2024 ACGME
ANNUAL EDUCATIONAL
CONFERENCE

Updates from the Review Committee for Pediatrics

Stephanie Dewar, MD, Review Committee Chair

Caroline Fischer, MBA, Executive Director

©2024 ACGME

Conflict of Interest Disclosure

Speaker(s): Stephanie Dewar, MD; Caroline Fischer, MBA

Disclosure

None of the speakers for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing health care products used by or on patients.

Review Committee Composition

- Maria Condus, PhD (Public Member)
- Stephanie B. Dewar, MD (Chair)
- Shawna Seagraves Duncan, DO
- Jason Homme, MD
- Deborah Hsu, MD
- Jennifer Kesselheim, MD (Vice Chair)
- Joanna Lewis, MD, FAAP
- Su-Ting Li, MD, MPH
- Michelle Montalvo Macias, MD

- Kenya McNeal-Trice, MD
- Heather A. McPhillips, MD, MPH (Chair-Elect)
- Adam Rosenberg, MD
- Andrea Tou, MD (Resident Member)
- Patricia Vuguin, MD
- Linda Waggoner-Fountain, MD, MAMEd, FAAP
- *Beginning 7/1/2024:*
  - *Angela Czaja, MD, MSc, PhD*
  - *Jennifer K. O'Toole, MD, MEd*
  - *Margarita Vasquez, MD*
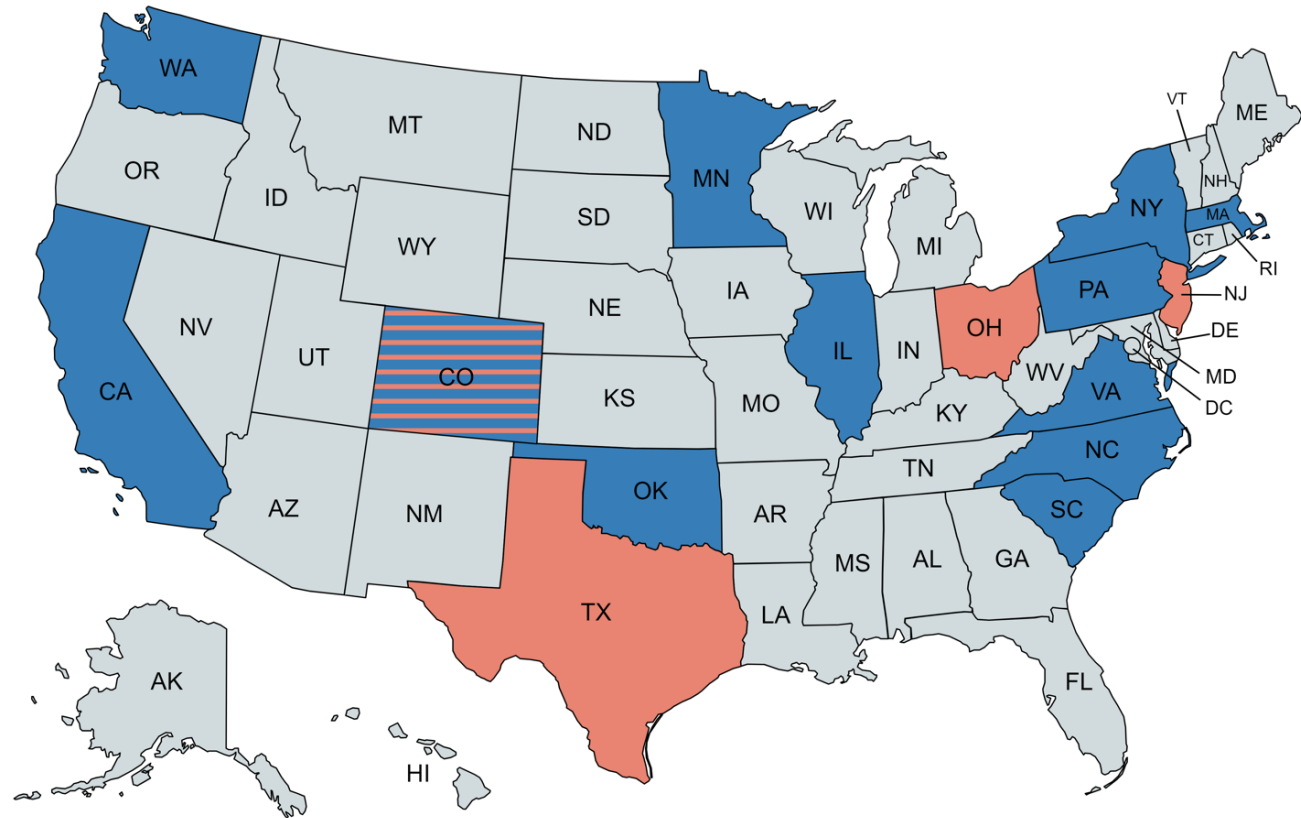 - *Tyree M.S. Winters, DO*

Geographic Distribution of the Review Committee

Current members:

CA (2), CO, IL (2), MA, MN, NY, NC, OK, PA (2), SC, VA, and WA

Incoming members:

CO, NJ, OH, and TX

#ACGME2024

©2024 ACGME

2022-2023 Status Decisions

Status	Core	Subs	Med-Peds
Initial Accreditation	5	24	0
Initial Accreditation with Warning	0	2	0
Continued Accreditation	204	900	37
Continued Accreditation with Warning	2	5	0
Probation	2	3	0
Accreditation Withheld	0	0	0
Withdrawal of Accreditation	0	0	0

Status Decisions
September 2023 and January 2024 Meetings

Status	Core	Subs	Med-Peds
Initial Accreditation	0	15	0
Initial Accreditation with Warning	0	0	0
Continued Accreditation	197	912	37
Continued Accreditation with Warning	0	0	0
Probation	0	0	0
Accreditation Withheld	0	0	0
Withdrawal of Accreditation	0	0	0
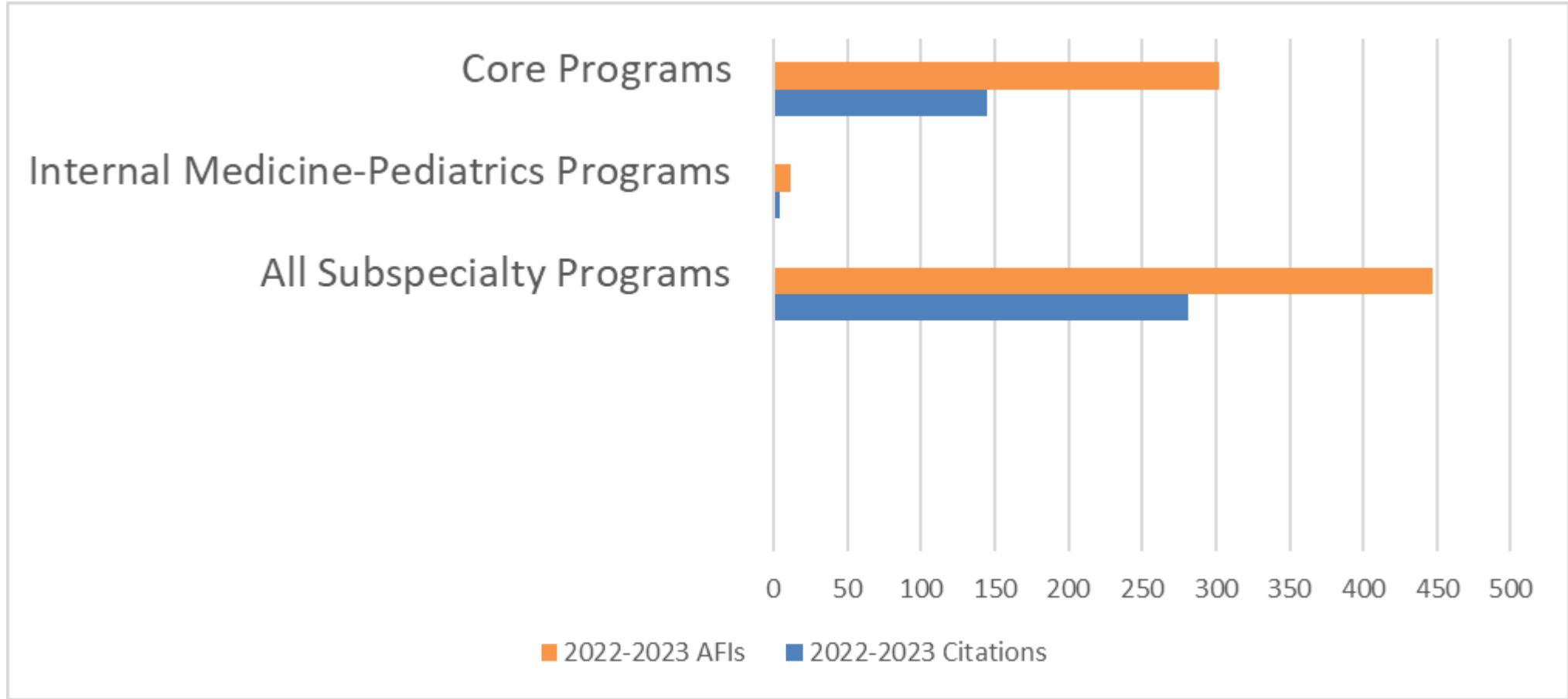
2022-2023 Citations vs. Areas for Improvement (AFIs)

2022-2023 Frequent Citations
Pediatrics Programs

- Faculty Qualifications
  - Lack of board certification or acceptable alternate qualifications
  - Lack of subspecialty faculty (adolescent medicine, developmental-behavioral pediatrics)

- Culture of Professional Responsibilities
  - Appropriate blend of patient care responsibilities, clinical teaching, and didactics
  - Excessive reliance on residents to fulfill non-physician service obligations

2022-2023 Frequent Citations
Pediatrics Programs

- ## Evaluations

  - Timely faculty feedback

  - Required language – readiness to progress to the next year; attestation that the resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice

- ## Responsibilities of the Faculty

  - Role models of professionalism

  - Interest in resident education

- ## Curricular Development

  - Longitudinal experience (26 weeks; 36 half days; panel of patients)

2022-2023 Frequent Citations
Pediatric Subspecialty Programs

- Evaluations
  - Required language – readiness to progress to the next year; attestation that the fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice.
  - Program action plan not distributed
  - Access to evaluations
- Faculty Responsibilities
  - Role models of professionalism
  - Interest in fellow education
  - Time devoted to the program

2022-2023 Frequent Citations
Pediatric Subspecialty Programs

- Supervision

  Supervision policy lacking:
  - When the presence of a supervising physician is required
  - When fellows must communicate with the supervising faculty member
  - Classification of supervision

- Faculty Qualifications
  - Specialty certification
  - Availability of other required faculty members/consultants

2022-2023 Frequent Citations
Pediatric Subspecialty Programs

- Curricular Development
  - Formally structured program lacking
  - Instruction in basic and fundamental disciplines lacking

2022-2023 Frequent AFIs
Pediatrics Programs

- Resources
  - Balance between education and patient care
  - Protected time to participate in structured learning activities
  - Safety and health conditions
- Professionalism
  - Satisfaction with the process for dealing with problems and concerns
  - Residents' ability to raise concerns without fear or intimidation
  - Experienced or witnessed abuse

2022-2023 Frequent AFIs
Pediatrics Programs

- Clinical and Educational Work – 80 hours

- Patient Safety

  - Interprofessional teamwork skills modeled/taught

  - Loss of information during shift changes or patient transfers

  - Culture that emphasizes patient safety

  - Participation in adverse event analysis

- Faculty Supervision and Teaching

2022-2023 Frequent AFIs
Pediatric Subspecialty Programs

- **Professionalism**
  - Process to deal with problems/concerns
  - Ability to raise concerns without fear
  - Process in place for confidential reporting of unprofessional behavior
  - Experienced or witnessed abuse
- **Faculty Supervision and Teaching**
- **Accurate/Complete Information**

- **Resources**
  - Balance between education and patient care
  - Protected time to participate in structured learning activities
- **Patient Safety**
  - Interprofessional teamwork skills modeled/taught
  - Participation in adverse event analysis
  - Information lost during shift changes or patient transfers

Incomplete/Inaccurate Data

- Faculty Roster | Current Certification Information
  - Review American Board of Medical Specialties (ABMS) data
  - Programs may add updated information
- CVs | Current Licensure, Scholarly Activities from Last Five Years
- Block Diagram | Follow specialty-specific instructions in the Accreditation Data System (ADS), provide a key for abbreviations, do not include individual schedules

Specialty-Specific Block Diagram Instructions
Pediatrics Residency Programs

Overview | Program ⌄ | Faculty ⌄ | Residents ⌄ | **Sites** | Surveys | Milestones | Case Logs ⌄ | Summary | Reports

ACGME

Guide to Construction of a Block Diagram for Pediatrics Residency Programs
Review Committee for Pediatrics

A block diagram is a representation of the rotation schedule for a resident in a given post-graduate year. It offers information on the type, location, length, and variety of rotations for that year. The block diagram shows the rotations a resident would have in a given year; it does not represent the order in which they occur. There should be only one block diagram for each year of education in the program. The block diagram should not include resident names.

- Create and upload a PDF of the program's block diagram using the information below as a guide.

- Two common models of the block diagram exist: the first is organized by month; the second divides the year into 13 four-week blocks. Rotations may span several of these time segments, particularly for subspecialty programs. Regardless of the model used, the block diagram must indicate how vacation time is taken. This can be done by allocating a time block to vacation, or by indicating this in a "Notes" section accompanying the block diagram.

- In constructing the block diagram, include the **participating site** at which a rotation takes place, as well as the **name of the rotation**. If the name of the rotation does not clearly indicate the nature of the rotation, then clarifying information should be provided as a footnote to the block diagram or elsewhere in the document. **The following abbreviations should be used when completing the block diagram:**

ADOL	Adolescent Medicine	NICU	Neonatal Intensive Care Unit
AI	Acute Illness	PEM	Pediatric Emergency Medicine
CM	Community Pediatrics and Child Advocacy	PICU	Pediatric Intensive Care Unit
DBP	Developmental-Behavioral Pediatrics	RS	Required Subspecialty (required by program, or chosen by resident, to fulfill the requirement for four block subspecialty months from List 1 in the requirements)*
ELEC	Electives (experiences chosen by the residents over and above their required experiences)	SP	Subspecialty Experience (subspecialty experience, block or longitudinal, used to fulfill the additional three months of required subspecialty experience, from List 1 or 2)*
GP	General Pediatrics	TN	Term Newborn
IC	Individualized Curriculum	VAC	Vacation

*Identify the choice of subspecialty experiences below the block diagram.

Sample 1	This is a commonly used example in which the year's rotations are divided into 12 (presumably one-month) rotations. Rotations may include structured outpatient or research time and electives.											
Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	Site 1	Site 1	Site 1	Site 1	Site 1	Site 2	Site 2	Site 2	Site 2	Site 3	Site 3	Site 3
Rotation Name	GP	GP	GP	PEM	CM	DBP	NICU	PICU	RS	RS	SP	IC
% Outpatient	0	0	0	0	100	100	0	0	variable	variable	variable	variable
% Research	0	0	0	0	0	0	0	0	variable	variable	variable	variable

Sample 2	In this common example, the year's rotations are divided into 13 equal (presumably four-week) rotations. Rotations may include structured outpatient or research time, and electives.												
Block	1	2	3	4	5	6	7	8	9	10	11	12	13
Site	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 2	Site 2	Site 1 or 2	Site 1 or 2	Site 1 or 2	Site 3	Site 3
Rotation Name	GP	RS	RS	PEM	PICU	SP	EM	CM	IC/VAC	IC/VAC	IC/VAC	NICU	NICU
% Outpatient	10	50	50	100	10	50	100	100	variable	variable	variable	10	10
% Research	0	0	0	0	0	0	0	0	0	0	0	0	0

Sample Notes:

Four months of required subspecialty experiences may include:

> Pediatric Cardiology
> Pediatric Endocrinology
> Pediatric Gastroenterology
> Pediatric Nephrology
> Pediatric Neurology
> Pediatric Pulmonology

Three months of additional subspecialty experiences may include:

> Child and Adolescent Psychiatry
> Pediatric Anesthesiology
> Pediatric Orthopaedic Surgery
> Pediatric Radiology

Home > Specialties > **Pediatrics**

Pediatrics

Documents

📄 Requests for Changes in Resident Complement

📄 The Guide to Construction of a Block Diagram

Standard Block Diagram Instructions
Pediatric Subspecialty Programs

Overview | Program ⌄ | Faculty ⌄ | Residents ⌄ | **Sites** | Surveys | Milestones | Case Logs ⌄ | Summary | Reports

ACGME

Guide to Construction of a Block Diagram

A block diagram is a representation of the rotation schedule for a resident in a given post-graduate year. It offers information on the type, location, length, and variety of rotations for that year. The block diagram shows the rotations a resident would have in a given year; it does not represent the order in which they occur. There should be only one block diagram for each year of education. The block diagram should not include resident names.

- Create and upload a PDF of your program's block diagram using the information below as a guide.

- Two common models of the block diagram exist: the first is organized by month; the second divides the year into 13 four-week blocks. Rotations may span several of these time segments, particularly for subspecialty programs. Both models must indicate how vacation time is taken. This can be done by allocating a time block to vacation, or by indicating this in a "Notes" section accompanying the block diagram. Examples of other less common models are also provided below.

- In constructing the block diagram, include the **participating site** in which a rotation takes place, as well as the **name of the rotation**. If the name of the rotation does not clearly indicate the nature of the rotation, then clarifying information should be provided as a footnote to the block diagram or elsewhere in the document.

- **Group the rotations by site.** For example, list all of the rotations in Site 1 first, followed by all of the rotations in Site 2, etc. The site numbers listed in the Accreditation Data System (ADS) should be used to create the block diagram.

- When "elective" time is shown in the block diagram, the choice of elective rotations available for residents should be listed below the diagram. Elective rotations do not require a participating site.

- Clinical rotations for some specialties may also include structured outpatient time. For each rotation, the percentage of time the resident spends in outpatient activities should be noted.

Sample Block Diagrams

Block Diagram 1 (1) *In this example, the year's rotations are divided into 12 (presumably one-month) clinical rotations. Rotations may include structured outpatient or research time and electives.*

Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	Site 1	Site 1	Site 1	Site 1	Site 1	Site 2	Site 2	Site 2	Site 2	Site 3	Site 3	
Rotation Name	Wards	Wards	ER	CCU	ICU	Wards	ER	ICU	Clinic	Wards	Clinic	Elec/Vac
% Outpatient	20	20	100	0	0	40	100	0	100	20	100	
% Research	0	0	0	0	0	0	0	0	0	0	0	

Block Diagram 2 (1) *In this example, the year's rotations are divided into 13 equal (presumably four-week) clinical rotations. Rotations may include structured outpatient or research time, and electives.*

Block	1	2	3	4	5	6	7	8	9	10	11	12	13
Site	Site 1	Site 1	Site 1	Site 1	Site 1	Site 2	Site 2	Site 2	Site 2	Site 3	Site 3	Site 3	
Rotation Name	Wards	Wards	ER	CCU	ICU	Wards	Wards	ICU	Clinic	Wards	Wards	Clinic	Elec/Vac
% Outpatient	30	30	100	0	0	20	20	0	100	0	0	100	
% Research	0	0	0	0	0	0	0	0	0	0	0	0	

Block Diagram 3 (1) *In this example, the year's rotations are divided into six blocks of equal duration. One of the blocks is used for an elective, which can be chosen from a list of elective rotations and a vacation month.*

Block	1	2	3	4	5	6
Site	Site 1	Site 1	Site 2	Site 2	Site 3	
Rotation Name	CCU	Med. Outpt.	Wards	ER	Wards	Elective/Vacation
% Outpatient	0	100	0	100	0	
% Research	0	0	0	0	0	

Notes

Possible electives:

Cardiology Inpatient Site 1	Pulmonary Disease Inpatient Site 2	Gastroenterology Inpatient Site 3
Cardiology Outpatient Site 2	Pulmonary Disease Outpatient Site 3	Gastroenterology Outpatient Site 1

ADS Annual Update

- All programs are required to provide a response during the Annual Update window, but programs can continue to update/edit ADS throughout the academic year

- Some information should be reported in real time (e.g., program director, faculty, and resident/fellow changes; response to citations; major changes)

- Milestones and scholarly activity for the previous academic year cannot be updated once the year-end rollover takes place

Major Changes and Other Updates

Describe major changes to the program since the last academic year, including changes in leadership and rotations. This may also include improvements and/or innovations implemented to address potential issues identified during the annual program review.

- Be proactive
- Provide context
- Describe outcomes

Program Requirements for Graduate Medical Education in Pediatrics
Objectives of Major Revision

- Relieve administrative burden
  - Reduction in number of requirements
- Focus on the future
- Provide flexibility/be less prescriptive
  - Allow for innovation

Educational/Training Framework

- Equal balance of inpatient, outpatient, and individualized experiences
- Recognition of importance of both general pediatrics and subspecialty experiences
- Maintenance of longitudinal outpatient experience (continuity clinic) but without restriction of occurring over 26 weeks
- Introduction into ambulatory subspecialty experience early in the program
- Addition of mandatory mental health experience

Educational/Training Framework *cont.*

- Flexibility is encouraged outside of required ambulatory, inpatient, and individualized experiences
  - Time spent in these experiences is now Core, not Detail
- Longitudinal clinic is in addition to required ambulatory experiences
- All Pediatrics Milestones 2.0 are incorporated
- All Entrustable Professional Activities (EPAs) are incorporated
  - These are found in either specialty-specific or Common Program Requirements to move toward competency-based medical education

Revisions Based on First Public Comment

- Core procedures with additional as necessary for future practice
  - Bag mask ventilation
  - Lumbar puncture
  - Neonatal delivery room stabilization
  - Peripheral intravenous catheter placement
  - Simple laceration repair
- Required faculty/faculty qualifications
  - Role of alternative qualifications

Revisions Based on First Public Comment

Specialty-Specific Background and Intent:

- The requirements that mandated faculty members in specific subspecialty areas have been removed; the Review Committee did not wish to specifically identify only a few subspecialty areas as that may suggest that only those subspecialties are required, which is not the case.

- The Review Committee still expects that there be subspecialty physician faculty members certified by the American Board of Pediatrics (ABP) or American Osteopathic Board of Pediatrics (AOBP) available to teach and supervise pediatrics residents, including subspecialty faculty members in adolescent medicine, developmental-behavioral pediatrics, neonatal-perinatal medicine, pediatric critical care medicine, pediatric emergency medicine, and in each available subspecialty rotation.

- Refer to faculty qualification requirements in Sections II.B.3. and IV.C.6. regarding required curricular components, including subspecialty experiences.

Revisions Based on First Public Comment

Program Requirements:

II.B.3.b) **Physician faculty members must:**

II.B.3.b).(1) **have current certification in the specialty by the American Board of Pediatrics or the American Osteopathic Board of Pediatrics, or possess qualifications judged acceptable to the Review Committee. (Core)**

II.B.3.c)   For all pediatric subspecialty rotations there must be pediatric subspecialty physician faculty members who have current certification in their subspecialty by the ABP or the AOBP, or possess qualifications judged acceptable to the Review Committee. (Core)

II.B.3.d)   Other physician faculty members must have current certification in their specialty by the appropriate American Board of Medical Specialties (ABMS) member board or American Osteopathic Association (AOA) certifying board, or possess qualifications judged acceptable to the Review Committee. (Core)

Alternate qualifications will not be considered for those individuals eligible to take the ABP or AOBP certifying examination.

Additional Changes

- ## Patient Care:

  IV.B.1.b).(1).(a).(xi) Residents must demonstrate the ability to provide comprehensive medical care to infants, children, and adolescents, including] participating in <u>real or simulated</u> end-of-life care coordination and grief and bereavement management; (Detail)

- ## Procedures:

  IV.B.1.b).(2).(a).(iii) neonatal delivery room <u>stabilization</u> ~~resuscitation~~ (Core)

  IV.B.1.b).(2).(c) Residents must complete training, maintain certification, and achieve competence in ~~pediatric~~ advanced life support <u>skills in pediatrics and advanced life support skills in neonates</u> ~~and neonatal resuscitation~~. (Core)

Additional Changes *cont.*

- ## Ambulatory Care:

  Specialty-Specific Background and Intent (PR IV.C.4.a).(1)):

  - The Review Committee recognizes the value of ambulatory training to align with pediatric practice trends for the care of well children, the acutely ill and those with chronic diseases. The 8 weeks of general ambulatory pediatric clinic is in addition to the longitudinal clinic. Programs need to find the experiences that best fulfill this requirement in their own institutions.

  - Patients seen in urgent care sites may be counted toward the general ambulatory pediatric clinic experience. However, it is up to the program director to ensure that a broad experience be provided that will reflect the experience graduates will encounter in practice.

Additional Changes *cont.*

- Ambulatory Care:

IV.C.4.a) A minimum of 40 weeks of primarily ambulatory care experiences <u>including elements of community pediatrics and child advocacy,</u> to include a minimum of:

- IV.C.4.a).(1) 8 weeks of general ambulatory pediatric clinic; ^(Core)
- ~~4 weeks of community advocacy; ^(Core)~~

IV.C.4.a).(2) A minimum of 40 weeks of ambulatory care experiences, to include a minimum of] 4 weeks of subspecialty outpatient experience, composed of no fewer than two subspecialties, in the first ~~18~~ <u>24</u> months of the program; ^(Core)

Program Requirements | New vs. In Effect

New

Current

New		Current
4 weeks x 8 half days	Inpatient	200 hours
4 weeks x 8 half days	Ambulatory	Min. 32 half days
4 x 4-week periods	Supervisory	5 educational units
36 half days	**Longitudinal Clinic**	36 half days
interval ≤ 8 weeks	Longitudinal Clinic Restriction	occur over 26 weeks

Inpatient Comparison
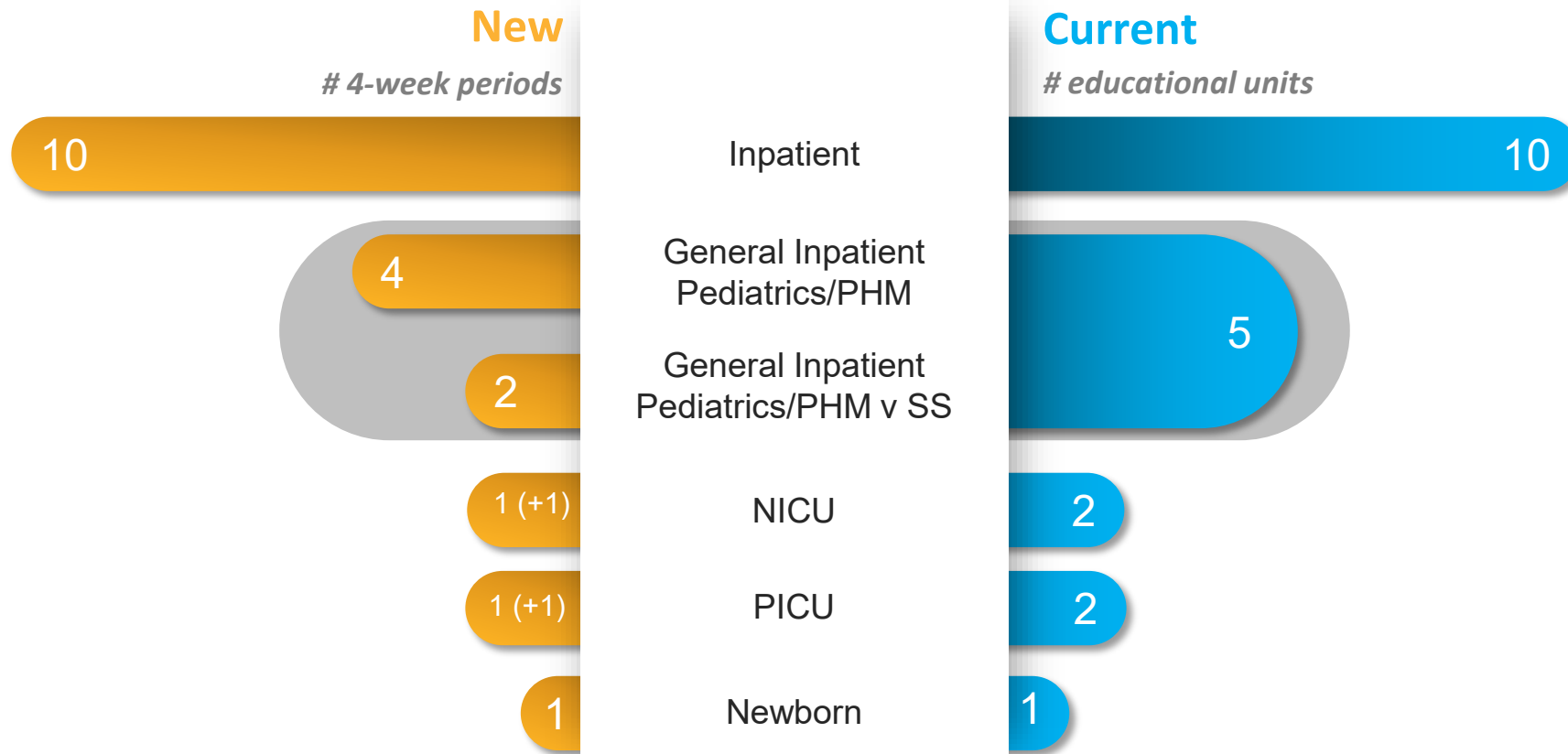
New		Current
# 4-week periods		# educational units
10	Inpatient	10
4	General Inpatient Pediatrics/PHM	5
2	General Inpatient Pediatrics/PHM v SS	
1 (+1)	NICU	2
1 (+1)	PICU	2
1	Newborn	1

Ambulatory Comparison

New
 # 4-week blocks

Current
 # educational units

	New	Current
Ambulatory	10	7
Adolescent	1	1
DBP	1	1
Mental Health	1	0
General Ambulatory Peds Clinic	2	2
Additional Ambulatory	1	
PEM	3	3
Outpatient SS Clinics	1	0
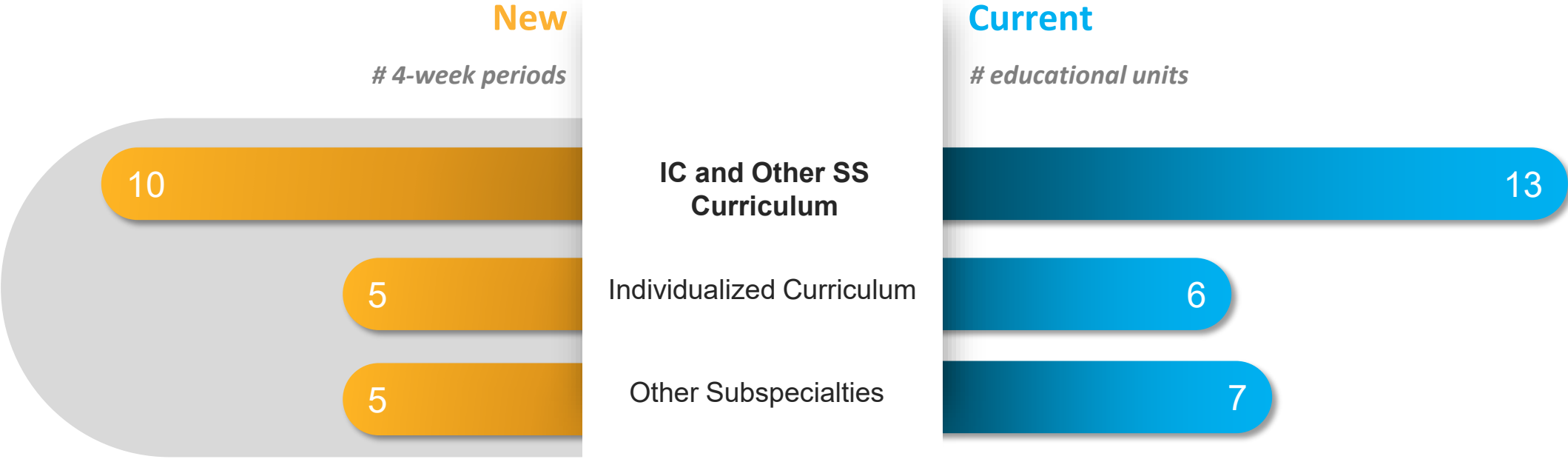
SAMPLE Block Schedule Based on 2025 Program Requirements for Pediatrics

General Block Schedule

	Block 1	Block 2	Block 3	Block 4	Block 5	Block 6	Block 7	Block 8	Block 9	Block 10	Block 11	Block 12	Block 13
Year 1	ED	amb care	sub sp out pt	DBP	IP GP/PHM	IP GP/PHM	IP other	NICU	*IC/Sub	*IC	program discretion	program discretion	Vacation
Year 2	ED/UCC	*amb care	adol med	Newborn nursery	IP other	PICU	*IC/Sub	*IC	*IC	*IC	program discretion	program discretion	Vacation
Year 3	ED	amb care	mental health	ICU	IP GP/PHM	IP GP/PHM	*IC	*IC/Sub	*IC/Sub	*IC/Sub	program discretion	program discretion	Vacation

Supervisory Experience Requirements: Minimum of **16 weeks during final two years** in the program. Eight **weeks** should be on the **inpatient general pediatrics/PHM hospital medicine service**

Ambulatory Care Experiences: minimum of 40 weeks

ED - peds EM in ED (8 weeks)
ED/UCC - acute care (4 weeks could be in peds ED or other site)
amb care - general ambulatory pediatric clinic (8 weeks)
*amb care - program designated additional ambulatory care experience (4 weeks)

adol med - adolescent medicine (4 weeks)
DBP - developmental behavioral pediatrics (4 weeks)
mental health - mental health experience (4 weeks)
sub sp out pt - subspecialty outpatient experience (4 weeks), composed of *no fewer than two subspecialties, in the first 24 months of training*

Inpatient Care Experiences: mimimum of 40 weeks

IP GP/PHM - inpatient general peds or peds hospital medicine service *(mimimum of 16 weeks)*
IP other - remaining time on inpatient service, can be on GP/PHM services or other subspecialty services with *no more than 4 weeks spent on a single subspecialty service, exclusive of*

NICU - neonatal intensive care unit *(mimimum 4 weeks)*
PICU - pediatric intensive care unit *(mimimum 4 weeks)*
ICU - could be additional NICU, PICU, combination, or other ICU (must have *additional 4 weeks ICU* experience)
Newborn nursery - newborn nursery rotation (4 weeks)

Individualized Curriculum: mimimum of 40 weeks

*IC - individualized curriculum
*IC/Sub - individualized curriculum of *at least five additional*

Program Discretion

time not accounted for by other RC requirements *24 weeks*

Accreditation of Combined Programs

- The ACGME has developed a plan to initiate accreditation of combined programs. *This does not apply to currently accredited Internal Medicine-Pediatrics programs.*

- The ACGME will develop a set of Program Requirements specific to programs offering combined formats.

  - It is anticipated that proposed Program Requirements will be posted for a 45-day public review and comment period in Spring 2024.

  - The final Program Requirements will then be reviewed by the Committee on Requirements of the Board of Directors and the full Board for approval at the Board's September 2024 meeting.

Accreditation of Combined Programs

- Existing unaccredited combined programs currently listed in the ACGME's Accreditation Data System (ADS) will be offered the opportunity to opt into the accreditation process without having to apply for accreditation.

- Pending approval, applications for new combined programs will be available to the GME community on the ACGME website in the fall of 2024.

  - Current unaccredited programs that choose to opt into the accreditation process will receive an accreditation status of Initial Accreditation effective July 1, 2025.

Site Visits for Programs on Continued Accreditation

- 10-Year Accreditation Site Visits discontinued
- Continued Accreditation Site Visits
- Random sampling of one to two percent of programs
  - Programs that have not had a site visit in at least 10 years
  - Help assess program compliance with the Common Program Requirements and applicable specialty-specific Program Requirements
  - For 2024, all selected programs for these site visits were notified in January of their future approximate site visit target date

Program Self-Study

- The program Self-Study will continue to be a Program Requirement (V.C.2.)

- The program Self-Study will no longer be linked to or reviewed during a site visit

- Graduate Medical Education Committee (GMEC) oversight of the program Self-Study

Temporary Complement Increase Requests

- All Review Committees will allow extensions of education up to 90 days without requiring formal submission of a temporary complement increase request.

- This applies to all specialty/subspecialty programs except one-year programs.

- Requests for temporary changes in complement longer than 90 days are still required and must be approved by the designated institutional official (DIO) prior to being submitted in ADS for Review Committee consideration.

Resident/Fellow and Faculty Surveys

- The reporting period for the ACGME's annual surveys was February 12 through April 7

- The ACGME anticipates that Sponsoring Institutions and programs will receive survey reports in early May

- The ACGME will NOT notify your survey takers directly

- As in previous years, program leadership is charged with alerting survey takers about their participation using existing mechanisms available within ADS

Docs with Disabilities Initiative Partnership (DWDI)

- The ACGME is partnering with DWDI on Multimedia Resource Hub for the Disability Inclusion in GME project, which will host resources on topics including:

    - normalizing disability inclusion

    - creating safe environments for disclosing disabilities

    - meeting legal obligations for disability inclusion

- Calls for community involvement and inclusion in the hub will be forthcoming

Women with Disabilities in Medicine/Disability in Graduate Medical Education Panel: Transitioning from UME to GME

- Leaders and learners will share insights on navigating the pathway from medical school to residency, thriving as a resident with a disability, and addressing the unique challenges that often disproportionally impact women.

- Session was held in March

- Webinar is open to all at no cost

ACGME Clinician Educator Journal Club

- Monthly online meeting of graduate medical educators, authors, and ACGME staff members coming together to discuss the latest journal articles and timely topics in medical education

- Inaugural session was held in March

- Topic: Creation of the Clinician Educator Milestones

- Speakers: John Mahan, MD and Amy Miller Juve, EdD, Med

- There is no cost to attend, and the session is open to all. Registration is required. **Register Today** **– Link in ACGME e-Communication**
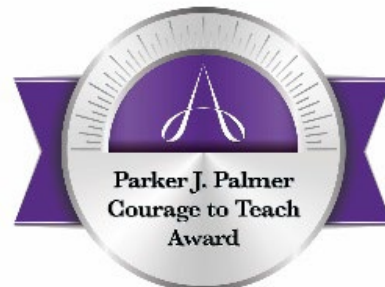
The ACGME is accepted nominations for the 2025 ACGME Awards.

Deadline was in March

For additional information and to download nomination materials:
https://www.acgme.org/initiatives/awards/
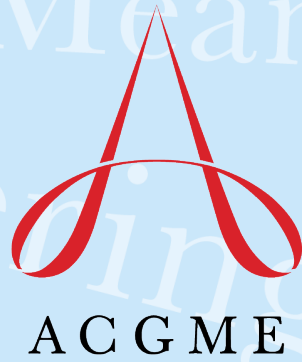
ACGME | BACK TO BEDSIDE

- **Funding opportunity** for resident-/fellow-led teams
- Builds deeper connections with patients

Scan the QR code for more information and to download the Request for Proposals.

DEADLINE: APRIL 22, 2024

Program Resources
www.acgme.org

- Accreditation Data System | ADS Public Site
- ACGME Policies and Procedures
- Clinical Competency Committee (CCC) Guidebook
- Milestones Resources | Guidebooks and FAQs
- How to Complete an Application
- Institutional Requirements
- Resident Survey Crosswalk Document
- Faculty Survey Crosswalk Document

- *Journal of Graduate Medical Education*
- Specialty-Specific Resources (Program Requirements, application forms, complement change policy, Guide to Construction of a Block Diagram) | Access via specialty pages
- Common Resources (e.g., Guide to the Common Program Requirements, ACGME Glossary of Terms, Common Program Requirements FAQs, Key to Standard LON | Access via specialty pages
- Site Visit Information (e.g., types of visits, Site Visit FAQ, listing of accreditation field representatives)
- Weekly *e-Communication* | Sent via email

The ACGME's Online Learning Portal

Learn at ACGME Redesign
Coming Soon!

Visit dl.acgme.org or scan the QR code.

Have a question or need assistance? Contact us!

desupport@acgme.org

LEARN at ACGME
THE ONLINE LEARNING PORTAL OF THE ACGME

Home | Browse Content | GME Roles | Featured Topics | Annual Educational Conference | Sign-In | Create an Account

Achieve Excellence in GME.

We offer Faculty Development in Assessment and Evaluation, the Basics of ACGME Accreditation, and more. Connect with others in the graduate medical education community by joining a role- or topic-based discussion forum.

Browse our content

Featured Topics

Accreditation
Self-paced educational experiences designed for individuals that want to move toward meaningful change in addressing issues related to diversity, equity and inclusion while being cognizant of the impact on the audience.

ACGME Equity Matters™
Self-paced educational experiences designed for individuals that want to move toward meaningful change in addressing issues related to diversity, equity and inclusion while being cognizant of the impact on the audience.

Faculty Development
Discover essential insights and resources for promoting well-being in graduate medical education. Prioritize self-care and resilience for a balanced journey.

Well-Being
Discover essential insights and resources for promoting well-being in graduate medical education. Prioritize self-care and resilience for a balanced journey.

LEARN at ACGME

ACGME EQUITYMATTERS™

These self-directed curricula provide the fundamentals of diversity, equity, and inclusion, and will enable participants to move through progressively more complex concepts.

The History of Race in Medicine
From Enlightenment to Flexner

ACGME EQUITYMATTERS™

- Trauma-Responsive Cultures
- Steps Leaders Can Take to Increase Diversity, Enhance Inclusion, and Achieve Equity
- Naming Racism and Moving to Action Part
- Women in Medicine
- Exposing Inequities and Operationalizing Racial Justice
- Patient Safety, Value, and Healthcare Equity: Measurement Matters
- American Indian and Alaskan Natives in Medicine
- *And many more!*

*The ACGME designates this enduring material for a maximum of **18.0 AMA PRA Category 1 Credits** ™*

Remediation Toolkit

If You Build It, They Will Come:

Designing a Centralized Remediation Program

Karen M. Warburton, MD, FACP, FASN
Associate Professor of Medicine
Director, Clinician Wellness Program
Director, GME Advancement
University of Virginia School of Medicine

- ➢ 11 modules authored by **renowned experts** in the field

- ➢ Equips participants with tools for **addressing needs of struggling learners**

- ➢ **CME** offered after completion

The ACGME designates this enduring material for a maximum of
5.25 AMA PRA Category 1 Credits ™

Faculty Development Toolkit:
Improving Assessment Using Direct Observation

➤ Faculty development materials around **direct observation and feedback**

➤ Evidence-based **video prompts**

➤ Answer keys and **facilitator guides**

➤ **Microlearning** lessons with associated slides and guides

Program Coordinator Course

> For **new and seasoned** coordinators

> Covers a **wide range of topics** important to program coordinators

> **Videos** from working coordinators

> **Summer 2024**

Applying for Program Accreditation Course

➤ Three-part course and **step-by-step guide**

➤ For those **new** to the process, as well as a refresher for **experienced** users

➤ Explanation of key steps, timeline, and the **review process** after submission
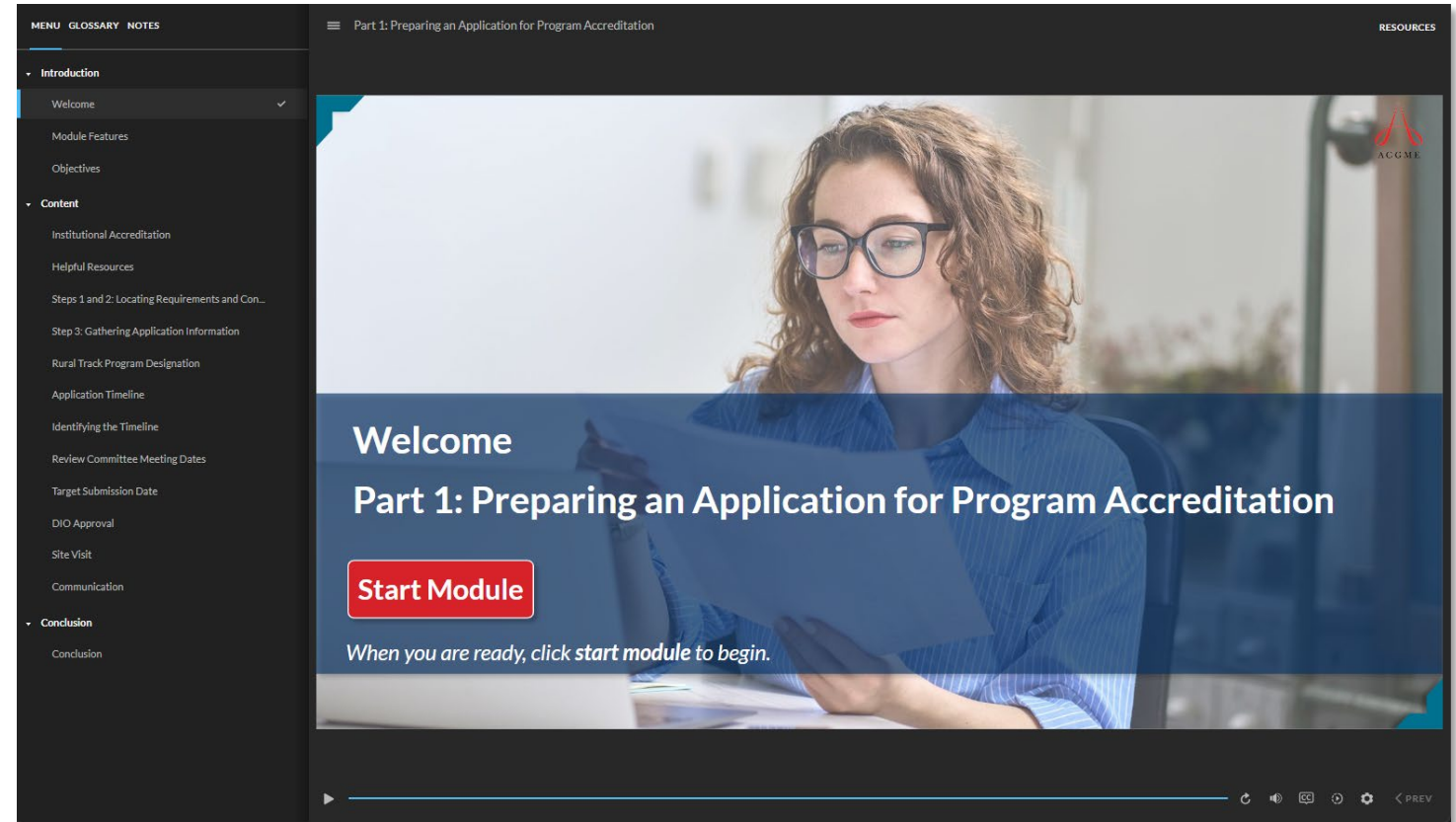
Review Committee Meeting Dates

Meeting Dates:	Agenda Closes:
April 10-11, 2024	February 9, 2024
September 5-6, 2024	July 5, 2024
January 23-25, 2025	November 25, 2024
April 10-11, 2025	February 10, 2025
September 8-9, 2025	July 8, 2025

ACGME Contacts

ADS Team
Technical Support

ADS General ADS@acgme.org

Resident/Fellow Survey
resurvey@acgme.org

Faculty Survey
facsurvey@acgme.org

Heidi Sowl
hsowl@acgme.org

Field Activities
Site Visit, Self-Study Questions

General Questions
fieldrepresentatives@acgme.org

Linda Andrews, MD
landrews@acgme.org

Andrea Chow achow@acgme.org

Penny Iverson-Lawrence
pil@acgme.org

Accreditation Team
Requirements, LON Questions

Accreditation General (non-specialty-specific) accreditation@acgme.org

Caroline Fischer, MBA
cfischer@acgme.org

Denise Braun-Hart
dbraun@acgme.org

Thank You