

**ACGME Anesthesiology RRC  
Update  
SAAA 2009 Annual Meeting - 11/8/09**

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# RRC Update

## What's new

- Communications
- Program Director Role
- Program requirements – core, ACT, Peds, CCA, Pain
- Frequent citations
- Electronic program review
- Case logs
- Innovative projects
- Electronic reviews

# Communications in general

Guidance documents on RRC website

- FAQs
- Newsletters – 3 this year
- Resident complement – request for change
- Lots more

**Program Resources:**  
*Information and tools to help you with  
residency review committees*

### Specialty-specific Guidelines

- ▶ **Resident Complement**
- ▶ Links
- ▶ Responsibilities of the Program Directors (PDF)
- ▶ Request to Add a CBY (PDF)
- ▶ Longitudinal Care Experience (PDF)
- ▶ Resident Experience in the Post-Anesthesia Care Unit (PDF)
- ▶ PIF Errors
- ▶ Common Citations by Specialty (PDF)
- ▶ New Case Log System for Anesthesiology (PDF)

### Subspecialty Guidelines

- ▶ Examples of Institutional Agreements to address governance of Educational Resources (MS Word)
- ▶ Proposed Log for Cardiothoracic Anesthesiology (PDF)
- ▶ Pediatric Case Log Form (PDF)
- ▶ Pediatric Anesthesiology Case Log Memo for Program Directors (PDF)

- ▶ Newsletter
- ▶ RRC Presentations
- ▶ Use of Simulation in Anesthesiology Education Survey

### ▶ RRC Submission Deadlines

- Meeting: October 29 - 30, 2009
- Agenda Closing: August 28, 2009

Meeting: April 29 - 30, 2010

Agenda Closing: March 4, 2010

Meeting: October 7 - 8, 2010

Agenda Closing: August 16, 2010

**Updates from the RRC:**

# **Communications at SAAA (Thanks!)**

1. Mock RRC Program Review Meeting
2. Fellowships (Pain, CC)
3. Individual program guidance sessions
4. Update

# Process for Appointment of New Program Director

- Update your ADS cv
- Enter 'new PD' information into ADS, submit
- ADS sends your DIO a request to endorse
- Request sent to RRC for review at next meeting
- New PD will be considered *interim* until approved by RRC

**New!**

# Scholarship of Program Director

Demonstrated academic achievements appropriate to the subspecialty, such as

- Publications
- Development of educational programs
- Conduct of research

# Role of the Program Director

- Increasing quantity and quality of responsibilities
- RRC expects protected time for PD\*
  - 1 day/week for fellowships, small programs
  - 2 days/week for core programs
- RRC discourages Department Chairs from serving simultaneously as Program Director for the core anesthesiology program

Content Area	Question	Not Applicable/ Not Sure		
		Yes	No	
Faculty	Do the faculty spend sufficient time TEACHING residents/fellows in your program?	82.0	18.0	
	Do the faculty spend sufficient time SUPERVISING the residents/fellows in your program?	95.5	4.5	
	Do your faculty members regularly participate in organized clinical discussions?	88.2	8.0	3.8
	Do your faculty members regularly participate in rounds?	62.7	2.5	34.8
	Do your faculty members regularly participate in journal clubs?	82.0	10.2	7.8
	Do your faculty members regularly participate in conferences?	94.8	2.7	2.4
Evaluation	Do you have the opportunity to confidentially evaluate your FACULTY, in writing or electronically, at least once a year?	97.6	2.4	
	Do you have the opportunity to confidentially evaluate your overall PROGRAM, in writing or electronically, at least once a year?	94.9	5.1	
Educational Program	Has your program provided you access to, either by hard copy or electronically, written goals and objectives for the program overall?	98.5	1.5	
	Has your program provided you access to, either by hard copy or electronically, written goals and objectives for each rotation and major assignment?	95.9	4.1	
	Do you receive written or electronic feedback on your performance for each rotation and major assignment	94.3	5.7	
Evaluation	Are you able to review your current and previous performance evaluations upon request?	98.5	1.5	
	Have you had sufficient education (from your program, your hospital(s), your institution, or your faculty) to recognize and counteract the signs of fatigue and sleep deprivation?	91.6	8.4	
Scholarly Activity	Does your program offer you the opportunity to participate in research or scholarly activities?	97.7	2.3	
Evaluation	Have residents/fellows had the opportunity to assess the program for the purposes of program improvement?	95.1	4.9	
		A Great Extent	Some Extent	Not At All
Resident Appointment	To what extent do trainees who are not part of your program (such as residents from other specialties, subspecialty fellows, PhD students and nurse practitioners) interfere, in a negative way, with your education?	6.2	18.8	75.0

Institutional Resources	Does your program and/or institution have a system through which you are able to raise and resolve issues without fear of intimidation or retaliation?	Of The					None Of The Time
		All Times	Time	Time	Time	Time	
		69.0	27.2	3.8			
	How often are you able to access, either in print or electronic format, the specialty specific and other reference materials that you need?	90.0	9.8	0.2			
Resident Hours	Do your rotations and other major assignments emphasize clinical education over any other concerns, such as fulfilling service obligations?	53.7	40.2	6.1			

Resident Duty Hours	Duty hours must be limited to 80 <sup>+</sup> hours per week, averaged over a four-week period, inclusive of all in-house call activities.	Always					Frequently					Sometimes					Rarely					Never					Not Applicable
		95.6	13.0	1.2	0.1	0.0	0.0	13.0	7.6	0.9	0.1	0.0	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
	Residents and fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call.	91.3	7.6	0.9	0.1	0.0	0.1	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1
	There should be a 10-hour time period provided between all daily duty periods and after in-house call.	80.2	16.6	2.8	0.2	0.1	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1
	In-house call must occur no more frequently than every third night, averaged over a four-week period.	93.5	5.2	0.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5
	Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents / fellows may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics and maintain continuity of medical and surgical care.	89.0	9.7	1.8	0.2	0.0	0.4																				0.4
	No new patients may be accepted after 24 hours of continuous duty.	86.0	6.1	1.0	0.2	0.1	6.7																				6.7
	At-home call must not be so frequent as to preclude rest and reasonable personal time for each resident / fellow.	75.5	5.0	1.3	0.2	0.1	17.7																				17.7
	Residents / fellows taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a four-week period.	77.7	3.4	0.6	0.0	0.1	18.1																				18.1
	When residents and fellows are called into the hospital from home, the hours they spend in-house are counted toward the 80 <sup>+</sup> -hour limit.	79.3	3.5	0.5	0.0	0.1	16.5																				16.5

Resident Duty Hours	If you noted any issues with duty hours in the section above, would you say that those issues occurred mostly on rotations to other services outside your specialty?	Other Services					Within My Specialty					Both					Not Applicable
		16.7	8.0	3.1	72.2		16.7	8.0	3.1	72.2		16.7	8.0	3.1	72.2		
		16.7	8.0	3.1	72.2		16.7	8.0	3.1	72.2		16.7	8.0	3.1	72.2		

# ACGME Duty Hours Task Force

- Task Force Appointed
- International Duty Hours Symposium 3/09
- Written (140) & oral (70) testimony 6/09
  - Thanks to Neal Cohen (ASA), Steve Hall (ABA)
- Commissioned reports (10/28/09)
- Multiple meetings (6, 7, 9, 10x2, 12/09)
- Recommendations to ACGME Board: 2/10

# Duty Hours – a few observations (all specialties)

- Universal support for flexibility of standards:
    - Specialty-specific standards
    - Ability to make case-by-case decisions
  - Most specialties are content with current standards.
  - Increased understanding/engagement in quality & outcomes.
- 

- Medical care is delivered in teams\*
- Faculty supervision\*
- Handovers\*

\*we are in good shape

# What else is new?

- Anesthesiology programs
  - Program Requirements - effective 7/1/08
  - Electronic case log – online 7/1/09
  - Progress on phase 3
  - International rotations
  - Common citations
  - Updates
- Fellowship programs

Core	132
ACT	46
Peds	45
CCA	45
PM	92
Total	<b>360</b>

# What's New

## Update on **Core Residency Programs**

7/07-6/08

- 131 programs, 5266 positions filled

7/08-6/09

- 130 programs, 5337 positions filled

7/09-6/10

- 132 programs, 5399 positions filled

# Anesthesiology Requirements – 7/1/08

Increased options for entry into AN programs:

- Integrated CBY (4 year program) – (86)
- PGY-1 + 3-year program – (45)
- Transfer after 1+ years of GME

New requirements strictly applied to:

- 7/08 beginning PGY1 residents – **yes**
- 7/08 beginning CA-1 residents – **no**

# Additional Components

All PGY-1 residents must have:

- 6 months of inpatient care including internal medicine, surgery, pediatrics, surgical specialties, OB/Gyn, Neurology, Family Medicine or a combination
- 1 -2 months of emergency medicine and critical care medicine
- May have up to 1 month of anesthesiology, pain

# CA-1 – CA-3 Years

- Minimum of 2, 1-month rotations in peds, cardiac, neuro, and OB anesthesia
- 4 months of CCM – up to 2 months in PGY-1; take in at least one month intervals
- 3 months of PM – up to 1 month in PGY-1; taken in at least one month intervals
- 1 month of perioperative medicine; taken in at least one week intervals

# CA-1 – CA-3 Years

## RRC Program Requirements

B.2.b.3.b – Clinical assignments in the CA-3 year must include difficult or complex anesthesia procedures and the care of seriously ill patients. Subspecialty rotations are encouraged, but none may be longer than six months.

## ABA BOI 2010

2.02.B.3 - Residents may train in one anesthesia subspecialty for at most six months during the CA-3 year and no more than 12 months during the CA1-3 years.

To be addressed in next revision of Program Requirements. RRC will not cite programs that follow ABA standards.

# Elective Experiences

- 6 mo of elective time
- Can be used to finish all required PGY-1 experiences for residents who transfer from other specialties
- Research
- Advanced anesthesia rotations
- Other activities related broadly to perioperative medicine

# Educational Program

The program must contain:

Overall **educational goals** that must be distributed to residents and faculty annually

**Competency-based goals and objectives** for each assignment at each educational level

Regularly scheduled **didactic** sessions

Delineation of resident responsibilities for patient care, progressive responsibility for patient management, and supervision of residents over the continuum of the program

# Residents' Scholarly Activities

- Curriculum must advance students' knowledge of the basic principles of **research**, including how research is conducted, evaluated, and explained to patients, and applied to patient care
- Residents should participate in **scholarly activity**
- Sponsoring institution and program should allocate **adequate educational resources** to facilitate residents involvement in scholarly activities

# Resident Evaluation

- Formative – faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment, and document this evaluation at completion of each assignment
- Program must provide objective assessments of competence in [all domains]
- Use multiple evaluators (*this means 360°*)
- Document progressive performance and improvement appropriate to education level
- Document semianual evaluation of performance with feedback

# Summative Evaluation

- Program Director must provide a summative evaluation for each resident upon completion of the program
- Evaluation must become part of the **resident's permanent record** that is maintained by the institution; must be accessible for review by the resident
- Must document the resident's performance during the **final period of education**
- Must verify that the resident has demonstrated **sufficient competence to enter practice without direct supervision**

# Faculty Evaluation

- At least annually, the program must evaluate **faculty performance** as it relates to the educational program
- Evaluations should include a review of clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities
- Must include at least annual written confidential evaluations by the residents

# Program Evaluation & Improvement

- Program must document formal, systematic evaluation of the curriculum annually
- Program must monitor and track:
  - resident performance (ITE, Resident Survey, etc)
  - faculty development
  - graduate performance on certifying examination
  - resident and faculty confidential evaluations
  - use residents’ assessments and other evaluations to improve the program



# Resident Duty Hours

- Program must be committed to and be responsible for promoting patient safety and resident well-being and to provide a supportive educational environment
- Program learning objectives must not be compromised by excessive reliance on resident to fulfill service obligations
- Priority for didactic and clinical education

# Update on Electronic Case Logs

- Align with new program requirements
- Allow calculation of means, %iles
- Piloted in RRC members' programs
- Started 7/1/09; suggested items addressed
- PDS to be surveyed 1/10 (p-6 months' use)
- RRC to review 1/10
- Questions? Ask Neal

# What's Ongoing

- Outcome Project - Phase 3
  - Programs are making excellent progress

Phase 3  
7/06-6/11

Full **INTEGRATION** of the competencies and their assessment with learning and clinical care

## *Program Focus*

Use resident performance data as the basis for improvement and provide evidence for accreditation review

Begin to use external measures (e.g., clinical quality indicators, patient surveys, employer evaluations of graduates, national or specialty standardized measures) to verify resident and program performance levels

## *Accreditation Focus*

Review evidence that programs are making data-driven improvements

Review external program performance measures and input from GMCs as evidence that programs are achieving their educational objectives

# What is “experiential learning?”

- learning through reflection on doing, which is often contrasted with rote or didactic learning
- focuses on the learning process for the individual
- make discoveries and experiment with knowledge firsthand, instead of hearing or reading about others' experiences
- “experience” – 42 times in core program requirements

# What is “experiential learning?”

*IV.A.5.a).(1)(o) (o)* Patients who require specialized techniques for their perioperative care. There must be significant **experience** with a broad spectrum of airway management techniques (e.g., performance of fiberoptic intubation and lung isolation techniques such as double lumen endotracheal tube placement and endobronchial blockers).

# What's New

- International rotations

ABA and RRC support programs integrating international rotations as standing electives and seek RRC approval rather than seeking ABA approval on a case-by-case basis.

# Common Citations


## Core Programs 7/06-10/09

- Institutional support
  - Sponsoring Inst'n, PD support, space, call rooms, etc.
- Resident appointment issues
- Program personnel & resources
  - Qual/responsibilities of PD; of faculty
- The Education Program
  - G&O, curriculum, procedural experience, competencies, progressive responsibility, service/education, scholarly activity, supervision, duty hours
- Evaluation
  - residents, faculty, program, board scores

# Other ACCGME Information

- **ACGME Resident Survey**
  - Any report of duty hours violations will be taken **VERY** seriously

Accreditation Council  
for Graduate  
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**Home**

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.

Please note our new zip code: ACGME, 515 N. State, Suite 2000, Chicago, IL 60654 (P.O. Box zip code remains the same).

**Quick Links:**

- **New** - Special Message from the ACGME Chief Executive Officer to all Program Directors, Designated Institutional Officials, and Residents (PDF)

**Events:**

- **New** - 2009 ACGME Annual Educational Conference, March 5 - March 8, 2009 Grapevine, TX

Navigation menu (from top to bottom):  
- About ACGME  
- ACGME Awards  
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- Human Resources  
- Innovation (CI)  
- Institutional Review  
- Meetings & Workshops  
- Newsroom  
- Outreach  
- Review Committees  
- Resident Duty Hours

# What's New

- **Fellowship programs**
  - Adult Cardiothoracic
  - Pediatric Anesthesiology
  - Pain Medicine
  - Critical Care
- One-year subspecialty program common requirements – being developed

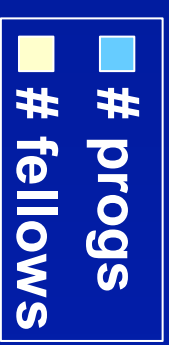
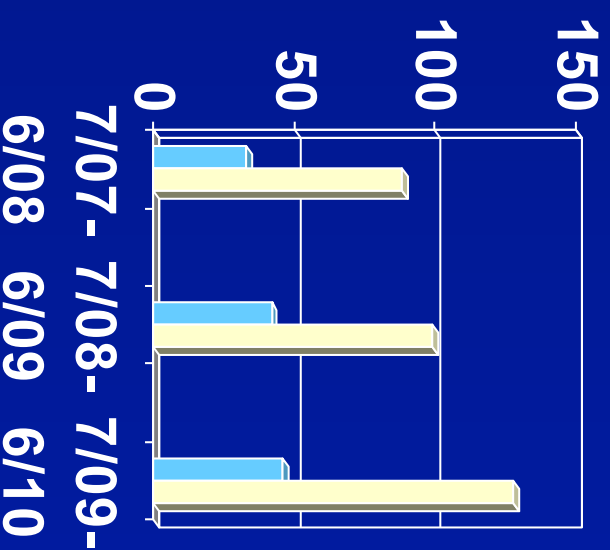
# Adult Cardiothoracic Anesthesiology

Program requirements  
approved **2/14/06**

7/07-6/08 –  
33 programs  
88 positions

7/08-6/09 –  
42 programs  
99 positions

7/09-6/10 –  
46 programs  
128 positions



# Adult Cardiothoracic Anesthesiology

- Clinical Curriculum
  - 1 mo noncardiac thoracic
    - **Thoracic stents under anesthesia** count (but can't be all the thoracic cases)
  - 1 mo ICU - adult CT surgery/non-surg
  - 2 mos electives (**min 2 wks**) or 1-2 mos research
  - Experience with pediatric cardiothoracic anesthesia is encouraged
  - 300 complete perioperative echo exams
    - *at least 150 comprehensive intraoperative TEE examinations performed, interpreted, and reported by the fellow*

# Common Citations

## Adult Cardiothoracic Anesthesia 7/05-10/09

- Institutional support
  - Sponsoring Inst'n, PD support, space, call rooms, etc.
- Resident appointment issues
- Program personnel & resources
  - Qual/responsibilities of PD; of faculty
- The Education Program
  - G&O, curriculum, procedural experience, competencies, progressive responsibility, service/education, scholarly activity, supervision, duty hours
- Evaluation
  - residents, faculty, program

# Pediatric Anesthesiology

7/07-6/08 –

45 programs

162 positions

7/08-6/09 –

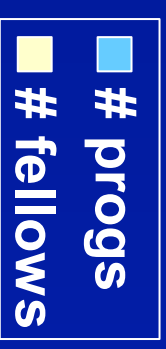
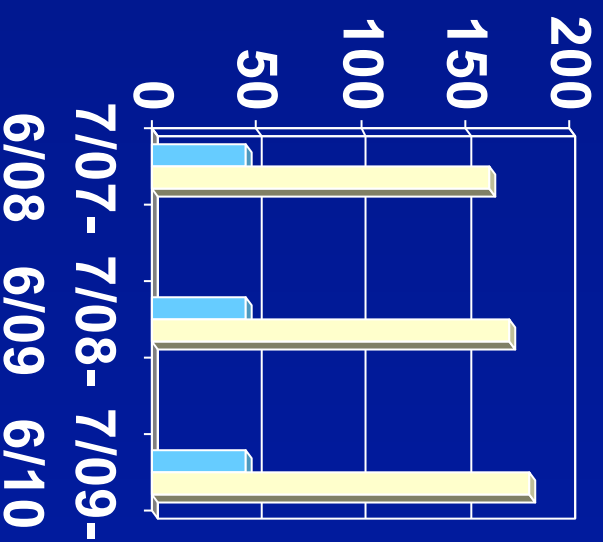
45 programs

171 positions

7/09-6/10 –

45 programs

181 positions



# Common Citations

## Pediatric Anesthesia 7/06-10/09

- Institutional support
  - Sponsoring Inst'n, PD support, space, call rooms, etc.
- Resident appointment issues
- Program personnel & resources
  - Responsibilities of PD; of faculty
- The Education Program
  - G&O, curriculum, procedural experience, competencies, progressive responsibility, service/education, scholarly activity, supervision, duty hours
- Evaluation
  - residents, faculty, program, board scores

# Critical Care Anesthesiology

7/07-6/08 –

50 programs

82 positions

7/08-6/09 –

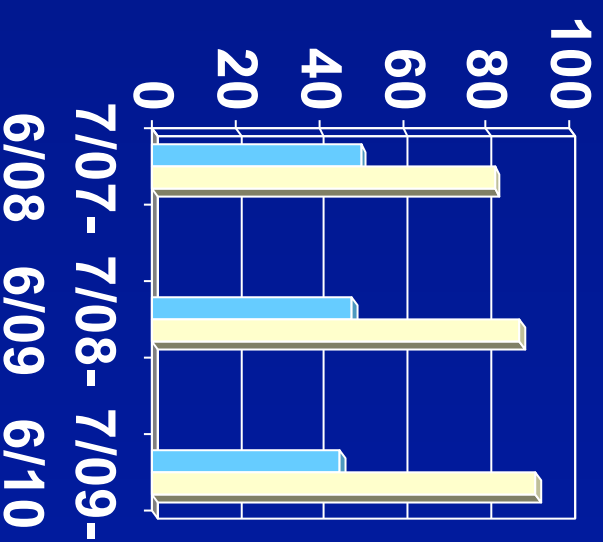
48 programs

88 positions

7/09-6/10 –

45 programs

92 positions



# progs  
# fellows

# Critical Care Anesthesiology

## Proposed new program requirements

- Revisions close
- Next steps:
  - review by ACGME Requirements Development Committee
  - posting for formal comment
- Final approval expected in 2010
- Formal rotations in pediatrics are not required, but there should be education about differences in approach to the critically ill adult vs. pediatric patient.

# Common Citations

## Critical Care 7/06-10/09

- Institutional support
  - Sponsoring Inst'n, PD support, space
- Resident appointment issues
- Program personnel & resources
  - Responsibilities of PD; of faculty, resources
- The Education Program
  - G&O, curriculum, procedural experience, competencies, progressive responsibility, scholarly activity, supervision, duty hours
- Evaluation
  - residents, faculty, program, board scores

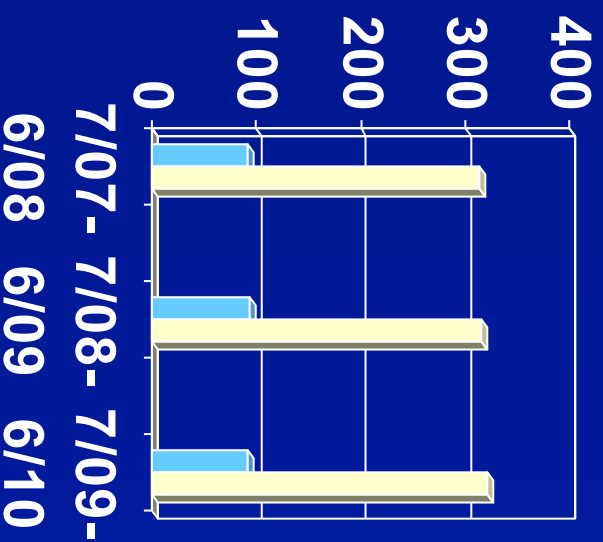
# Pain Medicine

Multidisciplinary PRs in  
effect **7/1/07**

7/07-6/08 –  
92 programs  
314 positions

7/08-6/09 –  
94 programs  
316 positions

7/09-6/10 –  
92 programs  
322 positions



■ # progs  
■ # fellows

# Initial Experience - New Pain Program Requirements

## Multidisciplinary Program Requirements 7/1/07

- Anesth, Neurology, PM&R, Psychiatry
- Challenge to incorporate all required experiences in 12 month program
- Pain Advisory Committee -- initial review; sunsetted
- Reviews to date = significant challenges for some programs to develop multidisciplinary nature

# Common Citations

## Pain Medicine 7/06-10/09

- Institutional support
  - Sponsoring Inst'n, PD support, participating inst'n, space
- Resident appointment issues
- Program personnel & resources
  - Responsibilities of PD; of faculty, resources
- The Education Program
  - G&O, curriculum, procedural experience, competencies, progressive responsibility, service/education, scholarly activity, supervision, duty hours
- Evaluation
  - residents, faculty, program, board scores

# Recommendations to avoid citations

## Low hanging fruit (*avoiding common citations*)

- Conduct annual program review & create written action plan
- Evaluations - residents (360\*), faculty, program
- Internal review - midpoint of accreditation cycle
- Program letters of agreement with education content detailed
- G&O and outcome measures – by rotation and by training level
- Competency-based language
- Education – sleep and fatigue – faculty, too!
- PIF – recognize that it represents the program

# The site visit – you need peer-selected\* residents

Excerpt from the letter (*bottom of p. 2*)

- 10-12 peer selected residents
- Represent all years of training
- \*Peer-selected = residents voted on by their peers, (other residents only) not chosen by CR/PD/department
- Extra-year chiefs not eligible

# Recommendations to avoid citations

Higher fruit (*fundamentals of GME program*)

- Sound educational program
  - clinical elements
  - didactic elements
- Scholarly environment
- Program director - qualified, engaged, resourced (1-2 d/wk\*)
- Qualified and engaged faculty
- Great program coordinator
- Case logs – accurate, complete, reviewed

\*FAQs)

# Resident complement

## RRC sets maximum resident complement

What factors does the RRC take into consideration?

- Program's accreditation status
- Educational rationale for proposed increase
- Existing citations (educational resources, cases, faculty, space, etc.), and response
- Case log data
- ACGME Resident Survey data

Use ADS mechanism to request (temporary  $\Delta$ s , too)

- DIO must sign off (electronically)

More details on RRC website

# Resident complement

## Commonly misunderstood

- Applies to CA 1-3 years only; not CBY
- Call RRC Office for clarification (DIO, site visit)

## Examples:

- Program A
  - 4 year program
  - approved for 60 positions
  - (10)-20-20-20 = 70 on duty; that's ok.
- Program B
  - 3 year programs
  - Approved for 60 positions
  - 20-20-20

# Fellow complement

- Before 2007 – RRC did not set complements
- Beginning 3/2007 -
  - Peds and CCA
  - CTA – just getting started
  - Pain – moving to multidisciplinary
- For Peds and CCA not surveyed since 3/07 – no complement set; will be set at time of next review
- Use ADS requests for increases


# Learning Portfolio

Individual learning plans, self-reflection,  
tracking

- ACGME pilot program
- Electronic portfolios
- Hardcopy portfolios

# Innovative Projects

- Variance from program requirements
- Program & sponsoring institution responsible

<p><b>Program Requirements:</b></p> <p><b>Common &amp; Institutional Requirements:</b> Requirements for use by all RRCs</p>	<ul style="list-style-type: none"> <li>▶ <u>Program Requirements</u></li> <li>▶ <u>Institutional Requirements (PDF)</u></li> <li>▶ <u>Common Program Requirements (PDF)</u></li> <li>▶ <u>Program Director Guide to the Common Program Requirements</u></li> </ul>
<p><b>Program Information Forms:</b> Program specific forms and documentation</p>	<ul style="list-style-type: none"> <li>▶ <u>Program Information Forms (PIFs)</u></li> <li>▶ <u>Notable Practices</u></li> </ul>
	<p><b>Common Guidelines</b></p> <ul style="list-style-type: none"> <li>▶ <u>Key to Standard Notification Letter (DOC)</u></li> <li>▶ <u>How to Apply for Accreditation</u></li> <li>▶ <u>Program Directors' "Virtual Handbook"</u></li> <li>▶ <u>Proposals for Experimentation and Innovation</u></li> <li>▶ <u>Appointment Process for ACGME Review Committee Members (PDF)</u></li> <li>▶ <u>Appointment Process for ACGME Review Committee Members (PDF)</u></li> <li>▶ <u>Competency-based Resident Education</u></li> <li>▶ <u>Clarification about Resident Transfers (PDF)</u></li> </ul>

Process continues to evolve; now governed by ACGME Pol & Proc 9/09

# Innovative Projects

Proposal received; pre-review; next RRC meeting

Approval for finite period

At present:

- 6 approved, 3 denied
- 3 under review
- 3 received, not yet under review

Evaluation at time of site visit

FAQs - being prepared

Update in Spring 2010 RRC Newsletter

# Notable Practices

## Definition:

Process/practice that RRC deems worthy of notice & dissemination

## Identified via

- Program reviews
- Field staff suggestions
- Self-submitted, reviewed by RRC

Attribution given

# Electronic program reviews

## Formerly



## 2009

- Secure shared website
- Program history (past citations)
- PIF
- Site Visitors Report
- Case logs
- Resident Survey
- Correspondence
- Templates – reviewers notes, site visitor evaluation form

# Further Suggestions

- Bookmark Anesthesiology RRC site ([http://www.acqme.org/acWebsite/navPages/nav\\_040.asp](http://www.acqme.org/acWebsite/navPages/nav_040.asp))
- Update and save on your desktop:
  - *Program requirements*
  - *Program information form (PIF)*
  - *ACGME Resident Survey*
  - *Other items useful to your program*
- Contacts for questions/suggestions
  - *Core programs - Missy Fleming PhD*  
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  - *Subspecialties - Linda Thorsen* ([lmnt@acqme.org](mailto:lmnt@acqme.org))

# What else?

- Your questions ...

Thank you!

# Relationships within the ACCGME

