Requirement Development Team and provides support to the ACGME Committee on Requirements. Ms. Malloy has a BA in psychology from Dominican University.

**Susan Mansker**

Ms. Mansker is an associate executive director for the Review Committees for Colon and Rectal Surgery, Neurological Surgery, Orthopaedic Surgery, and Otolaryngology. She joined the ACGME in 2001; she previously worked as an executive administrator for the chair of the American Medical Association's Board of Trustees.

**Marsha Miller, MA**

Ms. Miller joined the ACGME in 1986. She is the associate vice president of the office of resident services in the Department of Education. She also oversees the ACGME Awards Programs and the Council of Review Committee Residents. Ms. Miller received her bachelor of science degree in organizational leadership from Dominican University in River Forest, Illinois, and her master of liberal arts degree from the University of Chicago. In her spare time, she volunteers at The Feltre School, a private non-profit devoted to the liberal arts with a focus on classical education.

**Tiffany Moss, MBA**

Ms. Moss joined the ACGME in 2014. She is the associate executive director for hospital-based accreditation in the Department of Accreditation Services. Prior to joining the ACGME, Ms. Moss was a program and institutional site reviewer for the American Osteopathic Association (AOA). She has also worked as a supervisor of operations for the Department of Medicine at a large academic medical center, overseeing the medical education programs within the department, and as a manager of medical education at a small community hospital. Ms. Moss holds both a bachelor of science in business administration and a master of business administration.

**Jose Munoz**

Mr. Munoz is the associate network administrator for the ACGME.

**Richard Murphy**

Mr. Murphy is vice president, Human Resources for the ACGME. He joined the ACGME in 2003 as director of Human Resources and became vice president in 2011. Prior to joining the ACGME, Mr. Murphy was division vice president of Human Resources with a Fortune 500, international specialty chemical company. There he was responsible for compensation; benefits; recruitment; the human resources aspects of mergers, acquisitions, and divestitures; and strategic HR alignment. Earlier he spent 12 years in public relations with responsibility for corporate communications and community relations. Mr. Murphy received his bachelor of arts in English from the University of Illinois at Urbana-Champaign, and completed the Executive Development Program at the J. L. Kellogg Graduate School of Management, Northwestern University.

**Bryan Naraky**

Mr. Naraky joined the ACGME in 2014 and is an information support specialist for the IT Department. He was previously the project manager of an integration solutions firm. Mr. Naraky holds a bachelor's in business administration, with a minor in computer information systems, from Columbia College in Missouri.

**Patrick Nasca**

Mr. Nasca is a business analyst within the ACGME's finance team, and joined the ACGME in October 2014. He previously was working as a senior seller for a retail chain sporting goods store. Mr. Nasca received his bachelor's degree in business administration, with a minor in sports management, from Cabrini College.

**Christopher Pack, PhD**

Dr. Pack received his bachelor's degree from the University of California in San Diego, and his master's and PhD in Sociology from the University of California at Los Angeles. From 1976 to 1977, he was a research associate in the Department of Medicine at the University of Vermont evaluating the computerized, problem-oriented medical information system. In 1977, he joined the Department of Pediatrics at Michigan State University, College of Human Medicine, where he supported the medicine/pediatrics primary care program and eventually served as the director of the Resident Evaluation Network. In 1981, he became associate director of medical education at the Bon Secours Hospital in Grosse Pointe, Michigan, and acting director of medical education in 1985. Dr. Pack joined the accreditation field staff of the ACGME in January 1986, and has carried out site visits of approximately 3,096 programs. Dr. Pack and his wife reside in Del Mar, California. Dr. Pack is also the 2012 recipient on the Nathan K. Blank fellowship award.

**Dan Parra**

Mr. Parra is a technology coordinator for the ACGME. Mr. Parra has over eight years of experience in AV/IT and previously worked for PSAV and Univision Radio. He joined the ACGME in September 2013. Mr. Parra received his bachelor's degree from Columbia College Chicago.

**Mark Pian, MD**

Dr. Pian joined the ACGME in October of 2014, in the position of Clinical Learning Environment Review (CLER) program field representative in the Department of Institutional Accreditation. Dr. Pian has served as full-time faculty at UC San Francisco and UC San Diego, and directed the pediatric pulmonary fellowship programs at each institution. As clinical professor of pediatrics, he served as core faculty in pre-clinical School of Medicine courses, director of the UCSD Cystic Fibrosis Program, and co-director of the UCSD Cystic Fibrosis Foundation (CFF) Therapeutic Development Center, with service on the CFF National Therapeutic Development Network Steering and Protocol Review committees. His work with the CFF included training in healthcare delivery improvement at the Intermountain Healthcare Institute for Healthcare Delivery Research and experience as a Cystic Fibrosis Foundation Quality Coach. Dr. Pian received his medical degree at the University of California, Los Angeles School of Medicine. He completed a residency in pediatrics at the University of Washington/Seattle Children's Hospital, and fellowship in pediatric pulmonology at the Cardiovascular Research Institute at University of California, San Francisco.

**Thomas Richter**

Mr. Richter is director of data systems and data analysis at the ACGME. He manages the Resident Case Log System in addition to providing analysis and support for other data collection systems such as the Accreditation Data System and the Resident Survey. He joined the ACGME in 1999 as a data analyst and has been in his current position since 2008. He has an MA from Northern Illinois University and received his BA from the University of Wisconsin-Milwaukee.

**Andrea Rio, MA**

Ms. Rio is the ACGME Meeting Services Registration Specialist. She currently develops, creates and maintains the ACGME conference & workshop registration website. She earned her bachelor's degree from Lewis University in communications and her master's Degree from the University of Illinois at Chicago in Education.

**Sydney Roberts**

Ms. Roberts is a milestone project administrator for the Milestone Department, having joined the ACGME in 2013. She was previously a billing specialist at a mobile doctor's office. Ms. Roberts has a bachelor of arts in psychology from the University of Iowa.

**Teri Robins, MBA, JD**

Ms. Robins joined ACGME in July 2014 as its senior attorney for both ACGME and ACGME International. Ms. Robins has been practicing law for over thirteen years focusing on employment, general corporate, and health law, including work with not for profit organizations. In her private practice, she worked regularly with physicians, physician groups and hospitals. She has served on a number of the boards for community health centers, domestic violence awareness organizations, and community organizations. Ms. Robins holds a BBA from Emory University, a MBA from Columbia Business School, and a JD from the University of Cincinnati College of Law.



**Paul Rockey, MD, MPH**

Dr. Rockey is a scholar in residence at the ACGME. Prior to joining the ACGME in 2012, he directed the Division of GME at the AMA where he provided national leadership in medical workforce and GME issues for nearly a decade. After receiving his medical degree from the University of Chicago and internship at Harborview Medical Center in Seattle, Dr. Rockey was a solo physician at Rocky Boy Indian Reservation in Montana from 1971 to 1973. He then completed internal medicine training; earned an MPH as a Robert Wood Johnson Clinical Scholar; initiated a primary care internal medicine residency program; was associate professor of medicine and health services; and assistant dean, all at the University of Washington. In Seattle, he also founded a multi-specialty group practice when the U.S. Public Health Service Hospital converted to Pacific Medical Center in 1981. In 1988, Dr. Rockey was vice president for medical affairs at St. Vincent Hospital in Worcester, Massachusetts, and associate professor and associate dean of the University of Massachusetts Medical School. In 1991, he joined Southern Illinois University School of Medicine to serve for twelve years as professor of medicine and medical humanities and associate dean for clinical affairs including responsibility for all GME programs. He is a fellow in both the American College of Physicians and American College of Physician Executives. He was a member of the Residency Review Committee for Internal Medicine and now serves on the Board of the Educational Commission for Foreign Medical Graduates (ECFMG). He also served as a lieutenant colonel in the Army National Guard until he retired in 2001 with 25 years of service. He is now a professor emeritus at SIU and a volunteer faculty physician at Community Health (the largest free clinic in Chicago), where he mentors residents. Recently, he was appointed to chair the Illinois State Medical Society's Council on Education and Health Workforce.

**Kim Rucker, MPH**

Ms. Rucker is an accreditation administrator for the ACGME Review Committees for Pediatrics and Physical Medicine and Rehabilitation, and also serves part-time as executive assistant to the senior vice president, medical accreditation. Ms. Rucker joined the ACGME in 2012. She has a bachelor of science in biological sciences, and a master's in public health from the University of Illinois at Chicago.

**Cathy Ruiz, MEd**

Ms. Ruiz is the associate executive director for the Review Committees for Plastic Surgery, Surgery, and Thoracic Surgery. Prior to joining the ACGME in 2009, Ms. Ruiz was a residency coordinator, a clinical research coordinator, and a clinical laboratory manager at the University of Illinois at Chicago (UIC). Ms. Ruiz also enjoyed over 20 years in academic research, with numerous peer-reviewed publications, at UIC and the University of Chicago. Ms. Ruiz earned her master's in teaching from National Louis University and her bachelor of science from Northeastern Illinois University.

**Raquel Running**

Ms. Running is an applications and data coordinator in the ACGME's Department of Applications and Data Analysis. In her role, she works to improve and enhance the online application systems by assisting Accreditation Data System (ADS) and Case Log System users. She joined the ACGME in 2014, after working as a Care Coordinator for a health care company. Ms. Running graduated with a bachelor of arts from Marquette University.

**Theodore Sanford, MD**

Dr. Sanford is an ACGME field representative. He is an anesthesiologist and holds an appointment as a clinical professor of anesthesiology at the University of Michigan. He was the former program director for the core anesthesia program at Michigan for 22 years before stepping down in 2013.

**Joanne G. Schwartzberg, MD**

Dr. Schwartzberg holds the position of scholar-in-residence at the ACGME, evaluating the experience of residents and program directors in the areas of interprofessional education, team building, care coordination and collaborative practice. Prior to joining the ACGME, she was the director of Aging and Community Health with the American Medical Association, where she helped lead professional societies and specialty boards (internal medicine, family medicine, emergency medicine, general surgery) to develop and accept geriatric competencies for all physicians training in their specialties. At the AMA, she developed multiple national programs to educate physicians, residents and medical students in implementing the latest concepts and guidelines into everyday medical management. These programs reached between 10,000 to 30,000+ physicians on topics including post-acute care and care transitions, home and community based care, health literacy, patient safety, medication reconciliation, disability access, dementia and older driver safety, with up to 75% of attendees implementing practice changes as a result (as reported 3-6 months after training). She is a graduate from Harvard (Radcliffe) University: A.B. Magna Cum Laude and earned her doctorate from Northwestern University Feinberg School of Medicine. She is a clinical assistant professor of preventive medicine and community health at the University of Illinois' Chicago College of Medicine, an adjunct assistant professor in general internal medicine and geriatrics at Northwestern University Feinberg School of Medicine, a past-president of the Institute of Medicine of Chicago, the Illinois Geriatrics Society, and the American Academy of Home Care Physicians. She has received the David H. Solomon Distinguished Public Service Award from the American Geriatrics Society and the Henry P. Russe, MD, Citation for Exemplary Compassion in Healthcare awarded by the Institute of Medicine of Chicago and the Rush-Presbyterian-St Luke's Medical Center.

**Victoria Shaffer**

Ms. Shaffer joined the ACGME in July 2014 as the educational project associate in the Department of Educational Activities. In this role, Ms. Shaffer is responsible for assisting in the organization of educational programming for activities, with a primary emphasis on the Annual Educational Conference. Prior to joining the ACGME, Ms. Shaffer worked at Indiana University School of Medicine as a division academic coordinator, where she was responsible for administering educational programs for geriatrics and palliative medicine. She also worked as the administrative residency coordinator in the Department of Internal Medicine.

**Hina Shah**

Ms. Sha is an operations data analyst in the ACGME Department of Applications and Data Analysis. Ms. Sha started with the ACGME as a project analyst in 2012. She currently works on providing analytic and infrastructure support for data quality, reporting, and visualization. Prior to working at the ACGME, she was a senior product operations consultant at Allstate Insurance Company. She earned her bachelor of arts degree in mathematics, with a concentration in statistics, from Boston University.

**Heidi Sowl**

Ms. Sowl has been with the ACGME since 2011 and currently works as the applications and data coordinator in the Department of Applications and Data Analysis. She graduated from North Park University with a bachelor of science degree in advertising and creative design.

**Carl Stanitski, MD**

Dr. Stanitski received his bachelor's degree from Bloomsburg State College in Pennsylvania. He worked as a high school teacher of Physics and English, and coached basketball and track, prior to earning his medical degree from Jefferson Medical College in Philadelphia. He completed his internship training at the Jefferson Medical College Hospital, and residency and fellowship training in orthopaedic surgery and pediatric orthopaedics at the University of Pittsburgh, University of Southern California in Rancho Los Amigos Hospital and Children's Hospital, Boston. Dr. Stanitski served as clinic chief of orthopaedic surgery for the State of Pennsylvania Crippled Children Program (1984- 1991), associate professor at the University of Pittsburgh, PA (1980-1991) and as chief of orthopaedic surgery at Children's Hospital of Michigan in Detroit (1991-1999). Prior to that, he was an associate professor of orthopaedics at the University of Pittsburgh, and served as a staff associate at the National Institutes of Health. He has been a professor of orthopaedic surgery at the Medical University of South Carolina, Charleston since 1999. Dr. Stanitski is board certified in Orthopaedic Surgery (1975) and was re-certified with an emphasis in Pediatric Orthopaedics (1981) by the American Board of Orthopaedic Surgery. Since 1988, he has served as an oral examiner with the American Board of Orthopaedic Surgery and as a member of their Written Examination Committee. He has also been chair of a number of committees with the American Academy of Orthopaedic Surgeons, and has served as a National Media and National Science Writers Seminar speaker for the organization. Dr. Stanitski has held positions on a number of editorial boards, he was previously an associate editor of the Journal of Bone & Joint Surgery and is currently the features editor for the Journal of Pediatric Orthopaedics. Dr. Stanitski has accredited over 279 programs for the ACGME and completed 450 site visits. He currently resides in Charleston, SC.

**Timothy Stephansen**

Mr. Stephansen has worked at the ACGME since November 2012 in the position of accreditation standards administrator. Prior to joining the ACGME, he worked as a photographer with Olan Mills and Lifetouch Studios after working as a teaching assistant and lab assistant for Olivet Nazarene University. He graduated from Olivet Nazarene University with a bachelor of arts in English and minors in English as a second language, photography, and writing.

**Carlos Suárez, MD**

Dr. Suárez joined the ACGME as an accreditation field representative in February 2015. Dr. Suárez is from Miami, Florida, where he holds a private practice in general, vascular, and oncologic surgery. His particular interests are in surgical oncology, laparoscopic surgery, and the surgical treatment of thyroid disease, breast cancer, and melanoma. Dr. Suárez has experience in both academic medicine and community surgery practice. He has been an adjunct clinical professor at the Barry University School of Graduate Medical Sciences since 1999, and a clinical associate professor of surgery at the University of Miami since 1981. Additionally, he serves as preceptor at the Department of Surgery and Family Medicine at the University of Miami, and has held roles as an executive director, course instructor, and lecturer at the Institute of Minimal Access Surgery of South Florida. During his career he has been involved in many research activities, has authored journal articles, and has contributed to chapters for several textbooks. He has also lectured extensively throughout the United States and Latin America on various surgical topics. Dr. Suárez has chaired committees, and is a founding member of the Society of Laparoendoscopic Surgeons. He was chairman of the Department of Surgery at the Doctors Hospital in Coral Gables, Florida, and has served on the Credentials Committee, Cancer Committee and Surgical Case Review Committee of Baptist Hospital. Dr. Suárez completed medical school and his surgical residency training at Jackson Memorial Hospital/University of Miami Medical Center. He is board certified by the American Board of Surgery. Dr. Suárez currently is the Florida's state chair for the Commission on Cancer for the American College of Surgeons.

**Patricia M. Surdyk, PhD**

Dr. Surdyk is executive director for the Institutional Review Committee and has previously served as executive director for the Review Committees for Anesthesiology, Obstetrics and Gynecology, and Preventive Medicine of the Accreditation Council for Graduate Medical Education (ACGME). Dr. Surdyk has also supported the ACGME's Council of Review Committees as senior staff. Immediately prior to her role as executive director, Dr. Surdyk served as senior project manager in the Research Department of the ACGME, where she was responsible for developing learning materials and communications for the ACGME's Outcome Project. Her special interest in professionalism as a competency has led to several publications and a book project for which she served as editor. Dr. Surdyk has been a teacher in grade school and high school, as well as a director of medical education with administrative responsibility for both graduate and continuing medical education. Her doctoral degree is in education from Loyola University Chicago, with emphasis on curriculum and instruction and qualitative research studies. She also holds an MEd in adult instructional management and an MA in religious studies.

**Sara Thomas**

Ms. Thomas is a senior accreditation administrator for the Review Committees for Emergency Medicine and Nuclear Medicine. She has been with the ACGME for 16 years.

**Carissa Van Ausdall, MPA**

Ms. Van Ausdall joined the ACGME in 2008, managing projects in finance and operations for both the ACGME and the ACGME International. In 2014, she transitioned to the ACGME International full-time, in the position of associate director. She graduated from the University of Illinois at Urbana-Champaign in 2006, and received her master of public administration from Roosevelt University in 2010.

**Emily Vasiliou, MA**

Ms. Vasiliou is the special project manager in the office of the CEO at the ACGME, reporting directly to Dr. Thomas Nasca. She is currently working with Dr. Nasca and the senior leadership team on the implementation of the Next Accreditation System. Ms. Vasiliou joined the ACGME in 2007, working primarily as complaint officer and managing the awards program in the office of resident services, in the Department of Education. Before coming to the ACGME, Ms. Vasiliou worked for seven years as program director for a Chicago-based arts education nonprofit, and prior to that she taught seventh grade English for nine years at a middle school in Hanover, NH. She has a bachelor of science in teaching from Minnesota State University - Mankato in English/secondary education and a master of arts in education from DePaul University. She also has a Certificate in Editing from the University of Washington.

**Noelle Volovic**

Ms. Volovic has been with the ACGME since 2012, and currently works as an applications and data coordinator in the Department of Applications and Data Analysis. She graduated with a bachelor of arts from Pennsylvania State University.

**Sharon Walker**

Ms. Walker is the meetings logistics administrator at the ACGME. Before joining the Department of Facilities and Meeting Services in 2013, she was a senior accreditation administrator for the Review Committee for Internal Medicine for 17 years. Before joining the ACGME in 1996, she worked for the American Medical Association in its data department.

**Tami Walters**

Ms. Walters has been with the ACGME for 16 years. She joined the office of the CEO as director of governance, appeals, policies and procedures six years ago. Prior to her current role, she was an associate executive director for the Institutional Review Committee as well as the ACGME appeals officer. Ms. Walters is a certified paralegal and worked for a personal injury law firm prior to embarking on a career at the ACGME.

**Jessalynn Watanabe**

Ms. Watanabe recently joined the Department of Education in the position of educational project manager. She joined the ACGME's Department of Accreditation Services in 2005, and previously staffed the Review Committee for Internal Medicine as an accreditation administrator. Ms. Watanabe received a bachelor of arts in English/writing, emphasizing journalism, from Millikin University.

**Quinn White**

Mr. White has worked with the ACGME since May 2008. In his current role as product manager for ACGME Surveys, he provides oversight for the continued enhancement and daily operation of ACGME's web applications including the ACGME Resident and Faculty Surveys, the Milestones Project, and the Accreditation Data System (ADS). He began working at the ACGME as a temporary associate providing support for the Resident Case Log System. After a few years in a permanent support staff position, he took on a role in quality assurance before moving into product management for the ACGME Surveys web application. Born and raised in Wisconsin, Mr. White attended the University of Wisconsin-Green Bay. After receiving his bachelor's, he moved to Chicago to pursue career goals in a larger market. In his free time he is an actor, singer/songwriter, and guitarist.

**Lauren Wojnarowski, MA**

Ms. Wojnarowski joined the ACGME in July 2014 as education administrator, and provides organizational support for the Department of Education, with a primary emphasis on the ACGME Annual Educational Conference. Prior to joining the ACGME, Ms. Wojnarowski worked as an administrative assistant to the Global Chief Executive Officer of Starcom MediaVest Group, and was a museum and public schools coordinator at the Oriental Institute Museum at the University of Chicago. Ms. Wojnarowski earned her bachelor's degree in anthropology at the University of Illinois at Champaign-Urbana and her master's degree in historical administration at Eastern Illinois University.

**Nicholas Yaghmour, MPP**

Mr. Yaghmour has been working at the ACGME for over four years, where he studies resident well-being and satisfaction via anonymous surveys. Recently, he took a position with the Milestones team to evaluate the resident experience with the specialty-specific milestones.

**John Zapp, MD**

Dr. Zapp is a board-certified family physician with 34 years of experience as clinician, educator and program director. He completed his undergraduate education at Haverford College in 1965 and his medical training at the University of Pennsylvania School of Medicine in 1969. He completed a residency in family medicine at Hunterdon Medical Center (HMC) in New Jersey in 1972, and military service at the Naval Aerospace and Regional Medical Center, Pensacola, Florida, where he also served as assistant director of the Navy's new family medicine residency which he helped design. After four years in a rural training practice associated with HMC, Dr. Zapp became the program director. In 1993, he moved to Philadelphia to the multi-hospital Crozer-Keystone Health System where he was chair of family medicine and residency director. He has been a national and international speaker on medical informatics in primary care. In 2000, he moved to Mercy Medical Center in Redding, California where he served his final three years as a program director and participated in the Northern Sierra Rural Health Network as its director of medical education. Dr. Zapp joined the ACGME Accreditation Field Staff in September, 2003 and has since conducted over 546 site visits. In 2007, he and his wife Iris moved from California to Topsham, Maine to be closer to family and live in the state where he began his career in medicine scrubbing hospital floors in 1959 and spent many summers vacationing with his family.

# **ACGME Staff Contact Information**

## **Office of the CEO Staff**

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## **Accreditation Services**

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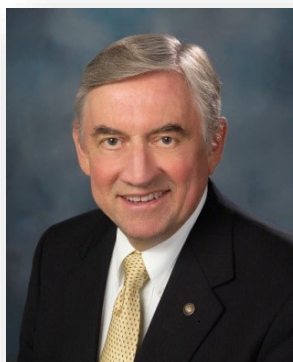
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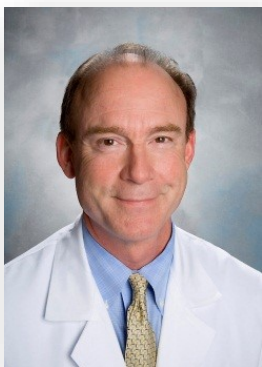
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Term: September 2008 –September 2015

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Ms. Amidon is the director of strategy and business operations for the Department of Healthcare Policy and Research at Weill Cornell Medical College. Ms. Amidon also serves as program director for the PCORI-funded New York City Clinical Data Research Network (NYC-CDRN), an initiative involving some two-dozen health care systems and organizations. The NYC-CDRN is tasked with developing an infrastructure that will enable area patients and providers to make better-informed clinical decisions. Ms. Amidon was previously vice president of health at Consumer Reports. In her role at Consumer Reports, she oversaw the organization's efforts to provide evidence-driven, unbiased information for today's premier consumer issue: the delivery of quality health care to engaged patients. Prior to joining Consumer Reports, Ms. Amidon spent her career researching consumer needs and leading the development of interactive products leveraging new web, telephone, and cable television-based information and entertainment systems. She has an MBA and MPH from Columbia University. Ms. Amidon is interested in developing devices, mechanisms, and communications strategies that enhance meaningful dialog among healthcare providers, patients, researchers, policy makers, the media, and general public.



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Term: September 2012–September 2018

Dr. Ashley is the chief medical officer and senior vice president for medical affairs at Brigham and Women's Hospital, as well as the Frank Sawyer Professor of Surgery at Harvard Medical School. A graduate of Oberlin College and Cornell University Medical College, he completed a residency in general surgery and joined the faculty at Washington University in St. Louis. He subsequently spent seven years at the University of California at Los Angeles until 1997 where he assumed the position of vice chairman of the Department of Surgery and program director of the general surgery residency at Brigham and Women's Hospital, as well as his current position at Harvard Medical School. Dr. Ashley is a gastrointestinal surgeon whose primary interests are diseases of the pancreas and inflammatory bowel disease. His research, which has been funded by both the Department of Veterans Affairs and the National Institutes of Health, has examined the pathophysiology of the small bowel and pancreas. His focus recently is on practical aspects of measurement of surgical quality and how these can be applied to improve outcomes, particularly for the individual caregivers. Closely related to this, he has an interest in physician education, both at the graduate and postgraduate (MOC) levels, and its integration into a certification/recertification process that ensures quality of care. He is the author of more than 300 publications. He serves on numerous editorial boards, including the *Journal of Gastrointestinal Surgery*, the *Journal of the American College of Surgeons*, *Current Problems in Surgery*, and *ACS Surgery*. He is a former chair of the American Board of Surgery and current secretary of the Society for Surgery of the Alimentary Tract.



## ACGME Board of Directors



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Term: September 2010–September 2016

Dr. Bernstein is the associate professor of psychiatry, vice chair for education in psychiatry, associate dean for graduate medical education, and DIO for ACGME programs at the NYU School of Medicine. Dr. Bernstein is currently president of the American Psychiatric Association and has served the Association as vice president, treasurer, trustee-at-large, and as the chair of multiple committees. Dr. Bernstein completed medical school at the Columbia University College of Physicians and Surgeons. Following an internship in internal medicine at St. Luke's/Roosevelt Medical Center in New York, she completed her psychiatric residency training at Columbia University and the New York State Psychiatric Institute. Dr. Bernstein is active in many national psychiatric associations, including the American College of Psychiatrists, the Group for the Advancement of Psychiatry, and the American Board of Psychiatry and Neurology, among others. In 2003, Dr. Bernstein was selected as a fellow in Executive Leadership in Academic Medicine, a national program, designed to promote leadership for women in medicine. Dr. Bernstein has written numerous articles and chapters on psychiatric education, and has served as a peer reviewer for both the *American Journal of Psychiatry* and *Academic Psychiatry*. She has also served on the editorial boards of *Academic Psychiatry*, the *Journal of Psychiatric Services*, and *Focus*, and has presented at more than 70 conferences and meetings.



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Term: September 2014–September 2017

Dr. Brady is a board-certified general internist, a fellow in the American Academy on Communication in Healthcare, and chair of the AAMC Group on Resident Affairs Steering Committee. He graduated from Vanderbilt University School of Medicine, where he also did his residency in internal medicine at



## ***ACGME Board of Directors***

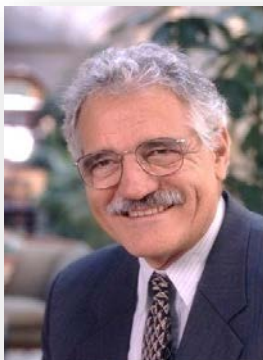
Vanderbilt University. Upon finishing his residency training in 1993, Dr. Brady moved to Atlanta where he served on the faculty at Emory University School of Medicine. While at Emory, he helped establish the primary care track in the internal medicine residency program, serving as its director for a decade and from 1999-2007 was the co-director of the J Willis Hurst Internal Medicine Residency Program. Dr. Brady returned to Vanderbilt in October 2007 to assume the role of associate dean for graduate medical education and designated institutional official. In 2013, he was promoted to senior associate dean for GME and continuing professional development, in recognition of the close linkage between house staff training and ongoing professional development of clinical faculty. Not only does he enjoy his administrative roles, but he also values the time he spends as a general internist on the ward service at Vanderbilt University Hospital. Dr. Brady's main interests are in medical education, doctor-patient communication, and physician wellness. He has consulted with several universities to review their GME training programs. In 2010, he was invited by the Accreditation Council for Graduate Medical Education-International (ACGME-I) to serve as the institutional site visitor for mock accreditation reviews in the Republic of Singapore as they and their institutions became the first non-US residency programs accredited by the ACGME-I. He has received numerous teaching awards, including being named the Clinician-Educator of the Year by the Southern Society of General Internal Medicine in 2002. He serves currently as the chair of the Board of Directors for the American Academy on Communication in Healthcare, past chair of the Faculty Senate at Vanderbilt University, and served formerly as the chair of the Board of Regional Leaders for the Society of General Internal Medicine. He has presented numerous medical education workshops at national meetings, including ACGME, AAMC, Society of General Internal Medicine, and the Association of Program Directors of Internal Medicine, to name a few.



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Term: September 2014– end date is set at the discretion of  
the appointing official(s)

Dr. Chen is the director of the Division of Medicine and Dentistry in the Bureau of Health Workforce at the Health Resources and Services Administration. Dr. Chen was previously an assistant research professor in the Department of Health Policy in the School of Public Health and Health Services at the George Washington University, where she studied the role of medical education in producing a health workforce matched to the needs of communities. She is a board certified pediatrician. She received her medical degree from Baylor College of Medicine and her masters of public health from George Washington University with a concentration in Community Oriented Primary Care.

## ***ACGME Board of Directors***



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Term: February 2012–September 2017

Dr. Cohen is professor of medicine and public health at George Washington University and president emeritus of the Association of American Medical Colleges (AAMC). He also serves as chairman of the board of the Arnold P. Gold Foundation for Humanism in Medicine. Prior to his leadership of the AAMC, he served as dean of the medical school and professor of medicine at the State University of New York at Stony Brook, and president of the medical staff at University Hospital. Dr. Cohen currently serves on board of the Morehouse School of Medicine and of the Accreditation Council for Graduate Medical Education. He chairs the VA's National Academic Affiliation Council and is co-chair of the Institute of Medicine's Global Forum on Innovations in Health Professional Education. He is a former chair of the American Board of Internal Medicine and of the Journal Oversight Committee of the *Journal of the American Medical Association*. He serves on the visiting committees of Harvard Medical School, University of Chicago-Pritzker School of Medicine, University of Pittsburgh School of Medicine, and the Weill Cornell College of Medicine-Qatar. He is past-president of the Association of Program Directors of Internal Medicine, and was a member of the Board of Directors of the Josiah Macy Jr. Foundation of New York, the National Library of Medicine, the China Medical Board, and the Qatar Foundation for Education, Science and Community Development. Dr. Cohen is a graduate of Yale University and Harvard Medical School and completed his post-graduate training in internal medicine on the Harvard service at the Boston City Hospital. He also completed a fellowship in nephrology at the Tufts-New England Medical Center. He has authored more than 100 publications and is a former editor of *Kidney International's Nephrology Forum*.



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Term: September 2013–June 2015  
(Board term concurrent with CRCR term of two years)

## **ACGME Board of Directors**

Dr. Daskivich was born and raised in Pittsburgh, Pennsylvania. He graduated *magna cum laude* in biochemical sciences from Harvard College in 2001. He went on to earn his medical degree from Harvard Medical School in 2006. He then completed his internship in general surgery and residency in urology at UCLA in 2012. He is currently a health services research fellow in the Robert Wood Johnson Clinical Scholars Program at UCLA. He has a research interest in comorbidity assessment and its role in treatment decision making for men with early stage prostate cancer. He has published his work in *Annals of Internal Medicine*, *Cancer*, *Archives of Internal Medicine*, and the *Journal of Urology*, and his work is supported by grants from the American Urological Association and American Cancer Society. He will complete his training in 2015, after finishing a one-year fellowship in urologic oncology at UCLA. His career aspirations are to become a professor of urology with a focus on health services research, resident education, and the practice of urologic oncology.



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Term: September 2014–September 2017

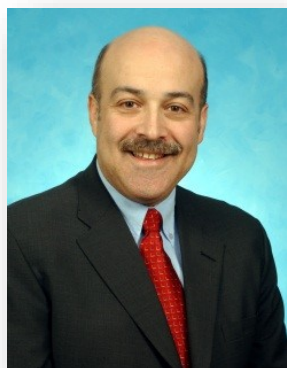
Mr. Entwistle is the chief executive officer of the University of Utah Hospitals and Clinics. Prior to his arrival at University Health Care, Mr. Entwistle held the position of senior vice president and chief operating officer of the University of Wisconsin Hospital and Clinics in Madison, Wisconsin since 2002. Prior to this appointment he served as senior vice president of professional and support services at University of Wisconsin Hospital and Clinics since 2000. Other positions held include vice president of professional services and joint venture operations at City of Hope National Medical Center in Duarte, California. While in that position, he concurrently served as president and CEO of Oncology Management Services, Inc., an oncology management service organization of City of Hope. Mr. Entwistle earned a bachelor's degree in Health Sciences from Brigham Young University and a master's in Health Services Administration from Arizona State University. He completed a postgraduate administrative fellowship at University of Texas M.D. Anderson Cancer Center. In 2005, he was awarded the American College of Health Care Executives' Young Administrator of the year award for Wisconsin.

## ACGME Board of Directors



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Term: September 2012–September 2018

Dr. Epperly is a family physician in Boise, Idaho, and is the program director and chief executive officer of the family medicine residency of Boise. He is also the clinical professor in the Department of Family Medicine at the University of Washington School of Medicine in Seattle. Dr. Epperly is the past board chair and past-president of the American Academy of Family Physicians, which represents the nation's 103,000 family physicians. Dr. Epperly currently serves as co-chair of the Patient Centered Primary Care Collaborative Center on Care Delivery and Integration. He retired as a colonel from the U.S. Army in 2001 and returned to his home state of Idaho. Dr. Epperly earned his bachelor's degree at Utah State University, Logan, graduating *magna cum laude*. He earned his medical degree at the University of Washington School of Medicine, and completed his residency at Madigan Army Medical Center, Fort Lewis, Washington, where he served as chief resident. He completed a family medicine faculty development fellowship at the University of North Carolina, Chapel Hill. Dr. Epperly is board certified by the American Board of Family Medicine. Dr. Epperly wrote a book entitled, *Fractured: America's Broken Health Care System and What We Must Do to Heal It*, published by Sterling and Ross and released in May 2012.



Norman D. Ferrari III, MD  
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Term: September 2012–September 2018

## ***ACGME Board of Directors***

Dr. Ferrari was appointed vice dean for education and academic affairs, as well as the founding chair of the Department of Medical Education at West Virginia University School of Medicine, in 2012. He is a professor of medical education, pediatrics, and internal medicine. He is responsible for all physician medical education programs of the school, including the medical degree admissions process, the development and implementation of the curriculum, student affairs, graduate medical education (GME), continuing education, and accreditation. He is also the DIO for GME. Dr. Ferrari received a bachelor's degree in chemistry from the Eberly College of Arts and Sciences of West Virginia University (WVU), with honors, and was elected to Phi Beta Kappa in 1978. He graduated from the WVU School of Medicine in 1982, having been elected to the Alpha Omega Alpha National Medical Honor Society. At West Virginia University Hospitals, he completed a combined residency in internal medicine and pediatrics in 1986. He is board certified in both internal medicine and pediatrics. The first faculty member to twice be named as the Distinguished Teacher of the Year in the School of Medicine, in 2001 he was recipient of a WVU Foundation Outstanding Teaching Award. The only physician in the state of West Virginia currently serving on the American Board of Pediatrics, in 2003, he was appointed chair of the General Certifying Exam Committee for General Pediatrics by the ABP. In 2013 he assumed the role of chief medical editor of the General Pediatric Certifying Examination of the ABP. In 2009 he received the Dean's Award for Excellence for Service to School, and was inducted in the West Virginia University Academy of Excellence in Teaching and Learning. He is also a founding member of the WVU School of Medicine Chapter for the Gold Humanism Honor Society. In 2010 he was awarded the Parker J. Palmer Courage to Lead Award from the ACGME. Dr. Ferrari is a native of Weirton, West Virginia where he attended St. Joseph the Worker School and Madonna High School. He lives in Morgantown with his wife, Nancy. He is the father of two children, Elizabeth and Nicholas.



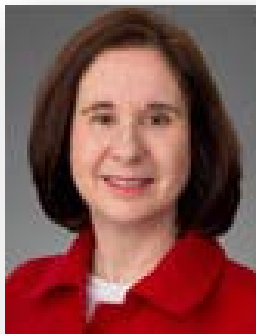
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Term: September 2015–September 2017

Dr. Forstein is the vice chair of clinical affairs in the Department of Obstetrics and Gynecology of the Greenville Health System in Greenville, SC. The Department of Obstetrics and Gynecology performs over 7000 deliveries and a large volume of gynecologic surgeries within the health system, which is comprised of more than 1200 beds, and nine hospitals on seven medical campuses. He is responsible for developing clinical pathways, physician engagement, operations, and quality and safety within a department of over 60 obstetricians and gynecologists. Clinically, Dr. Forstein is a board certified reproductive endocrinologist who focuses on infertility care, in-vitro fertilization and advanced minimally invasive surgery. He is co-director of the Greenville Health System Recurrent Pregnancy Loss Program. The Greenville Memorial Medical Campus is also home to the University of South Carolina School of Medicine Greenville, where Dr. Forstein serves as a Clinical Associate Professor, and faculty advisor for the Gold Humanism Society chapter. He also serves on the Student Affairs Committee. From 2008-2014,



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Dr. Forstein was the residency program director of the obstetrics and gynecology residency program at the Greenville Health System and served as the vice chair of academic affairs for the department. In addition to his faculty appointment in Greenville, Dr. Forstein currently holds faculty appointments at the University of South Carolina School of Medicine Columbia and the Edward Via College of Osteopathic Medicine in Spartanburg, SC. Previously, he held faculty appointments at the Philadelphia College of Osteopathic Medicine in Philadelphia, PA, the University of Medicine and Dentistry School of Osteopathic Medicine in Stratford, NJ and Jefferson Medical College of Thomas Jefferson University in Philadelphia, PA. While at the Philadelphia College of Osteopathic Medicine he served as Clerkship Director for the 3<sup>rd</sup> year Women's Health rotations. Dr. Forstein received his BA in politics from Brandeis University in 1984 and his doctor of osteopathy from the Philadelphia College of Osteopathic Medicine in 1995. He did his obstetrics and gynecology residency at the Hospital of the Philadelphia College of Osteopathic Medicine and his reproductive endocrinology and infertility fellowship at Pennsylvania Hospital. His current research interests include medical education, endometriosis, in-vitro fertilization, and minimally invasive surgery. He is currently a member of the Undergraduate Medical Education Committee of the Association of Professors of Gynecology and Obstetrics and a Commissioner for the Commission on Osteopathic College Accreditation. He is a member of the editorial board of the Journal of Minimally Invasive Gynecology and a reviewer for multiple women's health journal. He is also the vice-chair of the Medical Education Foundation of the American College of Osteopathic Obstetricians and Gynecologists, and president –elect of the South Carolina Obstetrical and Gynecological Society. Dr. Forstein is a distinguished fellow and past president of the American College of Osteopathic Obstetricians and Gynecologists. He is an active member of the American Society of Reproductive Medicine, the Association of Professors of Gynecology and Obstetrics, amongst other women's health organizations. Dr. Forstein is active in community activities serving as the Troop Committee chairman for Boy Scout Troop 715 in Mauldin, SC, and on many committees at the Temple of Israel in Greenville, SC. Dr. Forstein has published numerous articles in the medical literature.



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Term: September 2013–September 2019

Ms. Gibson is a senior advisor to the Hastings Center and an editor for *JAMA Internal Medicine*. At the Robert Wood Johnson Foundation in Princeton, New Jersey, she led national health care quality and safety initiatives for 16 years. She was chief architect of the foundation's decade-long strategy that successfully established palliative care in more than 1,600 hospitals in the U.S. She is the recipient of the Lifetime Achievement Award from the American Academy of Hospice and Palliative Medicine. Ms. Gibson has given more than 100 keynote speeches at hospitals and healthcare systems around the country, including the Mayo Clinic, the Cleveland Clinic, Massachusetts General Hospital, and Kaiser Permanente. She has keynoted meetings of the National Quality Forum, the Joint Commission, American Academy of Pediatric Neurosurgeons, Council of State Governments, Consumers Union, National Patient Safety

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Foundation, Institute for Health Care Improvement, AARP, and the British Medical Journal-IHI International Forum on Quality and Safety, among others. She speaks to public audiences in venues such as the New York Public Library. She serves on the faculty for the annual Dartmouth Summer Symposium on Quality Improvement. Earlier in her career, Ms. Gibson was a research associate at the American Enterprise Institute; vice president of the Economic and Social Research Institute, a policy think tank; and consultant to the Medical College of Virginia and the Virginia state legislature's Commission on Health Care. She worked as a volunteer and board member at a free medical clinic in Washington, D.C. Ms. Gibson is a graduate of Georgetown University and has a master's degree from the London School of Economics.



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Term: September 2012–September 2018

Dr. Gold is a nationally recognized leader and tireless advocate for transforming academic medical education. He became chancellor of the University of Nebraska Medical Center on Feb.1, 2014. He also chairs the board of a clinical enterprise that includes UNMC's primary hospital partner, The Nebraska Medical Center; its physician practice group, UNMC Physicians; and the Bellevue Medical Center. As UNMC's chief executive officer, Dr. Gold is responsible for all aspects of campus administration, including its annual operating budget of more than \$640 million, a staff of about 5,000 and its 3,600 students. Additionally, the clinical enterprise has 6,500 employees and an operating budget of more than \$1 billion. Dr. Gold also holds a health professions appointment in the department of surgery. Prior to joining UNMC, Dr. Gold served as chancellor of the University of Toledo's health science campus, which includes the Colleges of Medicine, Nursing, Pharmacy, Health Science and Human Service, and Graduate Medical Study. In that role, Dr. Gold had full leadership responsibility of the clinical, education and research programs, the faculty practice plan and the clinical delivery system. As dean of the University of Toledo's College of Medicine and Life Sciences, Dr. Gold was responsible for the cultivation and recruitment of faculty, development and implementation of its curriculum and ensuring the highest level of education for its students, residents and faculty. Prior to joining the University of Toledo, Dr. Gold served at the Albert Einstein College of Medicine and the Weill Cornell Medical College. Dr. Gold graduated from the Cornell University College of Engineering, where he majored in theoretical and applied mechanics. He earned his medical degree from the Weill Cornell College of Medicine and completed his general surgery residency at The New York Hospital and Memorial Hospital, where he served as the administrative chief resident; and his cardiothoracic residency training at the Brigham and Women's Hospital and Boston Children's Hospital of Harvard Medical School. Dr. Gold is a board certified thoracic surgeon and specializes in adult and pediatric cardiac surgery. Dr. Gold serves on over 50 professional committees and over 100 national organizations, volunteer boards, government/public health councils, and industry. He was recently elected to the American Medical Association's Council on Medical Education and the Liaison Committee on Medical Education and has served as president of the Thoracic Surgery Directors Association, a national organization devoted to improving the education of resident physicians. Dr. Gold has authored over 200

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peer-reviewed articles, 250 national presentations, 40 books and chapters and over 60 invited professorships.



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Term: September 2014–September 2017

Mr. Goldstein serves as the president and chief executive officer of Strong Memorial Hospital of the University of Rochester in Rochester. Mr. Goldstein serves as the chief executive officer and president of Highland Hospital of Rochester. He also serves as vice president for the University of Rochester Medical Center (URMC), president and chief executive officer for Highland Hospital in Rochester, president for long term care for URMC, and president of Strong Partners Health System. In addition, he is a professor in community and preventive medicine for the University of Rochester School of Medicine and Dentistry. Prior to assuming his position at Strong, he served in executive or administrative positions at Rochester General Hospital, The Children's Medical Center in Dayton, Ohio, the University of Nebraska Hospitals and Clinics and the Nebraska Psychiatric Institute in Omaha, Nebraska. He also has served as an assistant clinical professor in the Department of Community Medicine at Wright State University School of Medicine in Dayton. He served as the chairman of the Hospital Association of New York State (HANYS). He serves as a director of Thompson Health. He has been a Trustee of American Hospital Association Inc. since January 2010. He has served on numerous boards of directors and committees, including Highland Hospital of Rochester, University of Rochester Medical Center, Strong Partners Health System, Seagate Alliance, and Rochester Regional Healthcare Association.



Paul H. Grundy, MD, MPH  
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IBM's Global Director of Healthcare Transformation  
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Term: February 2013–September 2019  
(Appointed off-cycle, February 2012)

Dr. Grundy is one of only 38 IBMers, and the only physician selected into IBM's senior industry leadership forum known as the IBM Industry Academy. Though he was born in Rhode Island, Dr. Grundy's first language was Creole, which he learned growing up in Freetown, Sierra Leone. Founded with the help of



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his Quaker ancestors, Freetown was the home, for a time, of Dr. Grundy's parents and grandparents. Dr. Grundy's advocacy on behalf of the medical home concept—including his leadership as president of the Patient-Centered Primary Care Collaborative—has helped medical homes spread and improve quality nationwide. Dr. Grundy is a director on the Board of the Accreditation Council for Graduate Medical Education, and a member of the Institute of Medicine. He is also the president of the Patient-Centered Primary Care Collaborative and is an adjunct professor at the University of Utah's Department of Family and Preventive Medicine. Dr. Grundy graduated valedictorian from the Southern California College, he earned his medical degree from the University of California San Francisco Medical School, and a master of public health degree from the University of California Berkeley. An active social entrepreneur and speaker on global health care transformation, Dr. Grundy now concentrates his efforts on driving comprehensive, linked, and integrated health care. His work has been covered by the *New York Times*, *Business Week*, *Health Affairs*, *The Economist*, *The New England Journal of Medicine*, and other newspapers, radio stations, and television stations across the country. Prior to joining IBM, Dr. Grundy worked as a senior diplomat in the U.S. State Department supporting the intersection of health and diplomacy. He was also the medical director for the International SOS, the world's largest medical assistance company, and for Adventist Health Systems, the second-largest not-for-profit medical system in the world. Dr. Grundy has won numerous awards, including the once-a-decade Edward Schauer Health Policy award in June of 2012, and in March of 2012 the NCQA award. The NCQA presents Health Quality Awards to individuals and organizations that highlight the need for—and drive—health care improvement. NCQA honors Dr. Grundy as an early and enthusiastic champion of one of health care's most important innovations, the patient-centered medical home. He was made an honorary member of the American Academy of Family, three Department of State Superior Honor Awards, and four Department of State Meritorious Service Awards. While in the U.S. Air Force, Dr. Grundy received the Defense Superior Service Award and the Defense Meritorious Service Medal.

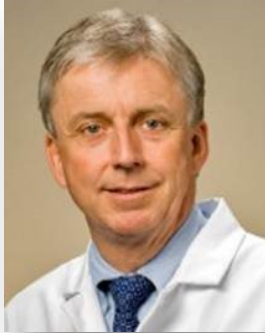


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Term: September 2014–September 2017

Dr. Hartmann is the senior associate dean for graduate medical education at the University of Rochester School of Medicine and professor of Obstetrics and Gynecology. She is a summa cum laude graduate of Canisius College in Buffalo and received her doctor of medicine degree with honor from the University of Rochester. She completed her residency in obstetrics and gynecology at the University of Rochester and is a practicing gynecologist with special expertise in the areas of menopausal and geriatric gynecology. As the senior associate dean for graduate medical education, Dr. Hartmann is responsible for 75 residency and fellowship programs and over 700 graduate medical trainees at the University of Rochester School of Medicine. Dr. Hartmann is currently a member of the Board of Directors of the American Board of Obstetrics and Gynecology and serves as an oral board examiner. She is chair of the Council on Residency Education in obstetrics and gynecology and is a member of the ACGME's Review Committee for obstetrics and gynecology. In recognition of her commitment and contributions to graduate medical education, she was awarded the Parker J. Palmer Courage to Lead Award by the ACGME in 2009. Dr. Hartmann practices general ambulatory gynecology in the University of Rochester's division of gynecologic specialties. She has

## ***ACGME Board of Directors***

special clinical expertise in the areas of menopause and geriatric gynecology. She has lectured extensively in these areas. Her work in the care of the older woman was recognized by the American Geriatrics Society as she was awarded a grant by the Hartford Foundation to improve the quality of resident education in this area. She is a fellow of the American College of Obstetrics and Gynecology, a member of the North American Menopause Society, and serves as the chair of the Education Committee of the Council on Resident Education in Obstetrics and Gynecology.



James C. Hebert, MD, FACS  
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Term: June 2012–June 2014  
(Board term concurrent with CRC term of two years)

Dr. Hebert is currently the Albert G. Mackay, MD '32 and H. Gordon Page, MD '45 Professor of Surgery at the University of Vermont, College of Medicine. He serves as the interim division chief for general surgery and is the senior vice chair for academics. He also has served as the vice chair for education in the Department of Surgery and as the associate dean for graduate medical education, and the designated institutional official at the University of Vermont, College of Medicine and Fletcher Allen Health Care until 2007. Dr. Hebert's academic interests have focused on host defenses, post splenectomy sepsis, and education. He has been a funded researcher and has authored numerous peer reviewed articles, book chapters, editorials, and reviews. He is an invited lecturer, presenter, and discussant. Dr. Hebert is the immediate past-president of the New England Surgical Society, and a past-president of the Association for Surgical Education (ASE) and the ASE Foundation. He is a member of the Board of Governors of the American College of Surgeons (ACS) representing the Vermont Chapter of the ACS. Dr. Hebert has been recognized as one of Castle Connely America's Top Doctors, as well as by Best Doctor's, Inc., since 2001.



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Term: September 2013–September 2019

## ***ACGME Board of Directors***

Dr. Kirk is the Toni and Timothy P. Hartman Distinguished Teaching Professor in Internal Medicine at the University of Texas Southwestern Medical Center in Dallas. She is a general internist and geriatrician. Dr. Kirk was president of the American College of Physicians, the national specialty organization for internists in 2006-07. She has served on several committees relating to the U.S. Medical Licensing Examination and has served on the Council of the Society of General Internal Medicine. She has published on medical professionalism, faculty development, clinical guidelines, and patient education. She just finished serving on the ACGME Review Committee for Internal Medicine and is now on the Council on Medical Education of the American Medical Association. She is an associate program director in the internal medicine residency program at UT Southwestern and had previously served as the associate dean for GME and DIO there.



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Term: September 2009–September 2016

Ms. Hooker Odom is the past president of the Milbank Memorial Fund, a New York-based foundation that conducts nonpartisan analysis, study, and research on significant issues in health policy. Prior to joining the Fund in 2007, she was appointed the secretary of the North Carolina Department of Health and Human Services by Governor Mike Easley in January 2001. Ms. Hooker Odom, a former Massachusetts lawmaker and healthcare lobbyist, has spent her professional life working in health and human services. Before her appointment, she served as vice president of Government Relations for Quintiles Transnational Corporation in Research Triangle Park and as the group vice president for Carolinas HealthCare System (CHS). She is also an adjunct professor at the UNC School of Public Health. From 1995 to 1996, Ms. Hooker Odom worked as a project officer for the Milbank Memorial Fund.



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Term: September 2012–September 2018

## ***ACGME Board of Directors***

Dr. Langdale is a professor of surgery at the University of Washington. She trained in general surgery at Michael Reese Hospital in Chicago and surgical critical care at UCSF, joining the University of Washington faculty in 1985. She is in active clinical practice for the Veterans Administration (VA-Puget Sound Health Care) and other university affiliated-hospitals, serving as chief of general surgery and director of surgical critical care for VA-PSHC. She has maintained an active basic science research program focused on liver ischemia reperfusion injury for nearly 20 years. Dr. Langdale directed the surgical medical student clerkships for her department from 1993-2006, expanding the surgical education presence across the Washington-Wyoming-Alaska-Montana-Idaho region, as well as student education requirements. She has served on the National Board of Medical Examiners as a question author and has published in the area of medical student preparedness for residency training. Throughout her career, she has been an active mentor and educator for surgical residents, receiving the John K. Stevenson Award for teaching excellence from the Department of Surgery residents in 2007. In addition to her contributions to student and resident education, Dr. Langdale has been primary contributor to the American College of Surgeons (ACS) Continuing Education Program since 1996, authoring questions and serving on various ACS committees addressing ongoing education for practicing surgeons. She currently serves as an ACS governor, representing the state of Washington, and is an elected member of the Board of Governors Executive Committee.



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Term: September 2014–September 2017

Dr. Linder served on the Emergency Medicine and Transitional Year Review Committees for the Accreditation Council for Graduate Medical Education (ACGME). As Transitional Year Review Committee Chair, she was a member of the Council of Review Committee Chairs. Dr. Linder has been a specialist site surveyor for emergency medicine and transitional year programs and currently is a member of the Transitional Year Appeals Panel. For ACGME-International, Dr. Linder was a transitional year site visitor and reviewed program change requests during the year following her visit to Singapore. Dr. Linder currently serves on the Finance and Audit Committee (FINCO) for the American Board of Medical Specialties and recently completed her term as chair of the Committee on Certification, Sub-certification, and Maintenance of Certification (COCERT). She is a senior director of the American Board of Emergency Medicine (ABEM). She served for more than a decade as alternate delegate-seated at the American Medical Association House of Delegates representing the American College of Emergency Medicine and Maine Medical Association. Dr. Linder is director of student affairs in Maine Medical Center's Department of Medical Education. In this role, she is a member of the Tufts University School of Medicine Student Affairs team and works closely with the TUSM Deans and Maine Medical Center course directors. Prior to coming to Maine, Dr. Linder held medical staff positions in Emergency Medicine in California and Minnesota while serving in various leadership roles including: associate dean of administrative affairs at the Charles R. Drew University of Medicine & Science College of Medicine in Los

## ***ACGME Board of Directors***

Angeles; associate director of the center for occupational health at Huntington Memorial Hospital in Pasadena; associate faculty at Hennepin County Medical Center in Minneapolis; and Transitional Year program director and assistant chief of the Department of Emergency Medicine at University Medical Center in Fresno. Dr. Linder earned BS and MD degrees from the University of Iowa, and completed residency training in Emergency Medicine at the University of California, San Francisco – Fresno campus. She holds academic appointments in two departments at Tufts University School of Medicine: associate professor, Department of Emergency Medicine and Department of Public Health & Community Medicine. She lives in Falmouth, Maine.



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Term: October 2011–September 2017

Dr. Ludmerer is an internist, medical educator, and historian of medicine. He is professor of medicine and the Mabel Dorn Reeder Distinguished Professor of the History of Medicine in the School of Medicine and professor of history in the faculty of arts and sciences at Washington University, St. Louis. A native of Long Beach, California, Dr. Ludmerer received an AB from Harvard College, and an MA and medical degree from the Johns Hopkins School of Medicine. Following medical school, he completed his residency in internal medicine at Barnes Hospital in St. Louis and graduate work in history at Harvard. In 1978-79, he was chief resident in internal medicine at Barnes Hospital and the following year joined the faculty of Washington University. Dr. Ludmerer is best known for his work in medical education and healthcare policy. He is an author of numerous books on medical education; his second book, *Learning to Heal* (1985), was nominated for a Pulitzer Prize and Bancroft Prize. Dr. Ludmerer is a master of the American College of Physicians and a fellow of the American Association for the Advancement of Science. He is past-president of the American Association for the History of Medicine and the American Osler Society.



## ***ACGME Board of Directors***



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Term: September 2010–September 2016

Dr. McDade is an associate professor of anesthesiology and critical care and associate dean for multicultural affairs at the University of Chicago Pritzker School of Medicine, as well as deputy provost for research and minority issues. Dr. McDade created the Bowman Society, an advising organization that prepares young minority scholars for academic medicine careers. He has held numerous leadership roles, including president of the Chicago Medical Society, chair of the American Medical Association, and secretary/treasurer of the Illinois State Medical Society. Dr. McDade earned a doctorate in biophysics and theoretical biology from the University of Chicago and a medical degree from the Pritzker School of Medicine.



John B. McWhorter, III, MHA, DSc  
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Term: September 2014–September 2017

Mr. McWhorter is senior vice president of Baylor Health Care System (BHCS) and president of Baylor University Medical Center at Dallas (Baylor Dallas). In his system role as senior vice president of BHCS Hospital Division, Mr. McWhorter has responsibility for 18 hospitals, including both acute care and specialty hospitals with nearly \$3 billion in net revenues and over 100,000 hospital admissions annually. At Baylor Dallas, Mr. McWhorter is responsible for the leadership and management of a 1,065-bed not-for-profit academic medical center including oncology, transplant, digestive disease, cardiovascular, surgical services, and women's and children's service lines. Baylor Dallas has been nationally recognized for 20 years as a U.S. News and World Report top hospital. In addition, Mr. McWhorter oversees Baylor

## ***ACGME Board of Directors***

Institute for Rehabilitation, Our Children's House at Baylor, Baylor Specialty Hospital, Baylor Health Enterprises and the Baylor Research Institute. Mr. McWhorter has more than 20 years' experience with BHCS. He began his health care career as an administrative resident at Baylor Dallas in 1984. Later he became an assistant vice president with the Baylor Health Affiliates Group in charge of special projects and ancillary support for five community hospitals. From 1987-1991, he served as executive director of the Baylor Institute for Rehabilitation. Mr. McWhorter left BHCS in 1991 to serve in health care leadership positions at several hospitals. He returned to the BHCS in 1996 as president of Baylor Medical Center at Garland, a role he held until his promotion to chief operating officer at Baylor Dallas. As COO, Mr. McWhorter led many growth plans for the Baylor Dallas's outpatient services and initiated a culture change with focus on service excellence, which resulted in an increase in patient satisfaction scores from the 50th percentile to the 93rd percentile in less than 12 months. He became president of Baylor Dallas in 2005 and has since continued to lead the flagship hospital of BHCS in providing safe, quality, compassionate care. Mr. McWhorter is a graduate of Samford University in Birmingham, Alabama, where he earned a bachelor's of science degree in business administration and finance. Mr. McWhorter recently completed his doctor of science degree in health administration from the University of Alabama in Birmingham. Prior to that, he completed his master's of science degree in healthcare administration from the University of Alabama in Birmingham. Mr. McWhorter is active in the community having served on the Salvation Army Board, Garland Chamber of Commerce, chairman of the Dallas Fort Worth Hospital Council and on the Southwest Transplant Alliance Board. He is currently on the Board of Directors of Need Him Ministries and Greater Dallas YMCA Board of Directors.



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Term: September 2014 – September 2017

Dr. Meyer graduated from Washington State University in 2006 with his B.S. in bioengineering and went on to graduate with his medical degree from the Pennsylvania State University in 2010. He completed an internal medicine residency at the State University of New York (SUNY) Downstate Medical Center in Brooklyn, New York and has continued his training in Diagnostic and Interventional Radiology. Dr. Meyer received the AMA Foundation 'Excellence in Medicine' Leadership Award in 2008 and has been certified in the Myers-Briggs Type Indicator. In addition to inspiring physician leadership development, Dr. Meyer continues to serve on the board of directors of Developing World Technologies, a 501(c)3 non-profit company he helped start in 2006. Dr. Meyer served as national chair for the American Medical Association Resident and Fellow Section from 2013 - 2014.

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Term: January 2015 – September 2017

Dr. Nichols is presently the dean of the Midwestern University/Chicago College of Osteopathic Medicine, serving since 2002. From 2010-2011, she was on leave to serve as president of the American Osteopathic Association. Prior to serving as dean, she was assistant dean, post-doctoral education and division director (chair), internal medicine at the Midwestern University/Arizona College of Osteopathic Medicine since 1997. She was in the private practice of internal medicine and geriatrics in Mesa, Arizona from 1985-2002. A graduate of the Kansas City University College of Osteopathic Medicine (KCU-COM) with a DO degree, she holds a master's degree in management with a specialty in health care administration from Central Michigan University. Dr. Nichols has received numerous awards, including the first Arizona Osteopathic Medical Association Physician of the Year Award, Physician of the Year Award from the Illinois Osteopathic Medical Association, the J.O. Watson named Lectureship from the Ohio Osteopathic Association, Distinguished Service Awards from the Illinois Osteopathic Medical Society, the Chicago College of Osteopathic Medicine Alumni Association, and the KCU-COM Alumni Association, and holds an honorary doctorate of humane letters from that same institution. She was the 2012 recipient of the KCU-COM Alumna of the Year award. She received the 2014 Lifetime Achievement Award from the Arizona Osteopathic Medical Association. Dr. Nichols also holds honorary degrees from University of Pikeville – College of Osteopathic Medicine, Lincoln Memorial University – College of Osteopathic Medicine, Philadelphia College of Osteopathic Medicine, and Western University of Health Sciences – College of Osteopathic Medicine of the Pacific. She has served as president of the American Osteopathic Association, president of the Arizona Osteopathic Medical Association, and president of the American College of Osteopathic Internists, and was the first woman to hold all of those positions. Dr. Nichols has served on the boards of the KCU-COM and the American Osteopathic Foundation. She is presently on the board of the Osteopathic International Alliance. By invitation, she frequently speaks nationally on leadership, end-of-life care, and outreach issues for osteopathic medicine.



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Term: September 2009–September 2015



## ***ACGME Board of Directors***

Dr. Pinsky is executive vice president and chief academic officer at the Ochsner Health System. Prior to joining Ochsner in 1999, Dr. Pinsky's career had been university-based in an academic career in pediatric cardiology. Dr. Pinsky is a professor on the faculty of the University of Queensland School of Medicine, as well as the Head of the Ochsner Clinical School, University of Queensland. Dr. Pinsky serves on the Workforce Board Committee of the American Hospital Association, and is the president and founder of the Racing for Kids Foundation, a 501(c)(3) organization that utilizes professional motor sports to promote the health care needs of children and children's hospitals.



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Term: September 2011 – end date is set at the discretion of the appointing official(s)

Dr. Sanders is the acting chief academic affiliations officer for the U.S. Department of Veterans Affairs, in Washington DC, where she oversees the largest health professions education program in the United States, including nearly 120,000 trainees annually in more than 40 different health professions. Dr. Sanders has over 30 years of experience in health professions education and health care administration. She functions as the chief operating officer for the office of academic affiliations and operationalizes strategic plans and goals as well as overseeing day-to-day operations. She also plays other key roles in the Veterans Health Administration, especially as a subject matter expert on Mandatory Training.



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Term: January 2015 – September 2017

## ***ACGME Board of Directors***

Dr. Slick is currently medical director and chief academic officer of the Osteopathic Medical Education Consortium of Oklahoma (OMECO), director of medical education of the OMECO Teaching Health Center residency programs and professor of medicine at the Oklahoma State University Center for Health Sciences (OSU-CHS). He completed an internal medicine residency at the Oklahoma State University Medical Center and a nephrology and hypertension fellowship at the University of Iowa Hospitals. He is the former vice president for academic affairs at the OSU-CHS and chairman of the Department of Internal Medicine at the Midwestern University/Chicago College of Osteopathic Medicine.



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Term: September 2012–September 2018

Dr. Zalneraitis is professor of pediatrics and neurology at the University of Connecticut School of Medicine, and has been the pediatric residency program director at the University of Connecticut since March 3, 1987. He is the director of medical education for Connecticut Children's Medical Center in Hartford, Connecticut, where he is an attending physician for inpatient pediatrics and pediatric neurology. Dr. Zalneraitis graduated from Brown University Medical School, did his pediatric internship and residency at Boston Children's Hospital, and completed his training in neurology with special competence in child neurology at Massachusetts General Hospital. This was followed by a research fellowship in neurology, also at the Massachusetts General Hospital. Dr. Zalneraitis was a member of the Pediatric RC for over six years, and serves on the Pediatric RC Appeals Committee. He was a member of the Program Director Committee of the American Board of Pediatrics (ABP), and currently serves on the ABP Subspecialties Committee and as a representative to the Council on Pediatric Education. He has been chair of the Northeast Pediatric Program Directors since 1994, and was a councilor for the Association of Pediatric Program Directors (APPD) and also served as president of the APPD. He received the APPD Robert S. Holm Award for Leadership and Support of Pediatric Program Directors.

# **ABSTRACTS**

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2015 ACGME Annual Educational Conference

# **2015 ACGME Annual Educational Conference**

## **Marvin R. Dunn Poster Session**



**Marvin R. Dunn, MD**

The ACGME lost a beloved colleague and friend with the death of Dr. Marvin R. Dunn on July 30, 2003. Dr. Dunn, 71, was the ACGME's director of Review Committee activities, as well as a nationally-renowned figure in the medical community.

In 1998, the ACGME was fortunate to have Dr. Dunn join its staff. He brought vast experience, deep wisdom, an unfailing sense of humor and the capacity to see goodness in each of us. His concern for residents was unfailing. He was the country's best resident advocate. He is greatly missed.

As the ACGME developed its duty hours standards and moved to a competency-based method of evaluating residents, Dr. Dunn always kept the impact on the resident at the forefront.

He had a deep respect for the role of the Review Committees in strengthening the formation of residents, and kept the Review Committees and the ACGME on task to improve the quality of life for residents.

Colleagues and friends across the country contacted the ACGME with their own memories of Dr. Dunn. In their letters of condolence, he was remembered over and over again with phrases such as "a true advocate for excellence in medical education," "the most wonderful combination of wisdom and humor," "wise counsel and gentle style," and "truly one of the good people."

During his distinguished career, Dr. Dunn, a native of Lubbock, Texas, and a board-certified pathologist, held a series of prominent positions. Before joining the ACGME, he served as the AMA's director of graduate medical education. Earlier in his career he served as vice president for health sciences and dean of the University of South Florida College of Medicine, dean of the University of Texas Medical School at San Antonio, acting dean and associate dean for academic affairs at the University of California at San Diego School of Medicine, and deputy director of the National Institutes of Health Bureau of Health Manpower.

Dr. Dunn was intimately involved in the ACGME's poster sessions from their inception, as both a judge and councilor. He took great delight in the innovative presentations that encompassed all areas of graduate medical education, and enthusiastically watched the development of best practices related to the competencies and duty hours requirements. The ACGME is honored to name this poster session in his memory.

Friday, February 27, 2015

**1:30 pm - 3:00 pm**

**SES028: Oral Poster Presentations I\***

This session highlights posters judged as outstanding based on the submitted abstracts. It provides the opportunity for professionals who share similar interests to meet and network through discussion of each presentation.

*Target Audience: All*

\*Session does not qualify for CME credit.

**Abstracts:**

**MEDICAL EDUCATION AND SOCIAL ACCOUNTABILITY: THE ROLE OF MEDICAL SCHOOLS IN REDUCING HEALTH DISPARITIES**

Keren Dopelt, PhD, Ben Gurion University of the Negev; Zehava Yahav, RN, MSc, Ben Gurion University of the Negev; Jacob Urkin, MD, MPH, Ben Gurion University of the Negev; Yaacov Bachner, PhD, Ben Gurion University of the Negev; Nadav Davidovitch, MD, MPH, PhD, Ben Gurion University of the Negev

Abstract Number: 1

Presented By: Keren Dopelt, PhD

**CREATION OF INDIVIDUALIZED LEARNING PLANS TO FOSTER TAILORED PROFESSIONAL DEVELOPMENT**

Jeffrey Pettit, PhD, Carver College of Medicine; Mark Wilson, MD MPH; University of Iowa Hospitals & Clinics and Carver College of Medicine

Abstract Number: 2

Presented By: Jeffrey Pettit, PhD

**MILESTONES ASSESSED DURING GENERAL SURGERY MORBIDITY & MORTALITY CONFERENCE PRESENTATIONS: BABY STEPS, GIANT LEAPS**

Donald A. Risucci, PhD, New York Methodist Hospital; Ryan Lindborg, MD, New York Methodist Hospital; James C. Rucinski, MD, New York Methodist Hospital; Anthony J. Tortolani, MD, New York Methodist Hospital

Abstract Number: 3

Presented By: Donald A. Risucci, PhD

**A RESIDENT-DRIVEN, MULTIDISCIPLINARY, PATIENT SAFETY CONSULT SERVICE**

Laura Gingras, MD, New York Presbyterian - Weill Cornell; Jennifer Lee, MD, New York Presbyterian - Weill Cornell; Laura Fanucchi, MD, University of Kentucky; Lia Logio MD, New York Presbyterian - Weill Cornell

Abstract Number: 4

Presented By: Laura Gingras, MD

**FIND IT, FIX IT!: ENGAGING RESIDENTS AND THE C-SUITE IN A GME-LED QUALITY IMPROVEMENT INITIATIVE**

Sara, Sukalich, MD, OhioHealth Riverside Methodist Hospital; Miriam Chan, PharmD, OhioHealth Riverside Methodist Hospital; Jennifer Stubbs, MBA, OhioHealth Riverside Methodist Hospital; James O'Brien, MD, OhioHealth Riverside Methodist Hospital; Thomas Harmon, MD, OhioHealth Riverside Methodist Hospital

Abstract Number: 5

Presented By: Sara, Sukalich, MD

**Session Objectives:**

At the end of the session, learners should be able to:

1. Identify individuals and/or programs using innovative ideas to improve patient care or resident educational outcomes, and/or methods that have facilitated educational improvement at the institutional or program level
2. Describe several initiatives to improve graduate medical education
3. Use the ideas generated during this session as a springboard for their own efforts to improve graduate medical education

Friday, February 27, 2015

**3:30 pm - 5:00 pm**

**SES052: Oral Poster Presentations II\***

This session highlights posters judged as outstanding based on the submitted abstracts. It provides the opportunity for professionals who share similar interests to meet and network through discussion of each presentation.

*Target Audience: All*

\*Session does not qualify for CME credit.

**Abstracts:**

**EVOLVING ATTITUDES OF PROFESSIONALISM AMONG TRAINEES AT A SINGLE ACADEMIC INSTITUTION: DOES A “ONE-SIZE FITS ALL” CURRICULUM REALLY FIT?**

Afif N. Kulaylat, MD, The Pennsylvania State University College of Medicine; Danni Qin, MS, The Pennsylvania State University; Susie X. Sun, MD, The Pennsylvania State University College of Medicine; Christopher S. Hollenbeak, PhD, The Pennsylvania State University College of Medicine; Jane R. Schubart, PhD, Pennsylvania State University College of Medicine; Antone J. Aboud, PhD, The Pennsylvania State University; Donald J. Flemming, MD, The Pennsylvania State University College of Medicine; Peter W. Dillon, MD, The Pennsylvania State University College of Medicine; Edward R. Bollard, MD, The Pennsylvania State University College of Medicine; David C. Han, MD, The Pennsylvania State University College of Medicine

Abstract Number: 6

Presented By: Afif N. Kulaylat, MD

**DETERMINATION OF INTER-ITEM RELIABILITY OF MILESTONE LEVEL BY ROTATION-SPECIFIC EPA AND PRIMARY SUBCOMPETENCY ASSESSMENTS**

Jerry Larrabee, MD, FAAP, University of Vermont; Dewesth Agrawal, MD, Children's National; Franklin Trimm, MD, University of South Alabama; Mary Ottolini, MD, MPH, Children's National

Abstract Number: 7

Presented By: Jerry Larrabee, MD, FAAP

**CLER “MOCK” VISITS FOR SINGLE-PROGRAM SPONSORING INSTITUTIONS: ENHANCING “QUALITY” CONVERSATIONS**

Judith Pauwels, MD, University of Washington School of Medicine; Kelli Christensen, MD, Idaho State University Family Medicine Residency Program

Abstract Number: 8

Presented By: Judith Pauwels, MD

**SYSTEMS BASED PRACTICES FOR RESIDENTS: INCORPORATION OF READMISSION REPORT AND MILESTONE-BASED ASSESSMENT**

Anna Sleder, MD, Henry Ford Hospital; Matthew Cerasale, MD, Henry Ford Hospital; Chetan Mittal, MD, Henry Ford Hospital; Mona Hassan, MD, Henry Ford Hospital; Nicole Rocco, MD, Henry Ford Hospital; Sean Drake, MD, Henry Ford Hospital

Abstract Number: 9

Presented By: Anna Sleder, MD

**“HABITS OF HIGHLY EFFECTIVE TEACHERS”: A LONGITUDINAL RESIDENTS AS TEACHERS CURRICULUM.**

Allayne B. Stephans MD, FAAP, University Hospitals Rainbow Babies and Children's Hospital; Martha Wright MD, MEd, University Hospitals Rainbow Babies and Children's Hospital

Abstract Number: 10

Presented By: Allayne B. Stephans MD, FAAP

**Session Objectives:**

At the end of the session, learners should be able to:

1. Identify individuals and/or programs using innovative ideas to improve patient care or resident educational outcomes, and/or methods that have facilitated educational improvement at the institutional or program level
2. Describe several initiatives to improve graduate medical education
3. Use the ideas generated during this session as a springboard for their own efforts to improve graduate medical education

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Afif N. Kulaylat, MD, The Pennsylvania State University College of Medicine; Danni Qin, MS, The Pennsylvania State University; Susie X. Sun, MD, The Pennsylvania State University College of Medicine; Christopher S. Hollenbeak, PhD, The Pennsylvania State University College of Medicine; Jane R. Schubart, PhD, The Pennsylvania State University College of Medicine; Antone J. Aboud, PhD, The Pennsylvania State University; Donald J. Flemming, MD, The Pennsylvania State University College of Medicine; Peter W. Dillon, MD, The Pennsylvania State University College of Medicine; Edward R. Bollard, MD, The Pennsylvania State University College of Medicine; David C. Han, MD, The Pennsylvania State University College of Medicine

### **7: DETERMINATION OF INTER-ITEM RELIABILITY OF MILESTONE LEVEL BY ROTATION-SPECIFIC EPA AND PRIMARY SUBCOMPETENCY ASSESSMENTS**



Jerry Larrabee, MD, FAAP, University of Vermont; Dewesth Agrawal, MD, Children's National; Franklin Trimm, MD, University of South Alabama; Mary Ottolini, MD, MPH, Children's National

**8: CLER “MOCK” VISITS FOR SINGLE-PROGRAM SPONSORING INSTITUTIONS: ENHANCING “QUALITY” CONVERSATIONS**

Judith Pauwels, MD, University of Washington School of Medicine; Kelli Christensen, MD, Idaho State University Family Medicine Residency Program

**9: SYSTEMS BASED PRACTICES FOR RESIDENTS: INCORPORATION OF READMISSION REPORT AND MILESTONE BASED ASSESSMENT**

Anna Sleder, MD, Henry Ford Hospital; Matthew Cerasale, MD, Henry Ford Hospital; Chetan Mittal, MD, Henry Ford Hospital; Mona Hassan, MD, Henry Ford Hospital; Nicole Rocco, MD, Henry Ford Hospital; Sean Drake, MD, Henry Ford Hospital

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Allayne B. Stephans MD, FAAP, University Hospitals Rainbow Babies and Children's Hospital; Martha Wright MD, MEd, University Hospitals Rainbow Babies and Children's Hospital

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Chetan Mittal, MD, Henry Ford Hospital; Matthew Cerasale, MD, Henry Ford Hospital; Anna Sleder, MD, Henry Ford Hospital; Mona Hassan, MD, Henry Ford Hospital; Sean Drake, MD, Henry Ford Hospital

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Martha S. Wright, MD, MEd, University Hospitals Case Medical Center, Rainbow Babies and Children's Hospital

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DeWitt C. Baldwin Jr, MD, ACGME; Joanne G. Schwartzberg, MD, ACGME; Sarah Brotherton, PhD, The American Medical Association; Nick Yaghmour MPP, ACGME

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Stanley J. Hamstra, PhD, ACGME; Kenji Yamazaki, PhD, ACGME; Nick Yaghmour, MPP, ACGME; Eric Holmboe, MD, ACGME

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Nicholas Yaghmour, MPP, ACGME; DeWitt Baldwin, MD, ACGME; Joanne Schwartzberg, MD, ACGME

**16: AMERICAN BOARD OF INTERNAL MEDICINE COMPETENCY-BASED MEDICAL EDUCATION PILOTS**

Sandi L. Yaich, MEd, American Board of Internal Medicine; Oren K. Fix, MD, MSc, Swedish Medical Center; Roseanne M. Leipzig, MD, PhD, Mount Sinai School of Medicine; Chittur A. Sivaram, MD, University of Oklahoma; Furman S. McDonald, MD, MPH, American Board of Internal Medicine; Eric S. Holmboe, MD, ACGME; William F. Iobst, MD, The Commonwealth Medical College

**17: GOLD HUMANISM HONOR SOCIETY MEMBERSHIP INDICATOR TO BE ADDED TO ERAS APPLICATION BEGINNING WITH 2016 APPLICATION CYCLE**

Richard Levin, MD, President and Chief Executive Officer, Arnold P. Gold Foundation; Jordan Cohen, MD, Chairman, Board of Trustees, Arnold P. Gold Foundation; President Emeritus, Association of American Medical Colleges; Lynn White, MD, Director, Gold Humanism Honor Society

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Herman O. Lyle III, MD, Billings Clinic; Robert D. Ficalora, MD, Billings Clinic; Elizabeth Ciemins, PhD, Billings Clinic

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Shiva Zargham, MD, Brody School of Medicine/East Carolina University; Rashmi Patel, DO, Brody School of Medicine/East Carolina University; Karin Hillenbrand, MD, MPH, Brody School of Medicine/East Carolina University

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Michael M Haglund, MD, PhD, Duke University; Mariah Rudd, Duke University; Alisa Nagler, JD, EdD, Duke University; Neil S. Prose, MD, Duke University

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Alisa Nagler, JD, EdD, Duke University; David A. Turner, MD, Duke University; Mariah Rudd, Duke University; Catherine M. Kuhn, MD, Duke University

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Michael Barfield, MD, Duke University Hospital and Health System; Michele Fass, MD, Duke University Hospital and Health System; Kristy Rialon, MD, Duke University Hospital and Health System; Judy Milne, RN, MSN, Duke University Hospital and Health System; Catherine Kuhn, MD, Duke University Hospital and Health System; David A. Turner, MD, Duke University Hospital and Health System

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Charles Bortle, EdD, Einstein Healthcare Network; Amit Joshi, MD, Einstein Healthcare Network; Merle Carter, MD, Einstein Healthcare Network; Patricia White, PhD, RN, Einstein Healthcare Network; J.P. Orlando, EdD, Einstein Healthcare Network

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Abdel Naser Elzouki, MBChB, DTM&H, MSc, MD, PhD, FRCP, Hamad Medical Corporation, Qatar; Amal Khidir, MBBS, FAAP, Hamad Medical Corporation, Qatar; Khalid Alyafei, MD, FAAP, FRCPC, Hamad Medical Corporation, Qatar; Ahmed Al Hammadi, MBChB, FRCPC, Hamad Medical Corporation, Qatar; Magda Wagdy, MBChB, MD, Hamad Medical Corporation, Qatar; and Abdul-Latif Alkhal, MBChB, MD, Hamad Medical Corporation

**25: IMPLEMENTING A CHIEF RESIDENT TRAINING COURSE IN QATAR**

Carma Bylund, PhD, Hamad Medical Corporation; Brijen Shah, MD, Icahn School of Medicine at Mount Sinai; Banan Al-Arab, MBA; Hamad Medical Corporation; Abdelhamid Afana, PhD, Hamad Medical Corporation; Ahmed Al Mohammed, MD, Hamad Medical Corporation; Muna Al Maslamani, MD, Hamad Medical Corporation; Khalid Dousa, MD, Hamad Medical Corporation; Steve Scott, MD, Weill Cornell Medical College-Qatar; Ismail Helmi, MD, Hamad Medical Corporation; Abdullatif Al-Khal, MD, Hamad Medical Corporation

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Meghan Walsh, MD, MPH, Hennepin County Medical Center; Stephanie Homuth, MPH, Hennepin County Medical Center

**27: SURVEY ON THE RESPONSE OF JUNIOR DOCTORS TOWARDS INCIDENT REPORTING**

Audrey Chuan Rui Wee, MBBS, Khoo Teck Puat Hospital; Lee Lan Phoa, MBBS, MMed, MRCP, FRCP, FCCP, Khoo Teck Puat Hospital; Sze Yung Chin, MPH, Khoo Teck Puat Hospital

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Tomasz R. Okon, MD, Marshfield Clinic; Lori J. Remeika, MD, Marshfield Clinic

**29: PEDIATRIC RESIDENT MILESTONE RATINGS OUTCOMES**

Sandra Moore, MD, Morehouse School of Medicine; Chevon Brooks, MD, Morehouse School of Medicine; Meisha Graham, MD, Morehouse School of Medicine; Yolanda Wimberly, MD, Morehouse School of Medicine

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Sara Neal, MD, MA, Moses Cone Family Medicine Residency

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Timothy P. Graham, MD, Mount Carmel Health System; Chad M. Braun, MD, Mount Carmel Health System

**32: MULTI-DISCIPLINARY MEDICAL EDUCATION TEAMS TO IMPROVE RESIDENT LEADERSHIP, TEACHING AND CLINICAL SKILLS**

Michael Hann, MD, MBA, MS, Naval Medical Center, San Diego; Daniel Tarman, MD, MEng, Naval Medical Center, San Diego

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Richard Boggs, MSA, San Antonio Uniformed Services Health Education Consortium; Woodson Scott Jones, MD, San Antonio Uniformed Services Health Education Consortium

**34: PUTTING TIME IN PERSPECTIVE: KEY TO IMPLEMENTING AN INTEGRATED GRADUATE MEDICAL EDUCATION INSTITUTIONAL DASHBOARD**

Boon Leng Lim, MBBS, Singapore Health Services; Yeo SHH, Singapore Health Services; Jillian Ang, MD, Singapore Health Services; Joselito Balingit, MD, Singapore Health Services; Jodie Lee Ling Horng, Singapore Health Services; Katherine Baisa, MD, Singapore Health Services

**35: MORTALITY AND MORBIDITY WORKSHOP FOR MEDICAL FELLOWS**

Julie George, MBBS, MD, MRCP, FAMS, Tan Tock Seng Hospital; Issac Lim, BBA, MSc, MA, MS, NHG HOMER; Yong Hao Lim, BSocSc, MSocSc, NHG HOMER; Claire Lin, BComm, NHG Education; Sik Yin Ong, BAsc, MNutDiet, NHG HOMER

**36: DEVELOPING RESIDENCY COMPETENCY IN OPERATING ROOM PRACTICE – A MULTIDISCIPLINARY INTER-PROFESSIONAL APPROACH**

Ming Hui Lim, BSc, National Healthcare Group Singapore; Vijayan Appasamy, MBBS, FRCS, FRCS, FAMS, FACS, Tan Tock Seng Hospital, National Healthcare Group Singapore

**37: POSITIVE EFFECTS OF GROUP MENTORING – THE B.E.T.H.'S**

Beth Payne, MAEd, C-TAGME, The University of Texas Health Science Center at San Antonio; Yvette Foster, The University of Texas Health Science Center at San Antonio; Carolina Hinojosa, The University of Texas Health Science Center at San Antonio; Javette Sheppard-Dukes, The University of Texas Health Science Center at San Antonio; Maria Miller, MEd, The University of Texas Health Science Center at San Antonio

**38: HOW TO INFORM TEACHING FACULTY ON NEXT ACCREDITATION SYSTEM – TAKING ADVANTAGE OF THE ANNUAL PROGRAM EVALUATION PROCESS**

Karley Nemeth, MHA, University of Alabama Hospital; Jennie Craft, MPPM, University of Alabama Hospital; Gustavo R. Heudebert, MD, University of Alabama School of Medicine

**39: TRANSITIONS OF CARE AND TRANSITIONS TO TRAINING: TEACHING AND ASSESSING A CORE ENTRUSTABLE PROFESSIONAL ACTIVITY FOR ENTERING RESIDENCY**

Sean Gaffney, MEd, University of Chicago; Jeanne Farnan, MD, MHPE, University of Chicago; Kristen Hirsch, University of Chicago; Mike McGinty, University of Chicago; Vineet Arora, MD, MAPP, University of Chicago

**40: "BEDSIDE" BOOT CAMP: PROCEDURAL COMPETENCY FOR INTERNS IN A LARGE CONSORTIUM**

Kiki Nissen, MD, UConn School of Medicine; Brian Shames, MD, UConn School of Medicine; Angela Kueck, MD, UConn School of Medicine; Dawn Fillipo, RN, MSN, UConn School of Medicine

**41: EVALUATING INTERNS USING 12 CROSS-UTILIZATION MILESTONES**

Gerald P. Wickham, EdD, University of Illinois College of Medicine at Peoria; Theresa Lynch, MD, University of Illinois College of Medicine at Peoria; M. Jawad Javed, MD, University of Illinois College of Medicine at Peoria; Terry Brady, MD, University of Illinois College of Medicine at Peoria; Thomas R. Santoro, MD, University of Illinois College of Medicine at Peoria

**42: DEVELOPMENT OF AN EFFICIENT CLINICAL COMPETENCY COMMITTEE WORKFLOW FOR THE NAS REPORTING MILESTONES**

Becky Lowry, MD, University of Kansas; Kristin Grdinovac, MD, University of Kansas; Lisa Vansaghi, MD, University of Kansas; Jane Broxterman, MD, University of Kansas; John Bonino, MD, University of Kansas; Leigh M. Eck, MD, University of Kansas

**43: A "BOOTCAMP" STRATEGY FOR RESIDENTS AS TEACHERS**

Paul Callaway, MD, University of Kansas School of Medicine-Wichita; Anne Walling, MB ChB, University of Kansas School of Medicine-Wichita

**44: MAXIMAL ALIGNMENT: INTEGRATING CLER GOALS WITH RESIDENT SAFETY**

Katherine McKinney, MD, University of Kentucky; Cynthia Talley, MD, University of Kentucky; Matthew Dawson, MD, University of Kentucky

**45: AN ANALYSIS OF THE ACCURACY OF GENERAL SURGERY RESIDENT CASE LOGS**

Ashley Thompson, University of Kentucky; Cynthia Talley, MD, FACS, University of Kentucky; Dan Davenport, PhD, University of Kentucky

**46: INSTITUTIONAL PROBATION: A GME TOOL FOR PROGRAM IMPROVEMENT**

Betty Chang, MDCM, PHD, University of New Mexico; Joe Sparkman, University of New Mexico; Stephen Lewis, MD, University of New Mexico; David Sklar, MD, University of New Mexico

**47: ENHANCING RESIDENT ENGAGEMENT IN QUALITY INITIATIVES**

Thomas Blackwell, MD, University of Texas Medical Branch; Amanda Kuentler, MSc, BSN, RN, CPHRM, University of Texas Medical Branch; Kimberly Pandanell, University of Texas Medical Branch; Virginia Simmons, University of Texas Medical Branch

**48: VALIDATION OF A MULTIDISCIPLINARY CLINICAL COMPETENCY COMMITTEE**

Amelia Hopkins, MD, University of Vermont Medical Center; Vanessa Goodwin, C-TAGME, University of Vermont Medical Center; Jerry Larrabee, MD, University of Vermont Medical Center; Karen Leonard, MD, University of Vermont Medical Center

**49: TEACHING MOTIVATIONAL INTERVIEWING SKILLS TO TRAINEES AND DEVELOPING FACULTY TO ASSESS THEM USING A VALIDATED TOOL**

Shari A. Whicker, EdD, MEd, Virginia Tech Carilion School of Medicine; Julia Wacker, MSW, MPH, NC Hospital Association; Deborah Engle, EdD, Duke University School of Medicine; Teri L. Turner, MD, MPH, MEd, Texas Children's Hospital/Baylor College of Medicine; John D Mahan, MD, Nationwide Children's Hospital/The Ohio State University

**50: THE REAL CLUB MED(ICAL EDUCATION): WHAT'S BEHIND AN EFFECTIVE MEDICAL EDUCATION JOURNAL CLUB?**

Shari A. Whicker, EdD, MEd, Virginia Tech Carilion School of Medicine; Alisa Nagler, JD, EdD, MEd, Duke University Medical Center; Mariah Rudd, Duke University Medical Center; Mitchell T. Heflin, Duke University Medical Center

# *Abstracts*

## **#1: MEDICAL EDUCATION AND SOCIAL ACCOUNTABILITY: THE ROLE OF MEDICAL SCHOOLS IN REDUCING HEALTH DISPARITIES**

Keren Dopelt, PhD, Ben Gurion University of the Negev; Zehava Yahav, RN, MSc, Ben Gurion University of the Negev; Jacob Urkin, MD, MPH, Ben Gurion University of the Negev; Yaacov Bachner, PhD, Ben Gurion University of the Negev; Nadav Davidovitch, MD, MPH, PhD, Ben Gurion University of the Negev

### **Background**

Medical education, when founded on the principles of social medicine, has the ability to contribute to the reduction of health disparities by developing physicians who are socially oriented, and who are highly involved in activities that benefit the community (Smedley et al. 2002). In Israel, major gaps exist between the center and the Southern and Northern districts in rates of hospital beds and health care personnel (Dopelt et al. 2010). In recent years, medical schools have developed several unique programs based on the ideas of social accountability, attaining impressive achievements in promoting equitable care for rural and peripheral populations.

### **Objectives**

1. To compare the community orientation as reflected in the various medical schools' curricula and the rates of graduates working in the periphery.
2. To compare the social accountability and community orientation of graduates from the various medical-schools.

### **Methods**

An online survey among 9,000 physicians who graduated from all medical schools in Israel during May-June 2011. The survey included measures about community orientation, social accountability, place of work (center vs. periphery), etc. Data was analyzed using uni-variate and multi-variate analyses.

### **Results/Outcomes/Improvements**

1,491 physicians answered the survey (16.6% response rate). There were no demographic differences (age, gender, religion and country of birth) among graduates from the various medical schools. Higher rates of physicians who studied in Ben-Gurion University (BGU) are working or have worked in the periphery (55% vs. 30% Average of other schools,  $p<0.001$ ) and active in community programs (50% vs. 37%,  $p<0.001$ ). Among the physicians active in community programs, 37% of BGU graduates estimated that their medical education greatly influenced their community involvement (37% vs. 11-15% in other schools,  $p<0.001$ ). Among BGU graduates, 61% noted that their studies had social orientation, compared to 2-4% in other schools ( $p<0.001$ ).

### **Significance/Implications/Relevance**

This study emphasizes the important role of medical education in reducing health disparities by directing graduates to work in the periphery and to be more involved in community programs. As BGU medical school is located in the southern periphery of Israel, and its curriculum focuses on community and social medicine, its graduates were found to be more involved in social and community medicine. These insights are crucial when considering changes in the medical schools' curriculum and implementing a long-term national plan for reducing health disparities.

# *Abstracts*

## **#2: CREATION OF INDIVIDUALIZED LEARNING PLANS TO FOSTER TAILORED PROFESSIONAL DEVELOPMENT**

Jeffrey Pettit, PhD, Carver College of Medicine; Mark Wilson, MD, MPH, University of Iowa Hospitals & Clinics and Carver College of Medicine

### **Background**

In 2005, the University of Iowa Hospitals and Clinics began altering its orientation experience for incoming resident physicians by removing compliance components and injecting more educational topics that are difficult for individual programs to cover effectively. Choice of topics is influenced by common challenges a new resident will encounter and others that are aligned with institutional priorities. A variety of interactive tactics are used while welcoming 'talking heads' are avoided. In 2010, we added a structured reflective exercise to help residents create their first individualized learning plan (ILP) and to reinforce their responsibility to become an active participant in their ongoing professional development.

### **Objectives**

Because little is known about such an intervention, we explored the content, trends, and usefulness of ILPs to foster tailored professional development.

### **Methods**

At the beginning of each new resident orientation session (held 3 times/year during last week of June), we clarified that a reflective exercise would occur at the end of the day. Topics for each session included issues such as physician curiosity and humility, goals of care, teamwork, teaching skills, handovers, customer service, autopsy counseling, patient safety, and self-care. Throughout the day, residents completed a worksheet after each topic wherein they entered formative evaluation and other comments which could be quickly reviewed later to help them prioritize their top 2 professional learning goals for the next 6 months. They were also prompted to provide 3 specific tactics to help them make progress with each targeted goal. Subsequently, the GME Office copied the learning plans and returned the original to respective Program Directors (PDs), encouraging them to integrate ILPs into a resident's first semi-annual review and to then establish a pattern of iterative self-reflection and goal setting. We reviewed 1 year's results (approx. 300 goals) for thematic analysis to identify and then refine structured coding for all submitted goals. Program Directors were also surveyed to assess their use and perceptions of the value of this educational tool.

### **Results/Outcomes/Improvements**

At the time of abstract submission, we have coded 3 years of learning plans. Preliminary results from these ILPs from 2012, 2013, and 2014 include information from 948 submitted professional goals. New residents most often identified professional development aspirations related to communication skills (25%), teaching skills (15.6%), teamwork (13.5%), and self-care (12.9%). Notably, interest to improve teamwork skills increased from 28 targeted goals in 2012 (8.8%) to 52 goals in 2014 (16.9%). Similarly, specific mention of a handover communication goal grew from 3.2% in 2012 to 8.1% in 2014. Targeting growth in teaching skills remained stable across the 3 cohorts. A sample of 24 PDs at a recent development seminar revealed that 46% included these ILPs into their first semi-annual review while an additional 16.7% responded that they reviewed the ILPs to better understand aspirations of their new residents. Of PDs who integrated the ILPs into semi-annual reviews, 75% reported that the ILPs were somewhat or very useful to engage residents in discussions about ongoing professional goal setting, and all of these PDs reported that it was helpful to see the resident's specific action steps for each goal. After presenting our preliminary results and having colleagues share how they use ILPs, 88% of PDs now plan to use ILPs with residents during the 2014-15 year. Further analyses from all 5 cohort years – including trend analyses – will be completed by February 2015.

### **Significance/Implications/Relevance**

Shifting new residents into internally motivated active learners is a key professional development step towards self-regulation. Use of this structured reflective exercise to create the first ILP of residency is feasible, opens dialogue opportunities between PDs and residents, and adds an important dimension to our educational orientations.

# *Abstracts*

## **#3: MILESTONES ASSESSED DURING GENERAL SURGERY MORBIDITY & MORTALITY CONFERENCE PRESENTATIONS: BABY STEPS, GIANT LEAPS**

Donald A. Risucci, PhD, New York Methodist Hospital; Ryan Lindborg, MD, New York Methodist Hospital; James C. Rucinski, MD, New York Methodist Hospital; Anthony J. Tortolani, MD, New York Methodist Hospital

### **Background**

The Teaching and Improvement of Care domains of the ACGME General Surgery Milestones define specific Practice Based Learning & Improvement (PBLI) competencies that residents must demonstrate during Morbidity & Mortality (M&M) conference presentations. There are, however, no validated methods widely available for assessing these competencies nor any published data delineating their developmental course. A recent study demonstrated high internal consistency in faculty surgeon ratings of M&M presentations using an investigator-designed assessment instrument.

### **Objectives**

This study examines changes in faculty surgeon ratings of M&M presentations delivered by individual residents during the course of an academic year and compares ratings of presentations delivered by residents of different PGY levels in an effort to begin to characterize the development of these competencies.

### **Methods**

All M&M presentations during the 2013-14 academic year were independently evaluated by faculty surgeons using a separate behaviorally anchored rating scale (range 1 - 5 for each item) to assess competencies in each of the following 5 areas: Reporting of chronology and sequence of key events in the patient's clinical course; Presentation of diagnostic and other laboratory test results and imaging studies; Communication; Background Research; and Discussion of Complication/Death. Mean ratings of resident presentations were compared across PGY levels by Analysis of Variance (ANOVA), followed by post-hoc comparisons using the Scheffe method ( $\alpha < 0.05$ ).

### **Results/Outcomes/Improvements**

Faculty surgeons ( $n=8$ ) completed 439 evaluations of 135 presentations by 19 residents. Each presentation was evaluated by at least 2 surgeons. Most presentations were delivered by residents at the PGY 5 ( $n=41$  presentations by 3 residents; 30%) or PGY 4 ( $n=35$  presentations by 3 residents, 26%) levels; the remaining 59 presentations (44%) were delivered by thirteen residents at PGY levels 1-3. ANOVA identified statistically significant differences across PGY levels for all 5 items and for the overall mean rating. Post-hoc comparisons revealed that, on average, ratings of presentations for PGY 4 and PGY 5 residents did not differ significantly from each other (Overall Mean  $\pm$  SD: 4.22  $\pm$  0.48 and 4.26  $\pm$  0.42, respectively) but both were significantly higher ( $p < 0.001$ ) than those for PGY 1-3 residents (3.81  $\pm$  0.51). The greatest increases between PGY 1-3 and PGY 5 mean ratings were for Communication (3.91  $\pm$  0.89 vs. 4.50  $\pm$  0.62) and Discussion of Complication/Death (3.68  $\pm$  0.66 vs. 4.24  $\pm$  0.47). Overall mean ratings of individual resident presentations varied by as much as 1.3 points during the course of the year and in no case was there any discernible, consistent increase or decrease in ratings of presentations for any individual resident during the course of the year.

### **Significance/Implications/Relevance**

Results suggest that achievement of PBLI milestones associated with M&M conference presentations occurs in a nonlinear fashion during the course of residency training in General Surgery, and that a significant "milestone" (i.e. giant leap) may often be observed during the period when residents transition from the PGY-3 to the PGY-4 level. If replicated and validated in future studies, this observation would have important implications for the design and implementation of PBLI curriculum, assessment instruments and metrics.



# *Abstracts*

## **#4: A RESIDENT-DRIVEN, MULTIDISCIPLINARY, PATIENT SAFETY CONSULT SERVICE**

Laura Gingras, MD, New York Presbyterian - Weill Cornell; Jennifer Lee, MD, New York Presbyterian - Weill Cornell; Laura Fanucchi, MD, University of Kentucky; Lia Logio MD, New York Presbyterian - Weill Cornell

### **Background**

As front-line providers who encounter patient safety issues first-hand, internal medicine residents are in a unique position to contribute to patient safety efforts. However, due to lack of knowledge, time, and opportunity, residents do not frequently become integrally involved in investigating patient safety problems or creating systematic solutions. This is a missed opportunity, for both patient care and resident education, since experiential learning in patient safety and system-based improvement is a key component of a physician's professional development. The importance of these skills is underscored by their inclusion within two of the six core competencies defined by the Accreditation Council for Graduate Medical Education (ACGME), namely Practice-Based Learning and Improvement (PBLI) and Systems-Based Practice (SBP). To capture these opportunities, we have implemented a Patient Safety Elective for residents which includes a Patient Safety Consult Service.

### **Objectives**

Through the Patient Safety Elective/Consult Service, the resident will:

- Understand the key concepts of patient safety science.
- Apply the concepts of patient safety science to real-life cases, identifying root causes, and enacting systems-based improvements within a collaborative, multidisciplinary setting.
- Understand and participate in existing quality and patient safety infrastructure and initiatives within the hospital.
- Be empowered to continue to work toward systems improvements during residency and beyond.

### **Methods**

- Second and third year residents elect to participate in a two or four week Patient Safety rotation.
- Residents are expected to:
  - o Read core patient safety literature.
  - o Attend departmental and institutional meetings on Quality and Patient Safety.
  - o Work with faculty mentors to carry out patient safety consults on cases referred by their peers and identified through the hospital's reporting system for medical errors. As a part of the consult process, residents conduct root cause analyses (RCAs) and make recommendations for systems-change.
  - o Lead a monthly, multidisciplinary Patient Safety Conference, with participation by housestaff, nursing, pharmacy, and administration, along with relevant other disciplines and services. Cases are discussed, contributing factors are identified, and an action plan for change is formulated.

### **Results/Outcomes/Improvements**

- Pre and post-tests showed a 57% improvement in residents' knowledge of patient safety concepts (from an average score of 7/13 to 11/13).
- The elective was rated by residents as falling within the top 25% of all rotations in terms of educational value.
- In the pilot year of the program, 34 consults were completed by three residents. In year two, 111 consults were completed by 12 residents. In year three, 97 consults were completed by 11 residents.
- Consults led to numerous systems changes. Examples included a change in the hospital-wide ICU triage process, and a department-funded project to facilitate hand-offs between the ED and medicine.

### **Significance/Implications/Relevance**

This program demonstrates the feasibility and effectiveness of a hands-on patient safety experience for residents, including a resident-led Patient Safety Consult Service. We believe this program could be replicated within other internal medicine residency programs, leading to enhanced resident education in patient safety and systems-based improvement.

# *Abstracts*

## **#5: FIND IT, FIX IT!: ENGAGING RESIDENTS AND THE C-SUITE IN A GME-LED QUALITY IMPROVEMENT INITIATIVE**

Sara, Sukalich, MD, OhioHealth Riverside Methodist Hospital; Miriam Chan, PharmD, OhioHealth Riverside Methodist Hospital; Jennifer Stubbs, MBA, OhioHealth Riverside Methodist Hospital; James O'Brien, MD, OhioHealth Riverside Methodist Hospital; Thomas Harmon, MD, OhioHealth Riverside Methodist Hospital

### **Background**

The ACGME has drawn attention to the importance of training residents in quality improvement (QI) via the Clinical Learning Environment Review (CLER) program. Residents are expected to be actively involved in QI initiatives, ideally aligned with the institution's priorities. Individual programs may be challenged to find the resources and knowledge to involve all their residents in QI. These barriers can be overcome by enlisting the support of the C-suite and other key stakeholders at the institutional level.

### **Objectives**

This QI initiative was designed to engage residents to work closely with hospital administration on QI projects and to actively participate in improving their clinical learning environment.

### **Methods**

A kaizen-structured QI project, "Find It, Fix It", was implemented in February 2014 at Riverside Methodist Hospital, a large community hospital. Kaizen involves everybody to make small continuous improvements. The planning committee is comprised of residents, faculty, medical education administrators, nursing, members of the C-suite, and vice president of quality. Residents from Internal Medicine, Ob/Gyn, General Surgery, Transitional Year, and Family Medicine programs are invited to submit "idea cards" when they identify opportunities for improvement in their environment. The idea cards are posted on process boards located in each residency program. Each residency group then chooses ideas to submit to a central process board in Medical Education. Every week, the C-suite, medical education administration and faculty review the central board and help the residents fine tune their ideas and facilitate the projects. The residents learn QI hands-on by working through PDSA cycles. A survey regarding knowledge and attitudes about QI was administered to the residents before project initiation and 4 months later. Metrics are used to track engagement of residents in the initiative and progress of the selected ideas. Engagement of the C-suite is also observed.

### **Results/Outcomes/Improvements**

All 123 residents were invited to participate in this QI initiative. Data from 78 residents (63%) who completed both a pre- and post-survey were analyzed by paired t-tests. The survey mean in the domain of familiarity with QI and with QI measurement increased by 19.5% ( $p < 0.001$ ) and 16% ( $p < 0.001$ ) respectively. The proportion of residents who reported not have participated in a QI project over the past 12 months decreased by 58% ( $p < 0.001$ ). During the first 8 months of the initiative, 71 residents (58%) submitted 116 ideas. Of these ideas, 69 projects were initiated with 34 projects categorized as quality/patient safety focused (QI/PS). Twenty-eight residents (23%) participated in at least one QI/PS project and 9 QI/PS projects have been successfully completed. Engagement of the C-suite is evidenced by weekly executive rounding at the medical education board and active sponsorship of many projects via problem solving, networking, and resource deployment. The project has also been presented to the full C-suite on multiple occasions and received mention by all groups interviewed by the CLER site visitors.

### **Significance/Implications/Relevance**

"Find It, Fix It!" successfully engaged residents across all programs and the C-suite in continuous QI processes. This initiative is actively ongoing to further increase resident engagement and experiential learning in QI.

# Abstracts

## **#6: EVOLVING ATTITUDES OF PROFESSIONALISM AMONG TRAINEES AT A SINGLE ACADEMIC INSTITUTION: DOES A “ONE-SIZE FITS ALL” CURRICULUM REALLY FIT?**

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### **Background**

Of the six core competencies set forth by the Accreditation Council for Graduate Medical Education (ACGME), professionalism is often considered to be one of the most challenging to evaluate and teach. Creating an optimal educational environment for trainees requires a culture of respect and professionalism. One barrier to creating this culture may be a lack of alignment in the perceptions of mistreatment among learners of different levels.

### **Objectives**

Through the use of institutionally relevant clinical vignettes, our aim was to assess the attitudes of trainees toward themes of potential mistreatment at different stages of training.

### **Methods**

Through a collaborative effort between experts from the University's School of Labor and Employment Relations and the Office of Graduate Medical Education, six thematic areas were identified as sources of potential mistreatment (verbal abuse, specialty-choice discrimination, non-educational tasks, withholding/denying learning opportunities, neglect, and gender/racial discrimination). Based on observations from these external experts embedded in the clinical environment, vignettes were then created. This included vignettes both specific to individual levels of learning as well as ones applicable to individuals at all levels of learning. Four discrete levels of training were assessed: medical and physician-assistant (PA) students, as well as incoming interns, residents, and fellows from various specialties. Perceptions of the appropriateness of the interactions depicted in the vignettes were measured on a 5-point Likert scale. Linear regression was used to evaluate the association between vignette scores and level of training.

### **Results/Outcomes/Improvements**

A total of 427 trainees participated (182 PA and medical students, 120 incoming interns, 91 residents, 34 fellows). Among the shared vignettes between all trainees, there was a significant association between level of training and perception of mistreatment ( $p < 0.05$ ). In two of these scenarios (verbal abuse, gender/racial discrimination), increasing level of training was associated with a decrease in the perception of mistreatment. In the remaining scenario (specialty-choice discrimination), increased level of training was associated with an increased perception of mistreatment. In three scenarios that were distributed only to interns, residents and fellows, increased level of training was significantly associated with a decrease in the perception of mistreatment in the theme of neglect ( $p = 0.03$ ), with similar trends demonstrated across the themes of non-educational tasks ( $p = 0.29$ ) and withholding/denying learning opportunities ( $p = 0.12$ ).

### **Significance/Implications/Relevance**

The perception of what constitutes mistreatment appears to be in the “eye of the beholder.” Our findings demonstrate an evolution that progresses with level of training. This suggests that attitudes change secondary to differing perspectives, perhaps as a consequence of the clinical environment of medical training. The lack of alignment in the interpretation of mistreatment among trainees highlights the challenges of promoting and reinforcing a culture of respect and professionalism in medical education. Recognizing and addressing these evolving perspectives allow for the development of trainee-level targeted curricula to teach professionalism.

# *Abstracts*

## **#7: DETERMINATION OF INTER-ITEM RELIABILITY OF MILESTONE LEVEL BY ROTATION-SPECIFIC EPA AND PRIMARY SUBCOMPETENCY ASSESSMENTS**

Jerry Larrabee, MD, FAAP, University of Vermont; Dewesth Agrawal, MD, Children's National; Franklin Trimm, MD, University of South Alabama; Mary Ottolini, MD, MPH, Children's National

### **Background**

Entrustable Professional Activities (EPAs) have been suggested to be a link between the theoretical framework of competencies and real world clinical practice. One approach to the assessment of EPAs is based on a scale of entrustment that reflects the level of supervision required for the trainee to perform that activity. There has been no study to look at the reliability of mapping the levels of entrustment directly to the milestone levels of the subcompetencies.

### **Objectives**

Our primary objective was to determine the inter-item reliability of milestone level by parallel and concurrent EPA assessments and primary subcompetency assessments.

### **Methods**

Shared rotation-specific EPAs were derived from core rotation objectives using Delphi method across our 3 different and diverse programs. Rotation evaluation data for PICU, NICU, General Inpatient, and Continuity Clinic rotations from the 2014-15 academic year from the 3 institutions were entered into a REDCap database. Multivariate linear regression models were utilized to predict each subcompetency milestone assessment from the predetermined rotation-specific EPAs.

### **Results/Outcomes/Improvements**

For several subcompetencies, a consistently high proportion of the variance in milestone level assessment was explained by the set of mapped EPAs across the rotations: PC1 ( $R^2=0.83-0.86$ ), PC4 ( $R^2=0.81-0.86$ ), PC5 ( $R^2=0.80-0.87$ ), and PROF5 ( $R^2=0.73-0.94$ ). The PICU-specific EPAs appeared to best map to subcompetencies, with  $R^2$  values across 17 subcompetencies (of the 21 reportable ACGME subcompetencies) ranging from 0.63-0.94.

### **Significance/Implications/Relevance**

We found a strong degree of inter-item reliability of milestone level as determined by rotation-specific EPA assessment using entrustment scales, and corresponding milestone level as determined by primary subcompetency assessment. Our data support the approach of creating evaluation tools where multiple subcompetencies can be mapped and validly assessed by a single rotation-specific EPA.

# *Abstracts*

## **#8: CLER “MOCK” VISITS FOR SINGLE-PROGRAM SPONSORING INSTITUTIONS: ENHANCING “QUALITY” CONVERSATIONS**

Judith Pauwels, MD, University of Washington School of Medicine; Kelli Christensen, MD, Idaho State University Family Medicine Residency Program

### **Background**

Single-program sponsoring institutions have often had limited involvement with the sponsored program, commonly Family Medicine. Quality goals were seldom integrated, particularly because hospital-based goals were not always well-aligned with the those of ambulatory care. The institutions are now being asked to increase their engagement and integrate systems of care with their programs to address CLER objectives such as Health Care Quality. The University of Washington Network of Family Medicine Residency Programs comprises 23 ACGME-accredited programs in five rural states in the Pacific Northwest. 20 of these are sponsored by local institutions, including several small hospitals and community health centers. In many of these, neither the institution nor the program have many resources to facilitate this new engagement.

### **Objectives**

To determine the impact of a “mock” CLER visit model on Health Care Quality initiatives in single-program sponsoring institutions and their family medicine residency programs.

### **Methods**

The Network programs collaborated to develop a “mock” CLER visit using information from the ACGME website that described the CLER objectives and process, including the discussion embodied in the “CLER Pathways to Excellence”. Specifically, the “mock” visit focused on the area of Health Care Quality to align inpatient and outpatient initiatives that benefit both the institution and the program. Network faculty developed templates, questionnaires, and materials for educating both institutional officials and program leadership in CLER, systematically reviewing existing processes, and recommending future strategies and opportunities to enact CLER objectives. Between 2013 and 2014 four “mock” CLER visits occurred in Alaska, Washington and Idaho. The visits were conducted by local directors and faculty who had gained expertise in CLER concepts. A date was set and kept secret from the participants, and a visit schedule organized around all of the CLER visit requirements. Health care quality systems for both the institutions and programs were evaluated through interviews with hospital and ambulatory site administrations, quality officers, residents, and faculty. After-visit surveys were completed of institutional officials and program leadership to determine the impact of this visit model.

### **Results/Outcomes/Improvements**

All institutions and programs that participated in these initial “mock” CLER visits found deficiencies in integrating residents and faculty into quality reporting, processes, and initiatives, and in failing to align applicable inpatient and outpatient quality objectives. They reported significantly greater understanding of the CLER objectives and process; enhanced interest in collaborating to achieve progress towards those objectives; and began specific plans to develop mechanisms to share health care quality data and include residents and residency faculty in quality initiatives.

### **Significance/Implications/Relevance**

Single-program sponsoring institutions and their programs across the country face the challenge of effectively meeting the requirements of the New Accreditation system and CLER. The “mock” CLER visit is a powerful tool for sensitizing hospital and program administrations, as well as nursing staff, residents, and faculty, to specific CLER objectives. This model and its tools and processes can be used by other programs and institutions to start critical conversations on topics such as Health Care Quality, with a focus on integrating inpatient and outpatient goals and strategies.

# *Abstracts*

## **#9: SYSTEMS BASED PRACTICES FOR RESIDENTS: INCORPORATION OF READMISSION REPORT AND MILESTONE BASED ASSESSMENT**

Anna Sleder, MD, Henry Ford Hospital; Matthew Cerasale, MD, Henry Ford Hospital; Chetan Mittal, MD, Henry Ford Hospital; Mona Hassan, MD, Henry Ford Hospital; Nicole Rocco, MD, Henry Ford Hospital; Sean Drake, MD, Henry Ford Hospital

### **Background**

Readmissions are defined as any patient discharged from an inpatient stay and readmitted within 30 days. Centers for Medicare and Medicaid identified that 20% of all inpatient admissions resulted in a readmission, of which 75% are potentially avoidable and preventable. As a quality measure, readmission rates and reasons for readmissions are examined by the residents during their training at our institution monthly as a Readmission Report. Risk assessment tools are available focusing on system's (van Walraven C et al 2012) and resident's (Njeim et al 2012) readmission assessment. Readmission Reports based on these tools may provide an opportunity to incorporate some aspects of the Next Accreditation System (NAS) in the current evaluation with the ultimate goal of health systems' improvement.

### **Objectives**

The main objective is to incorporate NAS Internal Medicine (IM) Milestone # 9 of recognizing system error and advocating for system improvement within the Readmission Report. Secondary objectives are to teach residents the importance of continued reflection, attention to detail and working within a health system's initiative of quality improvement.

### **Methods**

Third year residents are provided a list of patients who were readmitted during their General Practice Inpatient (GPU) rotation. Residents identify two patients and present these to their peers, floor case management and involved faculty at the end of the rotation. They utilize the validated risk assessment tool and resident assessment tool to identify areas of potential readmission prevention. Residents are encouraged to reflect with great attention to systems error and risk assessment through a medical and system perspective. Residents are evaluated by chief residents who help review the cases and provide feedback on working within a system's quality improvement initiative using a milestone-based evaluation.

### **Results/Outcomes/Improvements**

Resident evaluations' have been completed for monthly Readmission Report resulting in four months of feedback to senior residents on systems awareness and advocating for system improvement. These Readmission Reports are multidisciplinary and attended by case management and director of care coordination initiatives through the health system's clinical quality and safety department. Further, this venue is also utilized to educate and introduce initiatives implemented at system's level to the entire resident body. Due to the success, future sessions with the presence of the health system's Utilization Management is anticipated.

### **Significance/Implications/Relevance**

Physician participation in quality improvement and patient safety is crucial for an environment of health care excellence. Training physicians during residency to not only acknowledge system improvement, but to participate within a health system's quality initiative is an invaluable skill that will help foster a culture of safety and improvement not only for health system of training, but for that future physician's lifelong practice.

References: van Walraven C et al. LACE+ index: extension of a validated index to predict early death or urgent readmission after hospital discharge using administrative data. *Open Med.* 2012 Jul 19;6(3):e80-90. Njeim M, Chiha M, Whitehouse S and Baker-Genaw K. System-Based Approach to Educating Internal Medicine Residents on Preventable Hospital Readmissions. *Journal of Graduate Medical Education*, December 2012. DOI: <http://dx.doi.org/10.4300/JGME-D-11-00284.1>

# *Abstracts*

## **#10: "HABITS OF HIGHLY EFFECTIVE TEACHERS": A LONGITUDINAL RESIDENTS AS TEACHERS CURRICULUM.**

Allayne B. Stephans MD, FAAP, University Hospitals Rainbow Babies and Children's Hospital; Martha Wright MD, MEd, University Hospitals Rainbow Babies and Children's Hospital

### **Background**

It is well recognized that resident physicians teach other medical trainees frequently. In fact, some studies have shown that residents spend as much as 25% of their day providing education to students and interns. Despite the regularity of their involvement in teaching, resident comfort and competence in these activities is highly variable. In an attempt to provide guidance on educational techniques and potentially improve resident teaching skills, many residency programs have implemented "Resident as Teachers (RaT)" curricula. A recent systematic review of these types of curricula demonstrates that most interventions are provided once during residency in a lecture, workshop or seminar format and infrequently involve subsequent feedback to residents on their skills.

### **Objectives**

To promote the development of resident teaching skills through the use of a longitudinal, adult learning principle-based RaT curriculum.

### **Methods**

A longitudinal curriculum with "spaced education" was developed that provides residents with didactic and experiential activities that are temporally related to situations in which they can apply the skills. Early in intern year, the clerkship director provides a seminar on one-on-one precepting prior to the interns' first experiences teaching medical students on the inpatient wards. In second year, residents participate in a half day "10 Habits of Highly Effective Teachers" Teaching Skills workshop prior to their supervisory experiences that introduces and models a variety of innovative teaching techniques including an "active handout", large group interactions, active learning methods and small group sessions. In the third year, teaching experiences on the wards, in the conference setting and in student small groups allow residents to practice and solidify these skills. In addition, the residents receive structured feedback on their performances. An elective two week senior Advanced Practicum offers skill mentorship, faculty direct observation of teaching skills in a variety of clinical and non-clinical and small group seminars on advanced education topics.

### **Results/Outcomes/Improvements**

Evaluation of curricular effectiveness is ongoing and involves resident, student and faculty pre-curriculum and post-curriculum assessments of resident teaching skill efficacy and effectiveness. Preliminary data demonstrate that prior to participating in the Teaching Skills workshop, 2nd year residents assessed the quality of their teaching at 2.09 on a 5-point Likert scale. Students rate the teaching quality of these residents in the 3rd year of the curriculum at 4.78 on a 5-point Likert scale.

### **Significance/Implications/Relevance**

Despite significant teaching responsibilities many residents do not receive formal instruction or performance feedback on teaching skills. This longitudinal curriculum provides "just in time", "spaced education" and robust learner and faculty feedback to promote graduated skill development and increase learner retention of material. In addition, the senior Advanced Practicum offers a unique opportunity for interested residents to further refine their teaching skills and enhance their professional competency.

# *Abstracts*

## **#11: BRINGING MILESTONES TO MORNING REPORT: RESTRUCTURING AN ESTABLISHED EDUCATIONAL METHODOLOGY TO SUPPORT THE NEXT ACCREDITATION SYSTEM**

Chetan Mittal, MD, Henry Ford Hospital; Matthew Cerasale, MD, Henry Ford Hospital; Anna Sleder, MD, Henry Ford Hospital; Mona Hassan, MD, Henry Ford Hospital; Sean Drake, MD, Henry Ford Hospital

### **Background**

Morning report (MR) is used by many residency programs for case-based learning with a focus on diagnosis and treatment but no predefined educational objectives. We recognized this as an opportunity to enhance the learning structure by providing an instructional model that correlates the learning experience to specific developmental milestone objectives.

### **Objectives**

We aimed to develop an Internal Medicine MR curriculum framework with educational objectives linked to specific milestones in the Next Accreditation System for patient care (PC), medical knowledge (MK), and systems-based practice (SBP).

### **Methods**

Our academic medical center's Internal Medicine residency program director, chief residents, and medical education instructional design expert designed the MR curriculum framework. Based on program goals and perceived resident educational deficits, four curriculum themes with related milestones were developed:

- 1) Problem Representation/Differential Diagnosis: gathers and synthesizes essential and accurate information to define each patient's clinical problem (PC1); and clinical knowledge (MK1).
- 2) Therapeutics Options: develops and achieves comprehensive management plan for each patient (PC2); and manages patients with progressive responsibility and independence (PC3).
- 3) Readmissions: recognizes system error and advocates for system improvement (SBP2); and transitions patients effectively within and across health delivery systems (SBP4).
- 4) High Value Care: knowledge of diagnostic testing and procedures (MK2); and identifies forces that impact the cost of health care, and advocates for and practices cost-effective care (SBP3).

These MR sessions occurred weekly for 30 minutes each, inviting all Internal Medicine residents on inpatient service. Case selection and additional teaching aids were used at the discretion of the session facilitator, usually a chief resident. At the first session (July 2014), residents were asked to complete a survey regarding their baseline knowledge and confidence regarding the four themes. The survey will be repeated at 6 and 12 months.

### **Results/Outcomes/Improvements**

Four months after implementation, more than 15 sessions have been completed. Curriculum themes were paired with specific teaching aids, including small groups and audience response systems. Content experts were incorporated into sessions, primarily for High Value Care. The initial survey was completed by 55 of 60 residents; 64% of respondents were interns. Over half of respondents reported they felt confident regarding Problem Representation/Differential Diagnosis (71%) and Therapeutic Options (58%). However, less than one-third of respondents felt confident about Readmissions (21%) and High Value Care (33%), with interns reporting even less confidence at 11% and 24%, respectively.

### **Significance/Implications/Relevance**

Bringing these specific sub competencies to MR has allowed the development of a curriculum framework with more defined educational objectives. Initial impressions of the residents show that an opportunity exists for improvement in all the areas chosen and specifically for systems-based practice.



# *Abstracts*

## **#12: THE CHIEF RESIDENT ORIENTATION PROGRAM (CROP): CULTIVATING SUCCESSFUL CHIEF RESIDENTS**

Martha S. Wright, MD, MEd, University Hospitals Case Medical Center, Rainbow Babies and Children's Hospital

### **Background**

The role of Chief Resident is multifaceted. They are called on to provide clinical care and supervision, effectively teach learners in a variety of educational settings, provide leadership within the residency program and manage residents and resident activities. All of these activities take place within a complex hospital administrative and educational environment. Often they have very little prior leadership, management and teaching experience outside of the clinical setting. While the literature describes many of the challenges faced by Chief Residents, there are few descriptions of interventions designed to ameliorate the impact of lack of preparedness other than on-the-job training. While many programs, including our own, take advantage of national "chief camps" to provide leadership training for their incoming chief residents, we have found that the addition of an orientation to management principles, basic business skills, advanced teaching skills and the nuances of the administrative structure and culture of the home institution, enhances Chief Resident effectiveness.

### **Objectives**

The objectives for this curriculum are to equip incoming Chief Residents with the administrative knowledge and management skills needed to succeed as "middle managers" within our hospital structure and culture and the advanced teaching skills necessary to be effective as medical educators.

### **Methods**

We have implemented a curriculum for incoming Chief Residents that includes:

- 1) A half day orientation workshop on management and administrative topics including how to run a meeting, effective email communication and the residency budget;
- 2) 4 didactic and practicum sessions on advanced teaching topics including adult learning principles, instructional design, active learning methods and effective large group sessions; and
- 3) One-on-one sessions with the hospital's administrative and academic leaders during which they learn who's who and what they do. To optimize skill development, we have formalized a feedback and evaluation system so that after 3 months the Chiefs receive performance feedback from the residents, program directors, faculty and nursing leadership.

### **Results/Outcomes/Improvements**

Given the small number of participants (4 per year, 12 to date), the evaluation of the curriculum is largely qualitative with Chief Resident feedback solicited after the workshop and teaching sessions and again at 3 months. The feedback has been uniformly positive. Themes elicited from the feedback include recognition of personal deficiencies in management skills, awareness of the need for these skills and identification of situations that arise in which the newly developed skills prevented negative outcomes. The program directors have found that the curriculum has decreased the number of complaints related to Chief Resident performance.

### **Significance/Implications/Relevance**

This program adds to the existing Chief Resident leadership training experiences by providing early practical management skill development, an introduction to the local administrative milieu and experience in advanced teaching methods. We have found that it significantly compresses the learning curve and improves Chief Resident performance effectiveness from the beginning of their tenure.

# *Abstracts*

## **#13: ADVANCING INTERPROFESSIONAL EDUCATION AND COLLABORATIVE PRACTICE IN GRADUATE MEDICAL EDUCATION**

DeWitt C. Baldwin Jr, MD, ACGME; Joanne G. Schwartzberg, MD, ACGME; Sarah Brotherton, PhD, The American Medical Association; Nick Yaghmour MPP, ACGME

### **Background**

Recent reports on healthcare reform have strongly recommended strengthening interprofessional teamwork and collaboration (IPECP) as a way of improving patient care and safety.

### **Objectives**

To determine the prevalence and nature of current interprofessional training activities in US residency programs.

### **Methods**

Data from the American Medical Association's AMA-Freida online database, in which residency program directors listed "formal interdisciplinary teamwork training" as a specific feature of their training program during 2007-8 and 2012-13 were analyzed. In addition, residents completing the annual ACGME Resident Survey in 2013 were offered an opportunity to complete a supplementary electronic survey of resident well-being which contained the question "Over the last two weeks, on how many days did you participate in clinical training activities with persons from other health professions?"

### **Results/Outcomes/Improvements**

Figures from the AMA- Freida online database revealed that in 2008, 25.9% of 8,716 reporting program directors claimed to offer "formal interdisciplinary teamwork training", while in 2013, this figure reached 46.2% for 8,868 reporting programs. Specialties reporting higher rates in 2008, included geriatric medicine (IM) 69.4%, geriatric medicine (FM) 61.9%, sleep medicine 56.3%, internal medicine 48.8%, family medicine 43.2%, and neonatal pediatrics 41%. All of these reported substantial increases in 2013, ranging from 4.5% to 23.5%. Specialties reporting low rates in 2008 included vascular surgery 9.4%, both urology, and plastic surgery 10.6%, and diagnostic radiology 13%. While these same specialties were still among those reported lower rates in 2013, each reported increases, ranging from 12.6% in diagnostic radiology to 25.7% in urology. Over 21,000 residents responded to the optional 2013 ACGME survey question regarding their participation in "clinical training activities with persons from other health professions". Nearly a third of all residents (32.7%) claimed to have had no such exposure during the prior two weeks. Some 40% claimed to have had at least some interprofessional experience (1 to 7 days) during this period, while 28.3% stated that they had had fairly frequent such experiences (8 to 14 days). Specialties in which residents reported high interprofessional training exposure included family medicine 77.3% , physical medicine 76.6%, radiation oncology 76.5%, emergency medicine 75.3%, and neurosurgery, 72.67%. Residents in specialties reporting lower exposure included dermatology 54.7%, ophthalmology 55.7%, diagnostic radiology 57.4%, internal medicine 62.6%, OB/GYN 63.2% and anesthesiology 63.6%.

### **Significance/Implications/Relevance**

In 2002, the ACGME introduced the common core requirement that residents are expected to "work as a member/leader of the healthcare team or other professional group" and to "work in interprofessional teams to enhance safety and quality of care" leaving it to program directors to implement such requirements. The data reported here suggest interprofessional training activities in graduate medical education are increasing substantially.

# *Abstracts*

## **#14: WHEN DO RESIDENTS ACHIEVE LEVEL-4 TARGETS ON MILESTONES DATA? A VALIDITY INVESTIGATION**

Stanley J. Hamstra, PhD, ACGME; Kenji Yamazaki, PhD, ACGME; Nick Yaghmour, MPP, ACGME; Eric Holmboe, MD, ACGME

### **Background**

Milestone performance data provide one element in the Next Accreditation System (NAS) to determine whether residents are making sufficient progress within the program. The ACGME started accumulating Milestones data in 2013, for use by Residency Review Committees and Program Directors to improve training. The Milestones represent developmental performance targets within each specialty for all 6 ACGME core competencies. The goal of each residency program is to enable attainment of recommended entrustment performance targets by graduation from the program (i.e. level 4). To ensure validity, statements used in the Milestones framework for the assessment of resident competence need to be interpreted consistently by individual residents, faculty and others in the teaching program.

### **Objectives**

The purpose of the study was to investigate the quality of the initial Milestones dataset. An overview inspection might yield valuable insight into how Milestones are interpreted within or between specialties, challenges to the predicted attainment of Milestones, or other issues concerning the validity of data collection or scoring.

### **Methods**

The data presented here represent 2013 year-end ratings from Clinical Competency Committees within each PGY-level by several selected specialties: Internal Medicine (n=23,902), Pediatrics (n=8,834), Neurological Surgery (n=1,253), Urology (n=1,134), and Orthopedic Surgery (n=3,567). Data for each resident was analyzed to determine whether they had attained the entrustment target for all sub-competencies within a core competency. The outcome variable was the percentage of residents who attained the target across all programs within a specialty.

### **Results/Outcomes/Improvements**

The percent of senior-most residents who attained the entrustment target varied by specialty (e.g. for Patient Care, this percentage varied from 52% for Pediatrics to 77% for Urology and Internal Medicine). There was also wide variation in target attainment by competency within specialty (e.g. for Neurological Surgery, 92% of senior-most residents attained entrustment targets for Professionalism, while only 54% had attained those targets for Patient Care). The more traditional competencies of Patient Care and Medical Knowledge show different patterns of Milestone achievement than the other 4 competencies. In examining in detail the cross-section of entrustment target attainment across PGY-levels, most specialties show earlier attainment of competency in Professionalism and Interpersonal and Communication Skills than in the traditional competencies of Patient Care and Medical Knowledge.

### **Significance/Implications/Relevance**

For each specialty, the observed variation in attainment of competencies by category is likely due to multiple factors: variation in scoring of the competency by raters or by the CCC's, may reflect underlying differential skill development or meaningful variation in exposure to certain disease categories specified by a sub-competency (e.g. in the surgical specialties), or other curricular gaps. Such information will be of value to RRC's and Program Directors to help improve their approach to assessment of competencies and/or modification of educational curricula.

# *Abstracts*

## **#15: EMERGING ISSUES IN RESIDENT WELL-BEING: RESULTS FROM A NATIONAL SURVEY**

Nicholas Yaghmour, MPP, ACGME; DeWitt Baldwin, MD, ACGME; Joanne Schwartzberg, MD, ACGME

### **Background**

Resident comments on our previous well-being survey revealed two concerns that merited further exploration: mistreatment and unprofessional behavior in the workplace as well as the number of residents reporting the responsibilities of pregnancy and/or childcare.

### **Objectives**

To explore the magnitude of resident mistreatment and to determine the proportion of residents who are managing pregnancies and childcare in conjunction with their residency responsibilities.

### **Methods**

Upon completion of the ACGME's annual resident survey administered from January through May of 2014, residents were presented with an optional, anonymous survey. The survey consisted of 23 items and was designed to be completed in less than five minutes. Items added to the 2013 iteration included the frequency and impact of belittlement and humiliation, whether there were children in the household, and whether the resident or his/her partner were pregnant.

### **Results/Outcomes/Improvements**

18,381 residents responded. Just over one quarter (28.3%) were PGY1 residents. Just under one quarter each were PGY2 (22.9%) residents and PGY3 (22.1%) residents. 13.7% were PGY4-PGY7 and 13.0% were Fellows. Exactly half (50.0%) of respondents were male, 46.6% female, and 3.5% declined to report gender. Most respondents graduated from an allopathic medical school (63.7%), 26.5% were international medical school graduates (IMGs), and 9.7% of respondents graduated from an Osteopathic School (DO). Nearly half of the respondents (45.2%) reported being treated in an unprofessional manner at least once during the two-week response window, while a small percentage (3.6%) of respondents reported being treated unprofessionally more than half the time. At least one instance of humiliation or belittlement was reported by nearly a quarter (23.5%) of the residents over the two-week period, while only 1.9% reported such an experience more than half the time. When queried as to the impact of these events, 46.5% reported that "it did not bother me at all," while 9.7% reported that "it bothered me a great deal." Overall, 26.9% of respondents reported having children currently in the home and 7.0% reported that they or their partners were currently pregnant.

### **Significance/Implications/Relevance**

Mistreatment and unprofessional behavior during residency training continue to be obstacles to fostering professional and humanistic learning environments. Even when restricted to a two-week reporting window, almost half of residents still report being treated in an unprofessional manner, and nearly a quarter report experiencing some level of belittlement and humiliation. Coupled with managing to perform the duties of residency in challenging environments, a number of residents also report being pregnant or having childcare responsibilities.

# *Abstracts*

## **#16: AMERICAN BOARD OF INTERNAL MEDICINE COMPETENCY-BASED MEDICAL EDUCATION PILOTS**

Sandi L. Yaich, MEd, American Board of Internal Medicine; Oren K. Fix, MD, MSc, Swedish Medical Center; Roseanne M. Leipzig, MD, PhD, Mount Sinai School of Medicine; Chittur A. Sivaram, MD, University of Oklahoma; Furman S. McDonald, MD, MPH, American Board of Internal Medicine; Eric S. Holmboe, MD, ACGME; William F. Iobst, MD, The Commonwealth Medical College

### **Background**

Competency-based medical education (CBME) can be defined as “an outcomes-based approach to the design, implementation, assessment, and evaluation of medical education programs, using an organizing framework of competencies” (Frank, Snell et al. 2010). Few experiments in residency education are investigating the feasibility and effectiveness of shifting from predominately time-based to predominately competency-based systems.

### **Objectives**

To test feasibility of CBME in Internal Medicine residency and fellowship programs through graduate medical education (GME) pilots.

### **Methods**

Beginning in 2008, leaders in IM GME convened to establish principles of the pilot program and developed the following pilots: Gastroenterology-Transplant Hepatology: This program began in 2012 and offers a combined curriculum. Expected program length for successful fellows is decreased from 4 years to 3 years. Geriatrics – Palliative Medicine: This pilot program was first offered in 2012 and provides the fellow with a combined curriculum that allows for 16 months of Geriatrics-Palliative Medicine and 8 months of professional development. Overall length of training is not decreased. Internal Medicine – Cardiology First offered in 2014, this pilot will provide credit towards Cardiology fellowship for rotations successfully completed in Cardiology during the third post graduate year of IM residency. This pilot will not decrease training time in IM, but will allow time in the third year of Cardiology fellowship for further training. Each pilot program is overseen by a committee responsible for setting expectations for competency-based assessment and selecting the appropriate pilot trainees. These pilots are exceptions for individual trainees and do not represent changes to overall training programs.

### **Results/Outcomes/Improvements**

In 2013, the Gastroenterology-Transplant Hepatology pilot graduated four fellows who have since passed the ABIM gastroenterology exam. Three fellows recently took the 2014 transplant hepatology exam; results are not yet available. In 2014, 3 fellows successfully completed the pilot and registered for the 2014 gastroenterology exam. There was an increase in the number of fellows participating in the pilot during its third year, with 10 fellows enrolled and expected to graduate in June 2015. All graduated pilot fellows are practicing in the field of hepatology. In the Geriatrics-Palliative Medicine pilot, one fellow graduated in 2014 and is registered for the 2014 exams. Two fellows are enrolled in their second year of this pilot and are expected to graduate in June 2015. A total of 7 fellows were enrolled in the pilot starting July 2014 with an expected graduation date of June 2016 (note: one will be certified by the American Board of Family Medicine). The Internal Medicine-Cardiology pilot enrolled its first four residents in July 2014. In 2014, all pilot fellows and faculty were surveyed about their experience. All reported the fellows were adequately trained and most faculty agreed that the pilots were a better way to train fellows in the subspecialty. All fellows were very satisfied/satisfied with the pilot. The survey identified a need for faculty development at the local and/or subspecialty level. Additional outcomes assessments are ongoing.

### **Significance/Implications/Relevance**

Early indications suggest CBME can successfully shift the framework of GME from time-based to competency-based education. Future progress will be monitored for impact on GME and practice outcomes.

## Abstracts

### #17: GOLD HUMANISM HONOR SOCIETY MEMBERSHIP INDICATOR TO BE ADDED TO ERAS APPLICATION BEGINNING WITH 2016 APPLICATION CYCLE

The ERAS Advisory Committee recently announced that membership in the Gold Humanism Honor Society (GHHS) will now be included on the MyERAS application and the Program Director's Workstation as a filterable field, beginning with the ERAS 2016 season.

GHHS is a signature program of The Arnold P. Gold Foundation. The Gold Foundation is nationally recognized for promoting compassionate, patient-centered care. In 2002, the Foundation launched GHHS to identify students, residents, and faculty who embody the qualities of integrity, excellence, altruism, respect, and empathy and would serve as role models, leaders, and advocates for humanism in medicine. Since its inception, GHHS has grown steadily and as of November, 2014, has 117 medical student chapters, 15 resident chapters, and more than 20,000 members.

Membership selection within individual GHHS chapters occurs through a rigorous vetting process. Students, residents, and fellows are nominated through a peer survey that selects for the personal attributes of clinical competence, caring, and service.<sup>1</sup> Once selected, new GHHS members are inducted through a formal ceremony, recognized as exemplars by their medical community, and tasked with serving as role models, mentors, and advocates for compassionate patient-based care.

Directors of residency training programs have stated that membership in GHHS is an important determining factor in their resident selection process. Comparison of data from the 2012 and 2014 Program Director Survey published by the National Resident Matching Service (NRMP) shows the increasing influence GHHS membership has had on the decision to interview and rank applicants.<sup>2,3</sup>

The GHHS indicator on the ERAS application will allow rapid identification of an applicant as a GHHS member and will assist Program Directors (PDs) in a number of ways. GHHS membership is an important component of a holistic review process that goes beyond evaluation of an applicant based primarily on grades and examination scores. Haight et. al. described an association between personality traits and GHHS status that was predictive of positive clinical evaluations during medical school and cited studies that showed personality characteristics to be positive predictors of performance in residency training.<sup>4</sup> Spector et al. surveyed 5481 students from five graduating classes (2006-2010) and found that GHHS members had higher academic standing compared to their non-GHHS peers and were attracted to primary care specialties in greater numbers.<sup>5</sup> This information may positively inform PDs in medical specialties in which recruitment of applicants interested in primary care is critical.

We are grateful to the AAMC ERAS Advisory Committee for recognizing the value of placing GHHS membership as a sortable indicator on the ERAS application beginning in spring 2015. If you have any questions about GHHS membership or what it signifies regarding your applicants, please do not hesitate to contact Lynn White, M.D., Director, GHHS.

Richard Levin, MD  
President and Chief Executive Officer, Arnold P. Gold Foundation  
Jordan Cohen, MD  
Chairman, Board of Trustees, Arnold P. Gold Foundation  
President Emeritus, Association of American Medical Colleges  
Lynn White, MD  
Director, Gold Humanism Honor Society

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# *Abstracts*

## **#18: UTILIZING AN INTERNATIONAL EDUCATIONAL INSTRUMENT TO ASSESS A UNITED STATES RESIDENCY LEARNING ENVIRONMENT**

Herman O. Lyle III, MD, Billings Clinic; Robert D. Ficalora, MD, Billings Clinic; Elizabeth Ciemins, PhD, Billings Clinic

### **Background**

Creating an optimal learning environment for both the residents and faculty members in a new internal medicine residency is paramount. There are a limited number of validated tools available to assess this environment, none of which are widely used in the United States training environment. To evaluate our program, we utilized the Postgraduate Hospital Educational Environment Measure (PHEEM), which is a validated tool, used internationally, but not widely recognized in the United States.

### **Objectives**

We sought to evaluate the ability of the PHEEM survey to assess the global clinical learning environment, as well as the subcategories of resident autonomy, teaching, and social support within an ACGME accredited residency program.

### **Methods**

A modified version of the Post Graduate Hospital Educational Environment Measure (PHEEM) was distributed to all current PGY -1 residents and a sample of inpatient and outpatient core faculty. The original PHEEM questionnaire was reduced to 38 questions. Language was modified to enhance its relevance in a United States setting. A second modification altered the questions to assess faculty opinions on the same topics from the resident survey. Each question's response utilized a standard 5 point Likert scale (agree/disagree). The sum of the scores was then used to determine one of four rankings for the program: Poor, significant problems, positive with room for improvement, and excellent. Participation in the study was voluntary and anonymous for residents and faculty. Analyses included basic descriptive statistics and the Mann-Whitney U Test to evaluate differences between faculty and resident responses.

### **Results/Outcomes/Improvements**

The final sample consisted of 12 PGY-1's and 11 core faculty members. The combined overall result of faculty and residents for the program was 110 points out of 152 possible, a positive rating with room for improvement. Resident perceptions of the learning environment were significantly higher than the faculty opinion; 117 versus 103 (p-value 0.006). The survey results were divided into three sub-categories: Resident Autonomy, Educational Environment, and Social Support. The program score for autonomy was 36 out of 52 points. The residents scored the autonomy subcategory 38 versus the faculty average of 34 (p-value 0.019). The sub-category, educational environment, received a total program score of 47 out of 60 points. Residents scored the program at 50 versus the faculty rating of 43.7 (p-value 0.044). Lastly, the total program score for social support was 27 out of 40 points, a positive rating with room for improvement. The residents average score was 28.7 versus the faculty score of 25.1 (p-value 0.004). There were no significant differences based on gender.

### **Significance/Implications/Relevance**

The results highlighted areas for improvement, but also showed statistically significant differences in perceptions between the faculty and residents that need to be studied further. Limitations of the study included a small sample size and minimal US experience with the survey. Overall, the PHEEM questionnaire provided a simple, yet useful tool, for program evaluation that future investigators could include in assessing more diverse training environments.

# *Abstracts*

## **#19: IMPLEMENTATION OF A RESIDENT-LED QUALITY AND SAFETY CONFERENCE**

Shiva Zargham, MD, Brody School of Medicine/East Carolina University; Rashmi Patel, DO, Brody School of Medicine/East Carolina University; Karin Hillenbrand, MD, MPH, Brody School of Medicine/East Carolina University

### **Background**

Residents are often the front line caretakers for patients and are directly involved in providing safe and quality care, yet they are not always included in review or implementation of measures to improve quality and safety within their institutions. The ACGME CLER program has called for resident engagement in quality and safety endeavors as two of the six components which affect patient outcomes and determine residency accreditation. Quality and safety initiatives have been found to be most effective when interdisciplinary teams are involved, faculty are engaged, and residents are encouraged to take a leadership role in execution of the initiative.

### **Objectives**

To increase resident recognition and reporting of safety concerns affecting the care of pediatric inpatients, and engage residents in implementation of improvement measures.

### **Methods**

A monthly Pediatric Quality and Safety Conference, intended to review and analyze safety events identified on the pediatric inpatient services, was introduced in July 2014. During each rotation, all residents on the inpatient team are tasked with identifying at least one safety event in which they were involved or that they witnessed, and entering the event into a system-wide online safety net program. During the Quality and Safety conference held at the end of each rotation, residents present the events they've identified to their peers, medical students, and attendings. A senior resident from each rotation is designated to focus on one event in detail, and describe an intervention that has been or could be implemented to improve safety on the pediatric inpatient service. Reported events are tabulated by the Chief Residents and Program Director, and stratified into error types according to the Institute of Medicine.

### **Results/Outcomes/Improvements**

To date, 33 residents report that they have submitted at least one error to the online safety net program and have presented their events verbally, representing 100% participation of residents assigned to the inpatient service. The event types identified most commonly include communication errors (11), avoidable delay in treatment or in responding to an abnormal test (6), failure to employ indicated tests (3), inadequate monitoring or follow-up of treatment (3), and equipment failure (3).

### **Significance/Implications/Relevance**

As a result of the Pediatric Quality and Safety conference, residents on the pediatric inpatient service have quickly become engaged in recognizing and reporting patient safety events, and are motivated to become involved in the process of quality and safety improvement. As increasing numbers of events are identified and shared with residents, medical students, and attendings, there has been a "ripple effect" of increased discussion of errors in other pediatric areas of the hospital, including the ICUs, newborn care areas, and outpatient clinics. Next steps include identifying potential solutions to reported errors, re-examining implemented solutions to determine efficacy, and extending conference involvement to include residents from other clinical service areas. The Pediatric Quality and Safety Conference format has been presented at our institution's Quality Improvement meeting and to the Graduate Medical Education Committee, and other departments are being encouraged to institute similar programs for their trainees.



# Abstracts

## #20: DIFFICULT CONVERSATION: A NATIONAL COURSE FOR NEUROSURGERY RESIDENTS IN DOCTOR-PATIENT COMMUNICATION

Michael M Haglund, MD, PhD, Duke University; Mariah Rudd, Duke University; Alisa Nagler, JD, EdD, Duke University; Neil S. Prose, MD, Duke University

### Background

Neurosurgeons engage in difficult conversations with patients and families yet often lack training in how to do so. ACGME requires the teaching of communication skills as a Core Competency and as part of Neurosurgery Milestones. Innovative methods are required to meet this requirement and provide critical communication training.

### Objectives

The PIs sought to develop an interactive hybrid approach to teach, reinforce and evaluate communication skills that is accessible to both individual training programs and to national forums for resident training.

- To assess gaps in communication training
- Teach and demonstrate the importance of critical interactions between physicians and patients
- Develop toolbox for professional patient-physician communication development

### Methods

Based on needs assessed via a national survey of Neurosurgery Program Directors, videotaped scenarios using standardized patients illustrating good and bad communication skills were developed. A laminated card was created with difficult conversation tips using the mnemonic SOLS: "Sit", "ask Open ended questions", "Listen", "Say back what heard." A pilot was conducted at the authors' institution and later implemented at National Neurosurgery Boot Camps. Pre and post surveys were conducted querying participants on level of competence and behaviors they would attempt to change following participation. A subgroup of residents were evaluated, using the SOLS checklist, on videotaped role-play exercises. Scenarios were videotaped using standardized patients to demonstrate good and bad communication practices. A needs assessment survey was disseminated to all Neurosurgery Program Directors to determine current practices and gaps in communication training. As a pilot, videos were utilized as part of required communication skills session for the Duke Neurosurgery. Videos were then incorporated into a communication skills workshop at the Society of Neurological Surgeons Annual Resident Boot Camps. Participant responses to a pre and post survey were analyzed for both.

### Results/Outcomes/Improvements

While Program Directors and residents both report a need for training in this area, there is a disconnect in the perceptions of what residents are already receiving. Eighty-seven of 103 Neurosurgery Program Directors completed a nation-wide survey, majority reporting inclusion of communication training in their curriculum and watching communication videos would be valuable to residents. The fourteen Duke GME Residents from the pilot identified the following as items they needed to work on when communicating with patients: Sit down; Take time to listen to patient questions; Say back what they hear. Ninety-three residents participated in the communication training as part of the national Neurosurgery Boot Camp and 68 (73%) completed a pre and post evaluation. Forty-nine percent of responders reported having no formal training in physician-patient communication at their institution. Participants felt their communication skills improved as a result of the training; 55% reporting it "greatly" or "extremely" improved and zero reporting "not at all." Those who participated in role-play showed significant improvement in "Asking open-ended questions", "Listening", "Fire warning shot", "Allowing patient to absorb", and "Explaining in clear language." Residents identified plans to change current practices based on skills acquired from the training.

### Significance/Implications/Relevance

Neurosurgeons frequently participate in difficult conversations, yet both residents and faculty note exposure to this content is suboptimal. A hybrid approach to teaching communication skills is well received and enhances GME training of surgical subspecialists. Incorporating such training into national programs has the potential to leverage resources and provide a standard curriculum while relieving individual programs from challenges of teaching and evaluating this content on their own. Utilizing video-recorded standardized patient encounters is well received and enhances GME training. Residents felt more competent in their communication skills following this educational intervention.

# *Abstracts*

## **#21: A GRADUATE SURVEY CAN ENHANCE EDUCATIONAL PROGRAM AND INSTITUTIONAL EFFORTS**

Alisa Nagler, JD, EdD, Duke University; David A. Turner, MD, Duke University; Mariah Rudd, Duke University; Catherine M. Kuhn, MD, Duke University

### **Background**

The ultimate goal of graduate medical education is to develop outstanding physicians who are prepared for independent practice. Outcomes to achieve this goal are being increasingly emphasized in the continuum of medical education and are a focus of the ACGME Next Accreditation System and recent report on GME funding by the IOM. However, data are limited regarding how to best gather and utilize this information to inform educational improvements. As programs adapt to the changing GME environment, graduate performance and perception of training experiences are critical. Graduate perceptions are a rich source of information for institutional and programmatic assessment of the clinical learning environment and effectiveness of educational programs.

### **Objectives**

The purpose of this project was to use an institutional approach to gather feedback from GME graduates for the purposes of education quality improvement. The survey was intended to collect graduates' perception of their training experience and their level of preparedness for practice or advanced training.

### **Methods**

For 7 years, a graduate survey has been conducted for GME programs that choose to participate at our institution. Graduates are asked their confidence in six core competencies, perception of how well prepared they were for independent practice/additional training, and what they liked most and least about their GME experience. For most programs, the electronic survey is sent to graduates 1 and 5 years after completion of training. Aggregate results are shared with all GME programs and individual programs receive a report from their results.

### **Results/Outcomes/Improvements**

Of 338 responders, 96% found the employment or additional training of their choice upon completing GME training, with > 50% in academic practice. The average confidence rating (with 1 = "Not confident", and 5 = "Extremely confident") for each competency was Patient Care (4.0), Medical Knowledge (3.9), PBL (3.6), Communication (4.0), SBP (3.7), and Professionalism (4.1). Graduates report feeling very prepared to (%): "stay current in specialty" (58); "continue life-long learning" (56); "manage different interactions with other members of the healthcare team" (53) and identify and solve problems at work" (42). Graduates report feeling underprepared for (%): "managing a private practice" (31); "competing for grants on par with others with similar training" (28), and "balancing personal and professional life" (16). Overall, graduates note "faculty mentorship," "clinical training," and "diversity of cases" as the best components of training and "preparation for private practice" and "faculty support" as opportunities for improvement. The vast majority of graduates (82%) would choose Duke again for training.

### **Significance/Implications/Relevance**

A graduate survey at the institutional level is feasible and provides an opportunity to assess the effectiveness of program and institutional efforts and can be used to identify areas of excellence and deficiencies in the clinical learning environment. In response to our survey, programs have made changes to their rotation schedules, interview processes, and mentoring. At the institutional level, a Health Policy Lecture series was developed, individual contract negotiation consulting was provided, a Resident Council developed, and an incentive program implemented. A survey of this nature has the potential for broad application across institutions and geographic locations.

# Abstracts

## **#22: A TRAINEE PATIENT SAFETY AND QUALITY COUNCIL FACILITATES TRAINEE INVOLVEMENT AND LEADERSHIP IN PATIENT SAFETY AND QUALITY**

Michael Barfield, MD, Duke University Hospital and Health System; Michele Fass, MD, Duke University Hospital and Health System; Kristy Rialon, MD, Duke University Hospital and Health System; Judy Milne, RN, MSN, Duke University Hospital and Health System; Catherine Kuhn, MD, Duke University Hospital and Health System; David A. Turner, MD, Duke University Hospital and Health System

### **Background**

Patient safety and quality are intimately linked to education in the academic medical environment, and GME trainees on the front lines caring for patients are uniquely equipped to identify and lead improvements in the care that is provided. As medical centers work to continuously improve patient care, close collaboration between trainees, GME leadership, and a health system is essential to facilitate the successful achievement of patient safety and quality initiatives.

### **Objectives**

To facilitate trainee leadership in patient safety and quality initiatives through establishment of a structured collaboration between GME and health system leadership via a GME Patient Safety and Quality Council (PSQC).

### **Methods**

GME and health system leaders convened to assess institutional performance, and as a result of this assessment, the GME PSQC was developed in 2009, with a formal charter created in 2013. The scope of GME PSQC includes assessing and addressing curricular requirements and hidden curricular influences on GME trainee education in quality and patient safety and those issues that impact patients and their families. The purpose of the GME PSQC is to advance knowledge and skills related to quality and patient safety and facilitate implementation of health system initiatives.

### **Results/Outcomes/Improvements**

In 2013-14, the GME PSQC included 2 resident co-chairs, 87 trainee participants, 12 faculty mentors, patient safety officers, and health system leadership. Trainee participants represented 59 programs and all 14 clinical departments. The functional organization of the GME PSQC and method for developing and completing initiatives is through five task forces, which in the most recent academic year included:

#### **Incentives Program**

- o Implemented the program and educated program directors/trainees regarding the incentive program that links financial incentive to specific trainee performance metrics. The four metrics included three health system wide (patient satisfaction, 30-day readmissions, patient influenza vaccinations) and one program specific metric. (ie. hand hygiene, procedural complications, etc.)

- o Developed a lecture series entitled "Health Care Value for Physicians: Understanding Quality and Cost"

#### **Handover**

- o Created an evaluation form for intern handover evaluation

- o Developed an assessment process for shift-shift handovers, specifically relating to rapid response calls and codes

#### **Education**

- o Developed of a Resource Guide for Quality Improvement

#### **Resilience**

- o Completed a needs assessment for programs and trainees regarding burnout and stress mitigation

- o Developed content for a web based repository for resilience resources for trainees

- o Created a pilot program for increasing awareness of resources for assistance using hospital screen savers

#### **Supervision**

- o Developed an assessment tool for interns/junior residents to evaluate senior residents

- o Assisted in creation of a new GME Resident Council Each initiative directly impacted education and patient care, and many were presented both regionally and nationally.

### **Significance/Implications/Relevance**

A GME PSQC is feasible and creates collaboration between GME and health system leadership to enhance trainee education and participation in patient safety and quality. Efforts such as these can facilitate and develop trainee leadership in institutional patient safety and quality initiatives. This model has potential applicability for broader application across institutions, further augments efforts to improve patient care, and enhances the clinical learning environment.

## *Abstracts*

### **#23: THE IMPACT OF MULTIDISCIPLINARY TEAM TRAINING ON ADHERENCE TO CENTRAL VENOUS CATHETER PATIENT SAFETY PROTOCOLS**

Charles Bortle, EdD, Einstein Healthcare Network; Amit Joshi, MD, Einstein Healthcare Network; Merle Carter, MD, Einstein Healthcare Network; Patricia White, PhD, RN, Einstein Healthcare Network; J.P. Orlando, EdD, Einstein Healthcare Network

#### **Background**

Training in team performance is known to improve clinical outcome measures. However, gaps remain in what constitutes the optimal design of these programs. The depth, breadth, and length of team training continue to generate debate. This study attempts to shed light on training design and delivery questions using Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS) designed to improve communication and teamwork skills among health care professionals.

#### **Objectives**

This research study compares first-year resident/nursing pairs that received no team training to first-year resident/nursing pairs that received an abbreviated one hour TeamSTEPPS training course prior to completing a simulation-based central venous catheter (CVC) insertion course and performance evaluation.

#### **Methods**

Seventy-six participants (38 experienced nurses and 38 first-year surgical, emergency medicine, and internal medicine residents) were randomly paired and then assigned to a treatment group (TeamSTEPPS) or to a control group (no team training). Both groups received simultaneous instruction in sterile technique and CVC insertion, while only the treatment group received an hour of additional TeamSTEPPS instruction. Following the instruction, participants in both groups were then evaluated performing CVC insertion on mannequins. Audio-visual recordings were reviewed by three independent and trained research assistants who rated 30 behavioral markers (15 technical and 15 non-technical). Participants also completed a survey about their perceptions of the experience. No participants were excluded and none were lost to follow-up.

#### **Results/Outcomes/Improvements**

A repeated-measures analysis of variance (ANOVA) was estimated to test for any differences between the TeamSTEPPS-trained and non-TeamSTEPPS-trained groups. Results revealed significant differences between trained and untrained groups in teamwork-related behaviors ( $F(5,38)=8.58$ ,  $p<.001$ ) for team structure ( $p=.01$ ), leadership ( $p=.02$ ), situational monitoring ( $p=.009$ ) and communication ( $p<.001$ ). However, there was no significant difference in adherence to safety related markers ( $F(4,38)=1.29$ ,  $p=.29$ ) for non-technical, technical, CVC bundle, and patient safety protocol adherence. The majority of rated indicators demonstrated high agreement ( $>70\%$  exact agreement) among the three independent raters. Additional correlation analyses revealed relationships between technical and non-technical behaviors and adherence to patient safety protocols, specifically the Institute for Healthcare Improvement Central Lines Bundle.

#### **Significance/Implications/Relevance**

An abbreviated one-hour TeamSTEPPS training improved teamwork skills of first-year resident/nursing pairs in a simulated clinical environment. This improvement did not translate into improved adherence to patient safety protocols—both groups exhibited high adherence. Additional research is necessary to determine the optimal depth, breadth, and length of team training to improve patient safety and outcomes.

# *Abstracts*

## **#24: COMPARING THE PERCEPTIONS OF ATTENDINGS AND TRAINEES ON PHYSICIAN ATTRIBUTES AND FEEDBACK IN A MULTICULTURAL ACADEMIC MEDICAL INSTITUTE IN QATAR**

Abdel Naser Elzouki, MBChB, DTM&H, MSc, MD, PhD, FRCP, Hamad Medical Corporation, Qatar; Amal Khidir, MBBS, FAAP, Hamad Medical Corporation, Qatar; Khalid Alyafei, MD, FAAP, FRCPC, Hamad Medical Corporation, Qatar; Ahmed Al Hammadi, MBChB, FRCPC, Hamad Medical Corporation, Qatar; Magda Wagdy, MBChB, MD, Hamad Medical Corporation, Qatar; and Abdul-Latif Alkhal, MBChB, MD, Hamad Medical Corporation

### **Background**

Hamad Medical Corporation in Qatar has recently received the Accreditation Council for Graduate Medical Education-International (ACGME-I). Considering professionalism as a core competency, it became strategically very important to navigate and compare the attendings and trainees perceptions about professionalism to inform the planning of any further faculty development, training or assessments.

### **Objectives**

The purpose of this study was to describe and compare the perceptions of attending physicians and trainees on professionalism in a multicultural highly diverse medical academic institution in Qatar.

### **Methods**

575 Trainees and 135 faculties were surveyed about their perceptions on professionalism at Hamad Medical Corporation-Qatar during the academic years 2012-2014. Participants from 17 disciplines (i.e., medicine, surgery and its subspecialties, pediatrics, obstetrics and gynecology, anesthesia, ophthalmology, orthopedics, psychiatry, family medicine, emergency medicine and radiology) were enrolled. An 11-question survey was offered before they attended professionalism faculty development activities. The survey contained 5-Likert scale and open-ended questions. All analyses were performed with SPSS version 20.0. Chi-square and Fischer's exact test were used to drive p-values.

### **Results/Outcomes/Improvements**

A total of 459 trainees (56% males) and 100 (77% males) attendings (from >27 different nationalities and >28 different medical schools) completed the survey; response rates were 80% and 74%, respectively. Both trainees and attendings agreed that responsibility, respect, honesty and patient confidentiality were the most important physician attribute at work place compared to compassion, empathy and interpersonal competence ( $p>0.05$ ). Team work and altruism were perceived as highly important professionalism characteristics by attendings compared to trainees ( $p=0.01$ ). Attendings would like to learn more about conflict of interest when compared with trainees (55% vs. 7%, respectively,  $p=0.001$ ). Attendings (78%) and trainees (76%) agreed that the single most important component of learning professionalism was clinical interactions and positive role modeling ( $p>0.05$ ). The current evaluation systems were considered by both groups as the least effective. The strongest curricular recommendations included regular: a) courses and workshops, and b) adequate feedback. In the qualitative data gathered, the importance of role modeling was again emphasized and strong interest to know how to report lapses and breaches were highlighted.

### **Significance/Implications/Relevance**

Although attendings and trainees agreed on the importance of the physician attributes, however, there were some differences for some of them. Positive role models in the training and work environment was emphasized as the most important way to teach professionalism. Skills and training on giving feedback on professionalism lapses were needed. The medical education leaders need to work on refining the skills on giving feedback and other supporting skills through faculty development programs and in clinical milieus where training occurs.

# *Abstracts*

## **#25: IMPLEMENTING A CHIEF RESIDENT TRAINING COURSE IN QATAR**

Carma Bylund, PhD, Hamad Medical Corporation; Brijen Shah, MD, Icahn School of Medicine at Mount Sinai; Banan Al-Arab, MBA; Hamad Medical Corporation; Abdelhamid Afana, PhD, Hamad Medical Corporation; Ahmed Al Mohammed, MD, Hamad Medical Corporation; Muna Al Maslamani, MD, Hamad Medical Corporation; Khalid Dousa, MD, Hamad Medical Corporation; Steve Scott, MD, Weill Cornell Medical College-Qatar; Ismail Helmi, MD, Hamad Medical Corporation; Abdullatif Al-Khal, MD, Hamad Medical Corporation

### **Background**

Chief residents play a vital role in the success of GME programs. Chiefs are uniquely positioned in the dual roles of learner and manager for their final year in training, although they often do not receive training to help them succeed. Few programs exist to prepare a chief residents in ACGME-I programs.

### **Objectives**

We developed and implemented a chief resident training course for chief and assistant chief residents at Hamad Medical Corporation (HMC), an ACGME-I accredited institution in Qatar. The content and format were based on an institutional retreat from a US-based ACGME program. Content was adjusted to account for the cultural diversity and local characteristics of the institution.

Course objectives were:

1. To provide chief residents with skills to fulfill their administrative and teaching roles;
2. To create a network of chief residents within HMC;
3. To foster reflection on one's own teaching and leadership skills.

### **Methods**

The 2-day retreat-style course utilized mini-lecture, small group discussion and role play focusing on topics such as: communication skills, giving effective feedback, clinical teaching skills, conflict management, resident well-being and mental health, and leadership development. In a final group discussion session, chief residents were asked what could help them carry out their roles more successfully. We evaluated the course through pre-post self-efficacy measures and a survey. Before and after training, participants completed a 10-item measure assessing their skills, knowledge and confidence levels in the course topics. Paired t-tests were used to examine the significance of mean differences between pre- and post-training. Participants were also asked to complete an online course evaluation using Qualtrics survey software, which asked about their satisfaction with the course, the usefulness of individual modules and workshops, and their preferences for future training.

### **Results/Outcomes/Improvements**

36 chief and associate chief residents attended. Overall, 97% of the participants were either very satisfied or satisfied with the course. Residents' perceptions of their skills, knowledge and confidence levels increased significantly on 9 of the 10 pre-post survey items. For instance, the item asking whether they felt they had the skills needed to be a good chief resident increased from 3.28 to 4.28,  $p < .01$  (scale 1-5, 5=strongly agree). Of the individual topics, the workshop on giving feedback received the highest ratings for usefulness, with 85% of participants rating it as "very useful." The majority (74%) of participants thought 2 days was the right amount of time for the training, and 69% thought that in the future the course should be offered to chief residents 1-3 months after starting their role. The majority (63%) preferred to have Program Directors, Core Faculty and Chief Residents attend future train-the-trainer courses together.

### **Significance/Implications/Relevance**

Chief residents in ACGME-I training programs found a 2-day training course to be useful in improving their abilities and skills, as well as building a network of chief residents across the institution. This course will be offered annually at our institution in the future. In addition, future work will involve training the chief residents alongside their program directors and core faculty to strengthen the education in individual residency programs.

# *Abstracts*

## **#26: FLIPPING THE CLASSROOM: AN INNOVATIVE STRATEGY FOR IMPROVING HAND HYGIENE AMONG TRAINEES IN AN URBAN TEACHING HOSPITAL**

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### **Background**

Hand hygiene is one of the easiest and most effective strategies for Hospital Acquired Infection (HAI) prevention, yet compliance is one of the biggest challenges faced by institutions. The Joint Commission directs hospitals to implement a hand hygiene program to improve hand hygiene compliance. Our hospital implemented Operation Clean Hands in 2011, but faced challenges with hand hygiene compliance among physicians and trainees. Multiple initiatives were employed including regular hand hygiene audits, education initiatives, regular data reporting, and electronic reminders. Regular audits revealed only 92% compliance with hand hygiene among physicians.

### **Objectives**

Recognizing that regular audits and educational interventions were not improving compliance, we employed a novel strategy to improve compliance. We describe the implementation and outcomes associated with a novel hand hygiene initiative meant to effectively engage the trainee around hand hygiene. All residents and fellows from a single sponsoring institution were taught to perform hand hygiene audits and, for a 28-day period, every trainee was tasked with completion of a minimum of ten audits in their clinical area.

### **Methods**

Residents and fellows (N=242) were given training on the institution's standardized approach to hand hygiene and hand hygiene audits. Auditors were given electronic audit tools that requested documentation of the location, date, time, provider type, and observed compliance with hand hygiene both entering and exiting the room. The data tool was accessible via the Resident Management System, thus able to be completed on tablets and phones, and electronically submitted. Trainees were specifically asked to complete audits in their current rotation areas to provide maximal breadth of impact. Pre- and post-intervention surveys were completed

### **Results/Outcomes/Improvements**

One hundred percent of the programs participated in the audit program and 87% of the trainees entered  $\geq 10$  audits. During a 28-day period, 2468 total audits were performed in a total of 84 unique clinical areas of the hospital. As auditors, residents and fellows observed the areas of noncompliance and intervened as educators, if they were comfortable. Institution data for 2013 demonstrated that physicians were compliant 92% of the time (N=5,563). Since completion of the intervention, the hand hygiene compliance rate for physicians was 96% (N=3,772). After program initiation, we observed a statistically significant reduction in HAI's (Clostridium difficile and MRSA.) Trainees commented that they recognized the power of hierarchy or provider type in either positively or negatively affecting compliance.

### **Significance/Implications/Relevance**

The Resident Hand Hygiene Audit Program represents a single, hospital-wide Quality Improvement Project with 100% participation by programs and also aligns with an institutional Patient Safety Initiative. Through this initiative, physician hand hygiene compliance has continued to improve. Turning the trainee from audited to auditor helped to transform our culture of hand hygiene and reduce HAI's across the institution.

# *Abstracts*

## **#27: SURVEY ON THE RESPONSE OF JUNIOR DOCTORS TOWARDS INCIDENT REPORTING**

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### **Background**

Healthcare institutions have in place an electronic Hospital Occurrence Reporting (eHOR) system that allows for reporting of incidents such as adverse events, medical errors and near misses relating to patient care with the aim of implementing measures to systems and processes that will improve clinical quality and patient safety.

### **Objectives**

This study aims to determine the utilization rate of eHOR system amongst junior doctors, reasons for not making an incident report, views about making incident reports and measures that can help improve incident reporting via the eHOR system.

### **Methods**

A survey comprising of a questionnaire with 13 short questions was conducted amongst the junior doctors (interns and residents) on rotation to Khoo Teck Puat Hospital, a regional government funded hospital in Singapore between January and June 2014.

### **Results/Outcomes/Improvements**

A total of 114 doctors from medical, surgical and anesthesia departments were surveyed. 89% of those surveyed were aware of the existence of the eHOR system but only 43% knew how to make an incident report via the eHOR system, and 52% knew what incidents had to be reported. Out of the 114 junior doctors surveyed, only 41% has made an incident report via the eHOR system. Reasons for not making an incident report via the eHOR system include: not knowing which incidents need to be reported (24%); finding it troublesome (22%); worried about getting colleagues into trouble (15%); worried about disciplinary action (9%); worried about litigation (7%) and fear that fellow colleagues would not be supportive of their action (5%). 18% of the respondents did not give their reason for not making an incident report. 108 respondents (95%) viewed reporting of incidents in the eHOR system important and 84 of them (74%) felt that the current eHOR system for reporting of healthcare related incidents is adequate for capturing events that required system or process improvement measures for better and safer patient care. 77% of junior doctors surveyed think that training or live demonstration on the use of the eHOR system will be beneficial and will increase the chance of reporting and 80% reported that they will attend the training sessions. The best timing for such training in order of preference was found to be during orientation (36%); department meetings (31%); patient safety workshops (19%); and scheduled training sessions (13%).

### **Significance/Implications/Relevance**

The junior doctors surveyed generally had a positive attitude towards the eHOR system. Increasing the awareness on the incident reporting system and its significance amongst the junior doctors via appropriate training sessions may improve the rate of incident reporting.



# Abstracts

## **#28: INTERPERSONAL COMMUNICATION SKILLS IN INTERNAL MEDICINE RESIDENCY: A PILOT SIMULATION WITH IMMERSION PROGRAM**

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### **Background**

Acquiring interpersonal communications skills (ICS) remains challenging for internal medicine (IM) residents. Simulation-based education, using standardized patients has demonstrated improvement in participants self-perceived communication skills; however, patient-reported outcomes have not improved. The authors theorized that a simulation-based curriculum augmented by deliberate improvisational skill practice, integrated into a global “communication map” and clinical immersion can facilitate demonstration of ‘effective communication with patients and caregivers’ (ICS1 milestone 20).

### **Objectives**

This pilot study reports data on whether simulation-based education using actors in an improvisational approach to teach selected ICS to IM residents is feasible and whether it results in improved performance, compared to controls trained using traditional bed-side role-modelling and lectures.

### **Methods**

The authors conducted a single-center, prospective cohort, blinded, controlled trial of the effect of augmented simulation-based education with clinical immersion (SIM) on ICS. We developed a six session curriculum focused on defined, discrete, structured skills organized into a single, integrated communication map. Eight IM residents were assigned, based on their rotational calendar, to either the SIM or control group. Facilitators were trained in improvisational ICS feedback to residents. Following the simulation phase, residents completed a 2-day clinical immersion by participating in Palliative Care rounds focused on skill consolidation. Participants were tested and re-tested in simulated resuscitation discussion scenarios, 9 months apart. Videotaped pre- and post-simulated performances were reviewed by four blinded evaluators using a checklist of skills to determine communication competency. Feasibility of the program was assessed using a post-intervention survey.

### **Results/Outcomes/Improvements**

Four evaluators, blinded to group assignment, rated 16 ICS encounters for a total of 64 observations: 4 pre- and 4 post-intervention taped simulated discussions were compared in cases and controls. At baseline, there was no skill difference between the intervention and control groups (mean pre-score of 4.4/10 vs 3.9/10). After the intervention, SIM participants improved compared to controls (mean post-score of 8.4/10 vs 5.5/10). The pre-post improvement in the intervention group was higher than in controls (mean 4.00/10 vs 1.38/10 for absolute mean difference of 2.62/10; median 4/10 vs 1.63/10 for absolute median difference of 2.37/10;  $p=0.0671$ ). Based on feedback from faculty and coordinators, the program was deemed feasible. Participants advised implementing the program into standard residency curricula for the PGY-2 year of IM and Medicine-Pediatrics programs.

### **Significance/Implications/Relevance**

The SIM intervention was feasible and resulted in significantly improved ICS skills. The program's novel aspects of 1) repeated, improvisational practice of 2) discrete and defined skills, 3) integrated into a single communication map, implemented during 4) clinical immersion phase, and 5) recorded and evaluated at the conclusion of the training may improve ICS acquisition and demonstration of the 20th IM milestone (ICS1) in other training programs.

# Abstracts

## #29: PEDIATRIC RESIDENT MILESTONE RATINGS OUTCOMES

Sandra Moore, MD, Morehouse School of Medicine; Chevon Brooks, MD, Morehouse School of Medicine; Meisha Graham, MD, Morehouse School of Medicine; Yolanda Wimberly, MD, Morehouse School of Medicine

### Background

As of June 2014, the ACGME now requires every pediatric residency program to report the developmental progress of each of its resident in each of the 21 Pediatric Milestones. However there is no reported data on how programs actually rated its residents on the Milestones or the process that they used. Given their constant engagement with and evaluation of residents, we thought that faculty would be in a good position to report resident Milestone ratings after residents completion of a rotation.

### Objectives

1. To report the process used by a Pediatric Residency Program to evaluate residents' Milestone rating
2. To report the average Milestone rating by PGY level as rated by faculty and course directors
3. To report how each Milestone and average Milestone rating differed by PGY level.

### Methods

There was a 4 step approach to get faculty ratings of resident on each Milestone at the end of each rotation. They included: 1. Revision of existing end of rotation faculty evaluation of residents; 2. Faculty development in the Pediatric Milestone project and the new evaluations; 3. Faculty use of the evaluations and; 4. Analysis of the data. Specifically, the steps included the following:

1. All rotation evaluations were converted to a global Milestone evaluation. One section of the evaluation included a "brief" format of all 21 Milestones that was developed by Nationwide Children's Hospital. a. The narrative portion of each Milestone was reduced to a shorter version; b. The scale used was 1-9. Each of the five Milestone levels was number 1, 3, 5, 7 and 9, respectively. The "in-between" levels were labeled 2, 4, 6 and 8, respectively; c. "N/A" was also an option for any Milestone they felt they could not or did not observe; d. We used an electronic Residency Management Suite to capture all the data
2. Faculty and especially course directors received faculty development and training in the Pediatric Milestone project and the program's new global Milestone evaluation.
3. The evaluations were completed by the course director and other faculty at the end of each rotation and twice per year by continuity clinic preceptors for each resident. Our program is on a 13 four week block schedule
4. At the end of the 2013-2014, we analyzed all of the aggregate data for all residents using the electronic Residency Management Suite, Excel and SPSS a. The total number of completed evaluations was tabulated for each resident; b. For each of the 21 Milestones and the overall average of the 21 Milestones, each resident's average rating was calculated; c. Descriptive variables were calculated and the Student T-test was used to determine if there was a statistically significant difference in the faculty ratings by PGY level (PGY-1s compared to PGY -2s AND PGY -2s compared to PGY-3s).

### Results/Outcomes/Improvements

Number of Faculty that evaluated residents = 36 Total number of evaluations completed = 258 (PGY-1 = 101, PGY-2= 72 and PGY-3 = 85). Average number of evaluations completed for each resident = 14.3 (PGY =16.8, PGY-2 = 12 and PGY-3 =14.2). On a scale from 1-9, the overall average Milestone rating for PGY-1, 2 and 3 was 5.11, 6.62 and 7.37. On average PGY-2s were rated higher than PGY-1 for each 21 Milestones and for the overall average, all of which were statistically significant (p value > 0.05). On average PGY-3 were rated higher than PGY – 2 for each of the 21 Milestones and for overall average. However only 14 / 21 ratings (PC1, PC3, PC4, PC5, MK1, PBL2, PBL4, ICS1, ICS2, PROF1, PROF2, PROF4, PROF5, PROF6) and the overall average were statistically significantly different (p value > 0.05).

### Significance/Implications/Relevance

Given the new requirement of Milestone reporting by all Pediatric programs, it is helpful to have comparative information of ratings and processes used to evaluate residents on the Milestone. Although the Milestones are intended to be used to access residents' progression throughout residency, we do find that faculty evaluation of residents after a rotation can discriminates between different PGY levels for most Milestones, as one would expect. Between training year 1 and 2, there is a statistically significant difference in all of the Milestone ratings. Between training years 2 and 3, seven (7) Milestone ratings were found not to be statistically significantly different. These included PC2, PBL11, PBL13, PROF3, SBP1, SBP2 and SBP3. This could be due to one of several reasons (or combinations) including: 1. Faculty need more development in Milestones to discriminate between PGY levels 2 and 3 for these particular milestones, 2. Resident achieves higher ratings or "competency" earlier in training for certain Milestones or 3. In our program, we promote development in certain Milestones more than others. The biggest limitation is that this only the experience of 1 program, but as we move forward it is important that other programs share Milestone evaluation process and outcomes. There are also methods that program could potentially use to assess resident Milestone ratings that should also be explored.

# *Abstracts*

## **#30: MILESTONES AS A BENCHMARK FOR PROGRESS: HOW RELIABLY DOES THE CCC USE THEM?**

Sara Neal, MD, MA, Moses Cone Family Medicine Residency

### **Background**

The milestones for Family Medicine are a set of descriptors designed for use in the semi-annual review of residents. Organized into a developmental framework, the milestones help track a resident's progress from entry level to graduation. The information will be used by the residency program for promotion to the next level. The Next Accreditation System (NAS) will also examine milestone performance data to track whether residents overall are progressing. The Clinical Competency Committee (CCC) is charged with assigning milestones to the resident's progress using summative evaluation data.

### **Objectives**

The milestones assigned by the CCC at each semi-annual review represent important data. This study is an evaluation of the inter-rater reliability for members of the CCC using the milestones for Family Medicine residents. The question I wished to answer is: How reliable are the milestone assignments given by the CCC?

### **Methods**

In September 2014, the author held three educational seminars for faculty who were members of the CCC. At the third meeting, each faculty member was asked to assign milestones to four members of the class graduating two months prior. Each faculty member evaluated the same four residents. All faculty involved had been present for at least the entire third year of the residents training program and worked with them clinically on an ongoing basis. Inter-rater reliability was evaluated using the AgreeStat program to calculate three of the most commonly used tests, Cohen's kappa, per-cent agreement and Gwet's AC2.

### **Results/Outcomes/Improvements**

Inter-rater reliability was calculated for each of the four individual residents as follows: agreement among the 7 faculty for the individual resident:

- 1) as a whole (all 22 milestones); and
- 2) on each sub-category of the milestones, i.e. patient care, medical knowledge, professionalism, systems based practice, practice based learning and improvement, and communication. Three types of statistical analysis were calculated, Cohen's kappa, per-cent agreement and Gwet's AC2. Average kappa for inter-rater agreement for the entire set of milestones for the four graduates was 0.14 indicating only slight agreement. The average per-cent agreement was 0.85, indicating good agreement. The average for Gwet's AC2 for the entire milestone set was 0.65 indicating moderate agreement. Inter-rater reliability scores for the Individual sub categories of the milestones had values of kappa less than 0.2, per-cent agreement of 0.8 and an AC2 of less than 0.5

### **Significance/Implications/Relevance**

Using the data from the three statistical tests, inter-rater reliability in this study was found to be poor to moderate. It is recommended that every member of the CCC receive some training in use of the milestones and this study was conducted after two of three scheduled training sessions. Inter-rater reliability was still sub-optimal. Initial training seems to have been insufficient for optimal performance of the CCC. Results from this study have helped this author understand that further education is needed for the members of the our CCC. All programs should consider undertaking an assessment of the inter-rater reliability of their CCC.

# *Abstracts*

## **#31: CREATING AND OPTIMIZING YOUR CLINICAL COMPETENCY COMMITTEE**

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### **Background**

With the dawn of the Next Accreditation System (NAS) residency educators are given the charge to assess resident performance using more specific measures than have been traditionally utilized. The ACGME Milestones Project has identified discrete observable behaviors which are believed to be important for physicians entering into independent practice. One of the requirements of the ACGME is that each residency program create a Clinical Competency Committee (CCC.) The CCC has the task of reviewing each resident and determining where the resident falls on the Milestone spectrum for each subcompetency. There are guidelines for creating a CCC but no distinct direction as to how it should be structured or how the reviews are actually performed.

### **Objectives**

To provide the participant with an efficient structure for a Clinical Competency Committee and the review process in a manner that is sensitive to time and resources and yet provides multiple levels of checks and balances to better ensure review accuracy.

### **Methods**

We were part of the Beta Test group for the Family Medicine Milestones in May 2013. Coming out of our experiences, our Clinical Competency Committee evolved to its present state. Our CCC is comprised of three core faculty members, our Behavioral Health Director and our Program Administrator. We structured our review process as follows: Our residents are reviewed in waves beginning with our PGY-3s, followed by our PGY-2s and finally our PGY-1s. There are three levels of assessment. The first level of assessment involves independent reviews of all assessment materials (including electronic formative feedback forms, end of rotation assessments, multisource feedback assessments, patient satisfaction surveys, ITE scores and advisor reports) by a selected CCC member and the resident advisor. These reviews are performed in parallel and are followed by the second level of assessment—a meeting between the CCC member and the resident's advisor. At this meeting, the CCC member and the advisor compare their milestone assessments and look for subcompetencies where their determinations differ from each other. They then discuss each of these areas of differing opinion and try to reach an agreement, turning to the source material for support. This pair then completes a common milestone assessment form which the CCC member will then take to the CCC for the official meeting, which is the third level of assessment. The CCC member presents the resident to the rest of the CCC, focusing on subcompetencies where the resident was found to be above or below expectations. All CCC members discuss these areas of focus and reach a final consensus, again using the source materials for support, forging the final milestone assessment form. The final form is then given back to the resident advisor and the results are shared with the resident to compare with their self-evaluation, and provide opportunity to create an individual education plan to address any opportunities for improvement.

### **Results/Outcomes/Improvements**

After experimentation with different models, our current structure has decreased the amount of time required to complete resident assessment by half as compared to our initial iteration. The system preserved an appropriate level of checks and balances and included the resident's advisor, which we felt to be integral to accurate assessment. We have now completed the beta test as well as another CCC test run in advance of the milestone roll out in July 2014 and the first official reporting in December 2014. We have received positive feedback from advisors and the CCC members after both the beta test and the test run with the current review process and are currently performing our first assessment period since the official roll out.

### **Significance/Implications/Relevance**

Creation of an efficient Clinical Competency Committee is a critical piece of resident assessment against the ACGME milestones. Completion of the actual reviews can be a daunting task and require a large amount of faculty hours, which is a challenge when resources are limited. Our structure provides a system of checks and balances combining advisor input with CCC member input and utilizing all available objective data. Putting a strong armature in place for resident assessment is a critical piece in meeting the ACGME requirements for resident assessment under the New Accreditation System. This model is adaptable to programs of different sizes and make up, and can serve to optimize the time that faculty invest in this critical endeavor.

# *Abstracts*

## **#32: MULTI-DISCIPLINARY MEDICAL EDUCATION TEAMS TO IMPROVE RESIDENT LEADERSHIP, TEACHING AND CLINICAL SKILLS**

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### **Background**

The Department of Defense (DoD) medical system offers distinct challenges and opportunities to resident physicians. Particular emphasis on leadership development is necessary as DoD physicians are routinely deployed to operational settings in which they function as both clinical and team leaders. Research is necessary to determine the effect of early exposure to a leadership role in a multidisciplinary team on the clinical skills, teaching ability, and professionalism of residents.

### **Objectives**

This study reports recent data from Navy Psychiatry Residents and Navy Corpsmen (Civilian equivalent: LVN) at Naval Medical Center San Diego regarding their perceptions of the impact of multidisciplinary education and treatment teams developed and delivered by resident leadership on the overall leadership, teaching and clinical skills of residents.

### **Methods**

In 2014, the authors developed a longitudinal multidisciplinary training program comprised of a curriculum of brief, multi-modal lessons based on input from Navy Psychiatrists and Senior Enlisted Leadership to be delivered by residents to junior Corpsmen while rotating in an inpatient psychiatric hospital setting. At the midpoint of the program, participants were surveyed to assess the perceived impact of this program. Residents and Corpsmen were issued separate versions of the survey tool by an independent third party and independently reported on the perceived degree of change in the leadership, teaching, and clinical skills of residents. Respondents answered each survey question on a Likert scale (coded 1-5), ranging from "Strongly Disagree" (1) to "Strongly Agree" (5). Analyses included basic descriptive statistics and one-way analysis of variance.

### **Results/Outcomes/Improvements**

Six psychiatry residents and nine junior Corpsmen participated in the program and were surveyed, with a 100% response rate among residents and a 67% response rate among Corpsmen. Within resident responders, 83% strongly agreed that participation in the program improved his/her core fund of knowledge, 83% strongly agreed that participation in the program improved his/her ability to function as BOTH a clinical and team leader, and 67% strongly agreed that they subjectively perceived improved care outcomes as a result of the program. Within Corpsmen responders, 83% strongly agreed that the program improved the leadership ability of residents, 83% strongly agreed that the program improved the residents ability to teach and communicate information, and 67% strongly agreed that the program would likely improve his/her ability to deliver care in a deployed setting. A chi-squared test of ordinal data was performed and indicated that the results above were significant, although small sample size is an obvious study limitation.

### **Significance/Implications/Relevance**

Early engagement of residents as team leaders in the education of junior staff has a positive impact on resident leadership, teaching, and clinical skills as perceived both by residents and junior staff. Within the DoD healthcare system, particular downstream benefit is likely with early engagement of residents as leaders in order to improve healthcare outcomes across disciplines and in various settings.

# *Abstracts*

## **#33: A MULTI-MODAL APPROACH TO MONITORING PROFESSIONALISM**

Richard Boggs, MSA, San Antonio Uniformed Services Health Education Consortium; Woodson Scott Jones, MD, San Antonio Uniformed Services Health Education Consortium

### **Background**

Clinical site monitoring of professionalism is the last pathway presented in the Clinical Learning Environment Review (CLER) Pathway to Excellence, but perhaps the cornerstone. A culture of professionalism must exist in the clinical learning environment for resident education to be successful. Residents are more likely to report issues to leadership (PR Pathway 2) if they believe that leadership will execute due diligence to respond and take action to address problems. Institutions must be actively engaged in periodic monitoring of the clinical learning environment to identify professionalism vulnerabilities and implement corrective measures.

### **Objectives**

While residents reported a 94% satisfaction with professionalism on the institution's last environment survey, localized concerns are periodically revealed. Despite an "open door" policy by both program directors and Designated Institutional Official (DIO), few residents elect to initially use this method of direct reporting short of egregious acts. More commonly, we find that professionalism issues are discovered through regular confidential surveys or as third party hearsay and often are the end result of other causes. Preserving this confidentiality while letting the entire clinical team know that allegations of unprofessionalism are taken serious requires delicacy. Our approach is a 360-type, multi-modal system to investigate concerns, initiate changes, enhance communication, and follow-up interventions as needed.

### **Methods**

As part of our Next Accreditation System-era "Alliance for Safety" toolbox, the institution formalized initiatives to better align monitoring efforts and customize to individual situations. Chief among these were Situation-based, Near-time, Assessment of Problem (SNAP) surveys. These DIO-initiated anonymous surveys to residents who might be impacted by the situation typically consist of 4-7 Likert-scale questions and an optional comment box. The survey results may be used alone or to illuminate Ombudsmen facilitated resident meetings. Another assessment tool is to conduct informal, unannounced Clinical Learning Environment Walks (CLEW) by the DIO to clinical areas to interview random team members, particularly nursing, on their perceptions of teamwork and excellence on the unit.

### **Results/Outcomes/Improvements**

Though residents often complain about survey fatigue, the institution found them receptive to SNAP surveys as a means to quickly identify the scope of an issue while remaining anonymous. The SNAP surveys have also been used to follow-up impact of changes from Ombudsmen identified concerns and vice-versa. Clinical team members were remarkably candid during conversations with the DIO during the CLEW. As a result of SNAP surveys, Ombudsmen program, and CLEW, a number of significant issues have been validated and successfully addressed. Specifically, this has resulted in policy changes, improved resident hospital unit orientation, identification of unit medical directors, enhanced resident programmatic input, and adding nurses to key Graduate Medical Education Committee subcommittees for an outside perspective. Residents in three different programs targeted by this approach in the last year reported a measurable improvement in the learning environment in either local or ACGME surveys.

### **Significance/Implications/Relevance**

Residents in our institution understand the need to be professional and to report concerns of lapses. Through our multi-modal approach, they recognize the institution's commitment to identify, clarify, and address issues, whether proactively or as a result of their concerns.

# *Abstracts*

## **#34: PUTTING TIME IN PERSPECTIVE: KEY TO IMPLEMENTING AN INTEGRATED GRADUATE MEDICAL EDUCATION INSTITUTIONAL DASHBOARD**

Boon Leng Lim, MBBS, Singapore Health Services; Yeo SHH, Singapore Health Services; Jillian Ang, MD, Singapore Health Services; Joselito Balingit, MD, Singapore Health Services; Jodie Lee Ling Horng, Singapore Health Services; Katherine Baisa, MD, Singapore Health Services

### **Background**

The use of a dashboard system has become increasingly popular as an important tool for improving patient outcomes, maximizing clinical efficiency, and containing healthcare costs. The Accreditation Council for Graduate Medical Education-International (ACGME-I) also requires that Graduate Medical Education Committee (GMEC) and Designated Institutional Official (DIO) must ensure that citations for noncompliance with accreditation standards are reviewed and rectified.

### **Objectives**

To describe the conceptual framework used in developing an Integrated GME Dashboard that will quickly communicate program and institution performance at a glance, and provide an easy way of identifying excellence or potential gaps in program quality affecting ACGME-I accreditation

### **Methods**

In May 2014, SingHealth's GMEC gave full support to the implementation of the Program Office Dashboard. This consisted of indicators, descriptors, and a scoring system covering two broad perspectives: program quality (duty hour rule compliance, protected training time-PTT, didactic experience, program attrition, faculty to resident ratio, faculty education time, national matching exercises, resident/perception of program, ACGME-I Accreditation citations) and resident and faculty performance (resident/faculty scholarly activities, quality improvement/patient safety initiatives, progression of residents, competency-based workshops, exit exam pass rate). Indicators that needed to be tracked quarterly, semi-annually, and annually were appropriately selected and reported to provide a more robust oversight of all programs with an effective and timely monitoring process. A quarterly report was distributed to all programs and respective program directors were requested to submit action plans carried out to address non-compliance.

### **Results/Outcomes/Improvements**

Initial report for the first quarter of the academic year after implementation of the Program Office Dashboard revealed that most programs were compliant in ensuring minimal duty hour violations for residents. Of the 35 residency programs (including senior residency), 34 (97.1%) had less than 0.5 duty hour violation per resident per month and only 1 program (2.9%) had duty hour violation of 0.8. After further analysis of the initial results, however, some implications on funding in terms of PTT of residents surfaced. Seven programs (20%) failed to meet the 16 hours/month PTT requirement. The need to address another perspective on funding implication was noted and indicators for this added perspective were identified (duty hour, PTT, residents' perspective of program, budget utilization of programs, funding gaps, manpower report including hiring and attrition, and other administrative and finance items). GMEC then decided to improve and convert the Program Office Dashboard to an Integrated GME Dashboard covering these three broad perspectives. A Dashboard Work Group from GME leadership, program office, curriculum and evaluation, and administrative/program support and finance, conducted regular sharing sessions on tracking new indicators, scoring definitions, as well as challenges and issues. Manual tracking is currently done but more effective tracking systems are being explored. The next reporting for the second quarter will be in January 2015.

### **Significance/Implications/Relevance**

An Integrated GME-International Dashboard can be used as a powerful tool of improvement and change in preparation for the next accreditation system. Potential challenges and future directions of this dashboard will largely depend on the alignment of its framework to the mission/vision of the organization.

# *Abstracts*

## **#35: MORTALITY AND MORBIDITY WORKSHOP FOR MEDICAL FELLOWS**

Julie George, MBBS, MD, MRCP, FAMS, Tan Tock Seng Hospital; Issac Lim, BBA, MSc, MA, MS, NHG HOMER; Yong Hao Lim, BSocSc, MSocSc, NHG HOMER; Claire Lin, BComm, NHG Education; Sik Yin Ong, BASc, MNutDiet, NHG HOMER

### **Background**

Medical fellows are expected to perform at level 5 of the milestones for System-based Practice in the Next Accreditation System. This entails reporting adverse events, conducting Root Cause Analysis (RCA) and finding solutions to patient safety problems (Nasca, Philibert, Brigham, & Flynn, 2012). Although basic concepts are taught in junior residency, junior residents at the National Healthcare Group Residency lack the necessary knowledge and skills to effectively look at patient safety and quality improvement due to the lack of opportunities e.g. to attend Mortality and Morbidity (M&M) reviews and to conduct RCA.

### **Objectives**

The M&M workshop is a pilot project that seeks to facilitate self-directed and peer learning using a systematic approach towards analyzing an adverse event through incorporating human factors and systems thinking that contribute towards patients' morbidity and/ mortality in a non-punitive manner.

### **Methods**

The M&M workshop is an interactive, small-group and case-based discussion of a real medical case scenario involving patient mortality resulting from multiple failed care processes. Medical fellows from different specialties participated in small groups of 4-5 people with a faculty as a facilitator. A multi-theories model using adult learning principles such as recognition of learner's needs and experiences, active, self-directed learning and collaborative problem solving was used to inform the design of the workshop (Taylor & Hamdy, 2013). Two weeks before the workshop, participants read pre-workshop materials and complete a survey of their learning needs. Participants applied the knowledge on system thinking from the pre-workshop materials to complete the mortality review form. Participants determine the severity of the case, formulate causal statements using RCA process tools, generate actionable improvements using human and system factors and present their findings and recommendations using a mortality review form. This was done individually before a session and as a group during the workshop. The facilitator guided the medical fellows to adopt systems thinking during the group session. After the workshop, participants completed a feedback form and were given a new case as an assignment to complete within 2 weeks.

### **Results/Outcomes/Improvements**

Thirty six medical fellows participated in 4 separate workshops. Pre-workshop, 72% of the participants were at least somewhat satisfied with their existing quality improvement (QI) training. 68% and 28% had attended the patient safety and QI courses respectively, during their basic residency. 78% had identified and reported errors in patient care but only 56% of them were involved in the M&M rounds. In addition, only 17% were involved in RCA of an actual adverse event. 97% of the participants felt that the workshop was interesting and relevant. 91% of the trainees are confident in conducting RCA and completing M&M reviews. All post-workshop assignments (40% submitted) were considerably better as evidenced by incorporation of system thinking as compared to the pre-workshop assignments.

### **Significance/Implications/Relevance**

The M&M workshops have helped medical fellows to think beyond their clinical role and equipped them with a system perspective to improve patient care. The next important step would be to look at motivating them to initiate QI projects.



# *Abstracts*

## **#36: DEVELOPING RESIDENCY COMPETENCY IN OPERATING ROOM PRACTICE – A MULTIDISCIPLINARY INTER-PROFESSIONAL APPROACH**

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### **Background**

The Operating Room (OR) is a complex clinical environment where multidisciplinary inter-professional teams provide operative care to patients. Both patients and staff face potential hazards in this environment. Errors in processes and practice can potentially lead to adverse events. Until recently, surgical residents in our program gradually developed knowledge of these process and practices in an informal ad-hoc and opportunistic manner leading to unsatisfactory levels of competency with potential for errors.

### **Objectives**

The objective was to develop a formal training program for junior surgical residents to develop knowledge and competency in working effectively to provide safe care to patients as a member of the OR team, utilizing a standardized curriculum.

### **Methods**

Aspects of the OR environment and work processes were analyzed and grouped into 4 critical learning areas. These included the OR physical environment and hazards, standard critical work processes in pre-operative, intra-operative and immediate post-operative phases of care, multidisciplinary and inter-professional teamwork and communications and critical or adverse events management. A non-linear mixed pedagogical curriculum was developed for the participants containing components of the 4 learning areas. Two prototypical courses were conducted in 2011 and 2012. Following reviews, the formalized half-day OR Orientation Course was introduced in 2013. Participants included first-year general surgery residents and junior OR nurses. Faculty included surgeons, senior surgical residents, anesthetists and nurse educators. Participants were required to do pre-course E-learning on related literature and MCQs to determine their level of knowledge in the respective areas. The course utilized short didactic, facilitated small-group problem-based learning, simulations of OR environment, work processes and teamwork. Critical events related to patient's status and processes in the pre-operative, intra-operative and immediate post-operative phases were simulated to allow participants to work as a team and put into practice knowledge gained earlier in the course. This was reinforced with facilitated feedback with videos of the simulation. Participants provided feedback on the content and conduct of the course at the end.

### **Results/Outcomes/Improvements**

29 residents and nurses participated in 2 runs of the course in 2013 and 2014. Pre-course surveys indicated that none of the residents but most of the nurses had formal training in OR processes. Pre-course MCQs revealed that 25% - 58% of participants demonstrated inadequate knowledge in 7 of 13 components of the 4 critical learning areas described above. 90% of participants found all topics covered in the course relevant to their OR work. All participants found the course useful, citing the inter-professional interactions and the non-linear pedagogical approaches as effective in acquiring knowledge of patient safety, teamwork and skills relevant to work in the OR. Longer term effectiveness of the course was assessed through the residents' bimonthly team-based assessments.

### **Significance/Implications/Relevance**

No prior curriculum had formally addressed these critical areas of practice. A structured and standardized curriculum in a multidisciplinary and inter-professional learner-friendly environment, facilitates the development of attaining competency in working safely and effectively as a member of the OR team. Course components can also be modified to be made relevant to all surgical disciplines.

# *Abstracts*

## **#37: POSITIVE EFFECTS OF GROUP MENTORING – THE B.E.T.H.'S**

Beth Payne, MAEd, C-TAGME, The University of Texas Health Science Center at San Antonio; Yvette Foster, The University of Texas Health Science Center at San Antonio; Carolina Hinojosa, The University of Texas Health Science Center at San Antonio; Javette Sheppard-Dukes, The University of Texas Health Science Center at San Antonio; Maria Miller, MEd, The University of Texas Health Science Center at San Antonio

### **Background**

The role of Program Coordinator in Graduate Medical Education (GME), although varied by specialty, is best described as someone who ideally is a member of a community of leaders and learners. Currently there is little to no formal career training, professional development or personal growth outlets for this profession. Therefore training via mentoring is needed to focus on national best practices and to help guide all participants in their development of stronger educational programs for their trainees. In an effort to alleviate the feeling of frustration and loneliness, a group of Coordinators came together to build a cohesive interprofessional team to support GME sponsored programs and support personal growth through mentoring. The overall goal of this mentoring group is to give Coordinators the information, skills, resources and support they need to successfully complete their daily job duties as well as professionally grow through networking with other professionals in their field.

### **Objectives**

To use a formal model of team building, Tuckman's Model, to support professional development, job training and facilitate networking. In addition, to demonstrate that effective structured group work and successful mentoring can lead to beneficial outcomes and accomplishments both professionally and personally.

### **Methods**

Using the stages of Tuckman's Model the group was formed, goals established and structure for completion developed based on Forming, Storming, Norming and Performing phases. The group meetings occurred monthly and followed a standard format. Each team member was given a mentoring packet to include; short and long term goal sheets, an overview of the Tuckman Model, information on creating SMART goals, and a journal. The goal sheets were created to monitor progress and assist with standardizing each meeting to meet individual and group expectations. The Tuckman Model and SMART goal information was literature based to prepare the group for evidence based searches. The journal was offered as an "idea capture" as well as an outlet for self-reflection as the group moved through the stages. A standard agenda was followed to show time management and respect for individual time.

### **Results/Outcomes/Improvements**

All initial goals set by the group were accomplished to include; an extensive "year in the life of a PC" document, increased public speaking skills via lecturing on mentoring, preparation of two mentees for the TAGME exam, creation of a workshop abstract and poster for submission at several state-wide and national meetings on mentoring and finally one mentee completed her Master's Degree under the mentorship of the group which led to a Capstone project that translated to significant improvements in her division and for her trainees (handbook).

### **Significance/Implications/Relevance**

The members of the BETH's have grown substantially in their roles as coordinators and have begun to lead on a greater scale. Formal mentoring has led the group to focus on national best practices based and to begin creating new best practices to meet current needs. This group has displayed leadership and successful scholarly activity production which has ignited interest and motivation of other coordinators. There is a greater understanding of the Coordinator position inside of the group and that new knowledge has led the members to find new mentees and provide leadership and guidance in order to hone their own leadership skills.

# *Abstracts*

## **#38: HOW TO INFORM TEACHING FACULTY ON NEXT ACCREDITATION SYSTEM – TAKING ADVANTAGE OF THE ANNUAL PROGRAM EVALUATION PROCESS**

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### **Background**

In AY 2013, the Graduate Medical Education (GME) Office created an Annual Program Evaluation (APE) dashboard as a mechanism for improving the quality of APEs. However, before implementing the dashboard, little was known about the levels of faculty development related to ACGME topics at the program levels. A process was needed to assess the level of faculty development so that it could be identified in the dashboard.

### **Objectives**

The objective of this study, through use of the APE dashboard, was to identify accreditation areas that needed improvement at the institutional level.

### **Methods**

The GME office standardized the APE process by creating a program evaluation template. The GME office sent a standardized form to all programs with which to collect their APE data. The Designated Institutional Official (DIO) reviewed each of the returned APE reports with the assistance of the GME Director and scored each report using a dashboard. The dashboard reflected five elements: 1) Attendees at the Program Review Meeting, 2) Resident Performance, 3) Faculty Development, 4) Graduate Performance, 5) Program Quality and 6) Action Plan. Each element was scored Gold (best practice), Green (substantial compliance), Yellow (partial compliance), or Red (did not demonstrate compliance). All dashboard results were reviewed by the Graduate Medical Education Committee (GMEC), and individual program dashboards were sent to programs. Those programs with a significant number of deficient areas (red scores) were asked for a progress report.

### **Results/Outcomes/Improvements**

A total of 71 out of 72 programs completed the APE. A total of 23 elements were scored Red. Of the total Red elements, the percentage in each element categories are as follows: (1) Attendees at the program review meeting - 22%, (2) Resident Performance - 9%, (3) Faculty Development - 35%, (4) Graduate Performance - 4%, (5) Program Quality - 26% and (6) Action Plan - 4%. The dashboard reflected these results. The GME Office then surveyed all program directors (PDs) (n=80) and program coordinators (PCs) (n=88) to identify needed faculty development topics and to rank the topics in order of importance. The survey sample consisted of 47.5% of PDs and 45% of PCs. From the survey, the top five topics requested by PDs were: (1) How to Create Milestone Evaluation Forms, (2) Self-Study Visits, (3) Next Accreditation System (NAS), (4) ACGME Competency Based Curriculum, and (5) New Alphabet Soup. The top five topics requested by PCs were (1) How to Create Milestone Evaluation Forms, (2) Next Accreditation System, (3) Self-Study Visit, (4) Web ADS, and (5) ACGME Competency-Based Curriculum. With this information, a faculty development series was designed to give program directors and program coordinators a better understanding of topics related to NAS.

### **Significance/Implications/Relevance**

By using the dashboard in a systematic, standardized process, the GMEC was able to identify areas that needed improvement across all programs in the institution. Also, the dashboard facilitated creating programs or action plans to improve areas of the APE institution-wide.

# Abstracts

## **#39: TRANSITIONS OF CARE AND TRANSITIONS TO TRAINING: TEACHING AND ASSESSING A CORE ENTRUSTABLE PROFESSIONAL ACTIVITY FOR ENTERING RESIDENCY**

Sean Gaffney, MEd, University of Chicago; Jeanne Farnan, MD, MHPE, University of Chicago; Kristen Hirsch, University of Chicago; Mike McGinty, University of Chicago; Vineet Arora, MD, MAPP, University of Chicago

### **Background**

The new ACGME Clinical Learning Environment Review focus on care transitions benefits from enhanced standardized training and assessment across residency programs. Despite this, there are few validated resources to either teach or evaluate patient handoffs in a robust way. In addition, the AAMC has identified transfer of patient responsibility as a Core Entrustable Professional Activity for entering residency (CEPAER), which makes rigorous baseline assessment of handoff performance among incoming interns a priority.

### **Objectives**

To assess whether prior training and prior handoff experience is associated with improved performance among entering residents in 4 programs (IM, Peds, OB, Surgery) during a novel multi-patient Observed Simulated Handoff Experience (OSHE).

### **Methods**

A comprehensive handoff curriculum was embedded into the GME Orientation for four core residency programs (IM, Peds, OB, Surgery) at one institution. The curriculum featured an online training module completed prior to GME Orientation and a multi-patient Observed Simulated Handoff Experience (OSHE). Participants verbally “handed-off” a set of mock patients and then were evaluated and given feedback by a trained “handoff receiver” using an expert-informed, five-item checklist. Objective performance ratings and pre- and post- survey data were used to assess the effectiveness of the curriculum.

### **Results/Outcomes/Improvements**

Eighty-four interns completed the curriculum. Self-reported preparedness for conducting a verbal handoff increased after the online module (88% post-module vs. 54% pre-module,  $p < 0.0001$  Wilcoxon sign-rank test) and after the OSHE (70% post-OSHE vs. 54% pre-module,  $p < .001$ ). There was a decline in self-reported preparedness after the OSHE compared to after the online training module. The mean checklist score was 3.23 (SD 1.09) and did not differ across residency programs. Self-reported preparedness at baseline and post OSHE was not associated with checklist scores. However, prior handoff experience in medical school was associated with higher checklist scores (23% none vs. 33% either 3rd OR 4th year vs. 58% 3rd AND 4th year,  $p = .021$ , Trend Test). While all participants struggled with the prioritization of patients (30% correct), prioritization did differ by residency program (8% Pediatrics vs. 30% Surgery vs. 33% OB/Gyn vs. 44% Medicine,  $p = .016$ , Chi2). Prior training was associated with the ability to prioritize patients based on acuity (12% no training vs. 38% prior training,  $p = .014$ , Chi2). All (100%) participants agreed that the online training module was an effective review of handoffs and that the OSHE was a realistic portrayal of a clinical setting.

### **Significance/Implications/Relevance**

This study demonstrates that online training modules may invoke an inflated sense of preparedness among incoming interns that is adjusted when learners experience a realistic clinical simulation like the OSHE. The superior performance of residents with prior training and more handoff experience highlights the importance of considering formal handoff training prior to the start of residency. Positive learner-feedback indicates that this method is a promising strategy for teaching and evaluating handoffs that may be used at other institutions. Expanding and tailoring this curriculum to other residency programs is an important next step.

# *Abstracts*

## **#40: "BEDSIDE" BOOT CAMP: PROCEDURAL COMPETENCY FOR INTERNS IN A LARGE CONSORTIUM**

Kiki Nissen, MD, UConn School of Medicine; Brian Shames, MD, UConn School of Medicine; Angela Kueck, MD, UConn School of Medicine; Dawn Fillipo, RN, MSN, UConn School of Medicine

### **Background**

Supervision is a major focus of the Next Accreditation System. In the CLER Pathways to Excellence document, Supervision Pathway 6: Clinical Site Monitoring of Resident/Fellow Supervision and Workload has become a challenge for sponsoring institutions with multiple training sites specifically related to tracking and communicating competency regarding common bedside procedures. Supervisors and staff must be able to verify that residents are competent to perform specialty specific procedures to promote a culture of safety. The RRC's don't identify bedside procedures by specialty, yet core and advanced procedures are expected outcomes.

### **Objectives**

All interns, regardless of discipline, are front line for common bedside procedures. Supervisors, staff and patients would benefit from interns receiving a standardize curriculum in bedside procedures and achieving competency prior to the start of training. Our goals were to define a core group of bedside procedures for all interns, develop a comprehensive training curriculum using simulation, and apply a standardized evaluation process allowing us to credential interns to perform these procedures. The credentialing status for all interns would be shared with our five affiliated hospitals.

### **Methods**

We sponsor 14 ACGME/AOA Core Disciplines at UConn. We included all core programs at UConn where PGY1's participate in the care of adult patients. (Table) In 2012-2013 we surveyed these programs to identify common "bedside" procedures for their specialty. We also reviewed the "core list" of procedures for credentialing at our University Hospital for a general internist and a general surgeon prior to developing a list of common bedside procedures. (Table)

### **Results/Outcomes/Improvements**

There was a lack of uniformity in what programs considered common bedside procedures. The procedures most frequently omitted were Foley catheter and peripheral IV insertion. There was inconsistency with how programs taught procedural skills and evaluated competency. Moreover, resident procedural logs were not current when random spot checks were done. A small subcommittee identified the core list of bedside procedures, developed clinical learning modules including a pre-test, didactic material, simulation training, evaluation, and a post-test for each of the identified procedures. We called this Bedside Boot Camp and our surgery program piloted this curriculum in 2014. The five hospitals where surgical interns rotate were provided the credentialing list for all interns prior to training.

### **Significance/Implications/Relevance**

To foster a culture of safety we need to guarantee that all interns can comfortably perform "basic" bedside procedures regardless of specialty. Supervisors and nursing staff must be able to access this information in efforts to guarantee a safe environment for patients. The implementation of a Bedside Boot Camp before the start of internship allows us to guarantee to our training sites that all interns have a procedural skill set. Moreover, individual programs can focus procedural skills training on "advanced" procedural competency that will be specialty specific. C.L.E.R.ly the days of "see one, do one, teach one" are gone and the days of "get education, perform simulation, get evaluated before going live" are here.

# *Abstracts*

## **#41: EVALUATING INTERNS USING 12 CROSS-UTILIZATION MILESTONES**

Gerald P. Wickham, EdD, University of Illinois College of Medicine at Peoria; Theresa Lynch, MD, University of Illinois College of Medicine at Peoria; M. Jawad Javed, MD, University of Illinois College of Medicine at Peoria; Terry Brady, MD, University of Illinois College of Medicine at Peoria; Thomas R. Santoro, MD, University of Illinois College of Medicine at Peoria

### **Background**

At present (fall 2014), there are 60+ sets of program specific milestones that have been developed across ACGME programs, and institutions are currently reshaping assessment practices to utilize the milestones framework to greater degrees of success and effectiveness. Developmentally, milestones have been inceptioned, growth has occurred and we are now in a period of refinement. In order to determine what cross-utilization milestones would be both feasible and relevant for interns across our 11 residency programs we first gathered all of the specialty specific milestones and then conducted an analysis to find commonalities, differentiation, overlap, and uniqueness. We found that milestones in specific disciplines tended to reflect semantics in that discipline; though there was not uniformity in language across disciplines. Some milestones were highly specific and detailed, others were highly vague. Through this process we identified 12 milestones (2 for each competency domains) that were presented to program directors for their review.

### **Objectives**

By piloting the cross-utilization milestones evaluation in December 2014 (approx. 6 months into the intern year) and again in May 2015, we will achieve: Longitudinal data per each intern Cohort developmental data per each program Comparable data across programs Entire cohort means across all 6 competency domains, These data will not only allow for individual intern feedback and progress; it will also allow for system-wide analysis of strengths and weaknesses. For example, we might find that intern ratings for interprofessional teamwork are relatively lower than any other domain, and thus we may alter educational strategy.

### **Methods**

The cross-utilization milestones evaluation has been designed to be accessible, electronic, and efficient. On paper it comprises two pages, electronically it should require only one scroll down to complete. See example evaluation in the appendix of this guide. Faculty should ideally evaluate the intern using the evaluation while in discussion with the intern about their progress. The evaluation is formative – intended to be developmental and useful to the learner. We estimate that a discussion with the intern and completion of the evaluation should take no more than 20 minutes. The form itself should be easily completed in 5 minutes. Each cross-utilization milestone will be rated according to the Dryfus model of skill acquisition.

### **Results/Outcomes/Improvements**

By conceptualizing this pilot project as a multi-residency exploration of common milestones we have achieved a level of cross-program dialogue which has aided faculty development. Additionally, our data from the initial pilot of the Cross-Utilization Milestones assessment for interns has yielded cross-cohort comparative themes. Another outcome of this pilot project was the development of "proficiency" exemplars for each of the 12 cross-utilization milestones. These exemplars will be presented and include a description of the milestone, as well as specific practice-based clinical examples.

### **Significance/Implications/Relevance**

Intern-level assessment of competencies is an important phase of resident learning and development, so harnessing a method by which faculty and their protégé's understand the milestones framework is critical. By using program-specific milestones in addition to the cross-utilization milestones we are advancing the learning environment toward a culture of assessment in the workplace.

# *Abstracts*

## **#42: DEVELOPMENT OF AN EFFICIENT CLINICAL COMPETENCY COMMITTEE WORKFLOW FOR THE NAS REPORTING MILESTONES**

Becky Lowry, MD, University of Kansas; Kristin Grdinovac, MD, University of Kansas; Lisa Vansaghi, MD, University of Kansas; Jane Broxterman, MD, University of Kansas; John Bonino, MD, University of Kansas; Leigh M. Eck, MD, University of Kansas

### **Background**

A key element under the Next Accreditation System is the measurement and reporting of competency based reporting milestones (RM) on individual residents. It is the charge of the Clinical Competency Committee (CCC) to review resident performance and submit RM assessments on a semi-annual basis.

### **Objectives**

Following our mock milestone reporting session in December 2013, it was evident that our mid-sized Internal Medicine Residency Program needed to develop a streamlined pre-committee review process to ensure efficient and effective CCC reporting on our 78 residents.

### **Methods**

As pre-committee work, each resident was independently reviewed by two members of the CCC. The following data was included in this review process: multi-source evaluations, EPAs, procedural logs, chart audit data, and IM-ITE performance. Each reviewer compiled a subsequent assessment of each of the 22 RM based on this data review. Following this review, each resident was recommended for presentation to the CCC by either consent agenda or master discussion list. If a resident physician was deemed by two separate faculty to be progressing on track, they were placed on a consent agenda. If one or both reviewers indicated that the resident was not on track according to defined criteria, the resident was placed on a CCC master discussion list. A time study was conducted during the spring 2014 reporting window to ascertain faculty time spent on each step of this process.

### **Results/Outcomes/Improvements**

Our twelve member CCC team completed 30 hours of pre-work in order to prepare two distinct faculty reviews on each of our 78 residents. On average, each resident had 13 evaluations available from the prior six months. Faculty spent a mean of 12 minutes on each resident portfolio review. Of our 78 residents, 16 were placed on a master discussion list; 62 were placed on a consent agenda. The full committee spent 3.25 hours on the master discussion list; the consent agenda was adopted as presented. Pre-work time as well as full committee CCC discussions resulted in each of our 12 committee members spending an average of 7 hours on work for this reporting window.

### **Significance/Implications/Relevance**

Utilization of a structured pre-committee work process leading to development of a CCC master discussion list and consent agenda resulted in a highly efficient and effective process for our first RM window. By performing the majority of our CCC review process as pre-committee work, the full committee was able to focus its time in discussing individual resident competency based concerns with development of specific remediation recommendations.

# *Abstracts*

## **#43: A "BOOTCAMP" STRATEGY FOR RESIDENTS AS TEACHERS**

Paul Callaway, MD, University of Kansas School of Medicine-Wichita; Anne Walling, MB ChB, University of Kansas School of Medicine-Wichita

### **Background**

The University of Kansas School of Medicine-Wichita is a regional campus which sponsors 13 residency programs and 280 residents. Programs range from 2-18 residents per year and vary in resources and preparation for effective 'Residents as Teachers' (RATs) curriculum. Individual programs had limited awareness of educational strategies published in literature from other disciplines.

### **Objectives**

To provide concentrated, cost and time effective high quality RATs training shared by all programs. Collaboration among all programs is fostered while ensuring standardized campus-wide RATs training. This program draws on best teaching practices from general and specialty specific literature taught by faculty from several specialties to further encourage inter-specialty collaboration.

### **Methods**

The half-day 'Teaching Bootcamp' features a plenary presentation followed by multiple breakout sessions. This format has been used in three consecutive academic years with improvements informed by evaluations and comments. Although designed primarily for PG2 resident, the Bootcamp is open to all training years. Program Directors are also encouraged to send junior faculty. Session content is influenced by solicited PD input and vetting within the Graduate Medical Education Committee. The GMEC provides a mechanism to build PD support needed to free residents from their clinical schedules to participate. Faculty presenters are selected from multiple departments, enhancing interdisciplinary representation. Presentation objectives and content are reviewed and coached by the Associate Deans for GME and Professional Development prior to submission of session content. All sessions include interactive, audience participation formats. Evaluations of program and individual sessions are solicited.

### **Results/Outcomes/Improvements**

Attendance per academic year, listed by resident attendance/all attendance (resident, faculty and other); 2012 – 65/85; 2013 – 92/117; 2014 68/80. Residency program representation per academic year, listed as number of programs out of a max of 13 programs; 2012 – 11, 2013 – 10, 2014 – 13. Evaluation of Teaching Bootcamp program listed as residents responding strongly agree or agree; 'enhanced my teaching skill': 89.5%, 'enhanced my confidence in teaching': 86.8%, 'provided new teaching tools/techniques': 84.2%. Sample of resident comments to the question 'what will you do differently?'; "set clear expectations and give constructive feedback; take time to assess what my students know and what they want to learn; not giving information overload while teaching". An unanticipated bonus from this project has been the faculty development of individual faculty members chosen to lead the breakout sessions. The coaching concept would be strongly encouraged to others considering a similar program.

### **Significance/Implications/Relevance**

This shared RATs experience has provided campus-wide training that individual programs find challenging to replicate individually and internally. Engagement and satisfaction of resident participants has been high, with 97.3% of participants completing evaluations in 2014 indicated the content was appropriate to their specialty. This model allows residents from multiple specialties to interface and learn together in the interactive breakout session format. Residents observe and appreciate faculty talent from residency programs other than their own. This model is being considered for dissemination to the campus in Kansas City, and as a model format for faculty development within sponsored programs of the institution. A remaining challenge is greater engagement of faculty from the sponsored programs.



# *Abstracts*

## **#44: MAXIMAL ALIGNMENT: INTEGRATING CLER GOALS WITH RESIDENT SAFETY**

Katherine McKinney, MD, University of Kentucky; Cynthia Talley, MD, University of Kentucky; Matthew Dawson, MD, University of Kentucky

### **Background**

Resident involvement in institutional quality improvement (QI) and patient safety efforts is essential to the health of the learning environment. Engagement may be limited though if residents perceive that institutional priorities don't connect to their role as an employee. In 2013, our GME office was charged by institutional leadership to evaluate resident sharps injury rates. We describe below a strategy to engage residents in an institutional project by allowing them to design processes to reduce their risk for injury.

### **Objectives**

Enhance resident engagement through involvement in an institutional project to reduce sharps injuries.

### **Methods**

GME refrained from beginning QI efforts until establishing resident involvement. Resident sharps injuries occurring in 2013 (N=73) were aggregated, de-identified, and coded to denote the injured individual's year of training, type of training program (utilizing surgical or non-surgical categories), location and mode of injury. Through collaboration with GME and institutional QI leaders, a multi-specialty group of residents utilized Lean methodology to analyze the data, search for root causes, and develop countermeasures to address underlying etiologies. GME engaged enterprise physician leaders to assist resident participants with honing ideas and developing an implementation plan. Targeted interventions were vetted and endorsed by enterprise executive leadership, GMEC, and House Staff Council.

### **Results/Outcomes/Improvements**

Resident analysis of the sharps injuries occurring in 2013 revealed that 31/73 injuries resulted from needle sticks while suturing. Residents posed concerns about the occurrence of suturing needle sticks during bedside procedures as opposed to during surgery given the proportionally higher volume of suturing in the operating room. As the majority of bedside procedures suturing needle sticks occurred during central venous catheter (CVC) placement residents chose this area of focus. A cause/effect analysis utilizing a fishbone diagram revealed primary contributors of confusion regarding CVC kit suturing supplies and lack of standardized suture training for non-surgical residents. Brainstorming regarding countermeasures resulted in a resident driven proposal for enhanced and standardized CVC kit supplies, exploration of a 'procedure nurse' model, and development of an Enterprise CVC placement training standard including suturing competency. Through the project process, residents shared concerns about the user friendliness of the institution's OSHA reporting system and the need to improve sharps injury education. An interactive case based exercise designed through collaboration between resident team members and GME was added to 2014 GME orientation to provide practical education about sharps injuries. Team members solicited peer involvement to improve CVC kit supplies resulting in a re-designed CVC kit. An enterprise wide training module for CVC placement including suturing is in the final stages of development with implementation planned for 2015 GME orientation.

### **Significance/Implications/Relevance**

Resident engagement in this project allowed GME to simultaneously address enterprise leadership priorities and empower residents to address the safety of their training environment. Up front and continuous involvement of residents throughout all phases of improvement impacted the likelihood of success. Setting the tone that residents should be 'front and center' in projects impacting their clinical practice is a precedent allowing Enterprise leadership to realize the potential benefits of resident engagement.

# *Abstracts*

## **#45: AN ANALYSIS OF THE ACCURACY OF GENERAL SURGERY RESIDENT CASE LOGS**

Ashley Thompson, University of Kentucky; Cynthia Talley, MD, FACS, University of Kentucky; Dan Davenport, PhD, University of Kentucky

### **Background**

In recent years, there has been growing concern regarding the adequacy of general surgery resident preparation and training in the United States. More specifically, case logs reported to the Accreditation Council for Graduate Medical Education (ACGME) have shown fewer and less variety of cases than levels reached in the past. While it has been speculated that this may be secondary to duty hour regulations, there may be other more plausible alternative explanations. Importantly, these case logging trends may not necessarily translate to a decrease in educational experience.

### **Objectives**

The primary objective was to determine the accuracy of ACGME reported case logs of general surgery residents in comparison to other metrics. Secondary objectives include:

- (1) longitudinally evaluating logging accuracy in relation to PGY level and
- (2) cross-sectionally comparing logging accuracy to others in the same class.

### **Methods**

This study consisted of three areas of focus: ACGME case logs reporting all surgeon roles, departmental morbidity and mortality (M&M) case reports, and University of Kentucky operative software (PICIS) records from cases involving categorical general surgery residents in all roles who graduated in 2012, 2013, and 2014. Residents who entered the program later than PGY1, took time away from residency, or did not complete the traditional 5 year training program, were excluded. In total, 10 residents were evaluated. Case data was obtained from selected clinical services from the first, third and fifth years of these individuals, establishing a complete arc of residency. These services included acute care/trauma, surgical oncology, and general surgery.

### **Results/Outcomes/Improvements**

For all cases (n=3449) for all years, 77.5% of PICIS operative cases were entered into ACGME logs (53.0%-95.5%;  $p < .001$ ) and 78.7% of PICIS cases were reviewed in M&M (71.4%-83.9%;  $p = .002$ ). In analyzing the data longitudinally, significant differences were noted by PGY year, though no linear trends were identified between PGY1, PGY3, and PGY5 reporting. The percentage of cases logged into ACGME varies by PGY year, with the fewest in PGY1 (68.3%), followed by PGY5 (76.3%), and PGY3 (81.0%). Comparing residents to other individuals in their class cross-sectionally, the percentage of cases logged differed significantly in all but one class in their PGY5 year. The percentage of ACGME case logs that were reflected in the PICIS record was 84.1% for PGY1, 93.5% for PGY3, and 95.3% for PGY5 ( $p < .001$ ). The percent of cases that were reflected in all three systems (ACGME, M&M, and PICIS) was only 58.2%. In addition, 27 individual cases were entered in parts over several days (double-dipping) with 16/27 claimed on the next day and 20/27 claimed by the same resident.

### **Significance/Implications/Relevance**

The resident operative volume reflected by the university operative software (PICIS) is consistently greater than that recorded in ACGME case logs although not 100% accurate. The ACGME case logs may not accurately reflect the actual resident operative experience.

# *Abstracts*

## **#46: INSTITUTIONAL PROBATION: A GME TOOL FOR PROGRAM IMPROVEMENT**

Betty Chang, MDCM, PHD, University of New Mexico; Joe Sparkman, University of New Mexico; Stephen Lewis, MD, University of New Mexico; David Sklar, MD, University of New Mexico

### **Background**

The Next Accreditation System calls for continuous program improvement to be overseen by institutional GME. When programs are unable or unwilling to meet changing accreditation requirements, there is limited armamentarium for the GME office to enforce change. Yet, the failure of programs to meet accreditation standards places the institutional accreditation at risk. Programs often lag behind in meeting standards because of program director and faculty inertia, failure to understand the stakes to the program and institution, and lack of time and resources to institute change.

### **Objectives**

The University of New Mexico instituted a new procedure for Program Institutional Probation. The goal is the rapid improvement of programs to meet accreditation standards. This is an action of the GME Executive Committee, which is followed up by mobilization of institutional resources with follow up review of the program.

### **Methods**

Our GMEC receives data regarding ACGME surveys, NRMP match, board pass rate, faculty and resident scholarship and QI activities, duty hours, and learning environment on recurrent basis – sometimes monthly as with duty hours. When objective data of program performance is reviewed by the GMEC and suggests a program is not meeting accreditation standards and Institutional requirements, a full internal review is conducted. If those concerns are substantiated, then the GMEC can vote to place a program on Institutional Probation. The Department Chair and the leadership of the School of Medicine are informed of the status. Based on the internal review findings, the program must address concerns. At an interval determined by the GMEC, the program will be re-reviewed, and when concerns have been adequately addressed, the GMEC may vote to remove the program from Probation. Programs on Probation are not eligible for changes in resident FTE.

### **Results/Outcomes/Improvements**

We have placed 2 programs on Institutional Probation since the Fall of 2013. Program 1 had concerns including: service vs education, duty hours violations, lack of quality improvement, poor resident satisfaction with scholarship opportunities, and fear and intimidation. After 6 months, they were able to address all areas of concern and dramatically improve their ACGME resident survey results. Program 2 had multiple concerns regarding: difficulties with didactic schedules, service vs. education, duty hour violations, lack of quality improvement, lack of semiannual evaluations, and lack of faculty interest in resident education. After 11 months, Program 2 has dramatically improved didactic schedules, duty hours, faculty interest in resident education, and is making headway on QI activities and service vs. education. They continue to have difficulties with evaluations, thereby remaining on Institutional Probation currently.

### **Significance/Implications/Relevance**

A dramatic step such as Institutional Probation serves as a wake up call that a program is in danger, but addresses issues before loss of accreditation occurs. It enables the GME office to mobilize resources such as Program Director time, financial support, and IT support. Institutional Probation gives a GME office a tool to affect change and should be considered in the armamentarium for Institutional Oversight.

# *Abstracts*

## **#47: ENHANCING RESIDENT ENGAGEMENT IN QUALITY INITIATIVES**

Thomas Blackwell, MD, University of Texas Medical Branch; Amanda Kuenstler, MSc, BSN, RN, CPHRM, University of Texas Medical Branch; Kimberly Pandanell, University of Texas Medical Branch; Virginia Simmons, University of Texas Medical Branch

### **Background**

Quality improvement and patient safety reporting are critical areas in which residents need to be engaged. Incident reporting is an important tool to improve health care quality and patient safety. In 2011 UTMB migrated to the new web-based reporting tool called UHC Safety Intelligence™ or locally known as Patient Safety Net (PSN). The PSN assists UTMB in gathering information about patient safety-related incidents. Issues related to patient care quality or breaches of professionalism are also reported. The reporter may choose to identify themselves, just their department, or can be completely anonymous. The major purpose of the PSN is not to assign fault, but to collect actionable data. The PSN is utilized by all health care professionals at UTMB. This data is then analyzed by the Risk Management Department and taken to various committees to identify patient care processes or procedures that can be improved to enhance both patient safety and quality of care. Specific feedback regarding actions by the various committees' responses to the event reports are relayed to the reporter, depending on the severity, by either a phone call or in a quarterly patient safety newsletter designed to explain process changes due to reporting of events.

### **Objectives**

The utilization of the PSN by residents was found to be very low. The engagement of residents in the PSN was felt to be an essential component of the hospital's quality initiatives. Several targeted interventions were instituted to improve resident engagement in patient safety and quality improvement reporting.

### **Methods**

The GME Office and the Risk Management Department developed a layered educational strategy for the residents to improve PSN utilization. Beginning in the Spring of 2014, the DIO and a representative from the Risk Management Department held a mandatory meeting with each residency program and delivered a joint presentation on the importance of entering data into the PSN. Additional educational presentations were given to the Chief Residents Committee, at new trainee orientation, and the GMEC. The PSN link was moved to the UTMB Home Page as a result of GME's request for higher visibility and easier access. These presentations reviewed the importance of entering data, including near misses, and how this data is used in a blameless fashion to improve the quality of patient care and safety.

### **Results/Outcomes/Improvements**

In the 12 months prior to instituting our layered educational program, the residents entered 20 incidents on the PSN. After starting our educational program the incident reporting over the next year increased to 178 reports. This represents an increase of 790 percent. In addition to the marked increase in reports, there was a much greater awareness among residents about the importance of reporting to improve the quality and safety of patient care delivery.

### **Significance/Implications/Relevance**

This poster demonstrates the effectiveness of a layered educational approach to convince residents to improve patient safety reporting in a large university hospital setting. We believe that the increased reporting of potential safety and quality issues will improve patient care at our institution.

# *Abstracts*

## **#48: VALIDATION OF A MULTIDISCIPLINARY CLINICAL COMPETENCY COMMITTEE**

Amelia Hopkins, MD, University of Vermont Medical Center; Vanessa Goodwin, C-TAGME, University of Vermont Medical Center; Jerry Larrabee, MD, University of Vermont Medical Center; Karen Leonard, MD, University of Vermont Medical Center

### **Background**

There has been much discussion about who should serve on the Clinical Competency Committee. After deliberation, the ACGME is allowing nurses and chief residents to be voting members, but not program coordinators. Although there is variability based on coordinator experience and program leadership team philosophy, most program coordinators play integral roles in interacting with residents and assessing resident performance. The ability and reliability of chief residents, nurses, new faculty, faculty with limited exposure to certain training years of residents, and program coordinators compared to program directors and other senior faculty to assess resident performance in the CCC have not been studied.

### **Objectives**

Our aim was to assess the abilities of a nurse manager, a chief resident, faculty members who have not yet worked with a resident, and a program coordinator to assign milestone levels compared to experienced faculty members who have worked with a resident.

### **Methods**

First, the 12 CCC members agreed upon expected levels of each milestone based on the specific verbiage and training year. Each level for each milestone was assigned a level of action plan needed/red, area for improvement/yellow, or on target or excelling/green. A few milestones had orange levels to reflect potential growth or improvement within a year. Training sessions were held for CCC members to establish the components of evaluation. CCC members are currently in the process of assigning milestone levels for residents by reviewing resident rotation evaluations, nursing evaluations, professional portfolio review (procedure log entries, lecture attendance, paperwork completion), in-training exam scores, full-time faculty meeting evaluations, scholarly activities, and any other comments (positive or constructive) made available to the program. We will compare the results of the program coordinator, nurse manager, chief resident, and faculty who have not worked with a resident to experienced faculty members who have worked with the resident.

### **Results/Outcomes/Improvements**

Our first data set represents eight CCC members who individually reviewed 4 different residents and assigned milestone levels. Overall, reviewers scored resident levels the same as what the CCC ultimately decided 54.5% of the time. The individual with the highest correlation (66.7%) was the program director (although this may reflect his ultimate authority/persuasion of the committee). The individual with the second highest correlation (58.3%) was the program coordinator followed by the associate program director and CCC chair (both 57.1%). Overall, 24.1% of scores were higher than the CCC ultimately assigned, 15% were lower, and 6.4% were left as "not-assessable". The only significant outlier from the group was the previous program director who scored only a 45% correlation, 31% of the time giving the residents higher levels than the CCC ultimately agreed upon. We are still collecting data for this study, data collection will be fully completed by December 2014.

### **Significance/Implications/Relevance**

Membership of the CCC should vary based on the strengths of interdisciplinary teams within a program. All CCC members, including program coordinators and nurses, can be validated in their abilities to assess residents performance.

# *Abstracts*

## **#49: TEACHING MOTIVATIONAL INTERVIEWING SKILLS TO TRAINEES AND DEVELOPING FACULTY TO ASSESS THEM USING A VALIDATED TOOL**

Shari A. Whicker, EdD, MEd, Virginia Tech Carilion School of Medicine; Julia Wacker, MSW, MPH, NC Hospital Association; Deborah Engle, EdD, Duke University School of Medicine; Teri L. Turner, MD, MPH, MEd, Texas Children's Hospital/Baylor College of Medicine; John D Mahan, MD, Nationwide Children's Hospital/The Ohio State University

### **Background**

Motivational Interviewing (MI), a patient-centered method of communication, focuses on exploring and resolving the patient's ambivalence about health behavior change. 1) By supporting change congruent with individuals' own values and concerns, MI is a promising treatment option in many fields, including promoting good nutrition in children and adults. While a number of studies have demonstrated MI efficacy, few have evaluated methods to develop and assess MI skills for trainees and/or faculty. Based on research demonstrating that interactive online education can provide efficient and effective learning, 2,3,4 we created a unique set of modules on MI fundamentals and their practical application. The modules offer the opportunity to use a 'flipped-classroom' approach for faculty development. Additionally, the authors validated the MI Skills Evaluation Tool (MISSET) developed for this project.

### **Objectives**

1. Develop six interactive online modules to teach residents the fundamentals of MI and applying them to practice.
2. Create a 'flipped classroom' faculty development method to instruct faculty how to teach/reinforce MI in practice and provide learner-centered feedback using the MISSET.
3. Develop a validated instrument for assessing MI skills.

### **Methods**

Four content experts created six modules devoted to general MI concepts with direct application to complement a 17-module Pediatric Nutrition Series. These materials are free to residents, fellows, and faculty upon request. The MI modules were used in a 'flipped-classroom' method for faculty development. The authors also revised and validated an existing Motivational Interviewing Treatment Integrity (MITI) assessment instrument,<sup>5</sup> using a strategic modified Delphi approach.

### **Results/Outcomes/Improvements**

Six interactive online MI modules were created: Overview; Fundamentals; Expressing Empathy and Establishing Rapport; Developing the Discrepancy; Rolling with Resistance; and Supporting Self-Efficacy. Trainees from 45 pediatric residency programs (479 unique learners) have completed at least one module thus far. 725 modules were completed in 2013 and 961 Jan-Sep 2014. Trainees from 2013 and 2014 found the modules to completely accomplish the stated learning objectives 65% and 73% of the time, respectively. 69% strongly agreed that the modules were interesting/enjoyable and 76% strongly agreed that the modules were easy to navigate. The lecturers/instructors were highly rated at mean 3.43 (0-4 scale). Learner feedback (re: repetition, testing strategies, and module progression) was used to improve the MI modules, updated in October 2014. For faculty development, faculty completed the MI modules online and then attended a 1.5 hour workshop presented by the authors (JW, JDM) on MI teaching in clinical settings and assessment of MI practices using the MISSET. The MISSET is a 26-item validated tool for assessing MI skills and providing learner-centered feedback. A diverse group of 12 MI and education experts/trainees contributed to tool validation.

### **Significance/Implications/Relevance**

1. The learner-centered feedback available via the MISSET offers useful opportunities to advance the competency of trainees in this important skill.
2. This project offers GME training programs the opportunity to utilize these innovative interactive online modules to efficiently teach and assess their trainees on Motivational Interviewing. These modules may also be utilized as a part of the Maintenance of Certification (MOC) process for faculty.

# *Abstracts*

## **#50: THE REAL CLUB MED(ICAL EDUCATION): WHAT'S BEHIND AN EFFECTIVE MEDICAL EDUCATION JOURNAL CLUB?**

Shari A. Whicker, EdD, MEd, Virginia Tech Carilion School of Medicine; Alisa Nagler, JD, EdD, MEd, Duke University Medical Center; Mariah Rudd, Duke University Medical Center; Mitchell T. Heflin, Duke University Medical Center

### **Background**

Sir William Osler established medical journal clubs in the 1800s to encourage ongoing review of medical literature.<sup>1</sup> The journal club mission has since grown to serve as “a bridge between the research literature and clinical practice”<sup>2</sup> as well as teach critical appraisal skills.<sup>3</sup> With the recent increased interest in medical education careers, a need has arisen for journal clubs focused on medical education. Little is known about how to do this successfully.<sup>4</sup>

### **Objectives**

Convene a multidisciplinary, interprofessional medical Education Journal Club to keep medical educators informed of relevant literature, to provide linkages between medical education research and teaching and to teach critical appraisal skills, a group of education leaders at Duke University Medical Center convened a medical education journal club (MEJC).

### **Methods**

In an effort to keep medical educators informed of relevant literature, to provide linkages between medical education research and teaching and to teach critical appraisal skills, a group of education leaders at Duke University Medical Center convened a medical education journal club (MEJC). This MEJC includes trainees involved in a Residents as Teachers (RAT) GME Concentration and their faculty advisors. In advance of each MEJC, 2-3 RAT trainees, in consultation with their faculty mentor, choose an article related to their RAT project and distribute it to participants (trainees and faculty). A template developed specifically for the MEJC guides presenters through the critical appraisal process. Presentations are 30 minutes: 20 for summary of the analysis, 10 for discussion. 4 MEJCs are held each year. Following each session, participants complete a feedback form on each presenter and each presenter self-assesses using the same form.

### **Results/Outcomes/Improvements**

The MEJC creates a community of collaborative relationships with like-minded colleagues of varied specialties. MEJC provides an effective forum for trainees to learn how to critically appraise and present medical education literature and apply what they learn to their own education projects. The response from others who know about the MEJC has been enthusiastic. Non-RAT affiliated faculty and trainees have asked to be included. To preserve the sanctity of the RAT MEJC, the leadership has instead begun to develop an adjacent, more inclusive MEJC. Session predictability and consistency is important to maximizing attendance. We meet from 5:30-7:00 pm (boxed meal provided) quarterly and the schedule is known well in advance. Mean trainee attendance over two years is 82% with numerous faculty mentors voluntarily in attendance each time. All presenters thus far have received an average score of 4.5/5 or above on evaluation of article introduction/background, methods/results description, conclusions discussion, presentation skills and utilization of adult learning principles. RAT graduates rated MEJC as “useful” or “extremely useful” when evaluating their Concentration participation overall.

### **Significance/Implications/Relevance**

This medical education journal club model could easily be adapted for use within other institutions. It keeps participants current on relevant research, fosters continued development of medical education scholarship, and supports a medical educator community of faculty and residents from across specialties.

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