THE PROGRAM DIRECTOR AS MANAGER

CHAPTER OVERVIEW:

- Strategies for managing personnel and time constraints.
- Strategies for dealing with conflicts and institutional politics.
- Suggestions for demonstrating leadership to housestaff.

Before becoming physicians, physicians-in-training receive formal education in the biomedical and clinical sciences. Today, many program directors have formal or informal training in the tools of medical education yet few have formal training in management instruction. Most individuals are only equipped with personal experience and knowledge acquired through role models.

For the new director of a residency program, roles as a clinician and educator are accompanied by major administrative duties. Most new program directors know something about evaluating, teaching, and recruiting house officers. But what do most new program directors know about running an efficient residency office, resolving conflicts, implementing new programs, managing time, delegating authority, budgeting, running meetings, and handling institutional politics? This chapter will review key aspects of management as they pertain to successful administration of a residency program.

Management training, like medicine, is best learned in a case format. Seminars and workshops are good vehicles for this purpose, but "how-to" books are also useful. The authors recommend that program directors pursue such training only if offered by legitimate and respected resources. This article focuses on the resources available to new program directors to improve administrative skills.

TIME MANAGEMENT

Directing a major residency program is arguably a full-time job. However, most physicians do not abandon other duties (such as patient care, ward attending, hospital committees, and scholarly activities) when appointed as program director. The astute program director must minimize distractions to do the job well. In accepting the stewardship of a program, the program director must cap or unload other responsibilities, then budget time wisely.

A program director's individual and programmatic goals determine how to allocate time. This principle drives everything. Most experts agree that the key to time management is goal setting.

Time management is more than simply creating a schedule; it is maintaining a schedule. Program directors must learn to save time by grouping certain activities together; identifying and eliminating activities that should not be on the schedule (one-half of all meetings probably fall into this category); reserving time for stress-reducing activities (exercise, meditation, an outdoor stroll, pleasure reading); and finding time for the unexpected (there are always plenty of these events in the day-to-day life of a program director).

Everyone wants a piece of the program director's day, but only a few individuals are entitled to it (such as the department chair and residents). To succeed at guarding precious time requires good administrative support and a clear sense of priorities.

PERSONNEL MANAGEMENT

Scenario

Your program administrator has given notice that he or she will be leaving. You need to hire a replacement.

» Do you have an up-to-date job description for the position? How do you write one?

» How do you identify and recruit the best candidate?

» Should you make a unilateral hiring decision or should you involve your department chair, the outgoing program administrator, and other associates?

» How do affirmative action (AA), Equal Employment Opportunity (EEO), and Americans with Disabilities Act (ADA) regulations affect the hiring process?

The most common mistake made by the new or inexperienced manager is to give in to the insecurity caused by the empty position. Take time to fill the position correctly. No matter how urgent the need, it is better to wait and hire the right person than to

spend the rest of the year paying the price for the wrong choice. One program director hired a program administrator whose résumé included experience with the best residencies in their city. As it happened, the program administrator had terrible social skills, which explained why this person had changed jobs three times in the previous eighteen months. The information would have surfaced had the program director called the applicant's references.

If two candidates have similar qualifications, hire the person who makes the interview seem quicker and easier. Anyone who wears on you by the end of a 30-minute interview will be difficult to work with every day. Observe the candidate perform some of the tasks required for the job. If reading potential residents' personal statements is part of the job description, have the candidate read and comment on some of them. Try the in-basket drill described in *Changing Performance on the Job: Behavioral Techniques for Managers*—take a few letters and memoranda out of your in-basket and ask how your prospective assistant might handle them (1). Lastly, look around for a suitable candidate who already knows the organization. Cross-training people in an office may make identification of a successor easier.

An under-appreciated aspect of personnel management is the need to mentor/develop chief residents as "junior administrators." Chief residents are often chosen on the basis of their clinical and interpersonal skills. They may, however, have very limited administrative experience. Make attendance at a chief residents workshop a condition of their appointment. They can be a tremendous resource, given their unique relationship with the housestaff; however, they can also damage your relationship with the housestaff and administration if they lose respect from the other residents. Time spent mentoring a chief resident can reap huge dividends. This idea is equally applicable to an associate program director and other core program faculty.

Overseeing the residency office and its personnel are the program director's "housekeeping" chores. It only takes one misplaced person in the residency office to cause a crisis. When new to personnel issues, seek the counsel of an experienced colleague, such as a departmental administrator, a division chief, or a counterpart at another institution.

Personnel management also includes some degree of oversight for the department's subspecialty fellowship programs. Although primary responsibility for these programs rest with the subspecialty program director, the Accreditation Council for Graduate

Medical Education (ACGME) mandates that the core internal medicine program director monitor the fellowship programs, particularly with respect to ACGME program requirements (2). It is therefore important that core program directors institute a process to collaborate and communicate with subspecialty program directors. At the very least, it is recommended that the program director establish regular meetings with subspecialty program directors to foster this relationship. Efforts should be made to share experiences and resources between the core and subspecialty programs. This process is the responsibility of the core program director.

MEETINGS

Meetings are at once the bane of a program director's existence and a great resource. When a lively, committed group of colleagues meets for legitimate brainstorming, the exercise can prove incredibly productive.

Program directors conduct many meetings. To ensure that everyone's time is well spent, follow a logical process:

» Ascertain that the issue (or issues) at hand warrant a meeting. If there are other ways to deal with the situation, use them.

» Develop an agenda and send it out in advance of the meeting.

» Establish time limits for each agenda item.

» Select the participants carefully. Make sure stakeholders are represented but limit the number of participants to the critical few.

» Arrange an appropriate meeting place. Make certain that any necessary displays, audiovisual equipment, or files are present. Refreshments are often well-received, especially at early morning and midday sessions. A skilled program administrator should handle these details.

» Do not allow any one individual to dominate the discussion. Make certain that all parties are heard.

» Keep the discussion focused on the issue at hand. Ask the group to reach a tangible goal by the end of the session. When the dialogue breaks down or becomes unfocused, the meeting fails. Maintain focus by writing the purpose of the meeting on the board or agenda page.

» Keep the meeting under an hour. End early if you can.

» If there are individuals present who are only there to provide data, excuse them after their report is completed.

» Keep minutes of the meeting discussion. Assign someone to follow-up with individuals responsible for each action item.

» Encourage follow-up by email. Schedule a follow-up meeting only if further discussion is warranted. Have participants bring their calendars with them. If another meeting is needed, set the time during the original meeting to save a secretary from having to spend hours on the phone matching schedules.

» Remember that meetings cost money.

» Studies show that meetings involving medical personnel often degenerate into a grieving session over "the way it used to be." When this happens, point it out, observe a moment of silence for the past, and get back to the business at hand.

COMMITTEES

No activity can so easily usurp a schedule as committee work. The medicine housestaff are an integral component to the day-to-day functions of the teaching hospital. As such, program directors are asked to serve on many committees whose main purpose relates to the clinical activities of the hospital. Be selective about participating on these activities as they can erode time for other responsibilities. Before accepting a request to serve on a committee, ask "Does serving on this committee advance the mission of the residency program?" If not, consider declining, offer to attend on an "as needed" basis when issues pertain to the residency program, or delegate the activity to an associate program director who needs the experience and visibility. Resist the temptation to offer the chief residents to serve on these committees. You cannot afford to have them distracted from their core duties.

CONFLICT RESOLUTION

Scenario

You and your primary care division are developing a systematic, ambulatory-based geriatric experience for your residents. To make it work, you need two residents per rotation. At the same time, the cardiologists are complaining that the CCU rotation is understaffed and that they need more residents to better balance the workload. You cannot accomplish both goals. You wish to bring about an educationally sound resolution without causing a conflict between the primary care and cardiology divisions.

A program director must often identify a course of action acceptable to two or more groups who seem diametrically opposed. Frequently, a compromise is not readily apparent. Program directors have many constituencies within a department and so will often be "caught in the middle." Few things are as satisfying as crafting a solution when none seem possible.

Be as open-minded as possible. Become well informed regarding the issues driving any conflict. In this scenario, the program director would do well to consult background material including the Review Committee for Internal Medicine (RC-IM) guidelines for residency programs and reports of national health workforce needs. Empower the stakeholders to draft a solution. People become much more reasonable when the responsibility is theirs.

Once the solution is successfully negotiated, document it in writing. After investing time and effort to resolve the conflict, verify that all parties agree on the solution. Follow up important meetings or conversations with a confirming summary document (such as an email or memorandum). Maintaining a "paper trail" of these issues will be invaluable since the inciting event will inevitably arise again.

Conflict resolution has gained legitimacy as a social science in academic, business, and political spheres. The classic thesis on this subject is *Getting to Yes* by Roger Fisher (3).

BUDGETING

The fiscal responsibilities of the program director vary by institution. In some departments, the program director controls a large operating budget, including resident salaries. In others, budgeting is handled mostly by the department chair or a centralized graduate medical education (GME) office. In the latter case, the program director may be responsible for overseeing a small "housekeeping budget" (for residency functions, books, supplies, etc.).

A master's degree in business administration or similar training is not required to maintain a tidy and balanced budget. Common sense is paramount: have an eye for detail, use funds appropriately, and keep careful

records of expenditures. Read reports and become familiar with the budget line items even if you are not responsible for constructing them. Learn what constitutes a "capital" expenditure, what comes out of the operating budget, and what signifies an appropriate use for contingency funds. Learning basic budget language will add to a program director's credibility with administrative staff who support the program. It is often helpful to meet with one of the hospital's financial personnel. This person may be able to provide on-the-job financial training and may be extremely helpful in developing new programs with fiscal implications. Seeking advice from the department administrator or the former program director may also result in gaining useful resources.

Although geared mainly for business, *Numberwise: How to Analyze Your Facts and Figures for Smart Business Decisions,* is full of useful information on developing budgets and marketing plans for new programs (4).

INSTITUTIONAL POLITICS

Scenario

Your residents need a strong community hospital rotation. To this end, you are interested in establishing an affiliation with an outlying community hospital, Hospital A. During the course of your negotiations with the administration, you learn that the surgery department in your institution has been working to develop a relationship with Hospital A's rival institution, Hospital B. The surgery department and dean of your medical school are upset at you for taking action that places their endeavor in jeopardy.

Several questions arise: How were you to know? Will your department chair support your actions? What should you do?

Despite best efforts to avoid them, institutional politics are ubiquitous. Even if a program director is nobly dedicated to the advancement of medical education, it is impossible to remain entirely out of this fray. Stay closely attuned to the politics of the institution. What are new "mission critical projects"? Do they impact the internal medicine residency program in any way? What shape is the hospital budget in this year? What about the medical school budget? Who is retiring? Are there any new institutional affiliations with other hospitals or HMOs?

Learning how to "read the terrain" comes with experience. Counterparts entering the business world are generally better prepared for this endeavor. To be an effective program director, you must be tapped in to the political bloodstream of your institution. Try the following suggestions to integrate yourself into the political atmosphere:

» Have a regular, scheduled meeting with the department chair. If there's "nothing important" to talk about, do not cancel it. These meetings can be surprisingly helpful.

» Get appointed to institutional committees that can support the mission of a residency director. Joining the hospital and group practice strategic planning groups is highly recommended. If committee membership is not available, ask to sit in on those meetings to represent the program and keep apprised of new developments.

» Attend meetings of the department's division directors. Ideally, the department affords its residency program director at least the status of division director.

» Get to know the hospital administrators.

» Seek the counsel of the preceding program director.

» Read the local newspaper.

» Have regular discussions with your associate program directors and chief residents.

» Bounce your ideas off trusted colleagues in the department before implementing them.

» Attend Association of Program Directors in Internal Medicine (APDIM) meetings and network with more experienced program directors.

COMMUNICATION

Most physicians have some experience lecturing before becoming program directors. It is one thing to discuss science to a captive audience; it is quite another to take charge of a department or housestaff meeting, sell an idea to a hospital board, or address peers at an APDIM meeting. These venues call for spontaneity, eloquence, and the ability to project.

Communicating effectively comes more naturally to some than others. There is no doubt, however, that these skills can be developed and refined. Most management training seminars devote attention to this topic. Start watching how people communicate in public life, on television, and in the medical center. Pay attention to the things that make some good communicators. There is no copyright on style.

INFORMATION SYSTEMS

As demands for time increase, it is essential to take advantage of efficient tools to minimize or streamline work, particularly computer-based information systems.

Email is a necessity for most program directors. It offers efficient, verifiable communication with a range of individuals or groups, irrespective of geography or time. Email often eliminates the need for a letter, phone call, page, or even a meeting. For large programs with multiple training sites, email represents the best method for "getting the word out" to housestaff.

However, not all communications are appropriate for email. For instance, it is inappropriate to deal with highly charged issues, especially involving conflict resolution, via email. Email is not conducive to expressing warmth, sincerity, empathy, or concern, which are essential for dealing with highly emotional conflicts. Email's efficiency can also be a detriment because it allows for almost immediate communication of thought; however, it is generally helpful to reflect before communicating initial feelings. Some words of advice: never hit the "send" key in anger. Instead, take a deep breath, save the message, then read and edit it several hours later. Used appropriately, email is an invaluable tool for any manager.

Scenario

Your chair approaches you about extending housestaff coverage to your institution's bone marrow transplant unit. The oncologists have convinced your chair that this situation is the norm at most "reputable" institutions. As a new program director, you may have limited contact with other program directors and limited information to either confirm or refute the oncologists' assertion so you query the APDIM membership via the listserver. By the next day, you have tallied 20 responses from "reputable" institutions. Although not a formal survey, this information provides timely and valuable support as you proceed to negotiate with your chair. In the past, this type of information was only available through face-to-face networking with other program directors, a process that develops over several years and numerous APDIM meetings. The moral of the story is the APDIM listserver is your friend.

Many Internet-based resources for program directors are available through the APDIM website at www.im.org/APDIM, which also includes information about upcoming APDIM meetings, RC-IM program requirements, the latest relevant legislation, and links to numerous important organizations, such as ACGME,

the Association of American Medical Colleges, and the National Resident Matching Program. Even the match results are only a few keystrokes away.

An increasing number of software solutions are being developed specifically for residency program administration, including resident rotation and call scheduling programs, databases for tracking procedural competency and evaluation completion, and systems for monitoring and sharing patient data. APDIM meetings are an excellent place to learn about these systems. Vendor demonstrations and APDIM member presentations are valuable opportunities to learn about software solutions for many of the management tasks in a residency office. Again, the APDIM listserver is a useful resource for querying members about their experiences with these products.

LEADERSHIP

Ultimately, a program director's success is dependent on the ability to consistently project a sense of leadership. A program director can be efficient, politically astute, and technologically gifted, yet fail to mobilize housestaff along program goals if he or she lacks strong leadership skills. For some individuals, leadership is natural. For others, leadership is an acquired skill—a combination of confidence, conviction, visibility, and advocacy. Consider the following suggestions for demonstrating leadership to housestaff.

Confidence

When you feel strongly about an issue, do not hesitate to make your stance known. Demonstrate conviction around key issues. Being flexible and collaborative is important in most conflicts, but there will be major issues for which program directors must "take a stand." Choose these carefully, but make your position clear and do not back down.

Visibility

Program directors should not be separated from the housestaff. Make certain that administrative responsibilities do not prevent you from spending time with residents. To trust and respect a program director, residents must see a clinician and an educator. If they do not witness the program director operating in their own environment, they will not believe the program director can understand or appreciate their concerns. Visibility refers not only to a physical presence, but also to the ability of the program director to outwardly demonstrate appreciation for the emotional health

of the housestaff. As program director, one must understand that there are occasions when housestaff will assign an emotional value to an issue that exceeds its true value in the eyes of the program director. It is critical that a program director recognize these situations and visibly address these issues. To appear insensitive or distant in these circumstances can significantly undermine a program director's effectiveness as a leader.

Advocacy

The housestaff must see concrete examples of advocacy. Create a venue for them to express their concerns; regularly scheduled housestaff meetings are an excellent forum. Identify key issues and provide progress reports at subsequent meetings. Program directors work for the housestaff, at the request of the chair. When the goals and needs of the residency are in conflict with the faculty or clinical system, there can be no question as to where the program director stands. Program directors must represent the housestaff in situations where they can't represent themselves.

MANAGEMENT RESOURCES AND SEMINARS

The biannual meetings of APDIM offer a menu of workshops which often deal with administrative aspects of directing a residency program. These high-quality sessions enable participants to share common concerns and wisdom.

The American College of Physician Executives (ACPE)—formerly the American Academy of Medical Directors—is a private, professional organization founded in 1975. ACPE conducts a series of seminars and conferences at various sites each year, mainly geared toward physician executives in the private health care industry (practice and HMO management), but may also be helpful to the new program director. For more information about the ACPE and its programs, visit the ACPE website at www.acpe.org.

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