

RESIDENCY PROGRAM DIRECTOR

GENERIC JOB DESCRIPTION

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The general duties and responsibilities of a residency program director (PD) are to:

1. Provide an educational experience that will enable resident physicians to obtain the knowledge, skills and attitudes necessary to practice their chosen specialty independently and competently.
2. Prepare the resident graduates with the knowledge, skills, attitudes and lifelong quest for learning necessary to successfully achieve certification and eventual maintenance of certification by their discipline's American Board of Medical Specialties' (ABMS) specialty board and to provide contemporary state-of-the-art patient care throughout one's practice career.
3. Develop, modify as necessary and conduct the residency program in accordance with and as defined by the program requirements of its Residency Review Committee (RRC) in order to ensure the highest quality education and to maintain continuing full program accreditation by the Accreditation Council for Graduate Medical Education (ACGME); ensure knowledge of the current requirements, available on the ACGME website: www.acgme.org.
4. Define for the program's sponsoring institution and department leadership the faculty, facilities, support services, equipment and educational resources necessary to create a learning environment maximally conducive to achieving the educational goals and objectives of the program and to maintain program accreditation.

In order to fulfill one's general duties and responsibilities, a PD must possess certain core qualifications, as defined by the ACGME, and successfully fulfill multiple specific administrative and educational duties and responsibilities for the program.

Program Director Qualifications

The minimum qualifications a PD must possess are:

1. An experience following one's residency/fellowship as a clinician, administrator and resident educator for a length of time required by the RRC.
2. A commitment and dedication to the education of resident physicians in all clinical areas pertinent to the specialty.
3. A demonstration of active involvement in clinical practice, continuing medical education, regional and national professional organizations and scientific societies, and scholarly activities as evidenced by academic publications and presentations. It is particularly important that a PD fully participate in and support the many educational efforts of his/her program directors' organization (if applicable).

4. Certification by one's ABMS specialty board or appropriate equivalent educational qualifications as determined by the RRC. Maintenance of certification requirements must be met throughout one's tenure as PD.
5. An unrestricted license to practice in the sponsoring institution's state (unless exempted in certain federal programs).
6. An appointment in good standing and active clinical privileges on the medical staff of the sponsoring institution.

Duties and Responsibilities

Directing a residency program requires a deep commitment to graduate medical education in general and to the educational welfare of a program's residents in specific. At all times, a program director must be thoroughly knowledgeable of one's own institutional policies and practices with respect to graduate medical education and of the ACGME's "Institutional Requirements" and RRC's "Program Requirements". As with the various ACGME/RRC requirements, the following lists of duties and responsibilities are intended to be viewed as "musts" in the administration of the program.

1. Program administration

- a. Have appropriate authority to oversee and organize the multiple activities of the educational program.
- b. Devote sufficient time and effort daily to the program to ensure continuity of leadership and to fulfill all responsibilities necessary to meet the educational goals of the program (see Appendix).
- c. Assemble and chair a program Education Committee to assist in the administration and conduct of all program elements. The committee should include representative faculty and resident membership and report to the department chair.
- d. Work closely with the department chair (if not also the chair) to define and obtain from the department and institution the educational resources necessary to conduct the program. Through the chair, it is essential that the PD obtain the commitment and active involvement of the teaching faculty in the educational program, including that of the chair. Included in chair/director activities should be the development of all budgets pertinent to the program.
- e. Participate in the selection and supervision of teaching staff and other program personnel at each outside institution or clinical site participating in the program.
- f. Work collegially with other PDs, chairs and faculty within the sponsoring institution to develop off-service clinical and educational rotations and experiences necessary for resident education.
- g. Work effectively with the sponsoring institution's Designated Institutional Official (ACGME's "DIO") and, if different, Director of Graduate Medical Education to ensure the program's compliance with all institutional accreditation expectations,

to obtain necessary support and resource allocation for the program, and to personally participate in the institution's Graduate Medical Education Committee (GMEC) and in any other assigned educational administrative activities at the institutional level.

- h. Select and/or oversee the annual selection of an administrative chief resident (ACR). Work in concert with the ACR and all other residents to define and modify as necessary the interrelated administrative functions of the PD, ACR, resident chiefs-of-service and teaching faculty in order to ensure an atmosphere of cooperation, open-mindedness and mutual respect in the overall conduct of the program.

2. **Education program**

- a. Be thoroughly knowledgeable of the current and periodic revisions of the specialty's program requirements for residency education as written, approved and published by the RRC and ACGME.
- b. Define the educational goals and objectives of the program with respect to knowledge, skills and attributes for residents at each level of training and for each major rotation or other program assignment. The document of goals and objectives should be developed in accord with the RRC's "Program Requirements" and with the assistance of the teaching faculty, must be distributed to and understood by all residents and faculty, and must be reviewed at least annually by the program director, faculty and residents for necessary changes.
- c. Assure that within the program's educational goals and objectives are included those that define the specific knowledge, skills, behaviors and attributes required of the residents to achieve competency in those six areas required by the RRC/ACGME: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and systems-based practices.
- d. Design and implement a comprehensive, well-organized and effective curriculum containing the clinical and academic elements necessary to enable the residents to fulfill the program's educational goals and objectives and to achieve clinical and technical competency in all defined and required areas. Among the curricular elements to be considered are:
 - 1) Clinical rotations in all of the discipline's general and subspecialty areas.
 - 2) Off-service rotations in those clinical areas necessary to augment and complement training.
 - 3) Continuity of care clinic experience.
 - 4) Rotations to faculty and/or private physician practice offices for both clinical and practice management training.

- 5) Assignments to clinical support and administrative experiences such as legal/professional liability services, quality assessment committees, patient care committees, etc.
- 6) Research and other scholarly activities with appropriate faculty mentoring and supervision.
- 7) Teaching and didactic activities such as clinical teaching rounds, educational grand rounds, service-specific clinical conferences, resident protected-time didactic conferences, journal clubs, research conferences, in-training examination study groups, etc.

3. **Resident supervision**

- a. Provide for the supervision of residents by teaching faculty through well-defined, explicit and agreed upon supervisory lines of patient care responsibility. Such guidelines must be distributed to and clearly understood by all residents, teaching faculty, nurses and other involved health care-providing personnel.
- b. Define criteria and parameters by which residents are able to be given direct and increasing responsibility for patient care.
- c. Develop a process, where educationally and clinically appropriate, to credential residents to perform certain tasks or procedures independently in the care of patients.

4. **Evaluation of residents, faculty and program**

- a. Evaluate resident performance and progress throughout the program in meeting educational goals and objectives and in acquiring the desired competencies required for eventual practice. Evaluation methodologies should provide an accurate assessment of resident performance through which successful achievement can be commended and unsatisfactory performance can be specifically defined for improvement. As a minimum, resident evaluation should consist of:
 - 1) Evaluation by teaching faculty and senior level residents, where appropriate, after each clinical rotation and other assigned learning experiences. Included should be evaluations from off-service rotations and experiences.
 - 2) A semiannual collation of evaluations by the program director and faculty and presentation to each resident by the program director, or a faculty designee, of his/her composite evaluation and program status in meeting the educational goals and objectives. Deficiencies and remediation plans should be clearly defined at this time.
 - 3) Interim and timely meetings with residents exhibiting poor clinical performance or educational achievement or behavioral problems should

occur as frequently as necessary to provide appropriate counseling and remediation plans.

- 4) A permanent record of each rotation evaluation and all director/resident evaluation review sessions should be maintained in program files, should be accessible to residents and other authorized personnel, and should be available for program internal reviews and RRC accreditation visits.
 - 5) A final written evaluation for each resident completing the program must be composed by the program director. This evaluation must verify that the resident has demonstrated sufficient professional and clinical ability to practice competently and independently, and must be a part of the resident's permanent record maintained by the institution.
- b. Evaluate faculty performance to include a review of their teaching abilities; clinical knowledge, skills and professional attributes; scholarly activities; and commitment to the educational program and resident professional development. Annual written confidential evaluations by the residents should be included in the faculty evaluation process. The faculty evaluation process should be conducted under the direction of the department chair who should be responsible for providing evaluation performance feedback to faculty members. It is an RRC expectation that such evaluations and feedback sessions occur no less frequently than at the midpoint of the program's accreditation cycle and again prior to the next RRC site visit.
- c. Program evaluation is essential to determine the ongoing educational quality and effectiveness of a program and must be conducted annually. Elements of a program evaluation should include:
- 1) Annual confidential written evaluations of the program's curriculum by the residents.
 - 2) Aggregate information on resident performance on the in-training examination and specialty-board written and oral certification examinations.
 - 3) Annual documented meetings to review program goals and objectives and effectiveness of the program in achieving them. Resident evaluations of the program must be included in the review. Included in such meetings should be the program director, department chair, and all or representative faculty members and residents.
 - 4) Evaluations of resident performance and program effectiveness should be used to determine areas for overall program improvement.

5. **Resident recruitment, selection, promotion and dismissal**

- a. Be thoroughly knowledgeable of and comply with the ACGME's "Institutional Requirements" for resident eligibility and selection, particularly as they pertain to applicant medical school eligibility and to nondiscrimination based on sex, race, age, color, religion, national origin, disability or veteran status.

- b. Arrange annual participation in the National Resident Matching Program (NRMP) and be knowledgeable of the NRMP rules, regulations and violation definitions as described in its "Match Participation Agreement", and of all participation dates, deadlines and procedures. The same expectation applies to residencies using other similarly-approved matching programs.
- c. Register annually for participation in the Association of American Medical College's (AAMC) Electronic Residency Application Service (ERAS) to be used for the acquisition of all forms and information necessary for consideration of an applicant's credentials and suitability for residency training.
- d. Develop, implement and oversee the entire process of application document review, interviews and match rank list determination to include the participation of the PD, department chair, faculty, residents and residency program coordinator.
- e. Be responsible for all communication with the applicants before and after the "match", ensuring its timeliness and appropriateness, and for providing all information and material to matched applicants necessary to commence their residency education, e.g. contract, medical license application, housing, orientation and academic year schedules, etc.
- f. Develop program policies for resident appointment and reappointment, promotion, disciplinary actions, non-renewal of contracts and dismissal that meet all ACGME "Institutional Requirement's" expectations; provide residents with fair and reasonable written institutional policies and procedures for grievance and due process.

6. **Resident duty hours and work environment**

- a. Ensure that the program's educational and learning objectives are not compromised by excessive reliance on residents to fulfill clinical service obligations and that residents are supervised at all times by qualified faculty to ensure both patient safety and resident well-being.
- b. Develop and annually review resident daytime and on-call duty hour policies and practices, making programmatic changes as necessary, to ensure complete compliance with current ACGME rules and regulations.
- c. Develop a moonlighting policy, covering both external and internal moonlighting, that, if allowed, ensures that moonlighting does not interfere with a resident's ability to achieve program educational goals, ensures PD approval and oversight, and meets ACGME duty hour expectations.
- d. Monitor resident fatigue and have a department-wide program to educate residents and faculty regarding fatigue detection and management.
- e. Provide for the monitoring of resident stress, mental and emotional conditions interfering with performance or learning, and substance abuse-related dysfunction. If such is determined, provide timely confidential counseling and psycho-emotional support utilizing both available department and institutional resources for physician well-being assurance.

- f. Ensure that an organizational system exists within the program for residents to communicate and express concerns about their duty hours and work environment to the PD, faculty and the department leadership and that the program's residents have the opportunity to participate in institutional resident organizations and forums in which resident issues are addressed.
- g. Ensure through institutional collaboration that all necessary food services, sleep rooms, patient care support services, medical records, information services, personal security/safety measures, etc., are provided to residents.

7. **Relationships with the RRC**

- a. Communicate and interact respectfully with the RRC (and ACGME when necessary) in all matters pertinent to program accreditation and residency education provision, including thoughtfully reviewing and commenting, when asked, on proposed "Program Requirements" revisions and other proposed RRC actions.
- b. Be totally and finally responsible for the completion and submission to the RRC of the "Program Information Forms" and all other necessary actions and procedures required for the program's periodic ACGME/RRC reaccreditation process.
- c. Oversee and ensure the submission by the residents of complete and accurate case experience data as defined/required by the RRC.
- d. Complete the program's ACGME Accreditation Data System (ADS) required annual information update.
- e. Notify the RRC in writing, as detailed in the "Program Requirements", of any:
 - 1) Change in leadership of the program or department,
 - 2) Change in program/department standing within the institution's administrative structure,
 - 3) Substantial change in patient volume or variety available for educational purposes,
 - 4) Change in or addition of rotations to participating institutions,
 - 5) Desire to add or delete participating institutions,
 - 6) Desire to add or delete rotations of more than six months,
 - 7) Desire to increase or decrease resident members, and
 - 8) Major change in the program's educational curriculum or format.

Any actions pertinent to items 1-8 must be approved by the GMEC and DIO, and so stated in correspondence to the RRC. All written correspondence to the RRC must be approved and co-signed by the DIO.

8. **Relationships with educational/professional/regulatory organizations**

- a. **Specialty's National Program Directors Organization** - attend, be knowledgeable of, participate in, and/or contribute to all educational and administrative activities.
- b. **Specialty's National Professional Society (College, Academy, etc.)** - enroll residents as members; encourage their awareness and use of educational and professional development resources; promote their attendance at postgraduate education courses and chapter clinical meetings, and the national annual clinical meeting; and encourage resident participation in activities and officerships at the chapter, regional and national levels.
- c. **Specialty's ABMS Board** - provide residents with any available bulletins and make them aware of all procedures necessary to apply and prepare for certification examinations; assure that all residents fulfill requirements for training and are eligible for written and/or oral board certification examinations upon completion of the training program; create resident general awareness of eventual maintenance of certification requirements.
- d. **Specialty's Program Coordinator Organization (if applicable)** - be aware of its many resources for program coordinators and encourage coordinator participation in activities at the regional and national level.
- e. **AMA (American Medical Association)** - provide annual update to AMA's FREIDA On-line listing of residency programs; make residents aware of resources and services available to them from the AMA and local, county and state medical societies.
- f. **AAMC** - provide annual update to its National Graduate Medical Education Census; be aware of its many educational and professional development resources, particularly through its Group on Resident Affairs.
- g. **State board of medicine** - ensure personal, program and resident knowledge of all current requirements for resident and later practitioner licensure and all rules and expectations that apply to educational, professional and ethical requirements and standards for maintenance of licensure; ensure residents' initial and timely renewals of required medical and associated licenses.

9. **Social activities**

- a. With the department chair, plan an annual department banquet honoring residency program graduates and resident/faculty/attending physician achievement award recipients.

- b. Plan orientation activities for the spouses/partners of new residents and provide opportunities for all residents' spouses/partners to stay current with program policies and practices in order to maximize support for the residents "on the home-front".
- c. Plan social activities throughout the academic year for residents, their families, faculty families and appropriate others to promote camaraderie and esprit de corps within the department and program in an effort to create an atmosphere of support and teamwork that is maximally conducive to resident education.

APPENDIX

Program Director Time Requirements

ACGME's "Common Program Requirements" (July 1, 2006) state:

"The supporting institution must provide the program director with sufficient financial support and protected time for his/her educational and administrative responsibilities to the program. The program director must not be required to generate clinical or other income to provide this support."

Many RRCs have included additional protected time language in their specialties' "Program Requirements," usually providing specific "hours per week" or "percentage" numbers. Program directors and their department chairs should be knowledgeable of RRC specific language since they will be held accountable to the RRC for compliance.

In general, a program director must be prepared to devote and be granted from his/her department chair approximately 20-25 daytime work hours per week for residency program administrative and educational activities, i.e. an approximate 0.5 full-time equivalent (FTE) time commitment. This time estimate will be necessary as a minimum average. Whether or not more or less time is required will be dependent upon:

1. program size and resident numbers,
2. department chair as a separate position or combined with program directorship,
3. number and qualifications of faculty persons to whom certain program director duties and responsibilities may be delegated,
4. program director knowledge, experience and efficiency as an educational program administrator,
5. quality and capability of the program coordinator, and
6. amount and quality of the guidance, support and educational resource provision from the department chair (if separate), the institution's GMEC, and the Dean/Director of Graduate Medical Education and Designated Institutional Official.

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Appendix Program Director Time.doc