Review Committee for Internal Medicine Update
ACOI 2019 Annual Congress on Medical Education
Friday, May 10, 2019

Jerry Vasilias, PhD, Executive Director
Review Committee for Internal Medicine
No conflicts to disclose
General Information: What does RC do?
Actions and Citations for SingleGME Applications/Programs
Change to Requirements
NAS 101
NAS Lessons Learned from Self-Study/10-year visits
RC Members and Staff
General Information: What does RC do?

Actions and Citations for SingleGME IM Applications/Programs
Changes to Requirements
NAS 101
NAS Lessons Learned from Self-Study/10-year visits
RC Members and Staff
What does the RC do?

- Reviews programs with regards to common and specialty PRs
- Determines accreditation status for programs
- Proposes revisions to PRs
- Discusses matters of policy and issues relevant to the specialty
- Recommends changes in policy, procedures and requirements to the ACGME Council of Review Committee Chairs.
How does it review programs?

- RC reviews programs to determine *substantial compliance* with minimum requirements
- Areas of noncompliance may be identified
- *Substantial compliance* can be achieved even with areas of non-compliance

QUESTION: what’s the “tipping point”? What combination of citations leads to an *adverse action* (warning, probation, or withdrawal)?

There is no formula. This a peer review process
“Areas of noncompliance”?

RC communicates noncompliance with requirements via…

**Citations**
- Require response in ADS
- Citations are typically weightier than AFIs.

**AFI = “Areas for Improvement”**
- AFIs do not require specific response in ADS.
- RC assumes the program and institution will address AFIs.
- Will draw further scrutiny (possibly become citation) if the trend continues
What happens after the RC reviews the application/program?

- PD + DIO will receive an email with RC’s decision within 5 business days of the RC meeting.
- A letter of notification follows approximately 8 weeks later that will detail areas of noncompliance, if any.
General Information: What does RC do?

*Actions/Citations for SingleGME Applications/Programs*

Changes to Requirements

NAS 101

NAS Lessons Learned from Self-Study/10-year visits

RC Members and Staff
Actions for SingleGME CORE IM Programs

From beginning through recent RC meeting

- **Initial Accreditation, n=66, 68%**
- **Continued Accreditation, n=26, 27%**
- **Initial w/ Warning, n=4, 4%**
- **Continued Pre-Accreditation, n=1, 1%**
Accreditation Status Decisions x Academic Year

CORE programs

AY2017-18, n=92
- Initial
- Initial w Warning
- Continued
- Continued Pre

AY2018-19, n=96
- Initial
- Initial w Warning
- Continued
- Continued Pre

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Distribution of citations x Accreditation Status

CORE programs

Program has Citations  Program has 0 Citations

<table>
<thead>
<tr>
<th>Accreditation Status</th>
<th>Program has Citations</th>
<th>Program has 0 Citations</th>
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<td>40</td>
<td>20</td>
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<tr>
<td>Continued Accreditation</td>
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Programs at Initial Accreditation, n=66

- Of programs at Initial Accreditation (n=66), 23 do not have a citation.
- If have citations, have 2-3 citations.
• All 4 programs at Initial w Warning have citations.
• Each program has approximately 6 citations.

Programs at Initial Accreditation w Warning, n=4
Most programs at Continued Accreditation are without citations; 14 of 26 do not have citations.

If have citations, have about 2.
If you receive a citation...

- Respond to the citation in **ADS**
  - Be specific
  - Be concise
- If you believe citation is an error, clarify misunderstanding
- If citation is a “work in progress,” document the progress/action plan made thus far

- If program is at...
  - **Initial Accreditation** – responses to citations will be verified by site visitor at time of site visit, typically 2 years after Initial review
  - **Continued Accreditation** – responses will be reviewed annually, typically at the January RC meeting
If you get a citation, do not…
Points for responding to citations

https://www.acgme.org/Program-Directors-and-Coordinators/Avoiding-Common-Errors-in-the-ADS-Annual-Update

Example Citation Responses

This document contains examples of responses to citations. The first and third examples show well-written responses along with details on why the response is effective. The second and fourth examples depict poorly written responses and provide feedback on what could be improved to make the response better. This handout can be used as a reference for programs when responding to citations to ensure that they clearly and accurately address the Committees concerns.

Example 1—Well-Written Response

Citation: Fellow Evaluations - Multiple Evaluators Program Requirement: V.A.2.b. (2) The program must use multiple evaluators (e.g. faculty, peers, patients, self, and other professional staff). (Detail)

It is unclear whether the program uses multiple evaluators to evaluate fellow performance. Evaluation forms provided in the updated application materials included a faculty of fellow evaluation and a 360 evaluation. However, the 360 evaluation does not indicate who will be completing the form, so it is unclear who is evaluating the fellows aside from the program faculty.

Program Response: Our program already had a 360 evaluation in place at the time of site visit, which was completed in the past by a medical assistant and by a nurse. This may not have been clear at the time of the site visit but it was already in place and we have the documentation to show this. However, we have recently increased the number of people completing this evaluation to include peers (i.e. the fellows will evaluate each other) and have also increased the number of medical assistants completing the evaluation to two, as well as adding a second nurse and one to two clinic ATC’s, so we will receive more 360 evaluations for each fellow each year.

Comments: A citation may occur based on the information available to the committee, which may be incomplete or misunderstood. This response is concise and describes the program that was in place previously, and then adds detail about how it has been enhanced. It provides a clear description rather than merely reporting that the citation has been addressed.
General Information: What does RC do?
Actions/Citations for SingleGME Applications/Programs

*Changes to Requirements*

NAS 101
NAS Lessons Learned from Self-Study/10-year visits
RC Members and Staff
Types of Program Requirements (PRs)

Introduction

Int.A. Residency is an essential dimension of the transformation of the medical student to the independent practitioner along the continuum of medical education. It is physically, emotionally, and intellectually demanding, and requires longitudinally-concentrated effort on the part of the resident.

The specialty education of physicians to practice independently is experiential, and necessarily occurs within the context of the health care delivery system. Developing the skills, knowledge, and attitudes leading to proficiency in all the domains of clinical competency requires the resident physician to assume personal responsibility for the care of individual patients. For the resident, the essential learning activity is interaction with patients under the guidance and supervision of faculty members who give value, context, and meaning to those interactions. As residents gain experience and demonstrate growth in their ability to care for patients, they assume roles that permit them to exercise those skills with greater independence. This concept—graded and progressive responsibility—is one of the core tenets of American graduate medical education.

Supervision in the setting of graduate medical education has the goals of assuring the provision of safe and effective care to the individual patient; assuring each resident’s development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishing a foundation for continued professional growth.

Int.B. Internal medicine is a discipline encompassing the study and practice of health promotion, disease prevention, diagnosis, care, and treatment of men and women from adolescence to old age, during health and all stages of illness. Intrinsic to the discipline are scientific knowledge, the scientific method of problem solving, evidence-based decision making, a commitment to lifelong learning, and an attitude of caring that is derived from humanistic and professional values.

Common PRs

Specialty PRs
Summary of new Common PRs (CPRs), Sections I-IV

- New CPRs go into effect **July 1, 2019**
- Biggies include...
  - Mostly “core” PRs
  - 3 sets – residency, fellowship, and 1-year CPRs*
  - *Mission and aims* baked into CPRs
  - Some former CPRs deleted/transferred to under-construction PD Guide
  - AOA certification acceptable for physician faculty
  - “Core Faculty” is in CPRs and broader (can be non-physician)
  - .5 FTE Coordinator support in residency CPRs
  - Scholarly Activity (SA) overhauled
  - More language on faculty development
  - More language on Annual Program Evaluations
  - New certification exam CPRs
  - Fewer sub-competencies for fellows

*Approved at the Feb 2019 ACGME Board meeting*
Program Requirement Revisions

1. Focused
2. Major
Focused Revisions to date...

• Focus of focused revisions = to accommodate new CPRs
  – Edit current PRs to remove redundancies/conflicts
  – Clarify RC’s expectation for new CPRs by adding new PR language

• Focused revisions for IM, PCCM, H/O, H and O vetted in March
  – Will be reviewed at June Committee on Requirements (CoR) meeting
  – Once approved will be posted before July 1, 2019
  – Remaining subspecialty focused revisions are coming soon
Focused Revisions

Clarifications/new language for RESIDENCY PRs…

- New CPRs now use ‘core’ faculty - physicians + non-physicians. RC needed to clarify it still expects min # of core INTERNIST faculty
  - Certified by ABIM or AOBIM certified
- Expectation for scholarly activity remains broad – do not expect publication
- Hours devoted to program were removed because new CPRs do not allow, will create specialty-specific Background and Intent:

  The residency program must have a minimum number of ABIM- or AOBIM-certified core faculty who devote significant time to teaching, supervising and advising residents, and working closely with the program director and associate program directors. One way these core internist faculty members can demonstrate that they are devoting a significant portion of their effort to resident education is by dedicating an average of 15 hours a week per year to the residency program.
Focused Revisions

Clarifications/new language for FELLOWSHIP PRs…

- New CPRs use “core” faculty—physicians and non-physicians. RC cannot continue to use “key clinical faculty,” so will clarify it still expects a minimum # of core subspecialty-certified physician faculty
  - Certified in the subspecialty by ABIM or AOBIM
- Re-categorizing PD support 20-50% as “core” instead of “detail”
- CPR for fellows to practice independently in specialty will not appear in IM subs
  - But will be in multidisciplinary Clinical Informatics, at community’s request
- Expectation for scholarly activity remains broad
  - No expectation for a peer-reviewed publication
  - 50% of graduates must have engaged in more than one SA from long list
  - 50% of faculty must engage annually in a variety of SA from long list
Focused Revisions …

• Focused revisions for IM, PCCM, H/O, H and O vetted in March
  – Will be reviewed at June Committee on Requirements (CoR) meeting
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• The remaining subspecialty requirements will undergo two step revision process…
  1. Focused revision that is editorial to harmonize sub PRs with CPRs
     – Incorporate CPRs and remove redundancies and conflicts
  2. Focused revision to add new PR language
     – To allow RC to clarify expectations for new CPRs
     – Not many, but some – previous slide lists new PRs to be added

EXAMPLE: Geriatric Medicine (GM)
  – On July 1, 2019, the GM PRs will have new CPRs, but no new PR language
  – In fall of 2019, RC will vet GM PRs with the clarifications/new language from earlier slide
• Current IM PRs in effect since 2009. RCs do major revisions every 10 years.
• For this major revision, ACGME asked RC to pilot scenario-planning.
• Intent of scenario-planning: not to predict the future and then build a master plan, but rather to ask what might future hold and identify actions today that are most likely to be valuable regardless of how the future turns out.
Key insights from the scenario planning workshops

- Executive summary from the workshops RC held in June and September of 2017, https://www.acgme.org/Portals/0/PFAssets/ProgramResources/IM2035ExSummary.pdf?ver=2018-08-16-133452-567
Excerpts from the report:

What residency programs should do to prepare internal medicine programs to practice in 2035:

- The Program Requirements will need to be flexible to allow programs to individualize residents’ experience, depending on interests and post-residency plans.
  - Requirements and programs will need to ensure that those residents who want more subspecialty experiences can have it. Residents will have more subspecialty experiences as the delineation between general medicine and subspecialty education and training blurs, general internists take on some current subspecialty responsibilities, AI-based knowledge systems support immediate access to medical information, and residents pursue Master Clinician positions.
  - Requirements and programs will need to allow residents interested in crossing medicine with traditionally non-clinical/non-medicine areas (like public policy, business administration, and law) the option of doing so.
  - Requirements and programs will need to allow residents interested primarily in either an inpatient/hospital or an outpatient/ambulatory setting to have significant portions of their education occur in that setting during residency.
  - New subspecialties will develop, some in response to technological advancements (bio-sensor stress or tech-related anxieties/disorders), others in response to global changes (climate-change medicine), and programs will need to allow residents to pursue such options.
General Information: What does RC do?
Actions/Citations for SingleGME Applications/Programs
Changes to Requirements

**NAS 101**

NAS Lessons Learned from Self-Study/10-year visits
RC Members and Staff
Let’s get NAS-ty What is NAS?

- Next Accreditation System
- Better to call it *NOW* Accreditation System
- RC reviews every *established programs* (at Continued Accreditation) program *annually* using screening tools
NAS: Programs are reviewed annually using…

Data Elements

- Resident/Fellow Survey
- Clinical Experience
- ABIM/AOBIM Pass Rate
- Faculty Survey
- Scholarly Activity
- Attrition/Changes/Ratio
- Performance of sub
- Omission of Data
NAS: What happens with “outliers”? 

1. Programs with Citations
   • Is the program addressing the citations?
   • Are there positive outcomes?
   • Is there enough information?

2. Programs flagged on NAS data elements
   • Just because program flagged, does not mean it is an outlier
   • RC needs to consider…
     - Are there multiple elements flagged?
     - Which elements were flagged?
     - Are there trends?
     - Is there enough information?
NAS: What happens with “outliers”? 

• If there is not enough information or there is concern, RC may request a site visit.

• Request for site visit is a rare event
  - This year, only 15 programs got a site visit (total 2,200 programs)
Use “Major Changes and Other Updates” in ADS

- Be proactive
- Provide context
- Describe outcomes

Major Changes and Other Updates

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

[Enter text here]
Resident Survey is *one* data element

- Resident survey (RS) can be sensitive, so if flagged, we ask: “Is this a signal, or is it noise?”
- Considerations:
  - How many sections are flagged? One, two, more?
  - Which sections?
  - Degree of non-compliance? 50% of what size program?
  - How long has RS been flagged? First time? Multiple years?
  - What is overall impression of the program?
  - Did other NAS data elements flag?
  - Has an AFI already been issued?
  - Did program provide justification in “major changes and other updates”
QUESTION at APDIM a couple of years back:

Is there a relationship between the resident survey and the certification exam pass rate?

ANSWER:

As a matter of fact, there is. Programs with higher noncompliance on the resident and faculty surveys tend to have lower board pass rates.
Relationships Between the ACGME Resident and Faculty Surveys and Program Pass Rates on the ABIM Internal Medicine Certification Examination

Holt, Kathleen D., PhD; Millor, Rebeca S., MS; Vasiliadis, Jerry, PhD; Byrns, Lauren M., MPH; Cable, Christian, MD, MHPE; Grosco, Louis, MEd; Bellini, Lisa M., MD; McDonald, Furman S., MD, MPH

Academic Medicine: August 2018 - Volume 93 - Issue 8 - p 1205–1211
doi: 10.1097/ACM.000000000002228
Research Reports

https://journals.lww.com/academicmedicine/Abstract/2018/08000/Relationships_Between_the_ACGME_Resident_and.35.aspx
Takeaway Point #1

- High non-compliance on the Resident and Faculty Surveys is correlated with lower board pass rate
Takeaway Point #2

- Programs in lowest BPR quartile (BPR below 80%) had more survey sections flagged as non-compliant than programs in the highest BPR quartile (BPR 93% or higher)
The surveys will be changing…

• New CPRs means resident and faculty surveys will need to be updated
• Survey experts have been hired to revise & update
• Requested input on survey items
• Committed to keeping as many current items that are clear unchanged, to allow for trend analysis
• Will go live in early spring of 2020
Also, ADS will be changing…

- ADS will also be updated as a result of new CPRs
- Edits being made with a mindfulness to burden
- Some new questions will be added…some current items will be removed
Six years in NAS…
NAS: Fewer Site Visits

% of IM programs (core and sub) with site visits per year

Pre-NAS ~25%

NAS <1%
NAS: Few programs have citations

% of IM programs (core and sub) with citations

Pre-NAS 79%

NAS 5%
NAS: Few core programs have citations

- **AY 2013-14**: Few programs have citations
- **AY 2014-15**: Few programs have citations
- **AY 2015-16**: Few programs have citations
- **AY 2016-17**: Few programs have citations
- **AY 2017-18**: Few programs have citations

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NAS Process: Continuous Improvement

- Annual Data Submission
- Annual ACGME Review
- Annual Program Evaluation (PEC)

Self-Study / 10-year Site Visit
NAS = Innovation
How does NAS promote innovation?

- In NAS PRs are categorized as *Outcome*, *Core* and *Detail*
  
  - **Outcome** = specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of residents at key stages of their GME
  
  - **Core** = define structure, resource, or process elements essential to program.
  
  - **Detail** - describe a specific structure, resource, or process, for achieving compliance with a Core PR. Programs in substantial compliance with the Outcome PRs may use alternative or innovative approaches to meet Core PRs.

- Programs in substantial compliance with *Outcome* and *Core* and PRs can innovate with *Detail* PRs.
  
  - *Detail* PRs do not go away, but PDs do not need to demonstrate compliance them, unless it becomes evident that *Outcome* or *Core* PRs are not being met.
"Detail" PRs
When can I innovate?

• Applications and new programs at Initial Accreditation are expected to comply with all PRs.

• Innovation is a privilege of demonstrating substantial compliance with PRs over time → Good Standing (continued accreditation and no/few citations)

• Take away message…
  • Something to consider in the future, and,
  • There are different types of PRs
General Information: What does RC do?
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NAS 101

*NAS Lessons Learned from Self-Study/10-year visits*

RC Members and Staff
**NAS: Review every year; site visit every decade**

- **Annual** Data Submission
- **Annual** ACGME Review
- **Annual** Program Evaluation (PEC)

**Self-Study / 10-year Site Visit**
RC’s decision about self-study report

• At its April 2017 meeting, the RC decided that it will *not* provide programs feedback on their self-study.

• It will provide feedback on compliance with requirements and allow the Department of Field Activities to provide the programs feedback on the self-study.
Summary of 10-year compliance visits

150 programs
- All programs on Continued Accreditation
- 5 years of mostly/entirely clean NAS screens

Results from 10-year compliance reviews…

- 100% Continued Accreditation
- 90% no citation
- If cited, received 1 citation, on average
Lessons learned from 10-year compliance visits

• Annual screening works
  - Multiple years clean NAS → positive accreditation outcomes

• Most programs do not receive any citations
  - If cited, on average, program receives a single citation
General Information: What does RC do?
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NAS Lessons Learned from Self-Study/10-year visits

RC Members and Staff
*Who is the RC-IM?*

ACGME/RC Staff

4 *ex officio*, non-voting
(ABIM, ACP, AMA, AOA)

**24 VOTING MEMBERS**

- 6 ABIM-nominated
- 6 ACP-nominated
- 6 AMA-nominated
- 3 AOA-nominated
- 2 resident members
- 1 public member

Program Director

DIO

Subspecialist

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Current Composition of the RC-IM

**Chair:** Christian Cable, MD *Hematology-Oncology*
Ruth Campbell, MD *Nephrology*
Alan Dalkin, MD *Endocrinology*
Andrew Dentino, MD *Geriatrics/PM*
Sanjay Desai, MD *PCCM*
Sima Desai, MD *GIM Chair-Elect*
Jessica Deslauriers, MD *Resident Member*
Oren Fix, MD *Transplant Hepatology*
Christin Giordano McAuliffe, MD *Resident Member*
Russ Kolarik, MD *Med-Peds*
Monica Lypson, MD *GIM*

**Vice Chair:** Brian Mandell, MD *Rheumatology*
Elaine Muchmore, MD *Hematology-Oncology*
Cheryl O’Malley, MD *GIM*
Amy Oxentenko, MD *GI*
Jill Patton, DO *GIM*
Kristen Patton, MD *CCEP*
David Pizzimenti, DO *GIM*
Donna Polk, MD *Cardiology*
Samuel Snyder, DO *Nephrology*
David Sweet, MD *GIM*
Jacqueline Stocking, RN, PhD *Public Member*
Heather Yun, MD *ID Vice Chair-Elect*

**Vice Chair-Elect:** Russ Kolarik, MD *Med-Peds*
Monica Lypson, MD *GIM*

**Ex Officio:**
Alejandro Aparicio, MD *ex officio, AMA*
Davoren Chick, MD *ex officio, ACP*
Furman McDonald, MD *ex officio, ABIM*
Don Nelinson, PhD *ex officio, AOA*
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Cheryl O’Malley, MD GIM

Amy Oxentenko, MD GI
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Kristen Patton, MD CCEP
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Ousted, June 2019
# As of July 1, 2019: Composition of the RC-IM

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<tr>
<th>Name</th>
<th>Specialty</th>
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Noobs, July 2019
Questions?

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Executive Director

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"I'm looking for that special someone to hate."