Memoirs of an ACGME Resident Member

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In another moment down went Alice after [the rabbit], never once considering how in the world she was to get out of [the rabbit hole] again.

—*Alice's Adventures in Wonderland* by Lewis Carroll

A third of the way through my intern year, my program director approached me about serving on the Residency Review Committee for Internal Medicine.

Rule No. 1, which applies not only in the military where I trained but also in residency: A suggestion from a superior is always answered with an enthusiastic "yes." I soon found myself submitting a curriculum vitae and personal statement to a committee I had not heard about before. Shortly thereafter, I received an acceptance letter in the mail and choked at the sight of 1 word: "national." What? I had expected this committee to meet on campus and provide lunch. I approached my program director and learned my role was to provide a resident perspective to the accrediting body. Well, I had never been short on opinions, for good or bad.

Soon I was off to headquarters in Chicago to become oriented. At this point, it was clear that I had fallen through a rabbit hole. The futures of residents were decided here. Every time I asked to be let into the bathroom, the staff would look at me as if I were a runaway child who had snuck up the service elevator. I attempted to absorb every word that was spoken to me that day. I read every line in the 20-lb orientation manual. I then asked a few remaining questions: What is a PIF (program information form)? Who is a DIO (designated institutional officer)? What are common program requirements? Where do I find them? The poor soul tasked with orienting me looked at me as if I were Ariel from *The Little Mermaid* on land for the first time—endearing yet exasperating. I was suddenly reminded of the feeling I had my first night on call as an intern—fear that I did not know enough, and people may die as a consequence.

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Several months before my first meeting, a package with 2 PIFs arrived at my door. The first few times I tried to read them, I was certain they were written in a language I had never learned. The next few times, I developed narcolepsy. I finally began to make notable progress once I figured out how the content was numbered. After clearing *that* hurdle, processing the individual program data in relationship to the common program requirements was not nearly so onerous.

My first meeting was fantastic. I felt as exhilarated as if I had become a groupie for an epic band. Every person who spoke was accomplished and well-versed in the world of medical education and design. I occasionally felt like the youngest family member who blurts out, "but I don't want peas again," at a dinner table where everyone else is engaged in intense intellectual debate. Yet, despite their years of wisdom and expertise, they were all warm and kind. They introduced themselves by their first names and graciously offered simple explanations to avoid drawing attention to my glaring lack of knowledge. They kindly ignored my occasional lapses of frontal lobe restraint and expressed genuine interest in my ideas. I began to look forward to the quarterly meetings and would devote countless hours to ensuring that I had provided adequate review of and thoughtful comments on the programs I had been assigned. I couldn't disappoint these people with whom I had become enamored.

To preserve confidentiality, I cannot provide specific details as to what was discussed or encountered during my time with the Accreditation Council for Graduate Medical Education (ACGME). I can describe to the world what lies behind the rules and regulations, which aren't always well-received. The people working in that building on State Street humbly dedicate themselves to creating a medical education system of uniform standards, to providing physicians in training with every possible advantage that our medical community can procure. I learned more about compromise and negotiation during my time on the committee than I have in any other life situation. I was taught to recognize that there are 2 sides to every story and that every decision is embedded in a web of consequences. I was enlightened by role models like the chief executive officer of ACGME and the chairman of the ACGME Board of Directors who had unshakable poise no matter the complexity of the situation, humility to make every person feel like he or she counted, and vision to weave

together a group of individual hearts and minds into a common good.

Now, as a residency program assistant director myself, I'd like to think that I see both sides. Program requirements can be daunting and do not always produce the results we want in every resident. On the less-than-ideal days, I may wonder momentarily, "How did I end up in the frustrating world of medical education?" But then I remember how I fell down the rabbit hole, and into the days of ACGME committees. I remember the electricity created by dynamic leaders filled with passion for improving the future of medicine through the quality of training. I remember how I stumbled on an underground wonderland that took upon itself the difficult task of making the world a better place—and I decided to never leave.