JOB DESCRIPTION OF THE INTERNAL MEDICINE RESIDENCY PROGRAM DIRECTOR

CHAPTER OVERVIEW:

- The residency program director has a demanding and critical leadership role in the department of medicine and within the institution.
- The responsibilities and skill set of a successful program director are broad and multi-faceted.
- Program directors may also have direct or oversight responsibility for 3rd and 4th year student rotations, CME, and other educational programs.

The residency program director plays a critical role in the training of internal medicine residents. A program director impacts the quality and success of the internal medicine residents as well as the education and training of medical students and subspecialty fellows. The importance of the program director is underscored by the fact that internal medicine is the single largest specialty as defined by the number of training programs, applicants, positions, and applicants matched (**Table 1**) (1). The program director is the focal point of resident training and is charged with vast responsibilities in teaching, administration, and clinical areas. In recognition of this responsibility, the program director may also carry the title of associate or vice chair of the department of internal medicine. The success of graduate medical education and of each resident is directly related to the skills and competence of the program director executing these responsibilities.

RC-IM PROGRAM DIRECTOR REQUIREMENTS

In 2003, with some editorial revisions in 2004 and 2007, the Accreditation Council for Graduate Medical Education (ACGME) and the Review Committee for Internal Medicine (RC-IM) clearly defined the role of the program director in internal medicine residency training programs (2):

> There must be a single program director with authority and accountability for the operation of the program… The program director must administer and maintain an educational environment conducive to educating the residents in each of the ACGME competency areas.

Appendix I contains the RC-IM requirements and qualifications for program directors as they appear in the *Program Requirements for Residency Education in Internal Medicine* (2).

The RC-IM requirements help to explicitly define the responsibilities of the program director. The program director should also be familiar with ACGME *Institutional Requirements*, since these directly impact the program director's responsibilities (3). Because of the varied roles, the program director is uniquely qualified as a specialist in graduate medical education and administration. The foremost responsibility of the program director is that of an educational administrator, responsible for the management of training programs and supervision of physicians-in-training. The day-to-day responsibilities of residency program administration are often delegated to the educational leadership of the department, including associate program directors, chief residents, and the

TABLE 1

Internal Medicine Residency Programs and Matched Applicants, 2007 (1)

Program Type	Programs	Positions	US Applicants	Other	Total
Categorical	369	4,798	2,680	2,040	4,720
Primary Care	53	274	167	97	264
Medicine/ Pediatrics	82	378	275	70	345
Preliminary	302	1,885	1,491	258	1,749
Total IM Programs	**806**	**7,335**	**4,613**	**2,465**	**7,078**

program administrator, who are responsible to the program director or the department chair. This team approach is essential to implementing and maintaining a successful training program.

The responsibilities of the program director can be categorized in 6 major areas:

» Teaching and role modeling.

» Curriculum planning, implementation, and monitoring.

» Administration.

» Recruitment.

» Supervision and mentorship.

» Associate or vice chair of the department.

TEACHING AND ROLE MODELING

Through activities such as inpatient teaching rounds, morning report, professor's rounds, and clinic precepting, the program director demonstrates for students, residents, and fellows not only the art and science of medicine, but also clinical teaching methods, humanism, professionalism, and the importance of clinical inquiry. Through participation in all teaching and clinical activities of the program, the program director obtains a unique global perspective of the residents and the training program and gains a basis for continual program improvement.

When implementing program change necessitated by new RC-IM requirements, administrative decisions, or budgetary constraints, the program director sets the tone for resident and faculty response. It is important for the program director to maintain the educational focus of the program, inform residents and faculty of the reasons for change, and demonstrate a mature and professional approach to conflict resolution through creative problem-solving. By modeling this approach, the program director can foster a view of the internal medicine residency program as a cooperative partner with other medical school departments and participating hospitals.

CURRICULUM PLANNING, IMPLEMENTING, AND MONITORING

The program director oversees the development, maintenance, review, delivery, coordination, and assessment of all aspects of the internal medicine residency training curriculum. Residents must receive appropriate training and education in general medicine and its subspecialties; in emergency medicine and critical care medicine; and in non-internal medicine specialties, such as neurology, dermatology, psychology, surgical subspecialties, and gynecology. In addition, the 3-year training period must include educational experiences in areas such as medical ethics, rehabilitation, medical informatics, evidenced-based medicine, systems-based practice, professionalism, and legal issues in medicine. Of the approximately 300 separate program requirements for core internal medicine programs, approximately 50 are unique educational content (2). These experiences must take place in the appropriate inpatient, ambulatory, or consultative setting. The program director must design the curriculum to accomplish the goals of training within the context of duty hour regulations, hospital service obligations, progressive responsibility, and varying institutional educational resources.

Curricular change and the introduction of innovation are major challenges. The program director must identify problem areas and program deficiencies, develop a consensus for change among faculty and residents, delegate authority for implementation of program changes, and monitor the results of the new initiative and its impact on the program. Program directors must redesign curricula to include competency-based learning and outcomes-based assessment and develop ongoing mechanisms of program feedback and analysis, including internal reviews of specific curricular elements and review of resident evaluations of rotations. They must also maintain ongoing discussion with chief residents, program administrators, and associate program directors. Appropriate and timely feedback must be given to individuals responsible for the various components of the program.

The program director plays a large role in ensuring the quality of the teaching faculty in the delivery of the curriculum. The program director must define faculty expectations, monitor faculty performance, and use this information to provide feedback to the faculty regarding individual and group teaching effectiveness. Based on this evaluation and feedback process, the program director must determine who teaches the residents and in what settings faculty are most effective. The program director should organize faculty development workshops to enhance faculty skills in teaching, giving feedback, and assessing clinical competency.

Planning and monitoring curriculum involves successful coordination of group efforts, often in the

setting of 1 or more task-specific committees. The program director assumes the role of leader and consensus builder while allowing others to participate in the educational process. Through their unique perspective, program directors set the agenda and goals for tasks delegated to committees. The program director must be clear in identifying the program's needs and objectives. Effective communication with committees in the department, the medical school, and the hospital is an important duty of the program director as an advocate for residency education.

ADMINISTRATION

Administrative duties consume 50% to 60% of the program director's time (4). Even simple administrative details involving written policies and procedures require a complete understanding of the complexities of a program. Many administrative duties are delegated to associate program directors, program administrators, secretaries, and chief residents. Program directors may delegate the development and monitoring of procedural aspects (such as advanced cardiac life support certification and recertification) to program administrators or chief residents, but must remain sufficiently familiar with details of the program to adjudicate problems and conflicts that may arise. Most of the administrative duties listed in **Table 2** require on-the-job experience to develop expertise. Ideally, holding the position of an associate program director for 3 to 5 years provides the opportunity to obtain the necessary background knowledge required of a program director. A variety of leadership styles can be successful. In addition, skills and knowledge can be augmented

TABLE 2

Administrative Duties of the Program Director
Implement content, structure, and objectives of the curriculum.
Oversee resident scheduling and assignments.
Maintain program accreditation.
Assess and document resident competence in all domains.
Oversee resident certification, visa status, and licensure.
Prepare and monitor budgets, contracts, salaries, and benefits.
Delegate, mentor, and coordinate tasks among associate program directors and chief residents.
Provide oversight supervision for all fellowship programs, ensuring compliance with all ACGME requirements.
Manage office.
Prepare orientation and departmental policy manual.
Orchestrate recruitment process, including writing brochure and website, retrieving and downloading information from ERAS, coordinating interview day, and ranking candidates.
Coordinate at least 2 ongoing program improvement projects.
Prepare committee agendas and minutes.
Complete surveys and questionnaires (ABIM, Association of American Medical Colleges, Fellowship and Residency Electronic Interactive Database, APDIM Survey), etc.).
Maintain resident tracking, procedure logs, duty hours, and resident files.
Write letters of recommendation for residents and students and serve as a phone reference.
Deliver effective feedback on a regular basis to all residents.
Assist with fellowship and job placement.
Advise students and assist with departmental letter of recommendation as needed.
Ensure and oversee faculty development.
Mentor and supervise chief residents.
Set policies for resident recruitment, selection, advancement, and dismissal.
Be facile with electronic manipulation of information, such as ERAS, NRMP, spreadsheets, and database manipulation.
Analyze data to evaluate trends and attainment of program objectives, such as resident performance, Internal Medicine In-Training Examination results, career outcomes, and recruitment success.
Coordinate curricula and activities with other specialties, such as combined programs and various subspecialties who have preliminary interns in the program
Serve on departmental or hospital committees, such as clinical competence, curriculum, and graduate medical education committees.

through selected reading, seminar attendance, and, most importantly, a properly selected mentor (5).

Residents seeking fellowship or practice opportunities will ask for a recommendation from the program director. For most residents, this recommendation will take the form of a routine summary letter including documentation of competency and, depending on the request, a personal assessment of interpersonal skills, leadership potential, and research experience and skills, among others. In situations in which a resident has been remediated, counseled, or dismissed for academic concerns or lapses of professionalism, the program director's assessment takes on a more critical role because of potential legal implications. Program directors are responsible for maintaining the high quality skills and professionalism of future internists. They must be honest about concerns identified during residency training while supporting current and past residents as they strive to reach career goals. It is advisable to consult with the institution's legal counsel, designated institutional official (DIO), and the American Board of Internal Medicine (ABIM) to determine the best way to document residency training problems, especially relating to impairment or professionalism. For more information on working with problem residents, please refer to the relevant chapters in Section IV.

RECRUITMENT

Recruitment is a complex year-round activity that includes screening potential residents, marketing the program, and educating current residents and faculty regarding fair practices and program policies (please refer to "The Residency Training Cycle" chapter later in this section for specific information on the yearly residency cycle). This cycle begins after the announcement of match results in March. Program directors must revise and update websites, plan recruitment events, and coordinate a highly organized and efficient interview and selection process. The program director, with assistance from the department leadership and the sponsoring institution's DIO, determine criteria for selection of applicants for interview and disseminate this information to potential future residents. Program directors must consider several key options for their programs including acceptance of applications through pathways other than Electronic Residency Application Service (ERAS), the ability of the program to consider applicants requiring visa sponsorship, the pros and cons of extending pre-match offers, and the adjustment of annual National Resident Matching Program (NRMP) quotas. Screening of ERAS applications can be done by residency coordinators or other staff, but the program director must determine the optimal process for review. Program director opinions vary widely regarding the value of personal statements, letters of recommendation, United State Medical Licensing Examination (USMLE) scores, and other items, so there is no standard "cut-off" or profile for selection. Program directors should be prepared to devote a significant amount of time to applicant review, interaction with interviewees, and follow-up communication while rank lists are being finalized. Current residents should be actively involved in interview activities.

In many medical schools, students will seek advice from the program director concerning application to other internal medicine programs. While there is nothing wrong with encouraging qualified students to stay in one's own program, it is obviously important to provide honest, individualized advice regarding competing programs. Students should be given a realistic assessment of the chances of matching in competitive programs and should be carefully advised regarding the NRMP algorithm (5).

If a program has open positions at any level, it is the responsibility of the program director to fill those positions only with qualified individuals not already obligated to another program by NRMP match or by verbal or written contract. Program directors must communicate directly with other program directors regarding the potential transfer of a resident from one program to another. Written verification of training (including evaluation of the 6 core competencies) and release from continued obligation should be requested in writing from the initial program director prior to the offer of a contract from a new program.

SUPERVISION

The program director functions as a supervisor on many levels and for many individuals. These vary by institution but may include: resident supervision (as traditionally thought of for this position), individual resident and student supervision in the clinical and research settings, chief medical resident supervision, associate program director supervision, fellow supervision, fellowship program and program director supervision, and office staff supervision. These many supervisory roles are challenging, requiring both effective management and leadership skills.

The program director's role as a supervisor is often the initial exposure for many residents to a boss in a long-term employment relationship. Medical residents

frequently arrive in residency after many years of uninterrupted college and medical school training with no substantial experience in the work force. The transition is often difficult, and the program director must add labor relations to the other areas of expertise. With the guidance of the program director, the resident must learn the rudiments of employment, including contracts and employee benefits.

Table 3 lists the resident supervisory functions of the program director. Perhaps the most taxing element of a program director's many duties, in terms of emotional energy and time, is that of personal counselor. Each resident begins residency at a different level of personal maturity. Under the stresses of long work hours, sleep deprivation, and personal responsibility for the well-being of others, residents may find their own limits strained and tested. These crises appear in many forms and require individualized responses. The program director must be prepared to intervene with a spectrum of services ranging from personal support to intensive psychiatric intervention. Program directors must be available to help residents deal with personal and interpersonal conflicts if they hope to educate the physician to be caring and sensitive. In demonstrating humanistic behavior, the program director becomes a role model for the residents. Helping each resident develop recognition of his or her individual needs requires flexibility and non-judgmental acceptance by the program director. When confronted with potential disciplinary issues, the program director must make sure to listen to all involved in the incident before passing judgment and to glean corroborative information discreetly from other faculty or supervisory residents. Truth must be teased from perceptions.

Near the end of the residency, the program director, having developed a personal relationship with each resident, becomes an employment counselor. Career planning is a major hurdle for each resident. The traditional path of fellowship application is time-honored and predictable. However, in the current climate of intense competition for subspecialty training positions, residents must seek advice earlier from the program director, engage in research activities, and discuss application strategies (please refer to "Mentoring Residents Through the Subspecialty Application Process" in Section VIII for additional information). For residents entering an independent practice or group employment immediately after residency, the program director must provide guidance on applying to, interviewing, and negotiating of a position as well as help the resident weigh the relative merits of multiple job offers.

TABLE 3

Supervisory Functions of the Program Director
Supervise residents in continuity clinic or inpatient services.
Develop policy and conduct orientation.
Mentor and supervise chief medical residents and associate program directors.
Monitor electronic evaluation system.
Provide and document timely, effective resident feedback.
Promote resident scholarly activity.
Resolve conflict.
Identify and manage resident stress.
Provide reprimands and discipline.
Foster the spirit of cooperation and idealism among residents.
Ensure social activities take place.
Provide personal counseling.
Provide career counseling.

The program director supervises the chief resident(s), either directly or through associate program directors. Most programs have 4th year chief residents, although some appoint 3rd year residents to share the chief responsibilities throughout the year. Chief resident selection begins 1 to 2 years in advance (chief residents who are going on to fellowship training need to know about the chief residency year more than a year in advance). Chief resident success depends not only on excellent knowledge base and clinical skills, but also on the ability to serve as an effective liaison between residents and faculty (please refer to "A Primer on Chief Residency in Internal Medicine" later in this section for more information on recommended chief resident skills and responsibilities). Although the program director typically selects the chief resident(s), one might seek confidential input from all residents and faculty to identify senior residents with the necessary respect from his or her colleagues to serve in the chief residency role. Some might find it helpful to assemble key faculty and current chief residents to initiate the selection process, as well as have the candidates go through a formal interview process for the position. The program director must closely mentor the chief resident(s), not only to ensure implementation of program policies and continuation of high quality education, but also to guarantee that the chief resident achieves optimal personal growth and career development during this pivotal year. Rising chief residents should attend the Association of Program Directors in Internal Medicine (APDIM) Chief Residents Meeting, offered every spring, for training in leadership and administrative aspects of the

chief residency year and for networking opportunities with other chief residents.

As previously stated, the program director also supervises associate program directors. This role may be particularly challenging in that these individuals frequently have several supervisors for their varying roles in the institution. To effectively supervise and mentor the associates, the program director must outline clear job descriptions, expectations, goals, and methods of assessment with each of the individuals regarding their associate program director role. The program director may also need to advocate for associates with regards to time, duties, and recognition within the institution. Part of the program director's responsibility to these individuals may include mentoring in academic careers as the associates are frequently junior faculty members. The program director must also work to develop a cohesive unit of leadership inclusive of the associates, the chief medical residents, the program administrator, and other key individuals. Training of the associates in the structure of the individual program, the curriculum, and the essential components of internal medicine training requirements will allow them to function more effectively. Leadership and management training opportunities may also facilitate more effective associates.

Two other common supervisory roles of the program director are in supervising fellowship directors and office staff. These roles are discussed in detail in chapters later in this section.

RECOMMENDED QUALIFICATIONS FOR INTERNAL MEDICINE RESIDENCY DIRECTORS

Program directors in internal medicine residency programs must be certified by ABIM and licensed to practice in the state of the program, and should hold a faculty position for a minimum of 5 years. Membership or fellowship in the American College of Physicians (ACP) is desirable because it recognizes the importance of ACP in education, research, and clinical practice as well as a leadership organization in internal medicine. Active participation in APDIM, the Society of General Internal Medicine, or subspecialty societies also demonstrates a commitment to scholarship and education.

A period of time as an associate or assistant program director with responsibility for significant aspects of residency education, such as clinics, curriculum, or evaluation, will provide an ideal opportunity for the necessary on-the-job education and mentorship prior to assuming a program directorship. During this preparatory time, emphasis should be given to the development of administrative and managerial skills.

The knowledge and skills outlined in **Table 4** can be acquired through participation in APDIM meetings, by review of Alliance for Academic Internal Medicine and ABIM publications, and by pursuit of continuing education in educational theory and management skills.

TABLE 4

Knowledge Base of the Internal Medicine Program Director
Education theory and methodology.
Competence-based curriculum for residency training.
Evaluation of resident competency (6 ACGME core competencies).
Ethical /professional issues.
RC-IM accreditation requirements and processes and preparation of PIF and CAAR forms for residency programs.
RC-IM accreditation requirements and processes and preparation of PIF and CAAR forms for all fellowship programs.
NRMP policies and procedures.
ABIM certification policies and procedures.
Resident procedural skills and documentation.
Graduate medical education financing.
Policies relating to international medical graduates.
Leadership organizations in internal medicine.
Resident recruitment, including ERAS and NRMP.
Internal medicine clinical skills and knowledge.
Awareness of educational research opportunities, such as training grants.
Federal regulators and their effect on teaching programs (such as Centers for Medicare & Medicaid Services and Health Insurance Portability and Accountability Act).

ASSOCIATE OR VICE CHAIR FOR EDUCATION

With the increasing administrative responsibilities and the requirement for oversight of fellowship programs, faculty development, financial issues, and often medical student education, some program directors also carry a title of associate or vice chair of the department. Someone in this position has responsibility for broader tasks within the department including:

» Administrative responsibility for the educational budget and finances with direct line relationship with the institution.

» Greater participation with the core leadership of the department of medicine and the institution.

» Direct oversight of medical student and fellowship programs, including the clerkship director and directors of other student rotations (e.g., subinternships and electives within the department).

» Involvement in coordination of clinical inpatient and outpatient practice activities, such as patient flow in the institution, length of stay, clinical volumes, quality assurance, relationship with emergency medicine and other departments, documentation, and compliance with regulatory bodies (Center for Medicare & Medicaid Services, Joint Commission, etc.), among others.

» Oversight of continuing medical education in the department.

SUMMARY

Many "seasoned" program directors will say this is "the best job in the world." The role of residency program director is very demanding, but also quite rewarding. There is enormous potential for development of leadership ability, for acquisition of new skills, and for personal growth. Accepting this role may be a key step in one's career path to higher levels of administration or, for some, a long-term commitment to residency and fellowship training programs. Either way, the position is likely to be a gratifying journey filled with challenges, accomplishments, and supportive colleagues, resulting in a legacy of successful former residents and fellows.

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REFERENCES

1. Alliance for Academic Internal Medicine. *Match 2007: Another Year of Stability*. Online. http://www.im.org/AAIM/PublicPolicy/Docs/2007MatchData.htm. Accessed June 25, 2007.
2. Accreditation Council for Graduate Medical Education. *Program Requirements for Residency Education in Internal Medicine*. Online. http://www.acgme.org/acWebsite/RRC_140/140_prIndex.asp. Accessed June 18, 2007.
3. Accreditation Council for Graduate Medical Education. *Institutional Requirements*. Online. http://www.acgme.org/acWebsite/irc/irc_IRCpr703.asp#IIID. Accessed August 20, 2006.
4. Wolfsthal SD, Beasley BW, Kopelman R, et al. Benchmarks of support in internal medicine residency training programs. *Acad Med*. 2002;77(1):50-56.
5. Whitman N. *Executive Skills for Medical Faculty*. Salt Lake City, UT: University of Utah School of Medicine, 1989.