

**Internal Medicine Education Advisory Board (IMEAB) Meeting**  
**Thursday, July 16, 2020**  
**9:00 a.m. - 12:00 p.m. EDT**  
**Virtual Meeting**

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***Participants***

Alejandro Aparicio, MD	Leonard S. Feldman, MD, FAAP,	William W. Pinsky, MD
Michael Barone, MD, MPH	FACP, SFHM	Thomas Rebecchi, MD
Eric B. Bass, MD, MPH, FACP	Eleanor M. Fitzpatrick, MA	Tabassum Salam, MD, MBA, FACP
D. Craig Brater, MD	Eric Holmboe, MD, MACP, FRCP	Jerry Vasiliadis, PhD
Aggie Butler, PhD	Lisa Howley, PhD, MEd	
Karen C. Caruth, MBA	William F. Iobst, MD	<i>AAIM Staff:</i>
Davoren A. Chick, MD, FACP	Furman McDonald, MD, MPH	Hanan Abdulahi, MPP
Bergitta E. Cotroneo, FACMPE	John Moriarty, MD	Margaret A. Breida, MS
Jaclyn Cox, DO	John D. Myers, MD, FACP	Michael Kisielewski, MA
Sima Desai, MD	Donald S. Nelinson, PhD	Valerie O
Laura Edgar, EdD, CAE	Attila S. Nemeth, MD	Jordan Ortiz
Christopher A. Feddock, MD, MS	Miguel Paniagua, MD	
	Vikesh I. Parekh, MD	

**Welcome and Introductions**

D. Craig Brater, MD, welcomed participants.

The minutes of the December 9, 2019 IMEAB meeting were approved.

**Organizational Updates**

Due to the truncated timeframe, each member organization provided brief updates. The following are highlights from each organization's initiatives:

**National Board of Medical Examiners (NBME)**

- NBME shared that there is a backlog of Step 1 and Step 2 CK exams. Medical schools in Arizona, California, Florida, Indiana, Rhode Island, and Texas are serving as regional testing centers in their respective area. In addition, the NBME is coordinating with eligible medical schools to host one-day, web-based testing events to administer the Step 1 and Step 2 CK exams. The event testing will hopefully address the backlog.
- The USMLE Step 1 exam will transition to a pass/fail system in January 2022. The USMLE Step 2 Clinical Skills (CS) exam has been suspended for the next 12 – 18 months, causing consternation to a number of students. While on hiatus, the NBME will seek feedback from the medical education community to assist in defining those clinical skill competencies that should be measured for licensure. NBME will develop a plan for iterative improvements from 2021 – 2026.

#### Educational Commission for Foreign Medical Graduates (ECFMG)

- In light of the Step 2 CS Exam's suspension, ECFMG developed five pathways for IMGs to meet the clinical skills and English language proficiency requirements for ECFMG Certification. These pathways are directed towards IMGs who intend to enter the 2021 Match.
- ECFMG Certificates based on one of the clinical skills pathways will expire if the applicant does not enter an ACGME-accredited GME program during the 2021 – 2022 academic year. Once the applicant successfully completes the first year of ACGME-accredited training, the certificate is no longer subject to expiration.

#### American College of Physicians (ACP)

- ACP will continue to administer the 2020 IM-ITE as scheduled. In light of COVID-19, the test will be administered virtually. A program's chief proctor will be situated remotely.
- A new study published in *Academic Medicine* finds that the IM-ITE, USMLE Steps 1, 2 CK, and 3 predict performance on the ABIM Internal Medicine Certifying Examination (IM-CE). This is the first time the relationship between these commonly used measures of medical knowledge across the continuum has been studied. The findings reinforce that educators can use the results of these examinations to identify learners with knowledge gaps.

#### Accreditation Council for Graduate Medical Education (ACGME)

- The Internal Medicine Milestone Development Committee used a public comment survey to develop resources on telehealth, public health, and health disparities. These resources will be available later in the fall.
- The ACGME Board of Directors determined that additional review was needed to address the duties, function, dedicated time, and FTE support for program directors, assistant/associate program directors, program coordinators, and core faculty members. As such, the task force appointed to review the common and specialty-specific program requirements will be reaching out to various stakeholders to solicit additional feedback specific to these areas.
- ACGME is working towards updating the WebADS section due to the results from the new common program requirements (CPRs). The due date for the WebADS annual update cannot be delayed due to the processing that it undergoes for delivery to the Review Committees. ACGME has made modifications in the past several months to make data entry easier.
- Due to the pandemic, participation in the Resident and Faculty Surveys was optional, though encouraged. Survey results will be available in mid-late July; however, unlike the past, there will not be any national comparative data. It should be noted that regardless of the pandemic status, compliance with the duty hours, supervision, and safety protocols are non-negotiable.
- As of July 1, there is a new binary approach to GME operations during the pandemic: emergency and non-emergency categories. For additional information, please visit: <https://www.acgme.org/COVID-19/Sponsoring-Institution-Emergency-Categorization>.
- Thus far, the Advancing Innovation in Residency Education (AIRE) program has eight pilots that have been approved and can be grouped into five innovation types: blending curriculum and assessment, competency-based assessment, part-time participation in a GME program, mid-career training, and modifications to a program's existing curriculum requirement. For additional information, reference Addendum A: *AIRE Innovation Types*.

#### Association of American Medical Colleges (AAMC)

- AAMC is pilot testing a new process for providing feedback to medical schools about the readiness of their recent graduates. Early in the PGY1 year, PDs will be asked to respond to a survey about these graduates' acumen. Though the two-year pilot has several anticipated benefits, of relevance are 1) reduced variability in how schools design, time, and collect

feedback from PDs to their graduates; 2) strengthening two-way communication between UME and GME; and 3) data collection with the goal of improving the MSPE.

- New competencies are currently being developed in the following areas: 1) equity, diversity, and inclusion and 2) telehealth. The objectives are collaborative discussions on telehealth, determination of whether programs address these competencies, and development of strategies to teach and assess. These competencies integrate and build from existing milestones, EPAs, and are aligned with the six core competencies of the ACGME and the American Board of Medical Specialties (ABMS).
- The primary goal of the Arts & Humanities in Medical Education initiative is to improve the practice, education, and well-being of physicians through a deeper integration with the humanities and arts in their professional development. A committee was established to support the initiative. Two endeavors were launched. Reference Addendum B for details regarding this effort.

#### American Board of Internal Medicine (ABIM)

- ABIM is offering additional testing dates on December 14, 2020 and December 15, 2020 for physicians registered to take the IM Certification Exam this year. This is due to the decreased capacity to maintain safety in all Pearson VUE test centers. As such, some appointments to take the certification examination have been canceled and must be rescheduled.
- In regard to the Maintenance of Certification (MOC), there is uncertainty whether seats will be affected. Exams are spread out, and less than 20 subspecialties participate. If individuals are due for an assessment in 2020, there is an extension for them to take it in 2021.
- The longitudinal pathway for MOC is a five-year cycle and includes both a participation requirement and performance standard. It is a means for physicians to meet their MOC assessment requirements and earn MOC points. Click [here](#) for a comprehensive summary of the pathway.

#### Society of General Internal Medicine (SGIM)

- A work group was established to draft a position statement on social determinants of health. This statement was published in the *Journal of General Internal Medicine*. The publication was shared with stakeholders and congressional leaders. To review the statement's recommendations, click [here](#).
- Executive leaders and staff drafted a statement on racial inequality, challenging physicians, and other leaders of care to address social determinants of health by issuing actionable recommendations in specific spheres of their influence. A [YouTube](#) clip was shared.

#### Society of Hospital Medicine (SHM)

- Eric Howell, MD, MHM, is the new CEO.
- SHM encouraged IMEAB participants to continue advocating for IMGs who continue to struggle with their J-1 or H-1B visas. SHM has taken strides to weave DEI and anti-racism efforts into the fabric of their business.
- The POCUS Certificate of Completion online series will continue to host regional meetings and are currently exploring local training possibilities.
- SHM featured webinars on the emergence of telemedicine in hospitals. A work group under the auspices of the SHM Practice Management Committee authored a white paper that explains the basics of telemedicine utilization and implementation in hospital medicine.

#### American College of Osteopathic Internists (ACOI)

- Karen C. Caruth, MBA, is the new Executive Director.

- PGY3s are eligible to take the American Osteopathic Board of Internal Medicine (AOBIM) initial certification exam. The initial Early Entry pathway exam was to be administered from March 30 – April 4, 2020. However, due to COVID it has been postponed. To be eligible for this exam, residents must participate in the ACOI in-training exam (ITE) during each of the first two years of internal medicine residency and have an anticipated training completion date of August 31 or earlier.
- The AOA Bureau of Osteopathic Specialists (BOS) and division of Certifying Board Services (CBS) has announced a one-year extension of board eligibility status will be granted to graduating residents and other physicians seeking initial certification or recertification in 2020.
- AOBIM moves from alternative to high-stakes recertification exam. This will go into effect on January 1, 2021. To note, it is exclusively for general IM recertification. Recertification will be transitioned to an online module and will be available till July 1, 2021. There are 15 multi-media learning modules that bring learners through cases that integrate 30 clinical presentations most commonly treated by general internists. The modules are based on CMS clinical areas and include micro-learning.
- Enclosed as Addendum C is ACOI's activity report, summarizing the Single GME Accreditation Transition, the Alternative to High Stakes Recertification Exam, and AACOM UME-GME Continuum Initiative.

#### American Medical Association (AMA)

- AMA developed principles to protect medical students and residents responding to COVID-19. The organization continues to advocate for frontline personnel, practices, and hospitals, including an appeal to the administration for more supplies and PPE.
- The organization hosts active online community discussions centered on the effects of the pandemic to the medical education community. In this forum, AMA members are encouraged to share experiences, challenges, and strategies on how to rethink medical education during emergencies and pandemics.
- Eight projects were funded in June 2019 through the *Reimagining Residency Initiative*. In addition, planning grants were awarded to three additional institutions.
- The National GME Census on GME Track has closed for the 2019-2020 year. The census is a joint initiative of the AMA and AAMC that provides information for AMA's Physician Masterfile, FREIDA, and other products. The program survey for the 2020-2021 year opened on May 20, 2020 and, the resident survey will open July 29, 2020.

### AIRE Innovation Types

- 1) **Innovations blending curriculum and assessment to allow learners to meet requirements for multiple specialty certifications through a single learning experience. In essence, “counting twice” innovations.**

These innovations currently involve pilots that allow educational experiences to fulfill requirements of multiple program curricula simultaneously. Innovations utilizing a “counting twice” strategy are expected to be a major innovation pathway. The **AGS-ADGAP - Integrated Medicine-Geriatrics Residency and Fellowship pilot and the Combining Nephrology and Palliative Care: A Competency-based Two Year Combined Fellowship Program pilot** are examples of this type of innovation.

- 2) **Innovations proposing competency-based assessment and progression of learners with no fixed “time in seat” requirement.**

These innovations advance learners through documentation of specific competency-based outcomes rather than through “time in seat” requirements. While a major goal of these innovations is to shorten the duration of a program by demonstrating that learners achieve a desired level of competence “more quickly” through modified curriculum and assessment, it is possible that some learners will require extended time in training to meet this outcome. The **Consortium for Competency-based Plastic Surgery Training and the American Academy of Sleep Medicine (AASM) “Comparison of a Competency-based, Blended Model with the Traditional Time-based Sleep Medicine Fellowship Model”** pilots are examples of this innovation type.

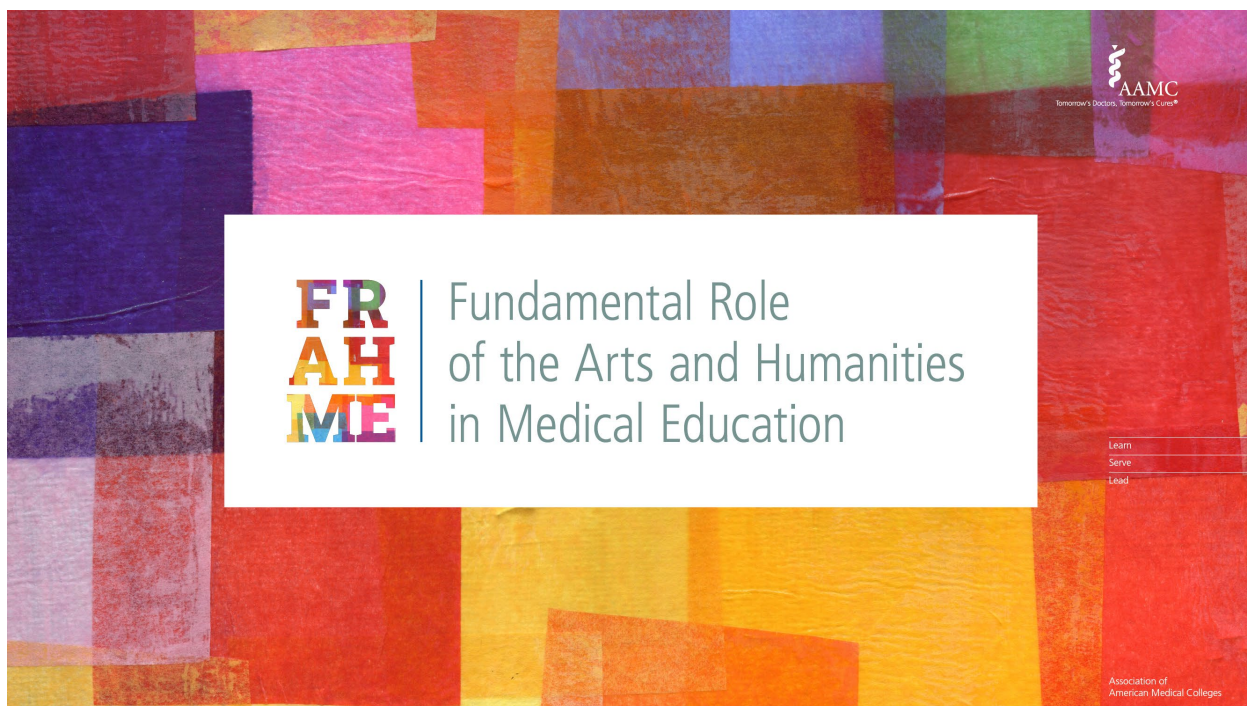
- 3) **Innovations allowing part-time participation in a GME program.**  
The American Academy of Sleep Medicine (AASM) “Comparison of a Competency-based, Part-time Fellowship Model with the Traditional Time-Based Sleep Medicine Fellowship Model” pilot is an example of this type of innovation.

- 4) **Innovations addressing midcareer training.**

These innovations enable practicing physicians to complete additional fellowship program requirements while maintaining an active practice. The **University of Colorado Competency-Based Hospice and Palliative Medicine (HPM) Fellowship Training for Practicing Physicians: Hybrid On-line Master of Science in Palliative Care (MSPC) degree combined with a Structured Practice Portfolio and the Time-Variable Competency-Based Hospice and Palliative Medicine Fellowship Training Paradigm for Practicing Physicians** pilots are examples of this type of innovation.

5) **Innovations modifying program existing curriculum requirements to enhance the learner's experience.**

The **Pediatric X + Y ambulatory curriculum** pilot is an example of this innovation type. This curriculum is routinely used by internal medicine residencies but is a novel curriculum in pediatric residency training. The innovation increases the continuity of the required ambulatory training experience by scheduling blocks of ambulatory training that are not interrupted by other program rotations.



### Goal and Charge

- The primary goal of the overall initiative is to improve the **practice, education, and wellbeing of physicians** through a deeper integration with the humanities and arts in their professional development.
- The charge of the **AAMC Humanities and Arts Integration Committee** is to assist the AAMC in advancing the role of the humanities and arts in medical education and physician development.

### Request for Proposals –Now Open!

- The AAMC will award five \$25,000 grants (for a period of up to 18 months) to U.S.-based member schools and teaching hospitals working on new, emerging, or existing arts and humanities programs across the continuum of medical education (UME-GME-CME). Applications are due **Sept. 15, 2020**.

### Requests for Original Creative Works & Stories

- The AAMC, in partnership with StoryCorps and the National Endowment for the Arts, is seeking oral and 55-word stories for collaborative listening and story sharing that explore the lived experiences of the health care workforce. Through a mix of media and forms (including visual imagery, poetry, and storytelling) the AAMC is seeking a diverse range of voices and perspectives from the entire academic medicine community—from pre-meds to faculty, clinicians, and educators—to honor and chronicle the academic medicine community during this unprecedented time.
- Submissions will be accepted on an ongoing basis.

- This project is supported in part by the **National Endowment for the Arts**. Any view, findings, conclusions, or recommendations expressed in publications and related programming or products do not necessarily represent those of the National Endowment for the Arts. To find out more about how National Endowment for the Arts grants impact individuals and communities, visit [www.arts.gov](http://www.arts.gov).



## Report to the IMEAB

### American College of Osteopathic Internists

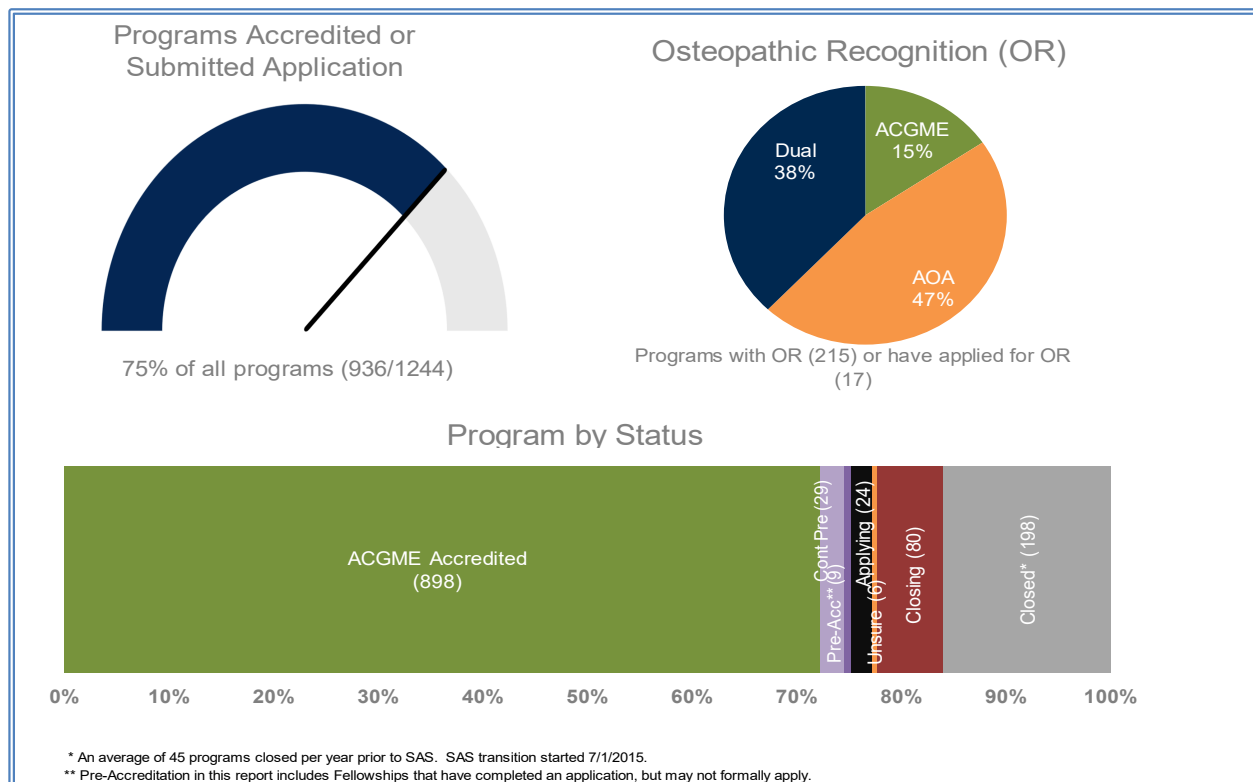
Donald S. Nelinson, PhD

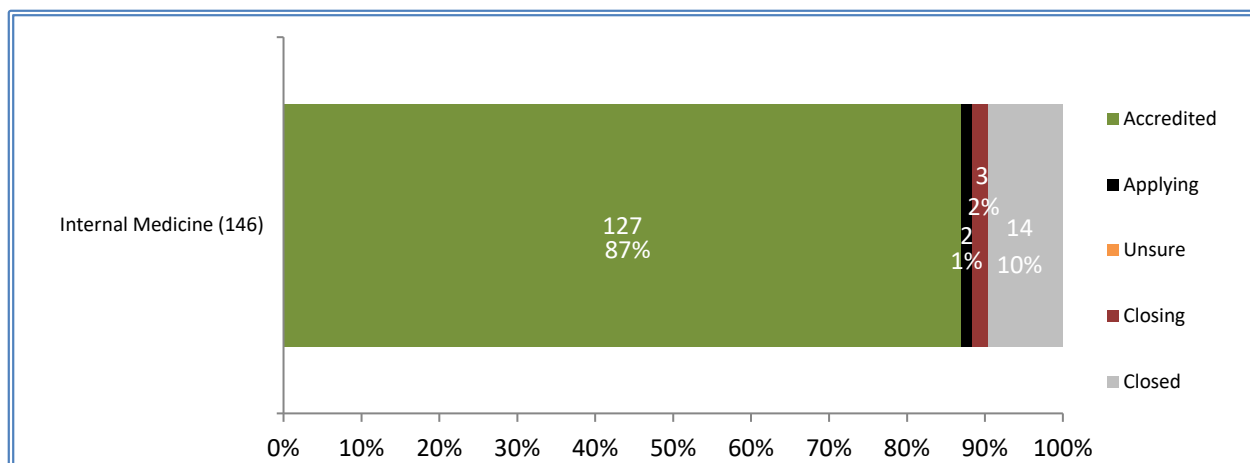
July 16, 2020

#### Single GME Accreditation Transition: AOA Progress Update

The Single GME Dashboard shows the positive progress of all AOA training programs in applying for ACGME accreditation. As of June 30, 2020, approximately 81 percent of AOA programs are ACGME accredited or have submitted applications for accreditation. Almost 900 programs have achieved ACGME accreditation. Of the programs that applied for Osteopathic Recognition, 15 percent are ACGME programs with no previous ties to AOA accreditation.

The second bar chart shows the disposition of 146 AOA Internal Medicine residency programs as of January 2020. As of July 1, 2020, 33 internal medicine programs have received osteopathic recognition.





## **American Board of Osteopathic Internal Medicine (AOBIM) Update**

### **Early Entry Pathway to the AOBIM Internal Medicine Certification Exam**

Third-year Internal Medicine residents are now eligible to take the certification exam during a Spring administration. Registration for the Early Entry pathway opened January 6, 2020 and closed March 13, 2020. The initial Early Entry pathway exam was administered from March 30 – April 4, 2020. To be eligible for this exam administration, residents must have participated in the ACOI in-training exam (ITE) during each of the first two years of internal medicine residency and have an anticipated training completion date of August 31, 2020 or earlier.

### **AOA Announces One-Year Extension of Board Eligibility: BOS updates board certification policy to support osteopathic physicians during COVID-19**

The American Osteopathic Association (AOA) Bureau of Osteopathic Specialists (BOS) and division of Certifying Board Services (CBS) has announced a one-year extension of board eligibility status will be granted to graduating residents and other physicians seeking initial certification or recertification in 2020, among other policy changes, in response to the COVID-19 pandemic.

Recognizing the impact of COVID-19, the BOS announced the following AOA Board Certification policy changes, which take effect immediately:

#### *Initial Certification*

A one-year extension of board eligibility status will be granted to graduating residents and other physicians seeking initial certification for primary, subspecialty and conjoint boards who are unable to sit for their certification board exams in 2020. Once testing windows are reopened at Prometric and Pearson VUE, graduating residents and other physicians may still choose to take their initial certification exam in 2020

In addition to traditional venues for administration of initial certification exams, the AOA Certifying Board Services team is investigating options for leveraging technology to support remote proctoring of exam administration in 2020 and beyond.

#### *Osteopathic Continuous Certification*

#### *Component 1 (active licensure)*

#### *Component 2 (Lifelong Learning):*

The BOS is working with the Council of Osteopathic CME (COCME) leadership exploring a variety of CME options, including COVID-19 specific activities (clinical or practice management) for the remainder of the 2019-2021 CME cycle. More information will be shared as it becomes available.

#### *Component 3 (Cognitive Assessment):*

A one-year extension of board certification will be granted to diplomates whose certification expires in 2020 and who are required by their specialty board to take a traditional, high-stakes recertification exam. Once testing windows are reopened at Prometric and Pearson VUE, diplomates may choose to take their recertification exams in 2020. In addition to traditional venues for administration of initial certification exams, the AOA Certifying Board Services team is investigating options for leveraging technology to support remote proctoring of exam administration in 2020 and beyond.

#### *Component 4 (Practice Performance Assessment and Improvement):*

For diplomates, whose certification expires Dec. 31, 2020, the Practice Performance Assessment and Improvement (PPA) requirements for the 2020 calendar year are eliminated for all AOA specialty certifying boards. PPA requirements will resume Jan. 1, 2021.

### **AOBIM Announces Alternative to High Stakes Recertification Examination**

The AOBIM has announced plans to implement a longitudinal assessment replacing the 10-year, high-stakes recertification (OCC) examination. AOBIM is implementing the new longitudinal assessment for all diplomates that honors their current 10-year certificate and eases the transition for those who will be closing out a 10-year cycle in the upcoming years. All AOBIM general internal medicine diplomates participating in OCC with certificates expiring December 31, 2020 are eligible to access the AOBIM Longitudinal Assessment Modules beginning January 1, 2021 (additional details below).

AOBIM diplomates with certificates that expire December 31, 2020, have two options to satisfy their Component 3: Cognitive Assessment requirement:

#### *Assessment Pathway 1: High Stakes Long Form Exam*

The AOBIM will offer the high-stakes long-form examination for the final time this year. Diplomates must register by August 14, 2020. In order to maintain certification with the AOBIM, diplomates must take and pass the traditional 3.5 hour high-stakes long-form exam. This is a one-day computer-based exam that contains multiple choice questions where the diplomate selects the “best answer.” AOBIM exams are evaluated using an absolute standard (pass/fail). This will be the last year this exam will be offered.

#### *Assessment Pathway 2: AOBIM OCC Longitudinal Assessment Modules*

The AOBIM longitudinal assessment modules will be available to all registered diplomates on January 1, 2021. Diplomates must register by August 31, 2020 to maintain certification with the AOBIM. Diplomates will be required to participate in, and successfully complete, three modules annually

(between January 1 and December 31). All questions within the modules must be answered and an 80% pass rate must be achieved to successfully complete the module. Diplomates whose certification expires December 31, 2020 must successfully complete three modules by December 31, 2021, to maintain certification with the AOBIM.

The 15 multi-media modules bring learners through cases that integrate 30 clinical presentations most commonly treated by general internists (as determined by CMS). Performance is evaluated on correctness of evidence-based decision-making and confidence in those decisions. Learners who do not respond accurately and/or confidently are sent to micro-learning experiences that address the topic where a deficiency is noted. The modules are currently being updated and will be available on or before January 1, 2021. Psychometric data has shown performance on the modules is highly correlated with performance on the previous high-stakes recertification exam.

### **AACOM UME-GME Continuum Initiative**

The AACOM UME-GME Continuum Initiative, launched in May 2017, is led by a fourteen-member steering committee and is now fully underway. The steering committee, Chaired by John Kauffman, DO, established five working groups, engaging over 60 experts, that are working on key priorities identified by the AACOM board, these include:

- Supporting Residency Programs through the Single GME Accreditation Process Working Group (Chair, Richard LaBaere, DO)
- Models for Clinical Education Collaborations Working Group (Future of the OPTIs) (Chair, Thomas Boyle, DO)
- Faculty-Development for Programs with Osteopathic Recognition Working Group (Chair, Michael Rowane, DO)
- Residency Match Working Group (Chair, Lisa Nash, DO)
- Scholarship & Research Working Group (Chair, Robert Hostoffer, DO)

#### *Key Working Group Outcomes in 2019*

##### *Clinical Education Collaborations Working Group*

Working group members completed three working papers to-date written by members of the working group. The latest paper, published in July 2019 was written by Ward Stevens, DHSc, FACHE, a member of the clinical education working group. The paper entitled Services and Support for the Financing of Graduate Medical Education and is available online.

##### *Residency Match Working Group*

In November 2018 and April 2019, the UME-GME Residency Match Working Group recommended the creation of an official AACOM Council that would support individuals involved in residency match advising. AACOM collected nominations from the Board of Deans to constitute a Match Success Task Force to develop bylaws and goals to organize the potential council. The task force also serves as a bridge between the UME-GME Residency Match Working Group and the potential Council pending Board of Deans review. The task force met in-person at AACOM's headquarters on October 10, 2019 and finalized its goals and bylaws. The proposed council bylaws and goals were presented to the AACOM Board in November 2019 and the Council was officially approved. The new Council will meet in March 2020 during the AACOM Annual Conference.

### *Faculty-Development for Programs with Osteopathic Recognition Working Group*

The UME-GME faculty development working group launched the UME-GME Digital Resource Library in January 2019 which houses resources on osteopathic education and training, to support programs applying for or with Osteopathic Recognition. Since its launch, the digital resource library has generated over 457,000 views as of January 2019 and includes 212 resources. An editorial board, led by the AOGME, was formed in April 2019 and continues to review and approve content for inclusion into the library. The editorial board meets quarterly. Submissions to the library are encouraged on an on-going basis.

### *Scholarship & Research Working Group*

The scholarship and research working group developed a needs assessment on scholarly culture in osteopathic medical education and hopes to disseminate this survey to COMs and residency programs. Dr. Hostoffer, the working group chair, recently showcased his Scholar 12 application. It is intended as a computer application that is accessible through mobile phones and pads and seeks to enable the student, resident, and attending physician to create scholarly work. The UME-GME scholarship and research working group provided some feedback on the app's content.

### *Supporting Residency Programs through the Single GME Accreditation Process Working Group*

This working group recommended that AACOM lead efforts to raise awareness about Osteopathic Recognition among programs, institutions, residents, students, and others through a comprehensive and sustained marketing campaign. AACOM hired a marketing firm to assist in these efforts in October 2018. AACOM, AOA and ACGME work collaboratively in this effort and all are committed to supporting and promoting Osteopathic Recognition (OR). The campaign website launched in October 2019, [www.ormatters.org](http://www.ormatters.org). The website includes a map of programs with Osteopathic Recognition and several resources for programs seeking OR. AACOM will continue to Phase II of the campaign to include outreach to external partners and collection of stories on the value of OR.

## Overview of UME-GME Continuum Initiative Activities



Completed 5 white papers/working group papers/reports

The Value of Collaboration for the Osteopathic Medical Education Clinical Learning Environment (Download Paper)

Clinical Education Working Group Paper II: The Osteopathic Learning Environment (Download Paper)

Services and Support for the Financing of Graduate Medical Education (Download Paper)

Needs Assessment of Early Adopters of Osteopathic Recognition within the Single Accreditation System (paper submitted to JAOA for publication)

A Guide to the Medical Student Performance Evaluation (MSPE) Advising & Strategies for Osteopathic Medical Education: Recommendations, Best Practices and Potential Challenges (Download Paper)



Several digital resources such as the UME-GME Digital Resource Library, listservs, and webinars

Advance OGME listserv: with a growing number of members (87), this forum seeks to advance discussions related to osteopathic recognition and osteopathic training in GME  
UME-GME Digital Resource Library with over 457,000 views and 212 featured resources, access the library

Student webinar on advanced interviewing strategies for residency

Preparing for the ACGME Institutional Site Visit webinar  
Peer to peer initial to continued accreditation webinar for family medicine  
Peer to peer initial to continued accreditation webinar for internal medicine  
Scholarly activity webinar series



5+ needs assessments/surveys of the community on faculty development, support for osteopathic recognition, scholarly activity  
Unmatched student survey administered in 2018 and 2019  
Faculty development for OR needs assessment administered in 2018  
Supporting programs through the single GME transition needs assessment administered in 2018  
Joint AOGME/AOA survey of Directors of Osteopathic Education administered in 2018  
Scholarship & Research working group needs assessment of scholarly culture, pending dissemination but instrument finalized



Outreach efforts  
Launch of Osteopathic Recognition Marketing Campaign  
Annual conference programming such as the pre-conference workshop on student advising, transition to residency series in 2018, Osteopathic Recognition workshop content  
AACOM Match Success Task Force and Council on Residency Placement creation  
Presentations: 2018 Match – Match Scenarios, Reasons Graduates Did Not Match and Options for Unmatched Students



60+ experts in osteopathic medical education/osteopathic profession engaged in 5 working groups, and 11 sub-groups