

SES117: Specialty Update: Allergy and Immunology March 9, 2024

Kelly D. Stone, MD, PhD
Chair, Review Committee for Allergy and Immunology

Conflict of Interest Disclosure

Speaker: Kelly D. Stone, MD, PhD

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 healthcare products used by or on patients.

Discussion Topics



Review Committee for Allergy and Immunology Activities



Accreditation Process



Specialty Program Requirements



Competency-Based Medical Education (CBME)



Special Announcement

ACGME President and CEO Announces Transition

ACGME President and Chief Executive Officer Thomas J. Nasca, MD, MACP announced he intends to step down from his current role on January 1, 2025, to establish the ACGME Center for Professionalism and the Future of Medicine.

Dr. Nasca will serve as the initial Senior Fellow and Administrative Director.

The ACGME Board of Directors will undertake a national search to identify the next President and CEO.



ACGME Review Committee for Allergy and Immunology Staff

ACGME Leadership

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ACGME Mission

#ACGME2024

The Mission of the ACGME is to improve health care and population health by assessing and enhancing the quality of resident and fellow physicians' education through advancements in accreditation and education.

ACGME MISSION, VISION, and VALUES

Purpose of ACGME Accreditation

- Accreditation of Sponsoring Institutions and residency/fellowship programs by the ACGME is a voluntary process of evaluation and review.
- Accreditation benefits the public, protects the interests of residents and fellows, and improves the quality of teaching, learning, research, and professional practice.
- The accreditation processes are designed to evaluate, improve, and publicly recognize Sponsoring Institutions and graduate medical education programs that are in substantial compliance with standards of educational quality established by the ACGME.

ACGME Accreditation

The ACGME has a twofold purpose:

1. to establish and maintain accreditation standards that promote the educational quality of residency and fellowship education programs; and,
2. to promote residency/fellowship education that is sensitive to the quality and safety of patient care in an environment that fosters the well-being, learning, and professionalism of residents and fellows.

It is not the intent or purpose of the ACGME to establish numbers of physicians in any specialty.

ACGME Board of Directors and Review Committees

- Board sets policy and direction
- Board delegates authority to accredit programs/institutions to the Review Committees
- Board monitors Review/Recognition Committees
 - Monitoring Committee
- Board approves:
 - Institutional/specialty-specific/Recognition Requirements
 - Common Program Requirements

Differences between the ACGME and the Certifying Boards



- Accredits residency/fellowship *programs*
- Develops Program Requirements for programs
- Evaluates programs through annual data review and site visits



- Certifies *individual* physicians
- Sets the standards residents and fellows must meet to gain certification
- Works with the ACGME to ensure alignment of Program and Certification Requirements





When to Notify the Review Committee of Program Changes

#ACGME2024

Submitted in the ACGME Accreditation Data System at
www.acgme.org

Participating Site Changes

Program Director Changes

Complement Changes
(temporary and permanent)

The complement requests are reviewed in between scheduled Review Committee meetings.

Voluntary Withdrawals

Change in Sponsoring Institution

When *Not* to Notify the Review Committee

Exceptions for an individual's education and training:

- Leaves of absence
- Extensions due to remediation
- Electives (including international)
- Other training not required by the Review Committee (including pathways)

- *In these circumstances you should contact your certifying board*
 - ✓ *American Board of Allergy and Immunology – www.abai.org*



Review Committees

There are 28 specialty Review Committees, including one for transitional year programs.

The Institutional Review Committee reviews and accredits institutions that sponsor graduate medical education programs.

Each Review Committee receives data on all accredited or applicant programs or institutions within its purview, and makes an accreditation status decision on each, annually.



Review Committee for Allergy and Immunology Members

#ACGME2024

- Kelly D. Stone, MD (*Chair*)
- Kathleen R. May, MD (*Vice Chair*)
- Andrea Apter, MD
- Theresa Bingemann, MD
- Omar Elsayed-Ali, MD* (*Resident Member*)
- Merritt Fajt, MD
- Lisa Kobrynski, MD*
- Diane Neefe, MS (*Public Member*)
- Michael Nelson, MD (*Ex-Officio, ABAI*)
- Princess Ogbogu, MD
- Rebecca Scherzer, MD

*Term ends June 30, 2024

- Review Committee members are not allowed to discuss Review Committee activities, including accreditation decisions
- Review Committee members are nominated by AAAAI, ABAI, AMA

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Incoming Members of the Review Committee for Allergy and Immunology

Christopher Chang, MD

- Memorial Healthcare System – Hollywood, Florida

Gabriel Mendoza, MD
(Resident Member)

- University of Washington Graduate Medical Education Seattle Children's Hospital – Seattle, Washington

Terms begin July 1,
2024

Allergy and
Immunology
Program
Accreditation
Academic
Year 2023-
2024

Allergy and
Immunology

88



Upcoming Review Committee Meeting Dates

Allergy and Immunology

#ACGME2024

Meeting Dates:	Agenda Closing Date:
January 11, 2024	November 3, 2023
March 21, 2024 (Changed to June 3, 2024)	January 12, 2024



2022-2023 Frequent Citations and Areas for Improvement (AFIs) *Allergy and Immunology*

#ACGME2024

Citations	AFIs
Educational Program – Procedural Experience	Specific domains in the Resident/Fellow Survey
Responsibilities of Program Faculty	Performance on Board Exam
ACGME Competencies	Failure to Provide Accurate Information
Evaluation of Residents/Fellows	Scholarly Activity

Communicating Results back to the Program(s)

- Within 5 business days following the RC meeting
- Email notifications are sent to the PD(s), DIO, and PC containing accreditation status decisions

5 Days



- Up to 60 days following the RC meeting
- Letters of Notification (LONs) are posted to ADS
- PD(s), DIO, and PC are notified via email that LON is available
- LONs attached to email notifications for all programs

60 days





#ACGME2024

Discussion Topic

ACGME Faculty and Resident/Fellow Surveys

ACGME Faculty Surveys

ACGME Resident/Fellow and Faculty Surveys

- Program directors are not asked to complete the Faculty Survey
- Core faculty members in specialty programs (physician and non-physicians) are asked to complete the Faculty Survey

ACGME Resident/Fellow and Faculty Surveys

“How does the Review Committee use the Resident/Fellow Surveys in determining accreditation decisions?”

- The Review Committee reviews the program’s trend data from the survey results, which includes information for each domain area versus individual questions.
- The Review Committee issues AFIs for non-compliance with specific areas from each domain.
- The Review Committee issues citations for the surveys if the program has received multiple AFIs in a particular domain area.



Resident/Fellow and Faculty Surveys

Resident/Fellow and Faculty Surveys

The reporting period for the ACGME's annual surveys opened February 12, 2024, and will run for eight weeks, ending April 7, 2024. The ACGME anticipates that Sponsoring Institutions and programs will receive survey reports in early May.

The ACGME will continue to notify and remind Sponsoring Institutions and program leaders about the surveys throughout the administration period. As in previous years, program leadership is charged with alerting survey takers about their participation using existing mechanisms available within the Accreditation Data System (ADS). **The ACGME will NOT notify your survey takers directly.** Program administrators should review and, if necessary, update their Resident/Fellow and Faculty Rosters in ADS before the surveys open to ensure accurate scheduling of survey participants.

Email questions to ADS@acgme.org.

Temporary Complement Increase Requests

Changes to Temporary Complement Increase Requests for Less than 90 Days

To reduce burden for the GME community and better align with the Institutional Requirements related to leaves of absence, Review Committees will allow extensions of education up to 90 days without requiring formal submission of a temporary complement increase request. **This change applies to all specialty/subspecialty programs except one-year programs, and is now in effect.** Requests for temporary changes in complement longer than 90 days are still required and must be approved by the designated institutional official prior to being submitted in ADS for Review Committee consideration.

Instructions have been updated in ADS in the “Complement Change Request” section to alert users of the change; guidance in the [Guide to the Common Program Requirements \(Residency\)](#) for III.B., Resident Complement, also reflects the change. Review Committees are updating guidance on this process in specialty-specific documents, which will be available on the Documents and Resources tab of the respective [specialty section](#) of the website and announced via the *e-Communication*.

Email questions to accreditation@acgme.org.

Site Visits

NEW! Program Site Visit Update

As part of its ongoing commitment to program improvement, the ACGME will conduct site visits annually for approximately one to two percent of programs with the status of Continued Accreditation. Programs will be selected through a random sampling process. The site visits will help assess program compliance with the Common Program Requirements and applicable specialty-specific Program Requirements in support of the [ACGME's Mission](#).

Email questions to accreditation@acgme.org.

- There were three allergy and immunology programs identified in this process.

Institutional Requirements – Guiding Principles: Vacation and Leaves of Absence

- Address medical, parental, and caregiver leave
- Six weeks of paid leave once during program, with one-week additional vacation time in same year
- Health insurance available during leave
- Equitable treatment of residents under leave policies (e.g., call responsibilities, promotion/renewal)
- Flexibility of scheduling, time off utilization, and fellowship start dates
- Policies widely available for prospective residents
- Policies consistent with board requirements
- Address extended leaves or multiple episodes of leave

Institutional Requirements

- IV.H. Vacation and Leaves of Absence
- IV.H.1. The Sponsoring Institution must have a policy for vacation and leaves of absence, consistent with applicable laws. This policy must: ^(Core)
- IV.H.1.a) provide residents/fellows with a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during an ACGME-accredited program, starting the day the resident/fellow is required to report; ^(Core)
- IV.H.1.b) provide residents/fellows with at least the equivalent of 100 percent of their salary for the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken; ^(Core)
- IV.H.1.c) provide residents/fellows with a minimum of one week of paid time off reserved for use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken; ^(Core)
- IV.H.1.d) ensure the continuation of health and disability insurance benefits for residents/fellows and their eligible dependents during any approved medical, parental, or caregiver leave(s) of absence; ^(Core)
- IV.H.1.e) describe the process for submitting and approving requests for leaves of absence; ^(Core)
- IV.H.1.f) be available for review by residents/fellows at all times; and, ^(Core)
- IV.H.1.g) ~~This policy must~~ ensure that each of its ACGME-accredited programs provides its residents/fellows with accurate information regarding the impact of an extended leave of absence upon the criteria for satisfactory completion of the program and upon a resident's/fellow's eligibility to participate in examinations by the relevant certifying board(s). ^(Core)

https://www.acgme.org/globalassets/pfassets/programrequirements/800_institutionalrequirements_2022_tcc.pdf

Institutional Requirements - FAQs

Question	Answer
Institutional GME Policies and Procedures	
<p>Do institutional policies for resident/fellow leaves of absence address needs for continuous or intermittent leaves of absence?</p> <p><i>[Institutional Requirement: IV.H.1.]</i></p>	<p>Required elements of institutional policies for vacations and leaves of absence pertain to both continuous and intermittent leaves of absence.</p>
<p>Can vacation and other pay sources be used to support residents'/fellows' salary during leaves of absence?</p> <p><i>[Institutional Requirement: IV.H.1.b)-c)]</i></p>	<p>Sponsoring Institutions may use vacation and other pay sources to provide paid time off during leaves of absence, provided that doing so is consistent with institutional policy and applicable laws, and that one week of paid time off is reserved for use outside of the first six weeks of leave. The IRC will not cite Sponsoring Institutions for new elements of vacation and leave policies described in Institutional Requirements IV.H.1.a)-f) before July 1, 2023.</p>
<p>Is there a timeframe within which residents/fellows must use the week of paid time off that is reserved for use outside of the first six weeks of the first approved medical, parental, or caregiver leave(s) of absence taken?</p> <p><i>[Institutional Requirement: IV.H.1.c)]</i></p>	<p>The reserved one week of paid time off (outside the first six weeks of approved medical, parental, and caregiver leaves of absence) is to be available within the appointment year(s) in which the leave is taken. It is not required that this reserved week carry over into subsequent years of an individual's educational program. The IRC will not cite Sponsoring Institutions for elements of vacation and leave policies described in Institutional Requirements IV.H.1.a)-f) before July 1, 2023.</p>



#ACGME2024

Discussion Topic

Shaping GME: The Future of Allergy and Immunology

Shaping GME: The Future of Allergy and Immunology

- Program Requirements revised every 10 years.
- In 2017, the ACGME re-envisioned the process by which this is done and piloted a new approach within the specialty of internal medicine.
- The new process: think rigorously and creatively about what the specialty will look like in the future prior to proposing any revisions, recognizing the future is marked with significant uncertainty
 - Scenario-based strategic planning, November 27-29, 2023, in Chicago, Illinois (48 attendees)
 - Structured interviews with influencers, early career allergists, and patients (>30 total)
 - Writing group (composed of Review Committee members and ACGME Board members, including public members), with feedback from the specialty community
- Initiate process for incorporating elements of competency-based medical education into the revised Program Requirements
- Development of entrustable professional activities (ABAI) to guide the Program Requirements



Discussion Topic

Competency-Based Medical Education (CBME)

Variable	Educational Program Approach	
	Structure/Process	Competency-based
Driving force for curriculum	Content-knowledge acquisition	Outcome-knowledge application
Driving force for process	Teacher	Learner
Path of learning	Hierarchical (Teacher→student)	Non-hierarchical (Teacher↔student)
Responsibility for content	Teacher	Student and Teacher
Goal of educ. encounter	Knowledge acquisition	Knowledge application
Typical assessment tool	Single subject measure	Multiple objective measures
Assessment tool	Proxy	Authentic (mimics real tasks of profession)
Setting for evaluation	Removed (gestalt)	“In the trenches” (direct observation)
Evaluation	Norm-referenced	Criterion-referenced
Timing of assessment	Emphasis on summative	Emphasis on formative
Program completion	Fixed time	Variable time

CBME

- Program directors and faculty members struggled to understand what the Competencies meant and, more importantly, what they “look like” in practice.
- This lack of shared understanding (i.e., shared mental models) hampered curricular changes and development and evolution of better assessment methods.
- Over the last 10 years several notable concepts have emerged to enable more effective implementation of CBME, such as the Milestones and entrustable professional activities (EPAs).
- Milestones and EPAs are becoming useful methods and tools to facilitate implementation of CBME and both can be useful in helping to move innovation forward.

CBME

- The ACGME and ABMS have been conducting symposia with the goal to accelerate the development of and transition CBME in graduate medical education (GME).
- These working conferences are to develop a set of actions by the certification boards and the Review Committees to support advancing CBME within GME.
- Teams consist of Member Board executives, Review Committee Chairs, one learner from the specialty, one or two other representatives (such as a specialty society leaders or others to be selected jointly by the Member Board and Review Committee representatives).

CBME

- Objectives include:
 1. Recognizing the role and importance of the five essential core components of CBME in GME.
 2. Identifying the policy, financial, and administrative facilitators that have empowered spread and innovation in CBME.
 3. Identifying the policy, financial, and administrative barriers that inhibit the growth of CBME.
 4. Recommending changes in ACGME and ABMS policies and procedures that promote innovation and reduce or eliminate barriers to CBME.
 5. Working within and across specialties, create an action plan to support innovations and the widespread implementation of CBME.

CBME

Elaine van Melle and colleagues recently outlined five core components for CBME:

1. Competencies required for practice are clearly articulated.
2. Competencies are arranged and sequenced progressively.
3. Learning experiences facilitate the progressive development of competencies.
4. Teaching practices promote and support the progressive development of competencies.
5. Assessment practices support and document the progressive development of competencies. Programmatic assessment is essential and addresses ALL competencies.



Discussion Topic

Entrustable Professional Activities (EPAs)

Competency: A Definition

- Competency: *An observable ability* of a health professional, integrating multiple components such as knowledge, skills, values and attitudes.

Competencies

- Competency frameworks are just that – organizational frameworks to guide curriculum and assessment.
- They ***do not*** represent the totality of a discipline or of all professional development.
- Competencies help to define the *educational outcomes* (abilities) of individuals.

- EPAs represent the routine *professional* life activities of physicians based on their specialty and subspecialty.
- The concept of “entrustable” means:
 - “a practitioner has demonstrated the necessary knowledge, skills and attitudes to be *trusted* to perform this activity [*unsupervised*].”¹

¹Ten Cate O, Scheele F. *Competency-based postgraduate training: can we bridge the gap between theory and clinical practice?* Acad Med. 2007; 82(6):542–547.

EPAs

- Part of essential work for a qualified professional
 - Requires specific knowledge, skill, attitude
 - Acquired through education and training
 - Leads to recognized output
 - Observable and measurable, leading to a conclusion
 - Reflects the competencies expected
-
- ***EPAs together constitute the core of the profession***

Competencies versus EPAs

- Competencies define the core **abilities** of the individual (i.e., educational outcomes).
 - Milestones describe competencies in **developmental narratives**.
- EPAs define the core **activities** health professionals perform in daily practice.
- Competencies are needed by the individual to effectively perform the professional activity.

Analyze to Understand → Synthesize to Educate and Evaluate → Physicians prepared to meet the health care needs of the population

Competency	Milestones		EPA in Training	EPA in Practice
Medical Knowledge	MK ¹	[Solid lines]	[Red bar]	[Red bar]
	MK ²		“Lead” and work with IP care team	Lead & work within IP health care teams.
Patient Care	PC ¹	[Solid lines]	[Red bar]	[Red bar]
	PC ²		Care for patients with chronic illness with indirect supervision	Care for patients with chronic diseases
Professionalism	Prof ¹	[Solid lines]	[Red bar]	[Red bar]
	Prof ²		Participate in QI and pt. safety initiatives	Enhance patient safety. Improve quality of health care
Interpersonal Skills	ISC ¹	[Dashed lines]	[Red bar]	[Red bar]
	ISC ²		[Red bar]	[Red bar]
Systems-based Practice	SBP ¹	[Dashed lines]	[Red bar]	[Red bar]
	SBP ²		[Red bar]	[Red bar]
Practice-based learning	PBLI ¹	[Dashed lines]	[Red bar]	[Red bar]
	PBLI ²		[Red bar]	[Red bar]

Example: EPA from Internal Medicine

- Canadian EPA: Assessing and managing patients with complex chronic conditions
- US EPA: Manage care of patients with chronic diseases across multiple care settings
- ***Would any of the CanMEDS or ACGME General Competencies NOT be important in these EPAs?***

Examples: EPAs from ABS and ABP

The General Surgery EPAs

The ABS has been hard at work since the conclusion of the pilot in 2020, and presents the final list of 18 core EPAs below. Each EPA has a full description and includes the associated functions and behaviors that will be evaluated for general surgery:

1. RLQ pain/Appendicitis *
2. Benign or malignant breast disease
3. Benign or malignant colon disease
4. Gallbladder disease *
5. Inguinal hernia *
6. Abdominal wall hernia
7. Acute abdomen
8. Benign anorectal disease
9. Small bowel obstruction
10. Thyroid and parathyroid disease
11. Dialysis access
12. Soft tissue infection
13. Cutaneous and subcutaneous neoplasms
14. Severe acute or necrotizing pancreatitis
15. Perioperative care of the critically ill surgery patient
16. Flexible GI Endoscopy
17. Evaluation/initial management of a trauma patient *
18. Provide general surgery consultation *

* Initial EPA evaluated during 2018-2020 EPA Pilot

Examples: EPAs from ABS and ABP

▼ Pulmonology

- EPA 1** Manage patients with acute complex respiratory disease in an ambulatory, emergency, or inpatient setting
Curricular components supporting the functions of the EPA
- EPA 2** Manage patients with complex chronic respiratory disease through all settings and phases of life
Curricular components supporting the functions of the EPA
- EPA 3** Demonstrate competence in communicating a new diagnosis of a life-altering disease using a patient and family centered approach
Curricular components supporting the functions of the EPA
- EPA 4** Manage the use of supplemental respiratory equipment such as oxygen, ventilators, and airway clearance devices
Curricular components supporting the functions of the EPA
- EPA 5** Demonstrate competence in performing the common procedures of the pediatric pulmonary subspecialist
Curricular components supporting the functions of the EPA

▼ Rheumatology

- EPA 1** Demonstrate competence in the utilization of immunomodulatory therapy for pediatric rheumatology patients
Curricular components supporting the functions of the EPA
- EPA 2** Manage patients with acute or chronic complex multi-system rheumatic disease in an ambulatory, emergency, or inpatient setting
Curricular components supporting the functions of the EPA
- EPA 3** Provide or coordinate a medical home for patients with complex and chronic rheumatic disease
Curricular components supporting the functions of the EPA



Faculty Development Courses

- Foundations of Competency-Based Medical Education
- Managing your Clinical Competency Committee
- Multi-Source Feedback

Additional Distinctions

Competency

- Unit of assessment is the ability of an individual
- Context independent that may make assessment more difficult
- Addresses the knowledge skills, and abilities (KSAs) of a specific ability

EPA

- Unit of assessment is the outcome of the activity
- Embedded in a clinical context making assessment potentially more meaningful and intuitive
- Address the KSAs (i.e., competencies) of multiple competencies that need to be integrated for care delivery

Medically Underserved Areas and Populations

[ACGME Home](#) > [What We Do](#) > [Accreditation](#) > [Medically Underserved Areas and Populations](#)

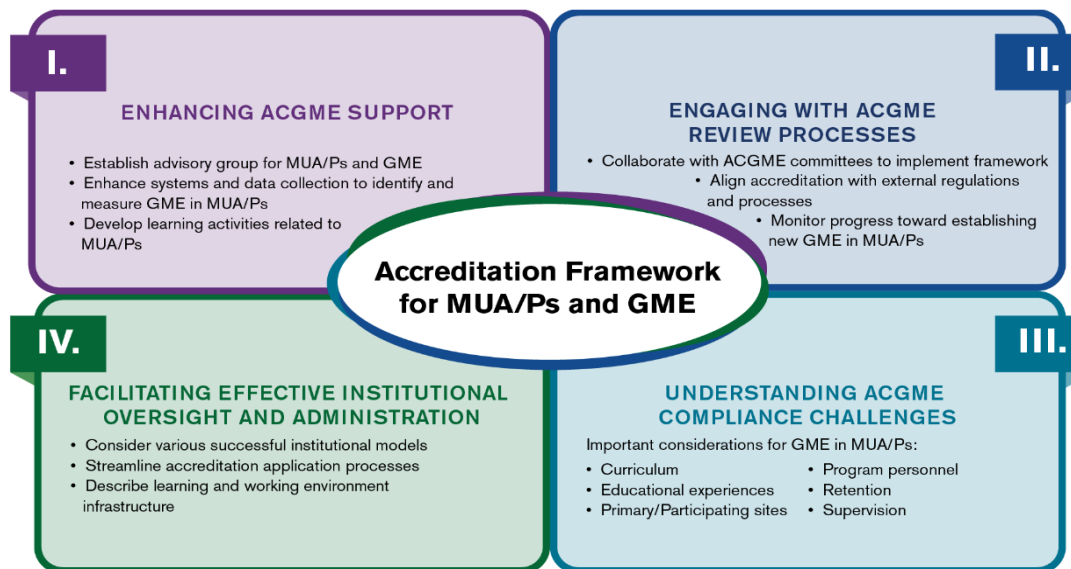
Medically Underserved Areas and Populations

Medically Underserved Areas/Populations and GME

Consistent with its mission to improve health care and population health, the ACGME seeks to enhance physician workforce development in communities that face physician shortages in various specialties.

As part of this effort, the ACGME developed a framework to encourage the development of graduate medical education (GME) that will result in enhanced access to and availability of health care in medically underserved areas (MUAs) and medically underserved populations (MUPs). Medically underserved areas and populations (MUA/Ps) are places or communities in which groups of people have unmet health or health care needs.

This framework outlines initial actions addressing graduate medical education in MUA/Ps.



Quick Links

- [Medically Underserved Areas and Populations](#) »
- [Advisory Group](#) »
- [Rural Track Program Designation](#) »
- [ACGME Newsroom and Blog Updates on Medically Underserved Areas](#) »
- [ACGME Specialties](#) »
- [ACGME Program Application Information](#) »
- [ACGME Diversity, Equity, and Inclusion](#) »

Relevant Presentations in Learn at ACGME

- [MUA/P: Partnerships to Establish and Sustain Rural GME](#) 

Medically Underserved Areas and Populations

The following processes are available to obtain ACGME Rural Track Program (RTP) designation:

- Permanent complement increase and identification of new rural site(s) for an existing program
- Application for a new program*

*New programs may share resources and overlapping resident/fellow experiences with an already existing ACGME-accredited program. Requests for RTP designation during the program application process may identify and existing program as a Rural Track Related Program (definition available on the website – muap@acgme.org).

The ACGME's Online Learning Portal

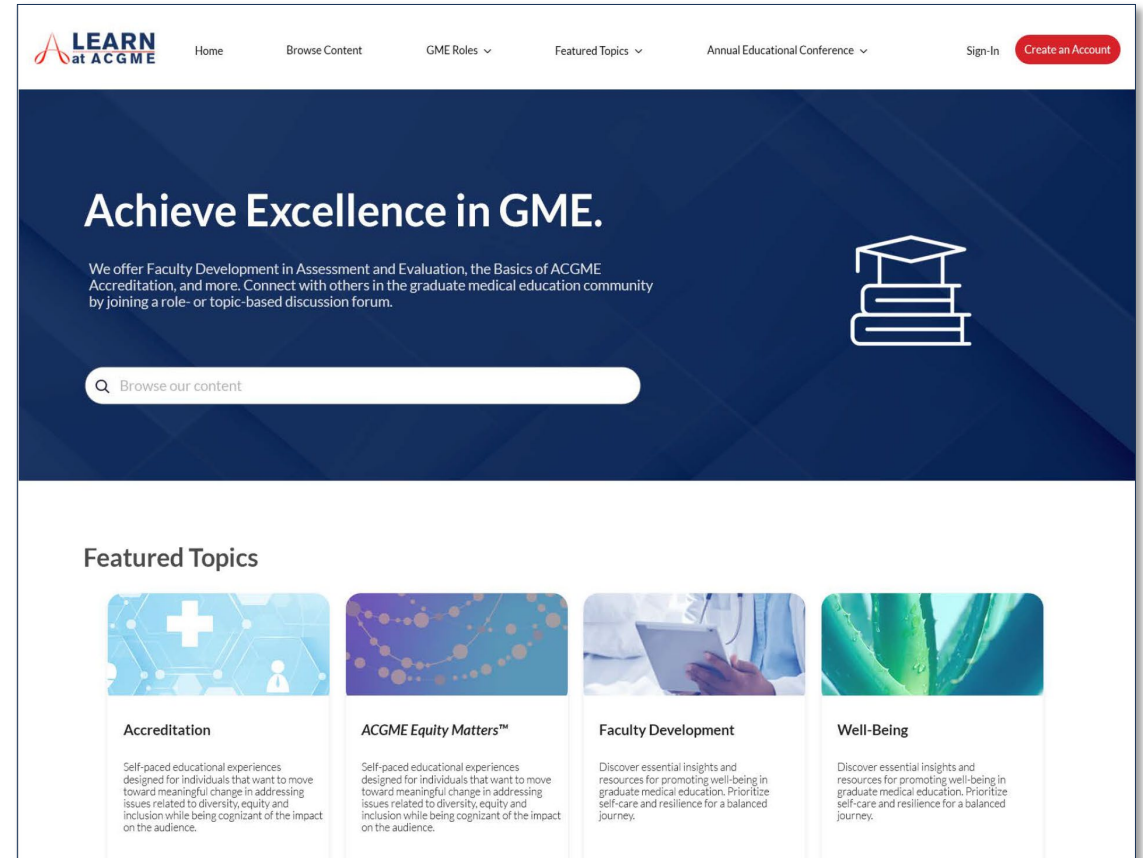
Learn at ACGME Redesign Coming Soon!

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



Have a question or need assistance? Contact us!

desupport@acgme.org



The screenshot shows the ACGME online learning portal website. At the top, there is a navigation bar with the ACGME logo, "Home", "Browse Content", "GME Roles", "Featured Topics", "Annual Educational Conference", "Sign-In", and a "Create an Account" button. The main header area has a dark blue background with the text "Achieve Excellence in GME." and a sub-header: "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." To the right is an icon of a graduation cap and books. Below this is a search bar with the placeholder text "Browse our content". The "Featured Topics" section contains four cards: "Accreditation" (with a cross icon), "ACGME Equity Matters™" (with a network icon), "Faculty Development" (with a stethoscope icon), and "Well-Being" (with a green leaf icon). Each card includes a brief description of the self-paced educational experiences.

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

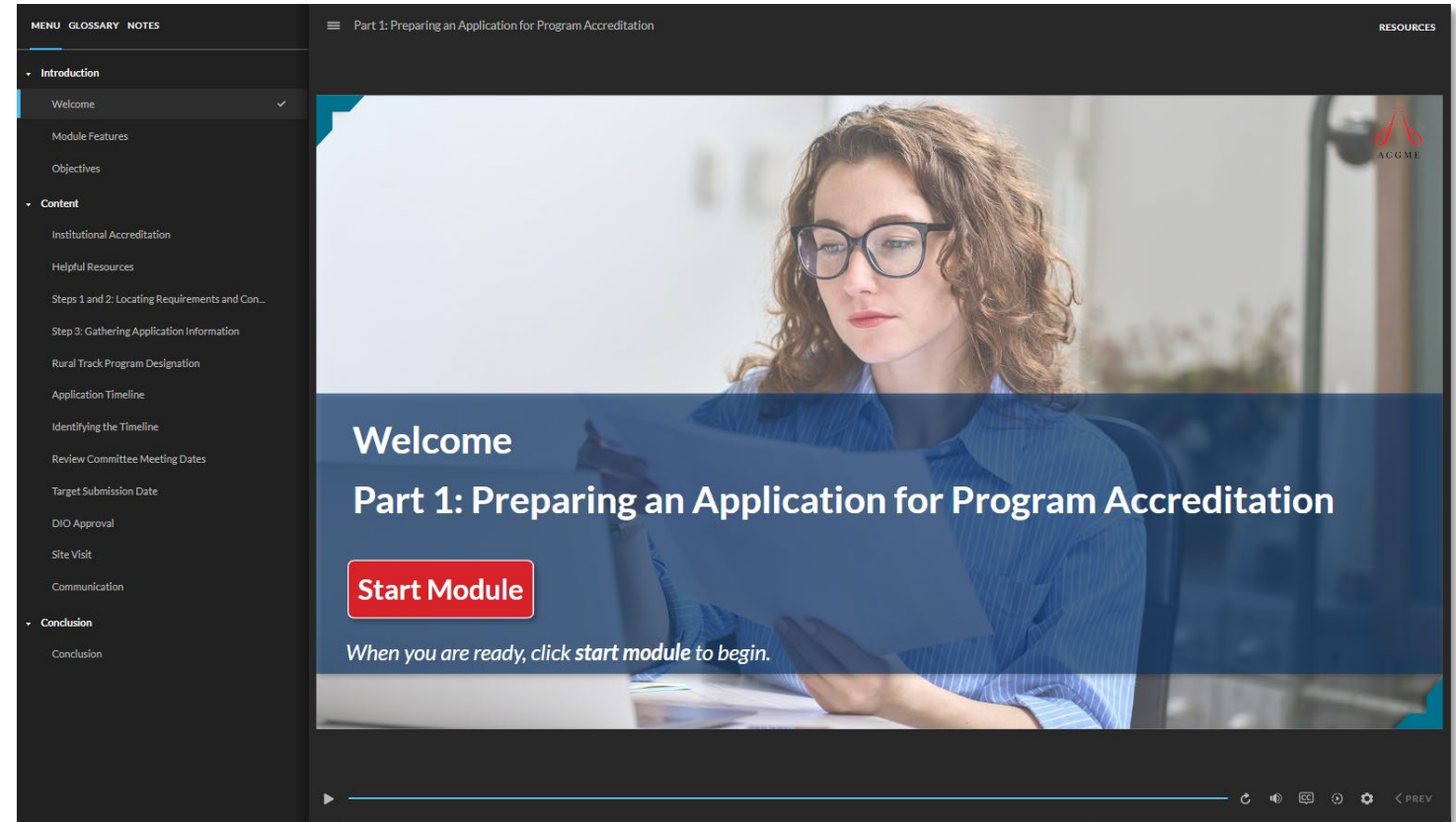


- 11 modules authored by **renowned experts** in the field
- Equips participants with tools for **addressing needs of struggling learners**
- **CME** offered after completion

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

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



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

The screenshot shows the website header with the LEARN at ACGME logo and a navigation menu including: Toolkit Home, Overview, Microlearnings, Example Workshops, Video Library, Supporting Materials, Additional Resources, About Us, and Questions and Feedback. The main content area features a large blue banner for the 'Faculty Development Toolkit' with the subtitle 'Improving Assessment Using Direct Observation'. Below this, there are two video thumbnails: 'An Introduction to the ACGME Faculty Development Toolkit: Improving Assessment Using Direct Observation' and 'Navigation Faculty Development Toolkit: Improving Assessment Using Direct Observation'.

Counseling Videos

Hyperlipidemia	Back Pain	Constipation
		
Resident counsels a 54-year-old woman with hypertension, hyperlipidemia, obesity, and tobacco use who meets criteria to start lipid-lowering therapy.	Resident counsels a 42-year-old male with severe acute low back pain and sciatica with a normal neurologic exam. The patient has not tried any conservative measures. In the video there is an opportunity to discuss diagnosis and management and address patient request for MRI and narcotics.	Resident counsels a 49-year-old healthy woman with worsening constipation for three months. The patient has episodic hematochezia and a hemorrhoid was found during a rectal exam. The patient's paternal grandfather had late-onset colon cancer.
Video A (4:37) Answer Key Video B (7:10) Answer Key Video C (13:48) Answer Key	Video A (3:15) Answer Key Video B (7:53) Answer Key Video C (11:37) Answer Key	Video A (5:30) Answer Key Video B (9:02) Answer Key Video C (11:31) Answer Key

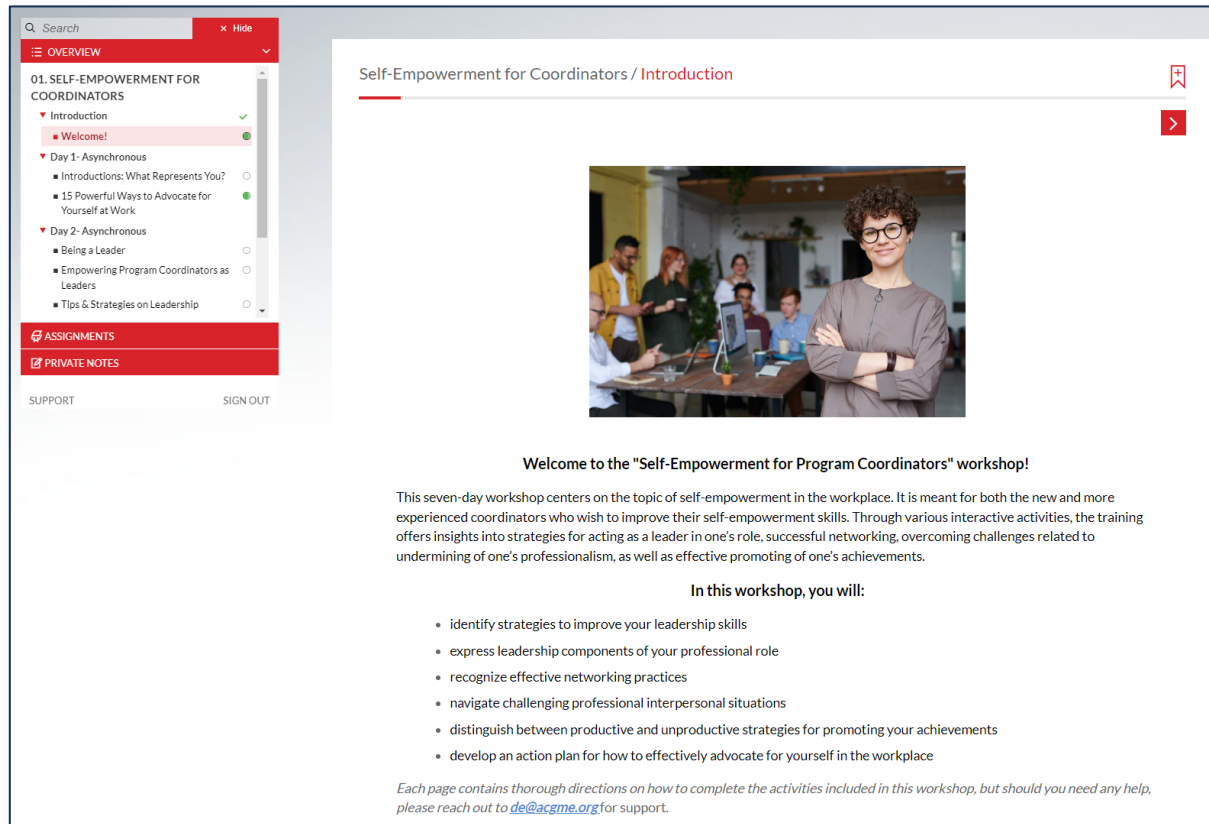
Program Coordinator Course

- For **new and seasoned** coordinators
- Covers a **wide range of topics** important to program coordinators
- **Videos** from working coordinators
- **Summer 2024**

The screenshot displays a course interface with three main sections, each featuring a title, a list of topics, and a 'Start' button. The sections are: 1. **RECRUITMENT**: 'Recruitment for Program Coordinators' module, including 'Recruitment basics for Program Coordinators', 'Recruitment review process', 'Interviews', and 'Match Process'. 2. **REVIEW AND RECOGNITION COMMITTEES**: 'Review and Recognition Committees for Program Coordinators' module, including 'Review and Recognition Committee basics'. 3. **PROGRAM REQUIREMENTS**: 'Program Requirements for Program Coordinators' module, including 'Program Requirements' and 'Program Requirements by Specialty'. Each section also includes a representative image: a classroom for recruitment, a meeting for committees, and a stack of books for requirements.

Virtual Workshop

Self-Empowerment for Program Coordinators



01. SELF-EMPOWERMENT FOR COORDINATORS


- Introduction
 - Welcome!
- Day 1- Asynchronous
 - Introductions: What Represents You?
 - 15 Powerful Ways to Advocate for Yourself at Work
- Day 2- Asynchronous
 - Being a Leader
 - Empowering Program Coordinators as Leaders
 - Tips & Strategies on Leadership

ASSIGNMENTS

PRIVATE NOTES

SUPPORT SIGN OUT

Self-Empowerment for Coordinators / Introduction



Welcome to the "Self-Empowerment for Program Coordinators" workshop!

This seven-day workshop centers on the topic of self-empowerment in the workplace. It is meant for both the new and more experienced coordinators who wish to improve their self-empowerment skills. Through various interactive activities, the training offers insights into strategies for acting as a leader in one's role, successful networking, overcoming challenges related to undermining of one's professionalism, as well as effective promoting of one's achievements.

In this workshop, you will:

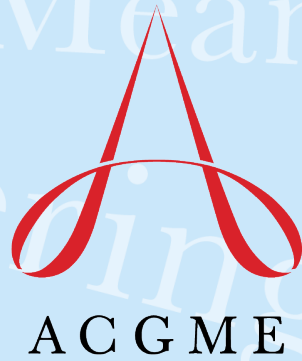
- identify strategies to improve your leadership skills
- express leadership components of your professional role
- recognize effective networking practices
- navigate challenging professional interpersonal situations
- distinguish between productive and unproductive strategies for promoting your achievements
- develop an action plan for how to effectively advocate for yourself in the workplace

Each page contains thorough directions on how to complete the activities included in this workshop, but should you need any help, please reach out to de@acgme.org for support.

- Seven-day workshop for new and experienced program coordinators
- Interactive activities and virtual **synchronous workshop**
 - Leadership **strategies**
 - **Networking** opportunities
 - Asserting your **professionalism**

- **April 15-21, 2024**
- **Registration required**





BACK TO BEDSIDE



Back to Bedside empowers residents and fellows to create projects that foster meaning and joy in work

- **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

2025 ACGME Awards Nominations



The ACGME is now accepting nominations for the 2025 ACGME Awards.

Deadline:
Wednesday, March 27, 2024

For additional information and to download nomination materials:

<https://www.acgme.org/initiatives/awards/>

Questions?