

# UW GME Program Director Position Description

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## Overview

The following position description outlines the specific duties of a University of Washington residency or fellowship program director necessary to meet the requirements of the ACGME Next Accreditation System (NAS).

The program director has authority and accountability for the operation of the program and has broad responsibilities that encompass every aspect of postgraduate medical education training. This includes oversight of

- Curriculum and evaluation
- The learning environment
- Faculty as teachers, coaches, mentors, advisors and role models
- Supervision of residents and fellows, including duty hours, and
- Program management (e.g., program evaluation and improvement, communications, ACGME accreditation, program resources).

In some cases, a program director of a smaller program may have more comprehensive responsibilities encompassing all or the majority of these responsibilities, while a program director of a larger program may delegate some duties to other program faculty. In addition, the program director, with the institution's support, must ensure the availability of all necessary professional, technical, and clerical personnel for the effective administration of the program [See *ACGME Common Program Requirements (CPR)*, II.C.].

The program director must appoint and work in collaboration with the Program Evaluation Committee (PEC) [CPR, V.C.] and the Clinical Competency Committee (CCC) [CPR V.A.1.] to achieve excellence in the training program. The program director must have sufficient protected time and financial support for her/his educational and administrative responsibilities to the program [CPR I.A.], and is expected to continue in her/his position for a length of time adequate to maintain continuity of leadership and program stability [CPR II.A.2.].

The program director is expected to attend and participate in national and UW GME educational opportunities. A new program director (<3 years) should participate in at least 80% (6 of 8 Program Director Development Series sessions per year) of educational opportunities offered by the UW GME Office and attend specialty society educational programs, including a minimum of one ACGME Educational Conference in the first 3 years of appointment.

The program director must ensure continuing accreditation of the program by being familiar with and complying with the ACGME [Institutional Requirements](#), [Common Program Requirements](#) (CPR) and Specialty-Specific Program Requirements, as well as [ACGME and Review Committee Policies and Procedures](#) [CPR II.A.4.m]) and [UW GME Policies and Procedures](#). The program director should monitor his or her specialty Review Committee activities, and be familiar with the ACGME [Program Directors' "Virtual Handbook"](#).

## Curriculum and Evaluation

The program director must ensure that learning objectives of the program are accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events [CPR VI.A.4.a)]. The learning objectives must not be compromised by excessive reliance on residents to fulfill non-physician service obligations [CPR VI.A.4.b)]. The curriculum must also advance trainees' knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care [CPR IV.B.1.]. In addition, the program director must ensure that the clinical responsibilities of each trainee are based on appropriate PGY-level, patient safety, trainee education, severity and complexity of patient illness/condition and available support services [CPR VI.E.]. Finally, the program director must oversee and ensure the quality of didactic and clinical education in all sites that participate in the program [CPR II.A.4.a)].

The program director is encouraged to incorporate basics of adult learning theory into the curriculum and apply these theories when developing trainee learning experiences. In addition, the program director, in collaboration with key faculty, should provide training to residents and fellows in how to teach medical students and peers, consistent with their specialty specific Milestones.

The program director has the responsibility to:

- Develop and continuously improve a comprehensive curriculum that meets the requirements for training in the specialty, including the specialty-specific competencies and Milestones. The ACGME competencies must be integrated into the curriculum [CPR IV.A.5], and the curriculum must contain the following educational components:
  - Overall educational goals for the program, which must be available to trainees and faculty [CPR IV.A.1.];
  - Competency-based goals and objectives for each assignment at each educational level, which must be distributed to trainees and faculty at least annually [CPR IV.A.2];
  - Regularly scheduled didactic sessions; [CPR IV.A.3]; and
  - Delineation of trainee responsibilities for patient care, progressive responsibility for patient management, and supervision of trainees over the continuum of the program [CPR IV.A.4].
- Develop an evaluation system to assess all competencies, document progressive performance improvement appropriate to the educational level, and provide documented semiannual evaluations of performance on the specialty-specific milestones, with data from the CCC. [CPR V.A.2.b).] Regular evaluation of each trainee's abilities should be based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria [CPR VI.D.4.a)]. Evaluations should be meaningful and transparent, and inform trainees of their progress in achieving the objectives of the program and the specialty-specific Milestones (see the [UW GME Evaluation & Assessment Policy](#)). In order to do this effectively, the program director must develop and continuously improve a competency-based evaluation system to monitor the progress of individual trainees throughout the program.
- Provide a summative evaluation for each trainee upon completion of the program based on the specialty-specific Milestones. [CPR V.A.3.a.)]

## The Learning Environment

The program director must administer and maintain an educational environment conducive to educating trainees in each of the ACGME competency areas [CPR II.A.4.].

The program director has responsibility to:

- Be committed to and responsible for promoting patient safety and resident well-being in a supportive educational environment [CPR VI.A.2.].
- Ensure that residents are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs [CPR VI.A.3.].
- In collaboration with the sponsoring institution, ensure a culture of professionalism that supports patient safety and personal responsibility [CPR VI.A.5.].
- Design clinical assignments to minimize the number of transitions in patient care [CPR VI.B.1.].
- In collaboration with the sponsoring institution, ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety [CPR VI.B.2.].
- Ensure that trainees are competent in communicating with team members in the hand-over process [CPR VI.B.3.].
- Develop a process to ensure continuity of patient care in the event that a trainee may be unable to perform his/her patient care duties [CPR VI.C.2.].

## Faculty Oversight

The program director must approve the selection of program faculty as appropriate [CPR II.A.4.c)], and ensure there are a sufficient number of faculty with documented qualifications to instruct and supervise all trainees at each training location [CPR II.B.1.]. Faculty members must demonstrate an understanding and acceptance of their personal role in (a) assurance of the safety and welfare of patients entrusted to their care; (b) provision of patient- and family-centered care; (c) assurance of their fitness for duty; (d) management of their time before, during, and after clinical assignments; (e) recognition of impairment, including illness and fatigue, in themselves and in their peers; (f) attention to lifelong learning; (g) the monitoring of their patient care performance improvement indicators; and, (h) demonstration of responsiveness to patient needs that supersedes self-interest [CRP VI.A.6.a-g&7].

The program director has the responsibility to:

- Approve a local director at each participating site who is accountable for trainee education [CPR II.A.4.b)].
- Educate all faculty members:
  - to recognize the signs of fatigue and sleep deprivation [CPR VI.C.1.a)];
  - in alertness management and fatigue mitigation processes [CPR VI.C.1.b)]; and,
  - to adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning, such as naps or back-up call schedules [CPR VI.C.1.c)].
- Ensure that faculty evaluate trainee performance in a timely manner during each rotation or similar educational assignment (at least quarterly), and document this evaluation at completion of the assignment [CPR V.A.2.a)].
- Provide educational instruction for faculty regarding their roles in the educational process (e.g., teaching and supervision, advising/mentoring, effective feedback and communication, Milestones evaluation).
- At least annually, evaluate faculty performance as it relates to the educational program [CPR V.B.1.].

## Supervision of residents and fellows, including duty hours

In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed and privileged attending physician (or licensed independent practitioner as approved by each Review Committee) who is ultimately responsible for that patient's care [CPR VI.D.1.]. The program director should ensure that this information is available to trainees, faculty members, and patients [CPR VI.D.1.a)]. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each trainee and delegate to him/her the appropriate level of patient care authority and responsibility [CPR VI.D.6.]. Each program is required to have a current Supervision Policy which is distributed or electronically available to the trainees.

The program director has the responsibility to:

- Monitor trainee supervision at all participating sites [CPR II.A.4.f)].
- Demonstrate that the appropriate level of supervision is in place for all residents who care for patients. [CPR VI.D.2].
- Use the following classification of supervision to ensure oversight of trainee supervision and graded authority and responsibility: (a) Direct Supervision; (b) Indirect Supervision (with direct supervision immediately available or with direct supervision available); and (c) Oversight [CPR VI.D.3.].
- Assign, with faculty members, the privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each trainee [CPR VI.D.4.].
- Set guidelines for circumstances and events in which trainees must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, or end-of-life decisions [CPR VI.D.5.].
- Implement policies and procedures consistent with the institutional and program requirements for resident duty hours and the working environment, including moonlighting [CPR II.A.4.j)].
- Distribute these policies and procedures to the residents and faculty [CPR II.A.4.j).(1)].
- Monitor resident duty hours, according to sponsoring institutional policies, with a frequency sufficient to ensure compliance with ACGME requirements [CPR II.A.4.j).(2)].
- Adjust schedules as necessary to mitigate excessive service demands and/or fatigue [CPR II.A.4.j).(3)].
- If applicable, monitor the demands of at-home call and adjust schedules as necessary to mitigate excessive service demands and/or fatigue [CPR II.A.4.j).(4)].
- Monitor the need for and ensure the provision of back-up call support systems when patient care responsibilities are unusually difficult or prolonged. [CPR II.A.4.k)].
- The program director must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty [CPR VI.G.4.b).(4).(b)].

## Program Management

Program directors manage program evaluation and improvement, communications, ACGME accreditation, and program resources.

## Program Evaluation and Improvement

The program director, through the Program Evaluation Committee (PEC), must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written and Annual Program Evaluation (APE) [CPR V.C.2.]. The program director has the responsibility to:

- Appoint a PEC according to the terms of the UW GME Annual Program Evaluation (APE) Policy [CPR V.C.1.].
- Monitor and track the key performance indicators of the program in each of the following areas: (a) trainee performance; (b) faculty development; (c) graduate performance, including performance of program graduates on the certification examination; and (d) program quality [CPR V.C.2.a)-d)].
- Ensure that trainees and faculty have the opportunity to evaluate the program confidentially and in writing at least annually, specifically assessing the effectiveness of the program in meeting the overall goals of training in that specialty [CPR V.C.2.d).(1)].
- Ensure that the report is received by the GME Office by July 31 annually.

### Communications

The program director has responsibility to:

- Arrange for regular resource updates (ACGME electronic newsletter, *Journal of GME*, Annual ACGME meeting) on the ACGME common program requirements and specialty requirements
- Provide each trainee with access to program policies, which set expectations regarding, but not limited to the effect of leaves of absence, satisfying the criteria for completion of the residency program [IR II.D.4.h).(2).(a)], and information relating to access to eligibility for certification by the relevant certifying board [IR II.D.4.h).(2).(b)].
- Communicate with and distribute the departmental and programmatic policies and procedures to the faculty and trainees [CPR II.A.4.j).(1)]
- Communicate with and involve the program administrator in trainee activities and concerns, as appropriate.
- Organize regularly-scheduled meetings with the chief of the division or chair of the department to communicate important issues, gain necessary resources, including necessary support.
- Conduct regularly-scheduled meetings with the program administrator to ensure the proper communication and support a good working relationship of teamwork.
- Communicate frequently with your chief residents and/or key residents and fellows; draw trainees into decision-making processes when appropriate.

### ACGME Accreditation

The program director has the responsibility to:

- Comply with the criteria for trainee eligibility as specified in the Institutional Requirements [CPR III.A.].
- Comply with the sponsoring institution's written policies and procedures, including those specified in the Institutional Requirements, for selection, evaluation and promotion of trainees, disciplinary action, and supervision of trainees [CPR II.A.4.l)]. Recognize trainees requiring remediation and develop improvement plans according to the terms of the Academic and Professional Conduct Policy and Procedure and in collaboration with the GME Office.
- Develop a selection policy and process that screens candidates based on program-established criteria (e.g., preparedness, ability, aptitude, academic credentials, communication skills and personal qualities) and the UW vision to recruit and retain under-represented minorities in medicine.
- Discipline trainees, as necessary, in accordance with the University policies and procedures. Disciplinary action includes documentation of performance such as Focus of Concern, Probation, and Plans for dismissal.

- Ensure compliance with grievance and due process procedures as set forth in the Institutional Requirements and implemented by the sponsoring institution [CPR II.A.4.h)].
- Ensure trainee compliance with the UW GME Appointment & Credentialing Policy requirements, including medical/dental licenses, DEA licenses, immunizations, and required online training.
- Provide verification of residency/fellowship education for all trainees, including those who leave the program prior to completion [CPR II.A.4.i)].
- Provide timely verification of residency education and summative performance evaluations for residents who may leave the program prior to completion [CPR III.C.2.].
- Prepare and submit all information required and requested by the ACGME [CPR II.A.4.g)]. This includes but is not limited to the program application forms and annual program resident updates to the Accreditation Data System (ADS), and ensure that the information submitted is accurate and complete [CPR II.A.4.g)1.].
- Obtain review and approval of the sponsoring institution's GMEC/DIO before submitting information or requests to the ACGME, including: (1) all applications for ACGME accreditation of new programs; (2) changes in trainee complement; (3) major changes in program structure or length of training; (4) progress reports requested by the Review Committee; (5) responses to all proposed adverse actions; (6) requests for increases or any change to trainee duty hours; (7) voluntary withdrawals of ACGME accredited programs; (8) requests for appeal of an adverse action; (9) appeal presentations to a Board of Appeal or the ACGME; and (10) proposals to ACGME for approval of innovative educational approaches [CPR II.A.4.n)1-10.].
- Obtain DIO review and co-signature on all program application forms, as well as any correspondence or document submitted to the ACGME that addresses: (1) program citations, and/or (2) request for changes in the program that would have significant impact, including financial, on the program or institution [CPR II.A.4.o)].
- Submit any additions or deletions of participating sites routinely providing an educational experience, required for all residents, of one month full time equivalent (FTE) or more through the ACGME ADS [CPR I.B.2.].
- Not appoint more trainees than approved by the Review Committee, unless otherwise stated in the specialty-specific requirements [CPR III.B.1.].
- Obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring trainee before accepting a trainee who is transferring from another program [CPR III.C.1.].
- Report the presence of other learners (e.g., visiting trainees) to the DIO and GMEC in accordance with sponsoring institution guidelines [CPR III.D.1.].

### Program Resources

The program director has the responsibility to:

- Ensure, with the institution's support, the availability of adequate resources (e.g., funding, teaching and work space, faculty time), for trainee education as defined in the specialty program requirements [CPR II.D.].
- Understand funding for trainees' stipends and benefits, and how funding requests are made to participating sites, as well as funding sources and mechanisms.
- Allocate, with the institution's support, adequate educational resources to facilitate trainee involvement in scholarly activities [CPR IV.B.3.].
- Anticipate potential threats to the program (both internal and external) through regular communication with the PEC, trainees and faculty.

## **ADDENDA**

### **I. Leadership Tips for Program Directors**

- Interpersonal and communication skills
- Leadership and professionalism

### **II. A Year in the Life of a Program Director—A Sample**

- On-going responsibilities
- Annual responsibilities

## I. Leadership Tips for Program Directors

*Interpersonal and communication skills* support the continued development of *both leadership and professionalism* for program directors.

### Interpersonal and Communication Skills

The program director should:

- Listen to trainees, allied health, faculty, and staff, and respect their views.
- Apply communication principles similar to those of TeamSTEPPS, in particular
  - Foster a climate supportive of task assistance
  - Provide timely and constructive feedback
  - Be assertive and advocate for the patient (i.e. SBAR, Call-Out, Check-Back, Handoff)
  - Resolve conflict through collaboration
- Communicate effectively with applicants, staff, trainees and faculty.
- Communicate effectively with institutional GME leadership, including GMEC/DIO. [See Program Accreditation Process above]
- Within your specialty society, network within and across institutions to remain current. When necessary, facilitate communication between the department chair, program administrator, trainees, GME Office, and other departments in an attempt to establish inter-professionalism.
- Communicate with clinical specialty organizations, and national organizations, including the ACGME, NRMP and the ABMS specialty board.
- Communicate clearly in the role of the teacher to assess the educational needs of learners, and collaboratively set realistic learning expectations with learners.
- Identify and eliminate barriers in teaching and maintain appropriate balance between patient care and education.
- Offer, seek and accept honest, constructive and timely feedback.
- Prepare and submit any communication with GME constituents (GME Office, department, faculty, trainees, Board, ACGME) as needed.

### Leadership and Professionalism

The program director should:

- Demonstrate exceptional patient care management, by modeling appropriate customer care relationships, providing adequate supervision of hand-offs, call schedules and other patient-related activities at the various training sites where their trainees rotate.
- Demonstrate a continuing commitment to excellence and scholarship, particularly medical education scholarship and administration.
- Articulate and promote a program philosophy of patient-centered and learner-focused culture, consistent with the ACGME general competencies.
- Administer the training program with enthusiasm, commitment, compassion and innovation.
- Adhere to high ethical and moral standards.
- Demonstrate and practice the core humanistic values —honesty, integrity, caring, compassion, altruism, empathy, respect for others, trustworthiness.
- Exercise accountability.
- Accept ambiguities and the challenge of unexpected complexities and uncertainties
- Encourage trainees to be actively involved in educational aspects of the program.
- Respect and protect confidential information.
- Recognize personal competence limits.
- Work with colleagues in a manner that best serves trainees' interests.



- Respect the trainees' and faculty's cultural beliefs and practices that might be diverse from your own.
- Subordinate individual interests to those of the trainees and the program.
- Establish goals that build the program's educational culture.
- Engage with the relevant specialty society or national program directors' group.
- Maintain a teaching portfolio which should be linked to the ACGME general competencies.
- Strive continually to be an active learner in the program and share own scholarship through presentations and publications.
- Remain current with evolving program requirements — institutional, clinical specialty and those involving relevant national organizations.
- Remain current and anticipate trends in GME.

## II. A-Year-in-the-Life-of a Program Director – One Sample

### Ongoing Responsibilities

- Oversee development, design and determination of annual and monthly lecture series, conferences, grand rounds, journal club, M&M, etc.
- Determine and review continuity clinics, as appropriate.
- Maintain all required documentation and record-keeping.
- Ensure that all evaluations are distributed, received and reviewed; feedback should be provided in a timely manner to trainees and faculty members.
- Assume responsibility for development and review of monthly rotation schedules and ensure that there is sufficient communication with and distribution to trainees, faculty, nurses, operators and clinics.
- Oversee and assist in the coordination of all communications and activities with other services, sites, and departments, including rotation/call schedules, evaluations, conferences, interviews, room/course scheduling.
- Develop policies for and review any trainee who plans to moonlight.
- Develop policies for and review trainee vacation/leave request forms.
- Oversee the maintenance of residency database and hard copy files of current and alumni house staff.
- Ensure that confidential files and records of current trainees are maintained and archived.
- Oversee and assist with the coordination and staffing of various meetings, including residency management meeting, faculty curriculum committee meetings, departmental meetings, meetings with Program Director and with trainees.
- Oversee and ensure the maintenance of residency program library (journals, books, articles).
- Ensure that on-call meal reimbursement requests are submitted responsibly
- Ensure that adequate office support is provided for trainees (i.e., assistance with editing publications).
- Ensure that trainee call rooms, common rooms are adequate and clean.
- Communicate with other departments regarding all affiliation agreements and program letters of agreement (in coordination with GME office) with participating institutions and training sites.
- Develop and design a program website for house staff, faculty and prospective house staff.
- Process applications and appointments for visiting trainees and scholars in a timely fashion.
- Communicate with the department chair regarding the running of the residency program, support for the program and any potential issues
- Determine an executive committee (comprised of the department chairperson and selected faculty members), besides the PEC, which might assist with solving issues critical to the success of the training program.
- Plan to attend local, regional and national GME educational workshops and conferences.

### Annual Responsibilities

- Create curriculum with requisite goals and objectives and ensure that these are distributed to faculty, trainees. [See Curriculum and Evaluation above.]
- Approve the selection of program faculty, as appropriate and evaluate faculty on an annual basis for the continued participation of the program based on evaluation.
- Review and sign all funding agreements regarding trainee stipends.
- Review updated information for allocation agreements.
- Plan and organize required annual retreats (e.g., clinical faculty retreats, trainee retreats).

- Review and oversee training grant applications, renewals and five-year competing renewal applications.
- Survey alumni for feedback on trainee experiences and relevancy to current practice locations.
- Maintain historical records of the program.
- Develop and change program policies, as necessary.
- Prepare with PEC, the annual program evaluation report (i.e., trainee survey, faculty survey, annual meeting).
- Review above surveys and ensure information is up-to-date in various GME systems (Specialty Board, FREIDA, ACGME ADS, professional organizations, MedHub, GMETaBS, ERAS, NRMP).
- Review and oversee the submission of annual reports to granting agencies.
- Review the ordering of equipment/supplies for trainees, as needed.
- Review all evaluations and plan for the subsequent year's curriculum.