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| **Project Leader Contact Information**  **(Project leader MUST be a resident or fellow)**  **Name:** Click here to enter text.  **Address:** Click here to enter text.  **City, State, Zip:** Click here to enter text.  **Phone Number:** Click here to enter text.  ***(provide a direct number; awardees will be notified by phone)***  **Email:** Click here to enter text.  **Name of Sponsoring Institution:** Click here to enter text. | **Nominator Contact Information**  **Name:** Click here to enter text.  **Address:** Click here to enter text.  **City, State, Zip:** Click here to enter text.  **Phone Number:** Click here to enter text.  **Email:** Click here to enter text.  **Name of Sponsoring Institution:** Click here to enter text. |
| **Name and Address of Program (if different than above):**  Click here to enter text. | **Program 10-Digit Code** (as noted in the Accreditation Data System) **and Specialty/Subspecialty:**  Click here to enter text. |
| Letters of Support*Letters must be 500 words or less (including comments from group members but excluding salutations and signature blocks) and must be signed.**(List name, title, and affiliation, e.g., hospital, medical school, university)* **1**. Click here to enter text.  **2.** Click here to enter text.  **3**. Click here to enter text. | **Name(s) and Position(s) of Project Team Member(s) (if applicable) in the Program (residents/fellows, faculty members, nurse, program coordinator, etc.) Note: add rows as needed.**  **1.** Click here to enter text.  **2.** Click here to enter text.  **3.** Click here to enter text.  **4.** Click here to enter text.  **5.** Click here to enter text.  Click here to add additional team members as needed. |
| **Program’s Current Accreditation Status**: Click here to enter text. **(program MUST have status of Continued Accreditation for the nomination to be considered)** | |

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| **The current[[1]](#footnote-2) resident/fellow[[2]](#footnote-3) (or resident/fellow team[[3]](#footnote-4)) must have demonstrated excellence in graduate medical education (GME) in at least one of the five following areas:**   1. **Clinical learning environment** 2. **Educational outcomes** 3. **Increasing efficiency and reducing non-educational burden in the program** 4. **Improving communication and collaboration in education and patient care within the Sponsoring Institution and/or program** 5. **Advancing humanism[[4]](#footnote-5) in the patient care environment and among caregivers** |
| **List the area(s) above that was/were targeted in the project, test, or activity:**  Click here to enter text. |
| **Describe the role of the resident(s)/fellow(s) in this project:** Click here to enter text. |
| **Describe how the project, test, or activity was conducted (evaluated/measured and results obtained):** Click here to enter text. |
| **Describe the significance of how the project, test, activity significantly impacted the program/institution, and, if applicable, improved education or patient care?** Click here to enter text. |
| **Describe the project’s current status, and whether the improvement is sustainable:** Click here to enter text. |
| ​**Describe the replicable potential of this project for other programs/institutions and how this could be adopted:** Click here to enter text. |
| **Describe the project team members’ reflection on how this project, test, or activity demonstrates excellence in GME:**Click here to enter text. |

**Email the Nomination Form and letters of support in one PDF file (portable PDF files are not acceptable) to DeLonda Bonasera:** [**dbonasera@acgme.org**](mailto:dbonasera@acgme.org)**.**

All nominations must be emailed before ***5:00 p.m. Central on Wednesday, March 12, 2025.* Nominations received after the deadline and/or submitted piecemeal will not be considered.**

**Checklist for Nomination Materials**

**Eligibility Requirements**

​☐ Current resident/fellow in an ACGME-accredited residency or fellowship program with a status of Continued Accreditation

*Note: Residents/fellows serving on any ACGME committee (e.g., Council of Review Committee Residents) are ineligible.*

**Criteria for Selection**

The project (led by a *current* resident/fellow or resident/fellow team) must demonstrate innovation and improvement in GME in at least one of the five following areas:

Clinical learning environment

Educational outcomes

Increasing efficiency and reducing non-educational burden in the program

Improving communication and collaboration in education and patient care within the Sponsoring Institution and/or program

Advancing humanism in the patient care environment and among caregivers

**Examples:**

* A resident or fellow and program coordinator have designed an innovative method to improve the program’s evaluation system
* A program director and resident with extraordinary vision for curriculum design and teaching
* A resident or fellow has developed and implemented an improved system of communicating within the program
* A team of faculty members, residents, and others collaborating to identify and assess educational outcomes for the program
* A resident or fellow develops and implements programs that promote well-being
* A team improves patient care processes and implements sustainable patient-centered care changes
* A resident or fellow or resident/fellow team uses poems, music, or art to teach the skills of the heart (courage, honesty, humility) and self-reflection to improve patient care and resident/fellow well-being

**Nomination Instructions**

Two components are required for nomination and **must** be compiled in the following order (*do not include a cover letter*):

A completed Nomination Form

Three **signed** letters of support (**each letter is limited to 500 words or less**)

*Note: If applying as a team, a resident or fellow must be designated as the team leader. This individual is responsible for the project and will receive the award on behalf of the team.*

**About the Letters of Support**

* Letters should be addressed to the ACGME Awards Committee.
* Letters may be from faculty members, department chairs, program directors, the designated institutional official, other institutional representatives, Review Committee members, program coordinators, nurses, patients, etc.
* Comments from a group (faculty members, residents, etc.) should be compiled into one “group letter.” No more than three letters of support for each nominee/team will be accepted.
* Letters should articulate how the nominee/team has made a positive impact in at least one of the five specified criteria (noted above).
* Do not include a cover letter.

**Refer to the David C. Leach Award FAQs on the** [**David C. Leach page**](https://www.acgme.org/initiatives/awards/david-c-leach-award/) **of the Awards section of the ACGME website for additional information.**

1. Residents or fellows currently in the program at the time of nomination submission (“current” as identified by the ACGME and its Review Committees, *not* by the program) [↑](#footnote-ref-2)
2. Both residents and fellows are eligible [↑](#footnote-ref-3)
3. Resident/fellow team may include: resident(s); fellow(s); faculty member(s); nurse(s); social worker(s); program coordinator(s); etc. (each team must include at least one resident or fellow) [↑](#footnote-ref-4)
4. A program or activity designed to celebrate and refresh the spirit of physicians, reconnect physicians, and renew the connections between the spirit and daily work, thus improving patient care [↑](#footnote-ref-5)