

Updates from the Review Committee for Physical Medicine and Rehabilitation

Pamela Hansen, MD, Review Committee Chair

Caroline Fischer, MBA, Executive Director

Conflict of Interest Disclosure

Speaker(s): [Pamela Hansen, 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 healthcare products used by or on patients.



Congratulations 2025 ACGME Award Recipients

Parker J. Palmer Courage to Teach Award (awarded to program directors)

- Berdale S. Colorado, DO, MPH; Heersink School of Medicine, University of Alabama at Birmingham; Birmingham, Alabama; Physical Medicine and Rehabilitation

Review Committee (RC) Composition

- Four appointing organizations | American Academy of Physical Medicine and Rehabilitation (AAPM&R), American Board of Physical Medicine and Rehabilitation (ABPM&R), American Osteopathic Association (AOA), and the American Medical Association
- Nine voting members
- Six-year terms | except resident (two years)
- Generalists, subspecialists, one public member
- One ex-officio (non-voting) member each from the AAPM&R, the ABPM&R, and the AOA

Review Committee Composition

- Pamela Hansen, MD (Chair)
- Andrea Leyton-Mange, MD (Resident)
- Alex Moroz, MD, MHPE (Vice Chair)
- Vu Nguyen, MD, MBA, FACP
- Monica Rho, MD
- Beverly Roberts-Atwater, DO
- Kathryn Rugen, PhD, FNP-BC, FAAN, FAANP (Public Member)
- Billie Schultz, MD
- J. Michael Wieting, DO, Med
- *Incoming (July 1, 2025)*
 - *Holly Pajor, DO*
 - *Andrew Woods, DO (Resident)*

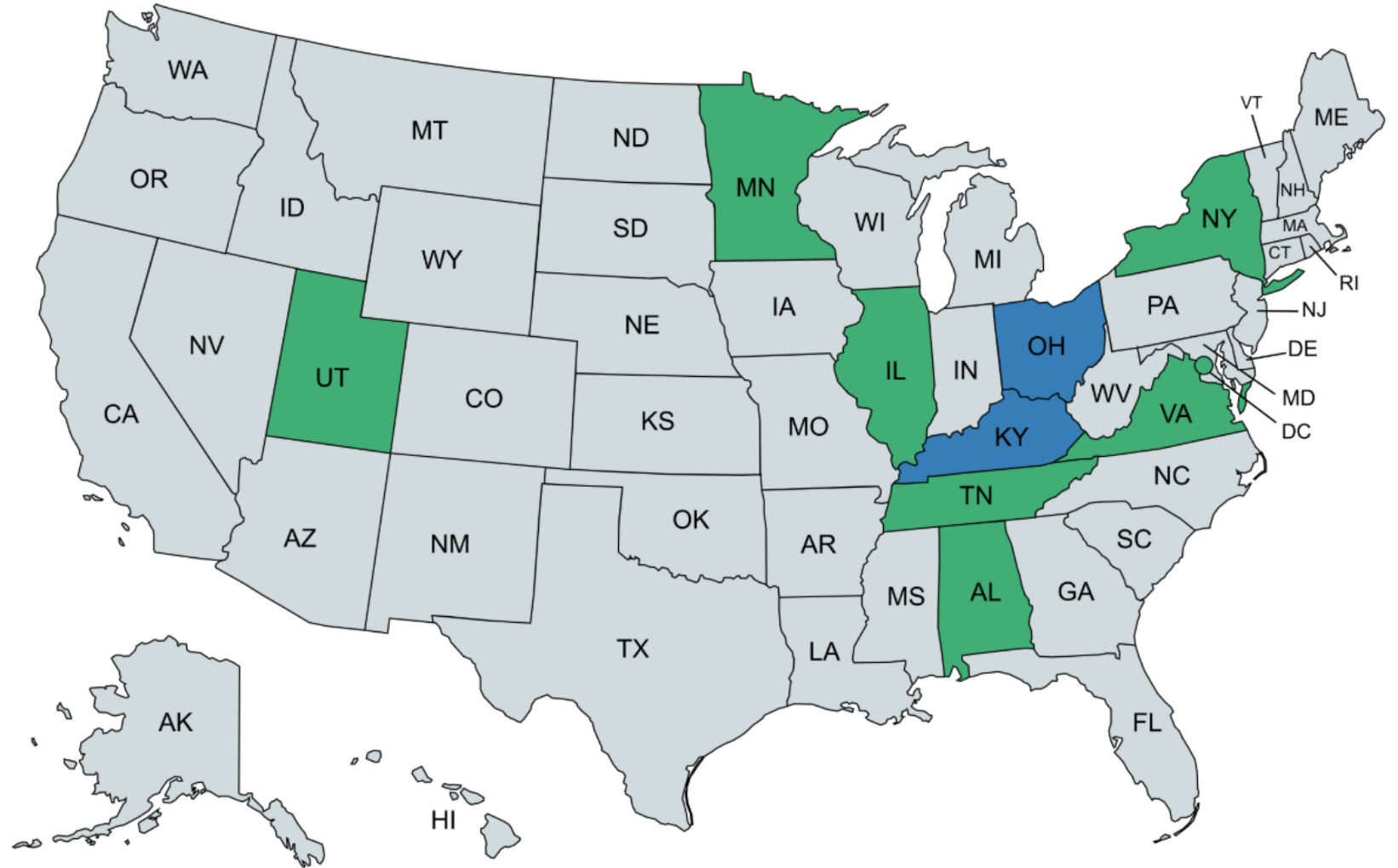
Geographic Distribution of the Review Committee

Current Members:

AL, IL (DC), IL, MA, MN, NY (2), TN, UT, and VA

Incoming Members:

KY and OH



Three Meetings per Year



Mostly new applications
10-year compliance visits
Site visits due to resident complaints
Programs with a status of Initial Accreditation that underwent their initial site visit.



Majority of programs with continuous accreditation
Some new applications
Initial site visits

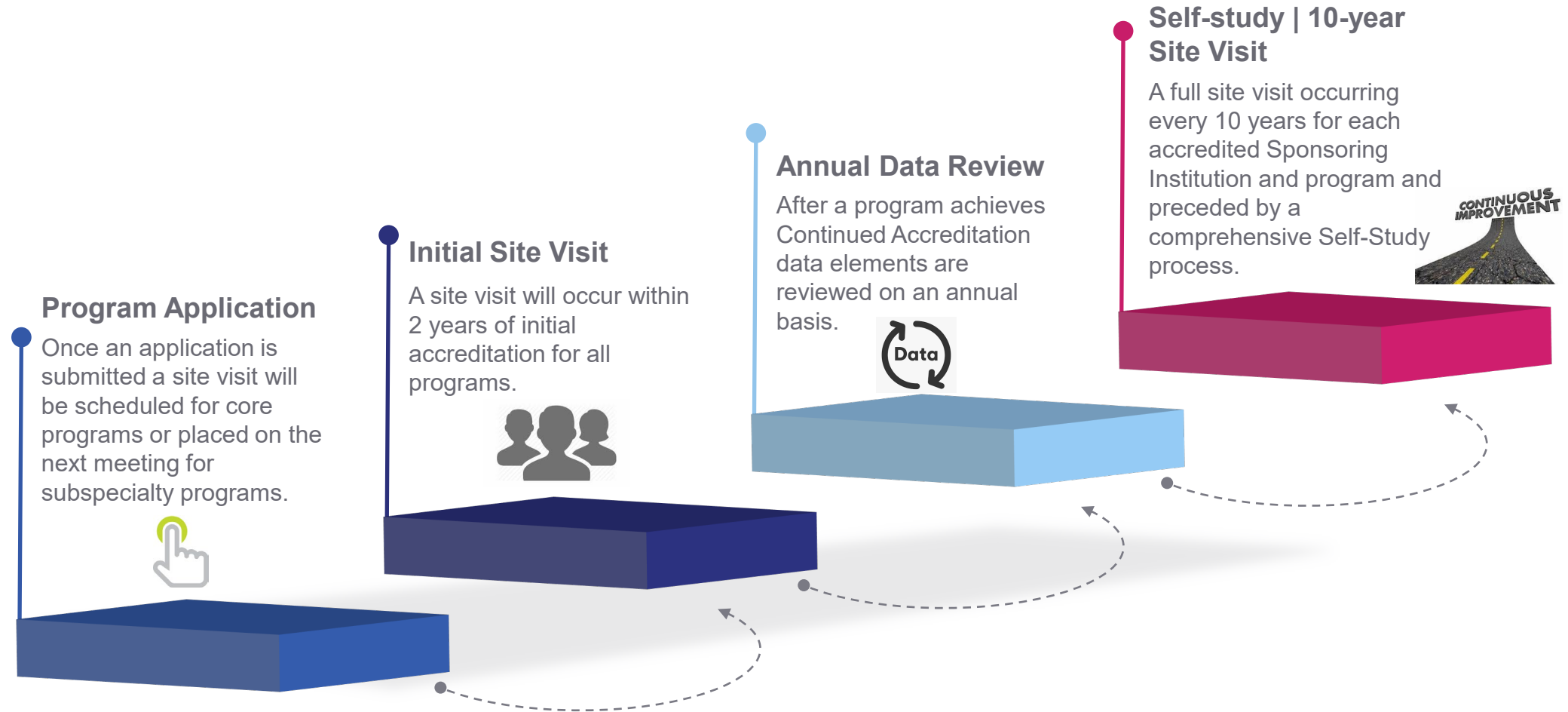


Programs that were not issued an accreditation decision at the January meeting:

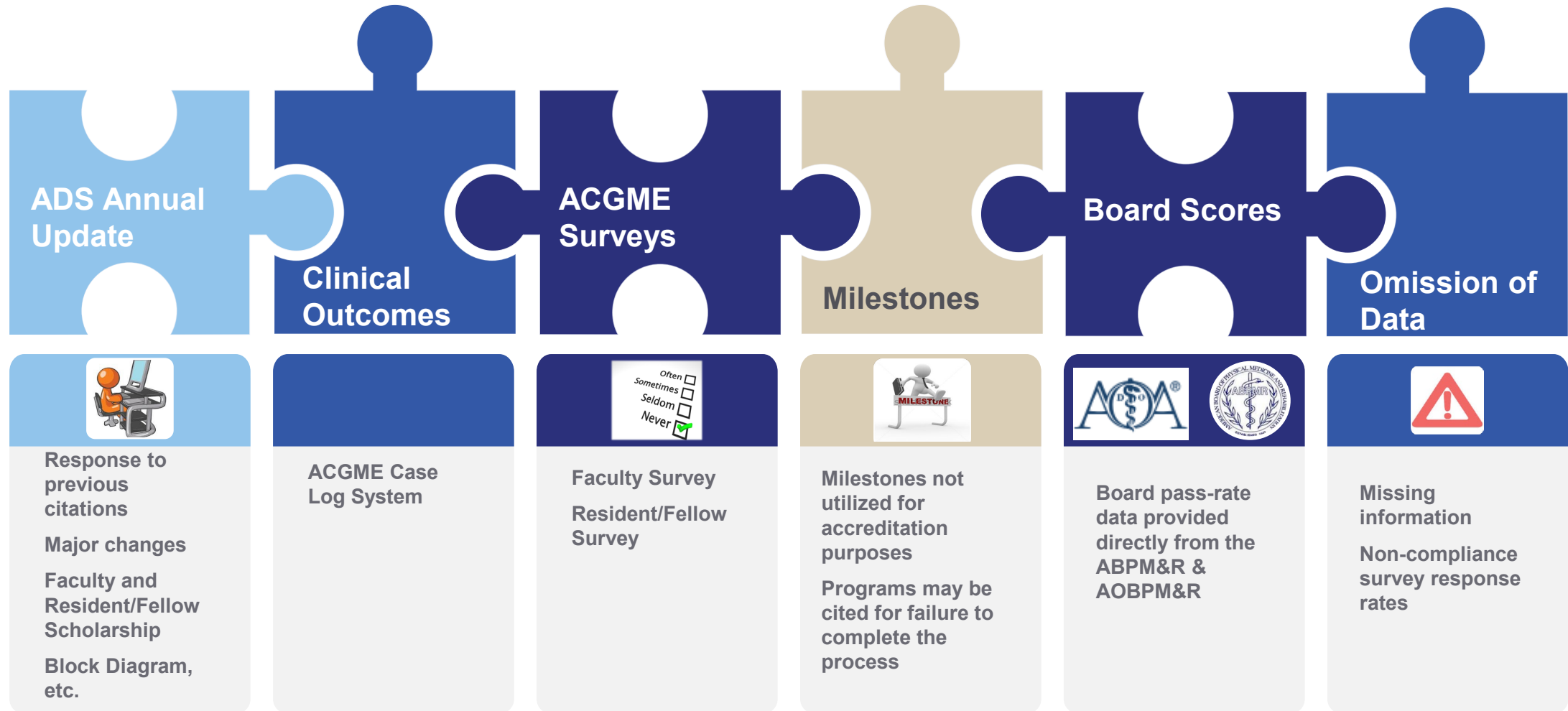
- Site visits
- Clarifying reports

New applications
10-year compliance visits

The Steps to Continuous Accreditation



Annual Program Review | Data Elements



Number of Accredited Programs As of January 2025

114 Physical Medicine and Rehabilitation Residency Programs

118 Fellowship Programs

- 26 Spinal Cord Injury Medicine
- 24 Pediatric Rehabilitation Medicine
- 29 Brain Injury Medicine
- 14 Pain Medicine
- 24 Sports Medicine
- One Neuromuscular Medicine

2023-2024 Status Decisions

Status	Core	Subs
Initial Accreditation	4	2
Initial Accreditation w/Warning	0	0
Continued Accreditation	95	105
Continued Accreditation w/Warning	3	0
Probation	1	0
Accreditation Withheld	0	0
Withdrawal of Accreditation	0	0

New Programs Accredited

August 2024 and January 2025 Meetings

Physical Medicine and Rehabilitation

- Medical University of South Carolina College of Medicine
- West Virginia University School of Medicine

Pain Medicine

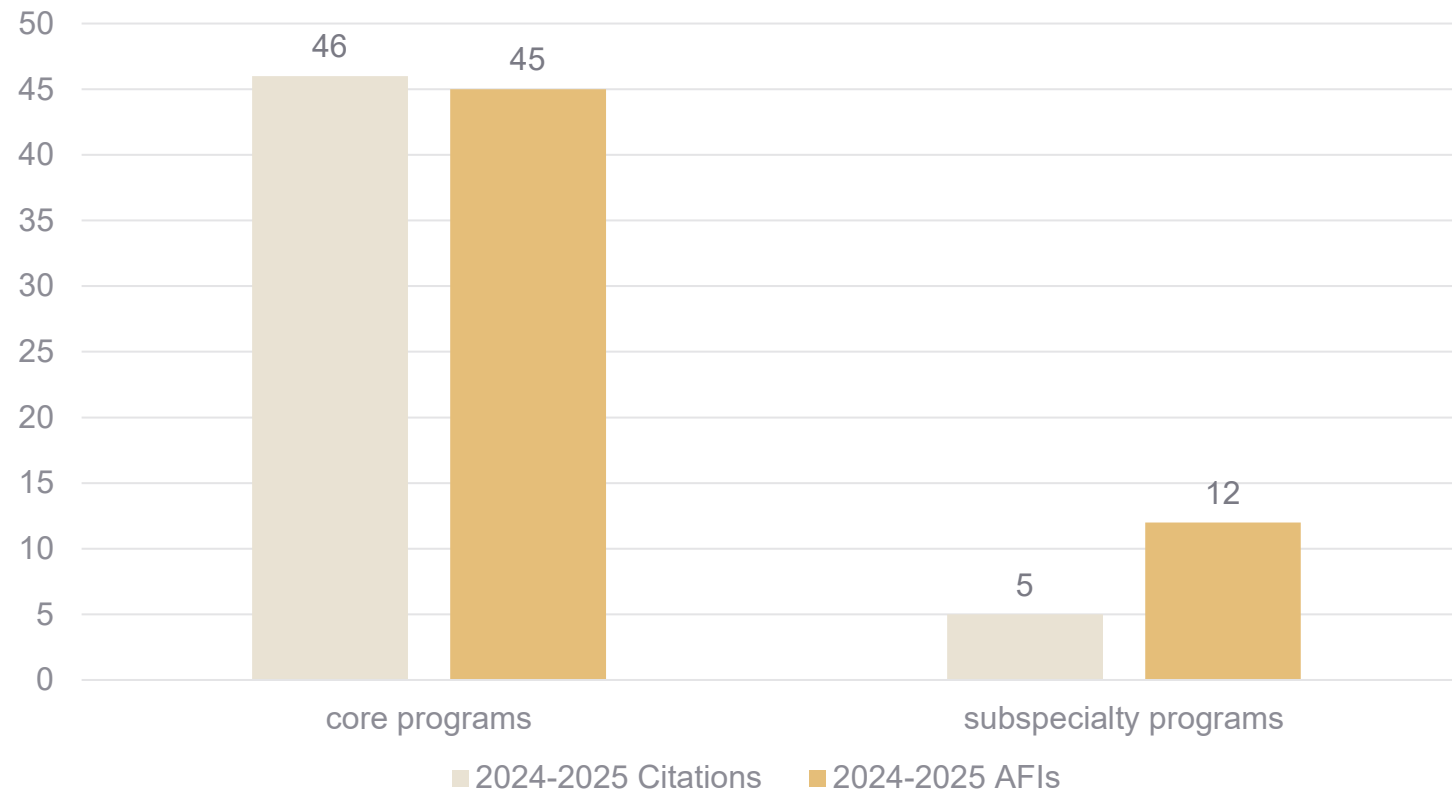
- Larkin Community Hospital Palm Springs Campus

Program Director Changes

Physical Medicine and Rehabilitation | AY 2023-2024

Number of Programs with New Program Directors and Number of Distinct Program Director Changes during the Academic Year by Specialty and Subspecialty				
Specialty	Total Programs	Programs with New PDs		Number of Distinct PD Changes
		#	%	
OVERALL	13,393	1,773	13.2%	1,855
TOTAL PIPELINE	5,474	816	14.9%	851
Physical medicine and rehabilitation	108	15	13.9%	16
- Brain injury medicine	28	1	3.6%	1
- Neuromuscular medicine	1	0	0.0%	0
- Spinal cord injury medicine	26	1	3.8%	1
- Pediatric rehabilitation medicine	23	2	8.7%	2
- Sports medicine	24	2	8.3%	3

Citations vs. AFIs



2023-2024 Citations Core Programs

Citations

- Board pass rate
 - Part II
- Patient Care Experiences
 - Required time (inpatient, outpatient, pediatrics)
- Faculty responsibilities
 - Time and interest, professionalism, faculty development, support
- Supervision
 - Inadequate/missing policy

2023-2024 AFIs Core Programs

AFIs

- Faculty supervision and teaching
- Professionalism
 - Faculty professionalism, witness abuse, process in place for confidential reporting of unprofessional behavior
- Patient Safety
 - loss of information during shift changes or patient transfers; participation in adverse event analysis; whether interprofessional teamwork skills are modeled or taught
- Resources
 - Appropriate balance between education and patient care; satisfaction with safety and health conditions

2023-2024 Citations and AFIs Subspecialty Programs

- Too few citations and AFIs to identify frequent citations or AFIs

Incomplete/Inaccurate Data

- Faculty Roster | Review ABMS certification information
- Block Diagram | Key for abbreviations, non-standard format, no individual schedules, consistent with list of sites, refer to instructions
- CVs | Current licensure, scholarly activities from last five years

Block Diagram Instructions

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:**

BI	Brain Injury	OBGYN*	Obstetrics and Gynecology
CON**	Consults	PAIN	Pain Medicine
EMG	Electromyography	PEDS*	Pediatrics
ELEC	Electives (experiences chosen by the residents over and above their required experiences)	PDR	Pediatric Rehabilitation
EM*	Emergency Medicine	RSCH	Research
FM*	Family Medicine	SCI	Spinal Cord Injury
GR	General Rehabilitation	SM	Sports Medicine
GER	Geriatric Rehabilitation	SURG*	Surgery
IM*	Internal Medicine	VAC	Vacation
MSK	Musculoskeletal		

*For programs offering four years of education and training.

** Consults should not count as inpatient or outpatient time.

- For each rotation, the percentage of time a resident spends in inpatient and outpatient activities should be noted.
- EMGs should be noted separately and should not be counted in inpatient or outpatient time.
- The percentage of time devoted to structured research on a clinical rotation should be noted. If a block is purely research, it should be labeled as such and should not be associated with a participating site.
- If needed, additional information to aid in understanding the program's block diagram may be entered in a "Notes" section at the end of the block diagram.
- In any block diagram, there must be a formal allocation for vacation time. If not shown in the diagram, a "Notes" section must indicate how vacation time is taken.

Block Diagram Template

Sample 1	<i>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.</i>											
Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	Site 1	Site 1	Site 1	Site 1		Site 2	Site 2	Site 2	Site 2	Site 3	Site 3	
Rotation Name	GR	GR	SCI	SCI	RSCH	PDR	PDR	BI	CON	GR Clinic/ EMG	MSK Clinic/ EMG	Elec/Vac
% Inpatient	100	100	100	100	0	0	0	100	0	0	0	
% EMG										25	25	
% Outpatient	0	0	0	0	0	100	100	0	0	75	75	
% Research	0	0	0	0	100	0	0	0	0	0	0	

Sample 2	<i>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.</i>												
Block	1	2	3	4	5	6	7	8	9	10	11	12	13
Site	Site 1	Site 1	Site 1	Site 1		Site 2	Site 2	Site 2	Site 2	Site 3	Site 3	Site 3	
Rotation Name	GR	GR	SCI	SCI	RSCH	PDR	PDR	BI	CON	GR Clinic/ EMG	MSK Clinic/ EMG	PAIN	Elec/Vac
% Inpatient	100	100	100	100	0	0	0	100	0	0	0	0	
% EMG										25	25	25	
% Outpatient	0	0	0	0	0	100	100	0	0	75	75	75	
% Research	0	0	0	0	100	0	0	0	0	0	0	0	

Major Changes and Other Updates

- Programs may describe improvements and/or innovations implemented to address AFIs in the “Major Changes and Other Updates” section of ADS
 - Written response to AFIs not required, but encouraged

National Case Log Data 2023-2024

PHYSICAL MEDICINE AND REHABILITATION : NATIONAL REPORT (Minimums Table)

Reporting Period: Total Experience of Residents Completing Programs in 2023-2024

Residency Review Committee for Physical Medicine And Rehabilitation

Report Date: September 17, 2024

[PART 1]	Programs in the Nation: 96		Residents in the Nation: 496		
	Natl Res AVE	Natl Prog AVE	RRC Minimum	Natl Res Below Min	Natl Prog Below Min
Defined Category					
EMG/NCS (Total)	236.9	240.4	200	13	6
EMG/NCS (Performed)	201.8	205.3	150	9	4
Axial epidural injection (Total)	30.4	32.8	5	8	3
Axial: facet, SI joint, nerve block (Total)	39.6	41.9	5	8	4
Periph joint/intra-artic inj/tendon sheath/bursa inj (Total)	74.4	71.8	20	8	4
Periph joint/intra-artic inj/tendon sheath/bursa inj (Performed)	62.5	60.4	15	6	2
Botulinum toxin injection (Total)	61.4	61.4	20	6	2
Botulinum toxin injection (Performed)	53.7	53.8	15	7	3
Ultrasound (Total)	66.6	64.8	10	9	5

PM&R Program Requirements Major Revision Process

- Major revision every 10 years
- Piloted a new approach in 2017
 - Scenario-based strategic planning
 - Think rigorously and creatively about the how the specialty will look in the future

PM&R Program Requirements Major Revision - Objectives

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

PM&R Program Requirements Major Revision Steps

- Stakeholder Summit to discuss key issues
- Focus group Interviews (early practice physiatrists, patients and healthcare influencers)
- Literature search and other data review, including Tri-organizational Report
- Scenario Planning Workshop to define the physiatrist of the future and develop strategies to guide requirement development
- RC Stakeholder Survey

PM&R Program Requirements

Major Revision – Requirement Roadmap

Definition of the specialist

Specialty specific competencies

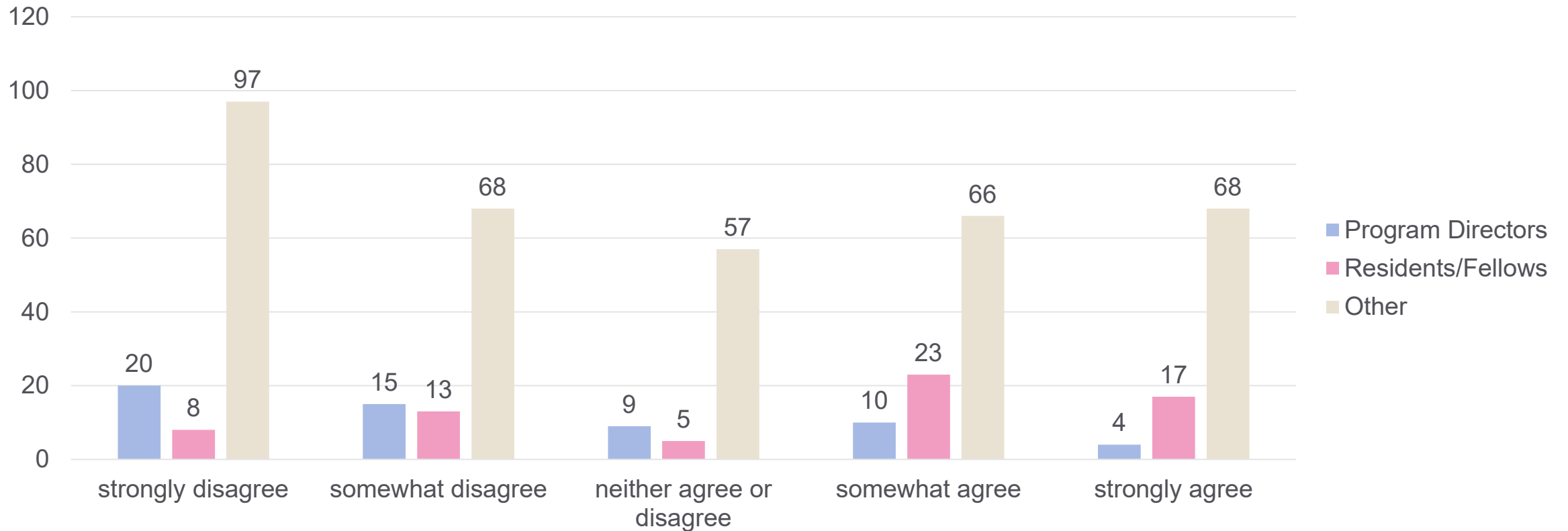
Curriculum

Length of program

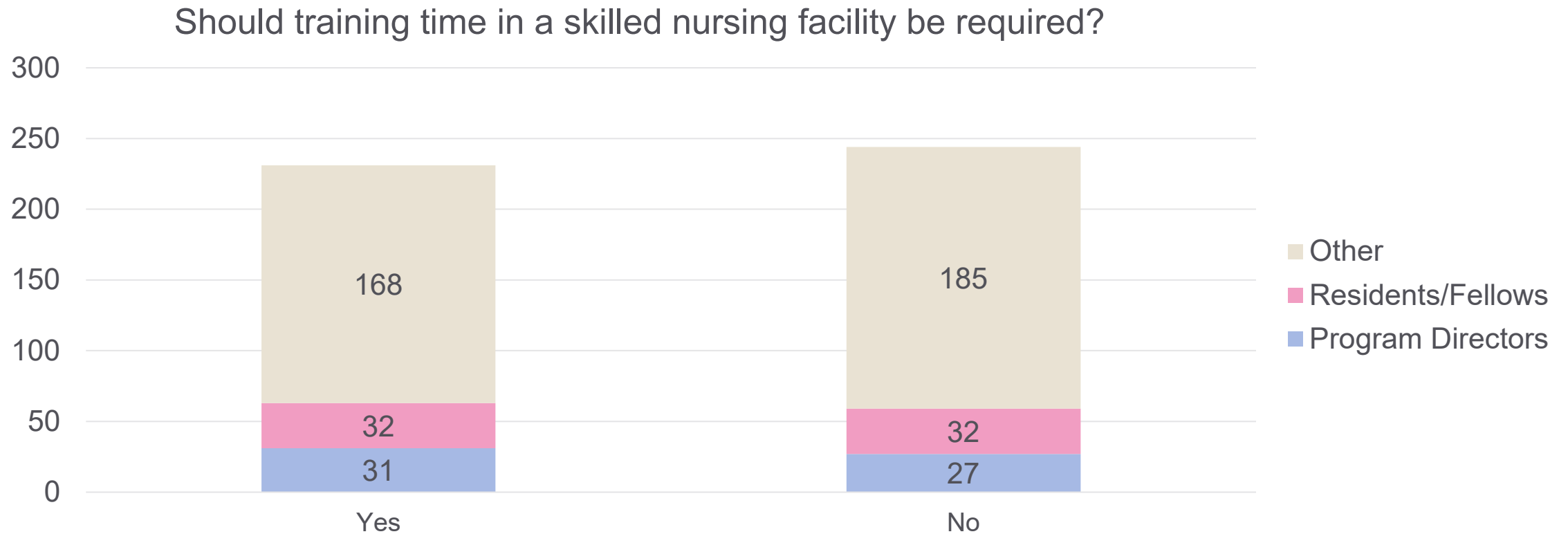
Participating sites; resources; PD, faculty, and coordinator; evaluation, etc.

RC Stakeholder Survey Results

A four-year categorical PM&R residency program, including intern year, should be mandated for all residents moving forward.

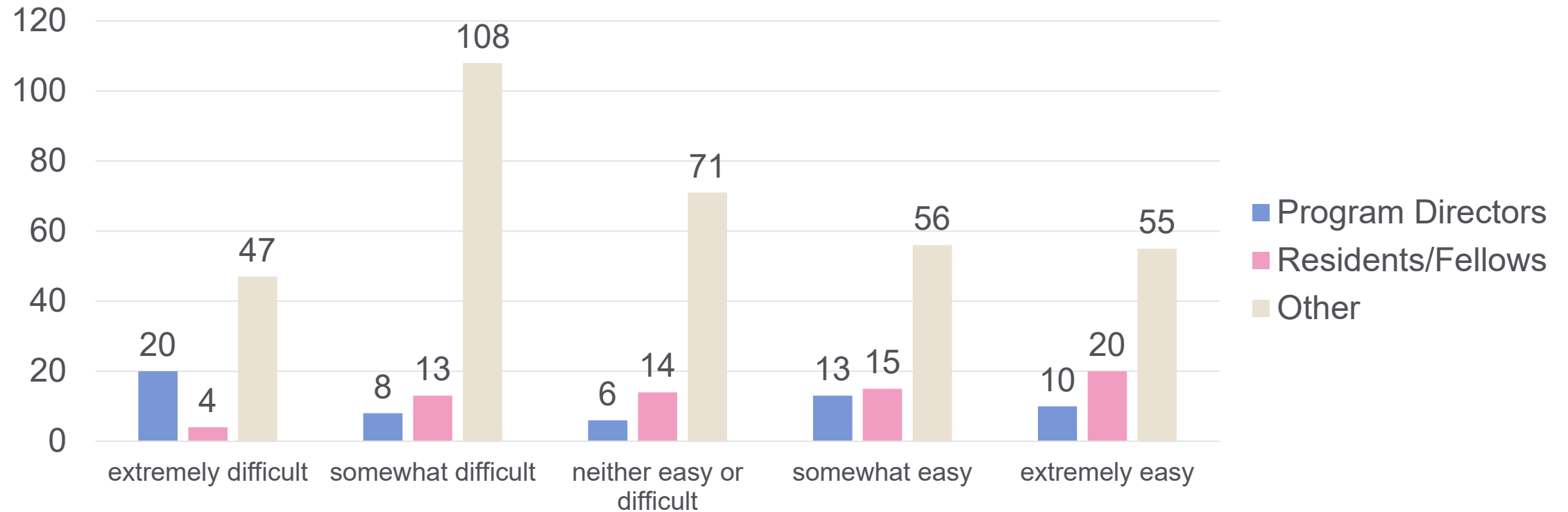


RC Stakeholder Survey Results



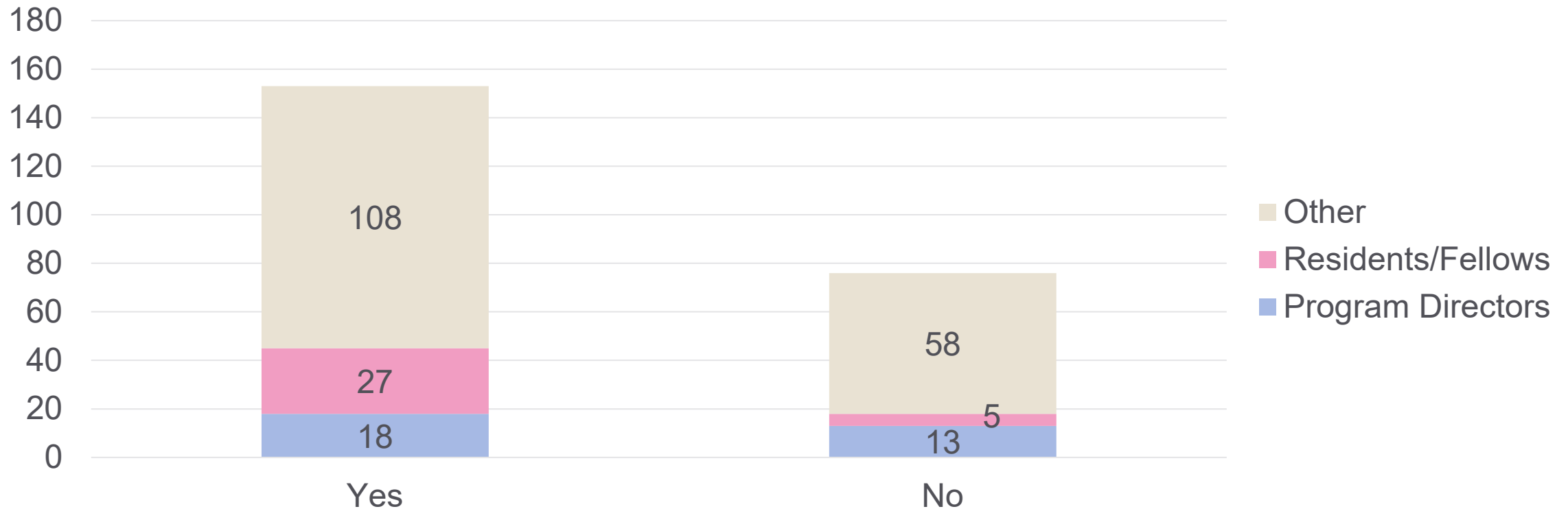
RC Stakeholder Survey Results

Would there be administrative barriers to implementing a four-year categorical residency program?



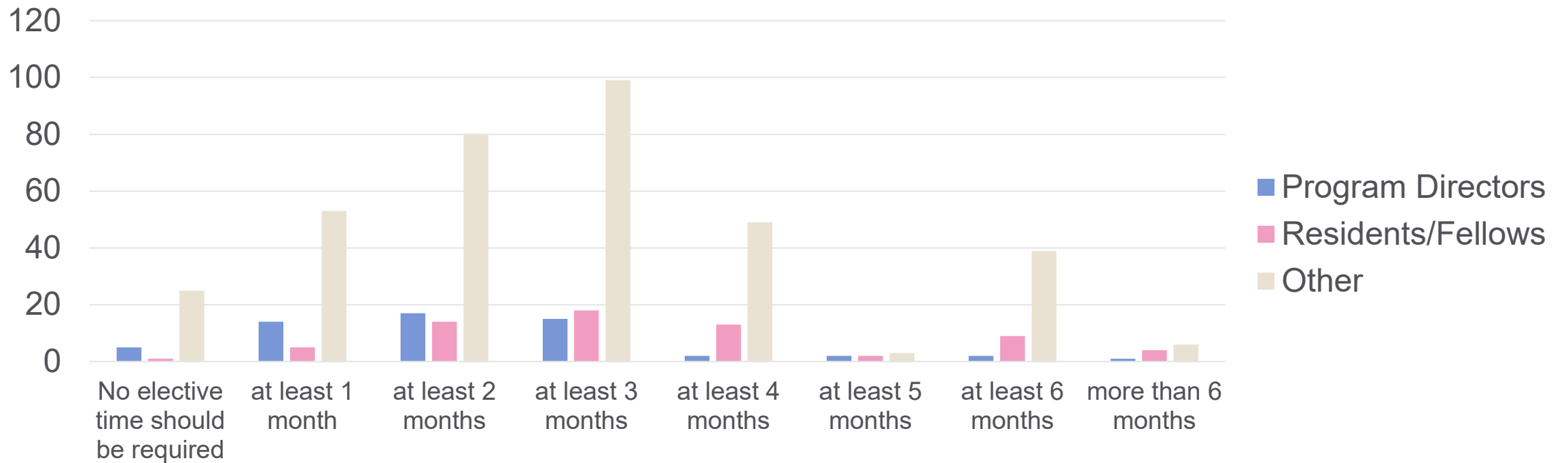
RC Stakeholder Survey Results

If time spent in a skilled nursing facility, should this count toward the inpatient requirement?



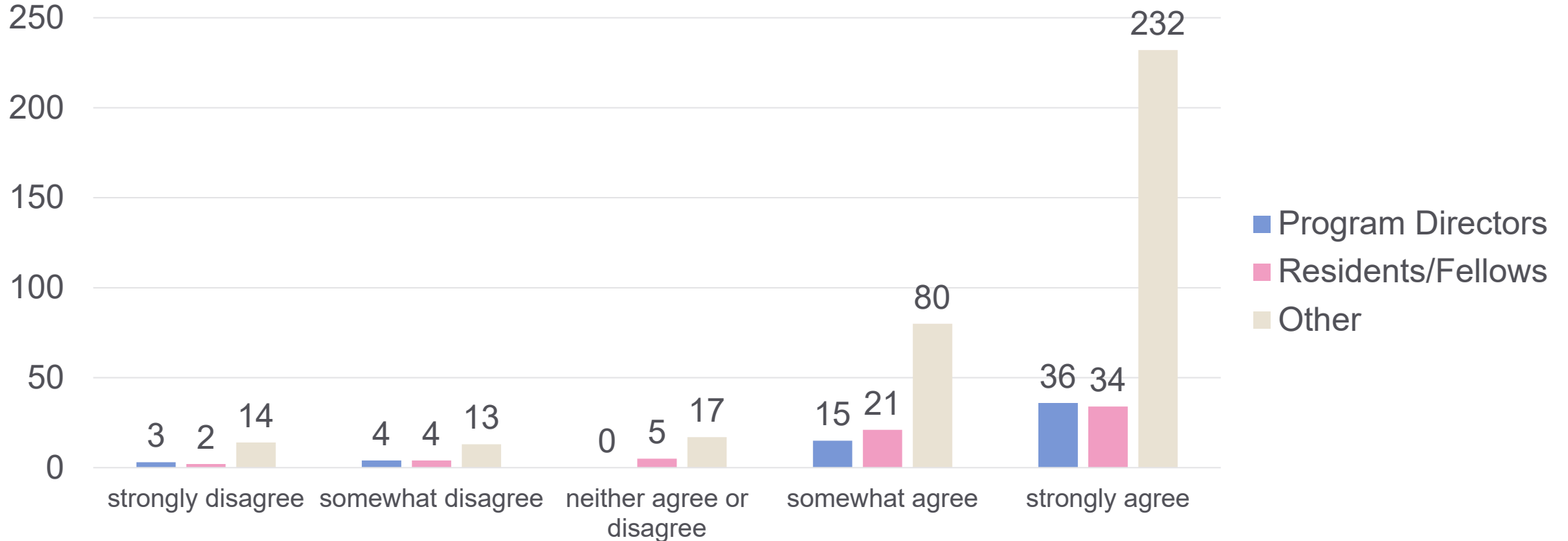
RC Stakeholder Survey Results

How many months of elective time should programs be required to provide?



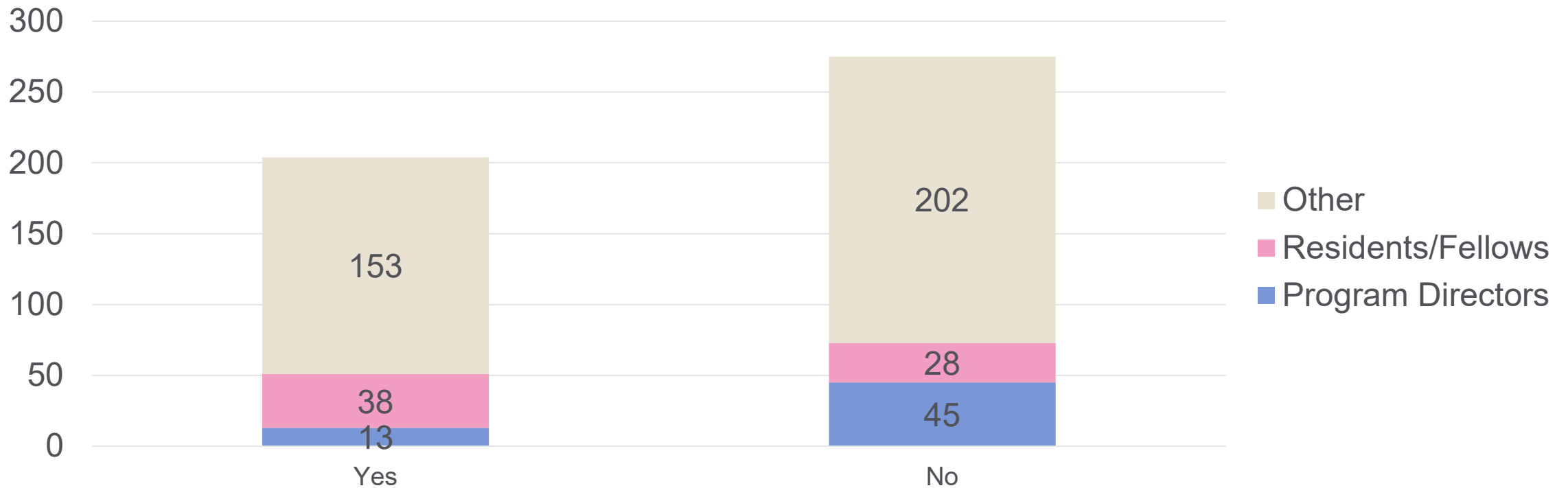
RC Stakeholder Survey Results

The new Program Requirements should continue to monitor Case Logs for procedures.



RC Stakeholder Survey Results

When it comes to the minimum number of a given procedure, should the Program Requirements be tailored to the goals of the individual resident?



RC Stakeholder Survey Results

Which procedures should every physical medicine and rehabilitation resident be exposed to and/or become competent in by the time they leave residency?

	Exclude from Case Log				Ensure Competence				Provide Exposure		
	PDs	Residents/ Fellows	Other		PDs	Residents/ Fellows	Other		PDs	Residents/ Fellows	Other
Axial facet-based procedures	8	2	34		7	20	45		42	43	266
Botulinum toxin injection	1	0	3		46	60	281		10	5	66
Diagnostic musculoskeletal ultrasound	1	1	5		23	52	198		33	12	148
Electrical stimulation or EMG guidancefor procedures	2	0	11		32	49	219		23	16	124
EMG/NCS	2	1	3		48	52	320		7	12	34
Epidural injection	4	1	23		7	23	47		46	41	279
Fluoroscopic guidance for procedures	5	2	38		8	17	47		44	44	265
Intra-articular/bursa injections	1	0	2		50	59	307		6	6	41
Peripheral nerve block/hydrodissectionprocedure	6	1	39		12	28	80		39	36	229
Phenol injection	13	10	78		12	14	61		32	41	212
Programming/refills baclofen pump	6	1	24		29	45	167		22	19	160
Sacroiliac joint	3	1	24		17	38	90		37	26	236
Tendon sheath injection	4	2	19		32	41	184		21	22	146
Trigger point injection	2	3	9		46	48	270		9	14	72
Ultrasound guidance for procedures	1	0	5		32	55	222		24	10	124
Wound care	9	10	47		24	26	139		24	29	164

RC Stakeholder Survey Results

To meet the goal of graduation from residency (but not necessarily the goal of competence for unsupervised practice), what is the minimum number of the following procedures that should be required?

	PD Mean	Resident/Fellow Mean	Other Mean
Axial facet-based procedures	18.16	25.92	24.03
Botulinum toxin injection	41.05	60.16	49.22
Diagnostic musculoskeletal ultrasound	49.62	62.07	58.72
Electrical stimulation or EMG guidance for procedures	42.07	42.31	44.97
EMG/NCS	151.2	131.37	160.44
Epidural injection	20.5	32.52	30.89
Fluoroscopic guidance for procedures	26.16	35.49	33.77
Intra-articular/bursa injections	46.39	61.03	56.45
Peripheral nerve block/hydrodissection procedure	23.81	30.34	27.75
Phenol injection	22.98	19.46	21.56
Programming/refills baclofen pump	26.21	29.41	31.83
Sacroiliac joint	22.56	26.27	24.83
Tendon sheath injection	26.71	28.89	33.3
Trigger point injection	32.96	36.76	42.85
Ultrasound guidance for procedures	43.81	62.1	55.52
Wound care	33.78	35.71	42.36

PM&R Program Requirements

Major Revision – Review and Comment

- Final draft will be posted for a 45-day public comment period
- Feedback will be used to finalize the requirements
- Final draft submitted for Committee on Requirements/ACGME Board approval

Common Program Requirements

- Undergoing Major Revision
- Input from GME community
- Call for position statements
- Common Program Requirements Task Force
 - Board of Directors
 - Council of Review Committee Chairs
 - Council of Review Committee Residents

Institutional Requirements

- Undergoing Major Revision
- Timeline postponed
- Collaborate with Common Program Requirements Task Force

Transitional Year Requirements

- Undergoing Major Revision
- Seeking current transitional year program directors and program directors in specialties that require a fundamental clinical skill year to participate in:
 - One-on-one interviews
 - Stakeholder Summit – October 2025
 - Information and a link to the [form](#) to express interest can be found in this week's e-Communication

Coming Soon!

Reformatted ACGME Requirements

As part of the ACGME's Digital Transformation, all Requirements documents are being reformatted.

- Common Program Requirements, Institutional Requirements, specialty/subspecialty-specific Program Requirements, and Recognition Requirements
- This is a first step that will ultimately facilitate additional benefits and features not previously available.
- Except for documents already undergoing revision, **the content of the requirements is not changing**, just the formatting and numbering structure.

Reformatted ACGME Requirements, continued

- The reformatting includes a new numbering construct, eliminating the roman numeral outline structure.
- The new format **consolidates standards, reducing the number of sub-levels within a requirement.**
- The ACGME will provide **crosswalk documents** mapping the old reference numbers to the new ones for each set of Requirements and update **Frequently Asked Questions (FAQs)** and other related documents, such as applications.

	Professionalism Residents must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core)		ACGME Competencies – Professionalism Residents must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core)
IV.B.1.a)		4.3.	Residents must demonstrate competence in:
			ACGME Competencies – Professionalism Residents must demonstrate a commitment to professionalism and an adherence to ethical principles. (Core)
IV.B.1.a).(1)	Residents must demonstrate competence in:	4.3.	Residents must demonstrate competence in:
IV.B.1.a).(1).(a)	compassion, integrity, and respect for others; (Core)	4.3.a.	compassion, integrity, and respect for others; (Core)
IV.B.1.a).(1).(b)	responsiveness to patient needs that supersedes self-interest; (Core)	4.3.b.	responsiveness to patient needs that supersedes self-interest; (Core)
IV.B.1.a).(1).(c)	cultural humility; (Core)	4.3.c.	cultural humility; (Core)
IV.B.1.a).(1).(d)	respect for patient privacy and autonomy; (Core)	4.3.d.	respect for patient privacy and autonomy; (Core)
IV.B.1.a).(1).(e)	accountability to patients, society, and the profession; (Core)	4.3.e.	accountability to patients, society, and the profession; (Core)
IV.B.1.a).(1).(f)	respect and responsiveness to diverse patient populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation; (Core)	4.3.f.	respect and responsiveness to diverse patient populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation; (Core)
IV.B.1.a).(1).(g)	ability to recognize and develop a plan for one's own personal and professional well-being; and, (Core)	4.3.g.	ability to recognize and develop a plan for one's own personal and professional well-being; and, (Core)
IV.B.1.a).(1).(h)	appropriately disclosing and addressing conflict or duality of interest. (Core)	4.3.h.	appropriately disclosing and addressing conflict or duality of interest. (Core)

Reformatted ACGME Requirements: Timing

- February 10, 2025: Reformatted Common Program Requirements (Residency and Fellowship versions); Institutional Requirements; most specialty-/subspecialty-specific Program Requirements; and associated crosswalk documents posted on acgme.org
- March 2025: Reformatted Common Program Requirements (One-Year Fellowship and Post-Doctoral Educational Program versions); remaining specialty-/subspecialty-specific Program Requirements; Recognition Requirements; and associated crosswalk and application documents posted on acgme.org
- In conjunction with academic year rollover (June 30/July 1, 2025): updated FAQ documents for reformatted Requirements; Selected Topics Across Requirements documents; and Faculty/Resident Survey Crosswalk documents posted on acgme.org

Accreditation of Combined and Integrated Programs

- A set of Program Requirements specific to programs offering combined or integrated formats was approved by the ACGME at its September 2024 meeting.
- Existing unaccredited combined programs currently listed in the ACGME's Accreditation Data System (ADS) have been offered the opportunity to opt into the accreditation process by June 30, 2025, without having to apply for accreditation.

Accreditation of Combined and Integrated Programs

- Current unaccredited combined programs that choose to opt into the accreditation process will receive an accreditation status of Initial Accreditation effective July 1, 2025.
- All other programs must submit an application form.
- The ACGME will accredit only programs that plan to offer an ongoing combined program. Programs interested in designing a combined program format for a single resident/fellow, or a format that will not be offered every year, should contact the applicable certifying board(s) to ensure that the resident/fellow meets the board's eligibility requirements for certification.

Site Visits for Programs on Continued Accreditation

- Suspension 10-Year Accreditation Site Visits
- Continued Accreditation Site Visits
 - In 2024, the ACGME conducted site visits for 149 programs on Continued Accreditation that have not had a site visit in approximately 9 years or more. These site visits were identified through a sampling process and will support the ACGME's assurance responsibility to the public.
 - For 2025, ACGME selected 200 programs for these randomly selected site visits and notifications were sent out in November with future approximate site visit target dates ranging from April to October 2025.
 - For these programs, Field Activities initiates the scheduling process by requesting site visit blackout dates.

Milestones Survey

- Please complete this 15-minute survey regarding your experience with the Milestones.
- Survey is anonymous
- Will help ACGME to understand how the Milestones are working or not working within the context of your program
- Survey is open to anyone who may have insight into the Milestones (faculty, residents, fellows, others)
- Deadline: March 30, 2025



Milestones Focus Group

- Are you in Program Leadership, Program Faculty, or a member of the CCC?
- Please join our Milestones Focus Group on Practice-Based Learning and Improvement
- Friday, February 21st from 5-6pm
- Use the QR code to enter your information





ACGME-ABMS CBME Symposium

- Joint venture with ABMS to continue accelerating the development of and transition to CBME in graduate medical education
- Objectives:
 - Recognize the role and importance of the five essential core components of CBME in GME.
 - Identify the policy, financial, and administrative facilitators that have empowered spread and innovation in CBME.
 - Identify the policy, financial, and administrative barriers that inhibit the growth of CBME.
 - Recommend changes in ACGME and ABMS policies and procedures that promote innovation and reduce or eliminate barriers to CBME.
 - Working within and across specialties, create an action plan to support innovations and the widespread implementation of CBME.

Advancing Innovation in Residency Education (AIRE)

- Enable the exploration of novel approaches and pathways in GME
- Enhance the attainment of educational and clinical outcomes through innovative structures and processes in resident and fellow education
- Encourages the adoption of the key principles of competency-based medical education (CBME), educational outcomes, and improving health and health care
- Key components of an Aire proposal:
 - A robust assessment plan with integrated principles of CBME, specialty/subspecialty Milestones, and the ACGME's six Core Competencies
 - Considerations for resident/fellow remediation, extension of education/training, and transfer to other education and/or training pathways
 - A comprehensive plan for faculty development, including content, delivery methods, and measuring outcomes
 - A program evaluation plan, including methods to measure the success of the innovation, its scalability, and impact on the clinical learning environment
- Session 087 – Unleashing Innovation in Your Program – Saturday, February 22nd at 10 am

Proposal for Addition of a PGY-1 to an Existing 3-Year Accredited Residency

Instructions and Proposal Form on PM&R webpage:

- Proposal Form
- Additional Program Letters of Agreement, if needed
- Goals and objectives for each rotation
- Evaluation forms
- Proposed rotation schedule
- Statement of support from the DIO

RC will review the proposal at the next eligible meeting. A site visit is not required.

Temporary Complement Increase Requests

- All RCs 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 RC consideration.

Resident/Fellow and Faculty Surveys

- The reporting period for the ACGME's annual surveys is open from February 10th through April 4th
- 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 the ADS.

Program Resources

www.acgme.org

- [Accreditation Data System](#) | [ADS Public Site](#)
- [ACGME Policies and Procedures](#)
- [Clinical Competency Committee \(CCC\) Guidebook](#)
- [Milestones Guidebook](#) | [Milestones FAQs](#)
- [How to Complete an Application](#)
- [Institutional Requirements](#)
- [Sample Program Letter of Agreement \(PLA\)](#)
- [Resident Survey Crosswalk Document](#)
- [Faculty Survey Crosswalk Document](#)
- [*Journal of Graduate Medical Education*](#)
- Specialty Specific Resources (Program Requirements, Application Forms, Case Log entry instructions, complement increase 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., FAQ, types of visits, [listing of accreditation field representatives](#))
- Weekly *e-Communication* | Sent via email

ACGME Self-Empowerment Workshop for Coordinators

Available Now

- Be on the lookout (ACGME e-Communications post)
- **Focus**
 - acting as a **leader** in the coordinator role
 - recognizing effective **networking** practices
 - overcoming challenges to **professionalism**
 - distinguishing between productive and unproductive strategies for promoting your **achievements**
 - effectively navigating complex **interpersonal situations**

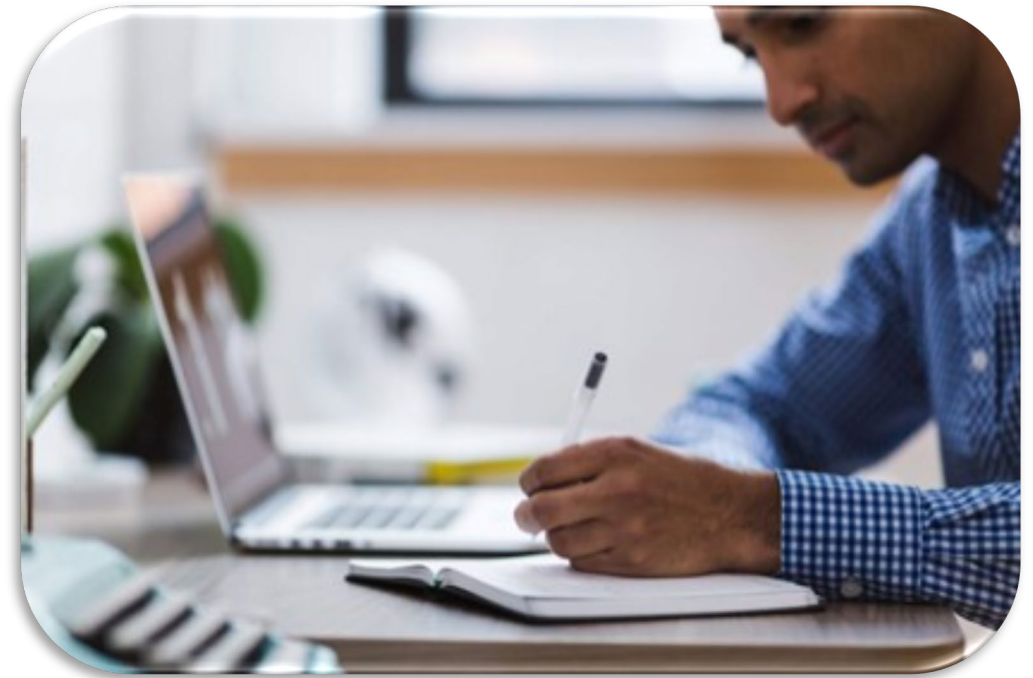


ACGME Program Coordinator Handbook Companion

Available Now

- **Focus**

- developing a comprehensive understanding of the coordinator role
- expanding knowledge of **accreditation processes** and **requirements to ensure compliance**
- improving skills to **support recruitment, orientation, and onboarding**, and other relevant tasks
- selecting appropriate **professional development** and **continuous growth** strategies



ACGME Coordinator's Guide to Effective Abstract Writing

Coming Soon

- **Focus**
 - outlining the **structure of an abstract**;
 - assessing abstracts for their **adherence to accepted standards** and overall effectiveness;
 - discussing **issues that arise** when writing an abstract and developing **strategies to overcome them**;
 - exploring available resources and identifying those that are still needed to support abstract writing; and,
 - applying information about proper abstract structure and content to compose a sample abstract.



Review Committee Meeting Dates

Meeting Dates:	Agenda Closes:
April 16-17, 2025	February 17, 2025
August 5, 2025	June 5, 2025
January 12-13, 2026	November 12, 2025
April 10, 2026	February 10, 2026



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Questions?