

Milestones and the Next Accreditation System

What You Need to Know

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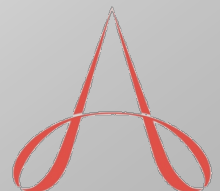
Executive Director, RRC for Anesthesiology

ACGME

Billy Hart

Senior Accreditation Administrator, RRC for Anesthesiology

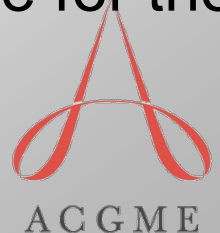
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Objectives

1. Describe the transition to a New Accreditation System (NAS) and its impact on program reviews.
2. Describe how milestones have been developed to assess resident performance.
3. Define how milestones will be integrated into the NAS and its relationship to other data elements that will be reviewed by ACGME and RRC.
4. Describe the timeline for implementing milestones.
5. Clarify how programs can utilize milestones as part of the internal review of resident progression and prepare for the transition to the NAS.



Disclosures

Neal Cohen

- Vice Dean, School of Medicine
- Professor of Anesthesia, University of California, San Francisco
- Former Chairperson, Anesthesiology RRC
- No conflicts of interest to report

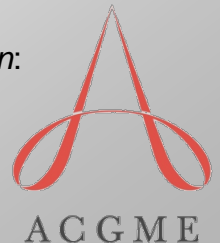
Lorraine Lewis

- Executive Director, Anesthesiology RRC
- No conflicts of interest to report

Billy Hart

- Senior Accreditation Administrator, Anesthesiology RRC
- No conflicts of interest to report

Some slides adapted from *The Next Accreditation System*: TJ Nasca, CEO, ACGME; *AHME Presentation*:
L Ling, SVP, Hospital Accreditation & T Brigham, SVP, Chief of Staff



The “Next Accreditation System” in a Nutshell

- *Continuous Accreditation Model* – updated annually
 - Based on annual dashboard that includes data submitted, other data requested, and program trends
- Scheduled Site Visits replaced by 10 year Self Study Visit
- No more PIF!
- Standards (Program Requirements) revised every 10 years, organized by
 - Core Processes
 - Detailed processes
 - Outcomes



NAS - Annual Data Collected and Reviewed

Focus on Existing Data

1. Annual ADS Update - Streamlined
 1. Program Attrition
 2. Program Characteristics – Structure and Resources
 3. Scholarly Activity – Not full faculty CV's
2. Board Pass Rate – Rolling Average
3. Clinical Experience – Case Logs
4. Resident Survey
5. Faculty Survey – Core Faculty
6. Semi-Annual Resident Evaluation and Feedback
 1. **Milestones**
 2. Clinical Competency Committee Assessments
7. Institutional (Sponsor) Site Visit (CLER)



ACGME Milestones Project

Objectives

- Create a **single set of learning and performance expectations** for resident achievement *in each competency domain* for use by all residency programs within the specialty, the Review Committee and the certification board
- Provide residents with an **explicit, clear description of what is expected** of them at each level of training to enable self-assessment and facilitate their ability to seek learning opportunities
- Enhance opportunities for **early identification of under-performers** so that appropriate action can be taken
- Enable creation of a national database and **comparison of program performance against specialty norms**



What is a Milestone?

- Specific behaviors, attributes or outcomes to be acquired by a resident at a *particular point* during residency training
- *Distinct, observable* set of behaviors which *support the achievement of one or more of the six competencies* for an individual learner
- Represents a “notable accomplishment”
- Provides a method for *assessing* resident learning and performance over time and *against a benchmark*

How Have Milestones Been Developed?

- Defined by a group of experts in GME in Anesthesiology
 - RRC members
 - Program Directors
 - ABA representatives
 - Resident
- Final draft being pilot tested
- Final version of the Milestones will be posted on ACGME web site in December 2012
- Work on subspecialty milestones will begin in July 2013
 - Greater focus on medical knowledge and patient care skills



Milestones Evaluation

- Initial implementation will provide experience with this new approach to assessing resident progression
 - Programs will have opportunity to determine best assessment tools, share best practices
 - Faculty and Clinical Competency Committees need experience in using Milestones
- After a full complement of residents has gone through a cycle of assessment using Milestones, a working group will be likely be convened to evaluate and potentially modify the narratives.

How Will the RRC Use Milestones?

- RRC will use data about Milestones as *one source* of information in assessing program performance
- RRC will only use de-identified aggregate Milestone data
- Focus will be on data *trends over several years*
- Milestone data will be used as *one measure of resident outcomes* that can be integrated with other sources of data
 - Board scores
 - Attrition
 - Faculty and resident survey results

Some Common Questions

- Can a resident graduate if s/he does not achieve every milestone?
 - The decision whether a resident is prepared to graduate from a residency program has not changed.
 - The program director determines if a resident is able to practice independently. The Milestones provide a framework and tools that should aid the program director in making that determination.

Some Common Questions

- What happens to cycle length in NAS?
 - Since NAS is a continuous accreditation model with annual data collection and review by the RRC, site visits will occur if the annual data submission suggests a potential problem.
 - Each program will have a scheduled 10-year self-study site visit, and new programs will have a site visit.

Some Common Questions

- How will the RRC use the Resident Survey in NAS?
 - RRC use of the Resident Survey emphasizes the themes or domains of the survey (comprehensive analysis), not individual questions.
 - The RRC reviews the trend of feedback for a program over time and evaluates an individual program based on performance across all AN residency programs (identifying outliers).

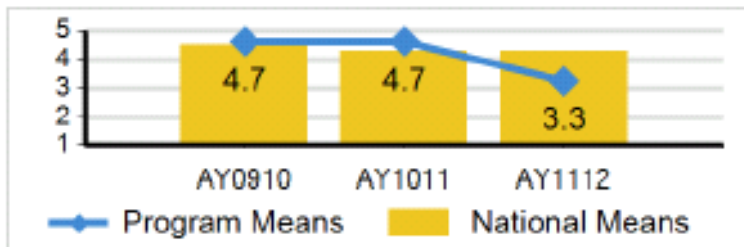
Resident Survey Domains

- Duty hours
- Faculty
- Educational Content
- Evaluations
- Resources
- Patient safety*
- Teamwork*

* New for 2012

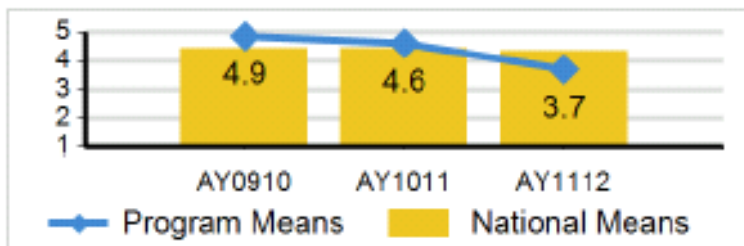


Educational Content



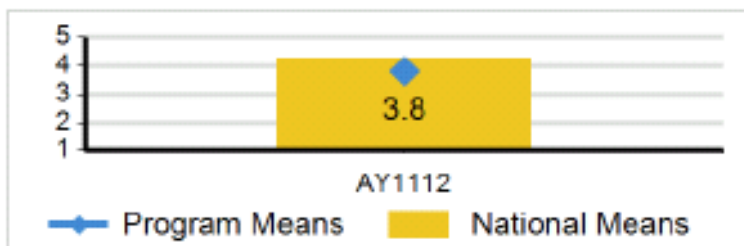
Provided goals and objectives
Instructed to manage fatigue
Satisfied with scholarly activities
Appropriate balance for education
Education (not) compromised by
Supervisors delegate appropriate
Given data to show personal clinical
Variety of patients

Resources



Access to reference materials
Electronic medical record in hospital
Electronic medical record in ambulatory
Electronic medical records integrated
Electronic medical record effective
Way to transition care when fatigued
Satisfied with process to deal with
Education (not) compromised by
Residents can raise concerns with

Patient Safety



Tell patients of respective roles
Culture reinforces patient safety
Participated in quality improvement
Information (not) lost during shift

NAS

Emphasis on Quality and Patient Safety

- Integrate quality and patient safety into your program and your program into quality
- Be certain that real “quality activities” are occurring at your institution, and that residents are actively involved
- Quality and patient safety should be evaluated as part of all competencies, but are specifically described as outcomes of:
 - Practice-based learning
 - System-based practice
- Quality and safety need to have the same priority as patient care experience and research



TO DO list

- Define and identify core faculty
- Organize reporting of faculty scholarly activity
- Learn about milestones
- Review processes within your clinical competency committee
- Train faculty on the use of milestones
- Integrate quality/safety into GME



The Rest of the TO DO List

- Look at some of the data indicators that will be used in NAS and ask yourself
 - Will our current resident evaluations allow us to make judgments on milestones?
 - Do any of the data we have available now identify areas in need of improvement?
 - Do we have reliable and efficient ways to collect the data that will be required as part of the NAS?

Transitioning RRC for Anesthesiology to NAS

**How does the transition impact
your program?**

Anesthesiology RRC Transition to NAS

- Anesthesiology is Phase 2
- Begin transition process July 1, 2013
 - Programs will be notified of new site visit dates in Spring 2013
- NAS begins July 1, 2014



Anesthesiology Transition to NAS

Site Visit Dates

- All site visits scheduled to take place prior to July 1, 2013 will occur as scheduled.
- Site visits scheduled after July 1, 2013 will be assigned a self-study date based on current cycle length.
 - Programs with a 1 to 2 year cycle length will be site visited under the old system between July 1, 2013 and June 30, 2014
 - Self-study site visits for fellowships will occur at the same time as their associated core.



Anesthesiology Transition to NAS Program Requirements

- Categorization, restructuring and revision of program requirements to meet NAS guidelines

Core : Statements that define structure, resource or process elements essential to every graduate medical educational program.

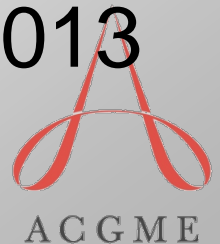
Detail : Statements that describe a specific structure, resource, or process, for achieving compliance with a Core Requirement.

Outcome : Statements that specify expected measurable or observable attributes (knowledge, skills, attitudes) of residents or fellows at key stages of their graduate medical education.



Program Requirements

- Revised and re-categorized program requirements
 - Adult Cardiothoracic Anesthesiology
 - Pediatric Anesthesiology
 - Critical Care Anesthesiology
- Re-categorized program requirements
 - Obstetric Anesthesiology
- Available for public comment Spring 2013



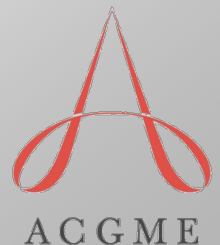
Program Requirements

- Anesthesiology residency programs
 - Re-categorized with focused revisions
 - Available for public comment Spring 2013
 - ALSO requesting comment on major revisions of residency program requirements
- Stay tuned to *ACGME E-Communication*



Anesthesiology Transition to NAS Reporting Milestone Data

- Milestone data will be reported twice a year
 - First milestone data will be reported around December 2014
 - Next submission will be around June 2015



Some Other Common Questions

- What is the faculty survey and when will it be administered?
 - The faculty survey will be sent to core faculty only, since they are most knowledgeable about the program.
 - The survey will use similar domains as the resident survey and be sent at the same time as the resident survey.
 - Administration is planned for Winter/Spring 2014



Some Other Common Questions

- When will we hear from the RRC in NAS?
 - Annual data will be available for RRC review in late Fall for meetings early in the year
 - You will receive notice of the results of the RRC's annual review of data early in the year
 - Anesthesiology first review in NAS will occur early in 2016



Some Other Common Questions

- What happens to Internal Review in NAS?
 - Internal reviews are no longer required as of July 2013; however, if programs and institutions find them useful, they can be continued.
 - Under NAS, Internal Reviews won't be done for accreditation but instead can be used as a tool for program improvement

Some Other Common Questions

- Can innovative program requests still be submitted?
- What should I do if I want to submit a request for an innovation?
 - Contact me, Lori Lewis
 - llewis@acgme.org; 312-755-5043



What are changes in Web ADS?



Quick Start Guide For Programs

Application: Accreditation Data Systems (ADS)

Profile Menu
View system access and login history, change password or contact ADS staff.

Overview Tab
Initial page that displays any pending actions and important announcements.

Section Tabs
Access information related to your program.

Welcome, ACGME User
logout

- Overview
- Program
- Faculty
- Residents
- Sites
- Site Visits
- Case Logs
- Reports

Annual Update Attention Required

Date Required by: Dec 21, 2011

Program Information: Incomplete

Residency Information: Incomplete - 6 unconfirmed residents

Faculty Information: ✔

Annual Update Status
During scheduled timeframe, "Submit" button will display when all sections have been completed.

Annual Update Required
You may update anytime by selecting the "View" button.

Section Complete
Green check marks display when data has been completed in a required section.

Surveys 67% complete

Change Requests Pending

Pending program Director Change Requests View

Pending Change Requests
Check the status of or review submitted requests.

Disabled Status
Currently no information is present for this specific section.

Notifications

Announcements

Case Logs

Status

Evaluations

Temporarily down for maintenance. Please check back after Dec 13, 2011 - 11:00PM CST

Scheduled Maintenance
ACGME will notify user of a specific section when it goes down for maintenance.

Overview Legend

- Missing Data
- Section Complete

Reference Materials

- Duty Hour FAQ
- World Directory of Medical Schools
- Glossary of Terms
- Competency / Assessment Glossary
- Resident/Fellow Survey FAQ

Journal of GME

- Journal of GME

Reference Panel
Access to tools and references related to the section tab you are in.

Detail Toggle
Expand to view details or instructions. Arrow down symbolizes expandable section, grayed out arrow displays disabled action not allowing to expand section, and arrow facing upwards allows you to collapse section.

Text to the left of toggle indicates the percent complete or current status the specific section is in.



000000 – University of Sample College of Medicine

Physician Faculty Definition
Non-Physician Faculty Definition

Next Accreditation System Notice

Only programs with schedu...
activity section. All PDS mus...

Faculty Members

Physician Faculty

Last	First	Degrees
Smith	John	MD
		MD
		MD
		MD
Doe	John	MD
		MD MPH

Scholarly Activity NEW
 Area in which programs will log the scholarship by faculty.
 Currently this function appears for Phase I NAS specialties only
Preview on following slide

Reorder Button
 Allows you to sort the program faculty by first or last name, degrees or title.

View/Edit CV Button
 Section where changes to the program director's CV should be made.
NOTE: Faculty CVs will only apply to "core" faculty

Edit Button
 Allows the user to update the following information as it pertains to a single faculty

Page Navigation

- General Information
- Medical School
- Specialty / Field
- Faculty Hours
- Case Logs Attendings

Faculty Ratio
 Allows you to see the faculty:resident ratio in the program. This section is automatically populated based on information entered in other areas.

Important Dates

Annual Update Status:
NOT SCHEDULED

Next Site Visit :
NOT SCHEDULED

Self Study Date (APPROX) :
October 01, 2022

Scholarly Activity

Scholarly Activity

Faculty Legend

- Core Faculty
- Missing Data
- Program Director
- Past / Inactive Faculty

Faculty Data

Reduced Ratio

Physician Faculty / Residents: 1.0 : 1.7

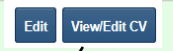
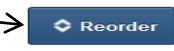
Core Physician Faculty / Residents: 1.0 : 2.5

Actual Ratio

Physician Faculty / Residents: 30 : 50.0

Core Physician Faculty / Residents: 20 : 50.0

Program Director is not included in core faculty





Participating Site Definition

Sponsoring Institution Definition

Block Diagram Upload

Block Diagram Upload NEW

With the rollout of ADS an area to upload the program's block diagram was added.

Detailed on following slide

Participating Site Information

+ Add Site

Reorder

#	Required Rotation	Integrated	Rotation Months			
			Y1	Y2	Y3	
1	Yes	No	9	9	10	⚠
2	Yes	Yes	2	2	1	⚠
	Yes	No	1	1	1	⚠

+Add Site

Section where new participating sites should be made.

Important Dates

Annual Update Status:

NOT SCHEDULED

Next Site Visit :

NOT SCHEDULED

Self Study Date (APPROX) :

October 01, 2022

Legend

Site Sponsor

Primary Teaching Site

Missing Data

Reference Materials

Journal of GME

If the total number of rotation months per year does not equate to 12 months (for all sites combined) provide an explanation:

Empty text box for explanation.

Block Diagram Upload

Missing Information ^

Block Diagram Instructions/Sample

The ACGME does not have any record of a block diagram on file for your program. Please upload a PDF diagram using the "Upload" button below.

Block Diagram Instructions/Sample NEW

Once you have expanded the section a Guide for Construction a Block Diagram will be provided. The Block Diagram is a representation of the rotation schedule for a resident.

- Block Diagrams should be uploaded in PDF format
- There are 2 typical models, the first is organized by month and the second divides the year into 13 4-week blocks
- Participating site in which the rotation takes place and the name of rotation MUST be included.
- Rotations should be grouped by venue and sites should be listed in the same order as ADS.
- When elective rotations are reflected in the diagram, available electives should be listed below the diagram.
- Clinical rotations for some specialties may also include structured outpatient time or research time.

Following the guide, several sample block diagrams are provided:

Sample Block Diagrams

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

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

Block Diagram 2⁽¹⁾ In this example, the year's rotations are divided into 13 equal (presumably 4-week) clinical rotations. Rotations may include structured research time and electives.

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

Block Diagram 3⁽¹⁾ In this example, the year's rotations are divided into 6 blocks of equal duration. One of the blocks is used for an elective which can be chosen from among a list of elective rotations and a vacation month.

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

Possible electives:

Cardiology Inpatient Institution 1
Cardiology Outpatient Institution 2
Pulmonary Medicine Inpatient Institution 2
Pulmonary Medicine Outpatient Institution 3
Gastroenterology Inpatient Institution 3
Gastroenterology Outpatient Institution 1

Block Diagram 4⁽¹⁾ In this example for a subspecialty program, the year's rotations are divided into four equal blocks. Structured research time comprises 40% of the resident's time on the specialty outpatient month. There is one three-month block devoted entirely to research.

Block	1	2	3	4
Institution	Site 1	Site 2	Site 2	
Rotation Name	Specialty Outpatient	Specialty Outpatient	Wards	Research
% outpatient	100	100	0	
% Research	0	40	0	100

(1) In any block diagram, there must be a formal allocation for vacation time. If not shown in the block diagram, a notes section must indicate how vacation time is taken.



Overview

Institution

Participating Sites

Sponsored Programs

Site Visits

Reports

010498 - UNIVERSITY OF ALABAMA HOSPITAL

Overview

Program

Faculty

Residents

Sites

Site Visits

Case Logs

Reports

Important Dates

Annual Update Status:

NOT SCHEDULED

Next Site Visit (APPROX):

April 01, 2014

Case Log Attendings ^

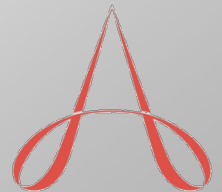
Case Log Attendings

Reference Materials v

Journal of GME v

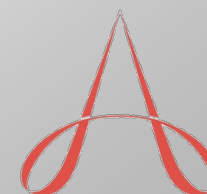


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ACGME

	Prog AVE	Min Req	Num of Res Bel Min	Natl Prog AVE
Procedure Group				
Patients < 3 months old	20.7	5	0	14.1
Patients < 3 years old	138.6	20	0	81.6
Patients < 12 years old	261.5	100	0	176.4
Total Spinal	51.1	40	0	101.2
Total Epidural	147.0	40	0	169.8
Total Peripheral Nerve Block	204.6	40	0	119.2
Total Special Situation Complex	60.1	20	0	42.1
Cardiac with CPB	35.5	11	0	37.5
Total Cardiac	47.5	20	0	47.7



ACGME



Overview

Institution

Participating Sites

Sponsored Programs

Site Visits

Reports

000000 – University of Sample College of Medicine

Overview

Program

Faculty

Residents

Sites

Site Visits

Case Logs

Reports

**Survey**

Aggregate program, national, and specialty-specific reports (if applicable)

**Download My Data**

Download Data for the Program

Important Dates**Annual Update Status:**

NOT SCHEDULED

Next Site Visit :

NOT SCHEDULED

X):

**Survey**

Access to aggregate reports by program, specialty, or nationally are available:

Instructions

Select the academic year or academic year range for any one of the reports below, then click "View report".

Resident/Fellow Survey Report

Aggregated by program...

Aggregated by specialty...

Aggregated by all national programs...

Download My Data NEW

Programs are now able to download data entered into ADS in Excel format.

Report Title	Download	
Basic program information	Program Annual Update not Completed	Field Descriptions
Medical school affiliations	Program Annual Update not Completed	Field Descriptions
Major participating institution affiliations	Program Annual Update not Completed	Field Descriptions
Current physician faculty	Program Annual Update not Completed	Field Descriptions
Past physician faculty	Program Annual Update not Completed	Field Descriptions
Current non-physician faculty	Program Annual Update not Completed	Field Descriptions
Past non-physician faculty	Program Annual Update not Completed	Field Descriptions
Current residents	Program Annual Update not Completed	Field Descriptions
Residents who have graduated in the current year	Program Annual Update not Completed	Field Descriptions
Residents who have graduated in previous year	Program Annual Update not Completed	Field Descriptions
Residents who have left the program	Program Annual Update not Completed	Field Descriptions

ADS Representative

Raquel Eng

312.755.7118 

reng@acgme.org 



Program and Institutional Guidelines

Data Collection Systems

Meetings and Conferences

Graduate Medical Education



The Accreditation Council for Graduate Medical Education (ACGME) is responsible for the Accreditation of post-MD medical training programs within the United States.

Accreditation is accomplished through a peer review process and is based upon established standards and guidelines.

The Next Accreditation System



[Click here to visit the ACGME Next Accreditation System Microsite](#)

Upcoming Meetings and Events

ACGME Annual Educational Conference
2012 Board of Directors Annual Meeting

Recent News

ACGME Resident-Fellow Survey Resumes January through May 2012

HRSA's (THCGME) Program

Specialty-specific Duty Hour Definitions (6/8/12)

ACGME Board Resolution on Professionalism (2/20/12)

Announcement to the Community from ACGME CEO Thomas J. Nasca, MD, MACP (2/22/12)

Announcements

- > The Accreditation Data System (ADS) public site will be unavailable from September 9th – September 17th.
- > Welcome to the new ACGME website! The goal of the new website design is to make the site easier to navigate and to furnish up-to-date information in real time. Questions or comments about the new website should be directed to: webfeedback@acgme.org

Quick Links

RESIDENTS PD / COORDINATORS DIO'S

Resident Services

Resident Case Log System

Resident Survey

Duty Hours

Complaints

GME Focus

CHOOSE YOUR SPECIALTY

Data Collection Systems

Accreditation Data System **LOGIN**

Resident Fellow Survey **LOGIN**

Resident Case Log System **LOGIN**

Workshops and Seminars

JAN 1 ACGME Leadership Skills Training Program for Chief Residents 2012

Information

- > [Program Guidelines](#)
- > [Site Visit FAQs](#)
- > [Staff Listing](#)
- > [About ACGME / Newsroom](#)



Contact

Careers

Legal

Site Map

Staff Listing

Newsroom

Program & Institutional Guidelines

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- [Medical Accreditation](#)
- [Surgical Accreditation](#)
- [Institutional Accreditation](#)
- [Review and Comment](#)

Data Collection Systems

- [Accreditation Data System](#)
- [Competency Evaluation System](#)
- [Application Support](#)
- [Resident Case Log System](#)
- [Browser Compatibility](#)
- [Resident Fellow Survey](#)

Meetings & Conferences

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- [Board Meetings](#)
- [Leadership Seminars for Chief Residents](#)
- [Program Coordinator Workshops](#)
- [Review Committee Meetings](#)
- [Council of Review Committee Residents Meetings](#)

Graduate Medical Education

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- [Program Directors and Coordinators](#)
- [Designated Institutional Officials](#)
- [Non-ACGME Resources for Residents](#)
- [Accredited Program Search](#)
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- [Policies and Procedures](#)
- [Legal](#)
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- [Glossary of Terms](#)

The Next Accreditation System



ACGME



The Accreditation Council for Graduate Medical Education is a private, non-profit council that evaluates and accredits more than 9,000 residency programs in 135 specialties and subspecialties in the United States, affecting more than 116,000 residents. Its mission is to improve health care in the U.S. by assessing and advancing the quality of graduate medical education for physicians in training through accreditation.

This website shares background and detail regarding the ACGME's next accreditation system, an outcomes-based accreditation process through which the doctors of tomorrow will be measured for their competency in performing the essential tasks necessary for clinical practice in the 21st century.

Recent News

[Clinical Learning Environment Review \(CLER\) Program Updates](#)

[Emergency Medicine Milestones](#)

[Key Dates for Phase I Specialties](#)

[NAS FAQs](#)

[Newly ACGME Board Approved Policies and Procedures for the Next Accreditation System \(Effective date: 7/1/2013\)](#)

[NAS Slideshow – ACGME Conference Presentation by Dr. Nasca](#)

Review and Comment – Phase 1

In preparation for the Next Accreditation System (NAS), the Common Program Requirements have been categorized as: [Read more >>](#)

Perspectives on the Next Accreditation System



Thomas J. Nasca, MD, MACP
Chief Executive Officer

Accreditation Council for
Graduate Medical Education

Professor of Medicine,
Jefferson Medical College of
Thomas Jefferson University



Kathleen Klink, MD
Director, Division of Medicine
and Dentistry

Bureau of Health Professions

Health Resources and
Services Administration



Eric Holmboe, MD
Chief Medical Officer

American Board of Internal
Medicine



Carol A. Aschenbrener, MD
Chief Medical Education Officer

Association of American
Medical Colleges



James Bagian, MD, PE
Chief Patient Safety and
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Kevin B. Weiss, MD, MPH
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Questions

