# It All Starts and Ends With the Program Director

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## *Editor's Note: Looking for quick resources to help you as an educator in GME?*

The *JGME*'s ''Rip Out'' section premiers in this issue. The aim of this new section is to provide resources to educators under the guidance of Associate Editors Monica Lypson, MD, MHPE, and Deborah Simpson, PhD. Rip Outs are designed to provide readers with information to facilitate their ongoing ''development'' as educators in graduate medical education (GME). As the title of the section connotes, it is designed to be ''ripped out'' (or downloaded) from the *Journal* and is formatted to facilitate quick reading. Each article will begin with the specific problem or challenge and include key evidence and best practices from the literature, immediate and long-term action steps, and references and resources for further reading.

Rip Outs can be a resource for meeting GME faculty development requirements.

Our initial topic areas originate in Residency Review Committees' frequent citations across specialties. The inaugural Rip Out addressed the program director's role and responsibilities. Potential future topics include the following:

- Competency assessment, milestones, and multisource feedback
- Program evaluation
- Identifying residents at risk and remediation strategies
- Simulation and standardized patients
- Web-based learning
- Adult learning theory
- Faculty development
- Needs assessment
- Feedback

The Rip Out section is a collaborative effort by 2 associate editors, topic experts, and an Education Resources Advisory Committee, made up of program directors and educators from the Medical College of Wisconsin and the University of Michigan. For Rip Out articles that focus on education research or structured inquiries about GME-related questions, we will partner with the Society of Directors of Research in Medical Education to provide guidance based on current best evidence in medical education.

If you would like to suggest topics for Rip Outs or have ideas to enhance use and dissemination of this resource, please contact the associate editors Monica Lypson, MD, MHPE (mlypson@med.umich.edu) or Deborah Simpson, PhD (dsimpson@mcw.edu).

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### *The Challenge*

"Program director (PD) responsibilities" is among the most common citations reported by Residency Review Committees (RRCs). While these citations relate to elements of the accreditation process for which the program director has primary responsibility, program directors' responsibilities are framed by multiple stakeholders. This results in an expansive array of roles with associated knowledge, experience, and resource requirements.

### *What Is Known*

Stakeholders:

The Accreditation Council for Graduate Medical Education (ACGME) and Residency Review Committees (RRCs), designated institutional officials (DIOs), department and division chiefs, hospital and institutional committees, faculty teachers, and residents and fellows.

The Program Director's Role:

Develop, oversee, and improve the residency or fellowship program, according to a set of responsibilities articulated in the ACGME Common Program Requirements, Section II.[1]

Key Job Elements:

The ACGME Requirements[1] specify expectations and responsibilities for PDs, including participation on the institutions' Graduate Medical Education Committee (GMEC) and Internal Review Committee.

The DIO's role is to ensure that program directors have the appropriate qualifications, oversee the educational environment, and ensure the provision of adequate patient care support systems in the settings in which residents and fellows work. This reciprocal relationship between DIO and PD speaks to the need for a collaborative relationship (eg, assess and address imbalances between service and education; address resident concerns and issues that cannot be resolved at the program level; participate on committees to ensure oversight and continuous improvement of GME at the institutional level; prepare program information forms that are accurate and complete).[1]

Program directors must stay vigilant for common and specialty requirements from the ACGME and the RRC. Astute PDs also will monitor and apply considerations and best practices from their certifying boards regarding trainee performance measurements and the various experiences needed for trainee certification. They will participate in their specialty society's dialogue with ACGME/RRC, including the periodic review of the program requirements to ensure competence in specialty-specific knowledge and competencies and discussions on the general direction of education in the specialty.[2]

Within the PD's home department, other stakeholders define additional PD roles and responsibilities. These include department chairs, division heads, vice-chairs for education, and curriculum and assessment committees. In addition, committees at the division, department, and school level frequently request that a PD participate in their deliberations to ensure the perspectives of educational leaders and resident and fellows are represented in department or institution-wide decisions. Program directors may also take regional and national roles related to graduate medical education in the specialty. The PD's varied roles call for the individual to be an expert teacher, clinician, and administrator.

Additional PD Responsibilities and Resources:

The Educational Resources Advisory Committees for *JGME* reviewed the literature, textbooks, guides on career development for PDs by specialty organizations and professional societies, and materials on specialty-society websites and at program director workshops to identify the full scope of PD responsibilities and resources available. Beyond the roles of educational leadership, curriculum development, learner assessment, advising, mentoring, and teaching, this identified added roles common to PDs:

- Resident/fellow recruitment and human resource management (eg, conflict resolution, remediation)[3]
- Section chief, associate, or vice-chair for education within the department
- Department/Division Education Committee Chair
- Interaction and collaboration with medical student educators when appropriate

Owing to the complexity of the position, program director organizations and groups across a range of specialties provide resources for program directors. This includes a template of tasks by due date that is prepopulated with all major requirements and offers flexibility to add location-specific expectations.[4] Studies regarding participant satisfaction after career-focused specialty workshops for program directors have found they have a positive impact on the director and program: enhanced job satisfaction, reduced job stress, an expanded network of educational contacts and resources, and an increase in the average tenure of PDs within a specialty.[5]

Departments and institutions can further support program directors by establishing clear expectations. For example, a job description should contain performance evaluation criteria and clearly delineated protected time or salary support. Professional societies may be a resource for specialty-specific job descriptions that outline major roles, responsibilities, position prerequisites, expected clinical and teaching loads, and administration expectations. All job

**RIP OUT ACTION ITEMS**

Program Directors:

1. Must understand the needs of at least 5 different stakeholders, using multiple sources (ACGME/RRC, PD Association, literature)
2. Must frame their PD role within their current responsibilities and vet this document with stakeholders
3. Must form a coalition with their DIO and other PDs to approve an institutional PD job description or review and revise the existing description

descriptions should include 2 added expectations: (1) involvement in state, regional, or national societies in the specialty and (2) scholarship, particularly within the realm of resident or fellow education.

**What Can You Start TODAY?**

Program directors frequently need to educate and challenge their supervisors to ensure they have adequate protected time to perform the full spectrum of their duties. To prepare for those conversations:

1. Gather and present data, as follows:
   A. Review and summarize the Common Program Requirements, your RRC-specific and institutional benchmarks for PD expectations, time allowances, and benchmarking outcomes;
   B. Prepare documentation of the key responsibilities that must be carried out—summarize the job description into bullet points;
   C. Obtain DIO and department chair/supervisor expectations.
2. Develop your metrics for success
   A. Define program outcomes by using prior citations or statements regarding PD effort and outcomes to your advantage;
   B. Highlight quality metrics for your performance, aligned with current Full Time Equivalent level (at or above the ACGME defined minimum, if one is included in the program requirements);
   C. List expectations for scholarship—defined within your institutional guidelines.
3. Articulate additional resources beyond ACGME/RRC requirements (eg, goals for your current Full Time Equivalent level and need for protected time, staff, funding, travel, career vitality support).
4. Hire yourself—write a job description
   A. Review with a program director colleague;
   B. If appropriate, enlist your DIO's expertise and input as you approach this issue;
   C. Review and revise.
5. Commit to the job description
   A. Set up a meeting with your supervisors, notifying them that the meeting goal is to review the time requirements for PD roles;
   B. Meet with supervisors (chair, DIO) and review, revise;
   C. Meet again annually to monitor progress and determine appropriate resource allocation.

**What Can You Do LONG TERM?**

1. Make your "Program Information Form" a document you refer to and update continuously
   A. Carefully proof the document;
   B. Ask for input from others.
2. Collaborate with your GMEC on an institution-wide job description with established minimal:
   A. Program director prerequisites and role expectations;
   B. Institutional and department resource expectations;
   C. Program director performance assessment criteria. Program directors must clearly articulate to their superior(s) clear metrics in their performance evaluation. As a PD prepares to discuss his or her role and metrics with department chair, DIO, or dean, he or she may want to consider the following metrics[6–9] to demonstrate a job well done:
      - Accreditation cycle length—ideally ≥4 years
      - Number of citations—the fewer the better
      - Number of internal review citations
      - Trainees' publications, and regional and national presentations
      - Alumni job placement and feedback
      - National Medical Residency Program statistics—numbers of cycles needed to fill
      - Standardized examination data such as board passage rates, in-training examination scores, and national board scores
      - Scholarly activity of the PD
      - Regional or national leadership by the PD
      - Intramural or institutional stewardship of program, resources, trainees, and faculty



**References and Resources**


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