

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
Paul L. Foster School of Medicine
GRADUATE MEDICAL EDUCATION
Standard Policy and/or Procedure

TITLE: Responsibilities of a Program Director

APPROVED:

REVISED:

EFFECTIVE DATE:

PURPOSE: To ensure that the administration of a graduate medical education training program is adequately performed so as to maintain accreditation of the program.

POLICY STATEMENT: A graduate medical education training program must provide trainees with a substantial experience in the art and science of medicine so that trainees will achieve competence in the care and treatment of patients. The Program Director, with assistance of Faculty, is responsible for developing and implementing the educational and clinical program for trainees as expected by the accrediting agency for the program.

Qualifications of a Program Director: A single Program Director, who is also a member of the Faculty of the Paul L. Foster School of Medicine, must be responsible for the specialty program. He/she must:

- Possess requisite specialty expertise as well as documented educational and administrative abilities and experience in his/her specialty;
- Be certified in the specialty by the applicable American Board of Medical Specialties (ABMS) Board or possess qualifications judged to be acceptable to the accrediting agency; and,
- Be appointed in good standing and based at the primary teaching site.

Responsibilities of a Program Director:

1. With respect to program administration, the Program Director must:

- ensure that each trainee maintains a current and continuous Texas Medical Board (TMB) Physician-in-Training permit or that the trainee obtains a full Texas medical license, as appropriate;
- in conjunction with institutional GME policies, develop, implement and periodically review program-specific policies that are consistent with PLF-SOM procedures for:
 - resident selection
 - resident evaluation
 - resident promotion and reappointment
 - resident adverse academic actions
 - resident duty hours standards
 - moonlighting and documentation of any trainee who chooses to moonlight;
- ensure that only eligible trainees, according to accreditation requirements, are enrolled in the Program;
- ensure that all applicants for the Program are informed in writing of the terms and conditions of employment and benefits via the GME Program Agreement of Appointment;

- develop means for supervising trainees to provide progressively increased responsibility according to the trainee's level of education, ability, and experience by periodically reviewing program policies for supervision, including a means to verify a trainee's level of abilities in clinical venues and assessing and documenting a trainee's abilities for clinical procedures;
- ensure that timely evaluation of trainee performance occurs;
- provide timely notification to a resident whose performance is judged to be inadequate and provide a plan of remediation;
- provide timely verification of residency evaluation and summative performance evaluation for a trainee who leave the Program prior to completion;
- obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation for a trainee transferring from another program before accepting a trainee; and,
- provide written notice of intent not to renew an Agreement of Appointment no later than four (4) months prior to the end of the trainee's current Agreement of Appointment, except in extenuating circumstances.

2. With respect to oversight of the Program, the Program Director must:

- oversee and organize the activities of the educational program in all participating institutions to include (a) selecting and supervising faculty and other Program personnel at each participating institution; (b) monitoring trainee supervision at all participating institutions; and (c) appointing a local site director;
- oversee and liaison with appropriate personnel at participating institutional or clinical sites involved in the training of the program's trainees;
- create clinical rotation and on-call schedules to provide readily available supervision to trainees on duty, particularly backup support for those occasions in which patient care responsibilities are prolonged;
- structure duty hours and on-call periods to focus on the needs of the patient, continuity of care, and the trainee's educational needs in compliance with appropriate ACGME/RRC requirements;
- revise schedules as needed and communicate revisions to the Office of Graduate Medical Education for transmission to the major participating institutions to enable accurate IRIS reporting;
- prepare and maintain appropriately executed inter-institutional agreements between the Program and each participating institution, including clinical sites that (a) specify the content of the education experience, including goals and objectives by competency and by year of training; (b) identify the faculty who will assume both educational and supervisory responsibilities for trainees; (c) specify the faculty's responsibilities for teaching, supervision and formal evaluation of trainees; (d) state the policies and procedures that govern the trainee's education while assigned off-site; and (e) specify the period of assignment of the trainee, the financial arrangements, and the details for insurance and benefits;
- submit any additions or deletions of participating sites routinely providing an educational experience, required for all trainees, of one month full time equivalent or more through the ACGME Accreditation Data System (WebADS); and
- review and revise inter-institutional agreements at least every three (3) years.

3. With regard to the educational aspects of the Program, the Program Director must:

- develop overall program goals and objectives for the educational and clinical experiences by year and level of experience;
- develop, periodically review and revise the educational curriculum as defined by the ACGME Program Requirements for the specialty;
- ensure that each trainee develops a personal program of learning to foster continued professional growth;
- develop and utilize dependable measures to assess the competence of trainees in the general competencies of patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and system-based practice;
- develop and utilize dependable measures to assess the competence of trainees in other areas as defined by specialty requirements;
- ensure that trainees receive appropriate and timely feedback regarding their performance at least twice a year;
- implement a process that links educational outcomes with program improvement;
- facilitate the participation of trainees in the educational and scholarly activities of the Program;
- ensure that trainees receive appropriate training to teach and supervise other trainees and students and that they assume these teaching and supervisory responsibilities;
- assist trainees in obtaining appointment to appropriate institutional and departmental committee and councils whose actions affect their education and/or patient care;
- ensure that trainees have the opportunity to, at least annually, evaluate Faculty and their educational experiences in writing and in a confidential process;
- ensure that trainee's evaluations of the Faculty and of the Program are used to improve the Program's educational effectiveness via an annual review of program effectiveness;
- ensure that trainees participate in an educational program regarding physician impairment, including substance abuse, on an annual basis;
- ensure that trainees and Faculty participate in an educational program concerning fatigue recognition and management on an annual basis; and,
- ensure that trainees can attend educational activities required by the Program.

4. With respect to the ACGME, the Program Director must:

- prepare documentation of Internal Review materials as required by the Graduate Medical Education Committee's Internal Review Protocol;
- respond promptly to completing and submitting the Program Information Form (PIF) to the GMEC for review prior to an Residency Review Committee (RRC) site visit;
- respond promptly to RRC requests for information, etc.;
- develop an action plan to correct areas of noncompliance as identified, respectively, by an Internal Review or RRC letter of notification; and,
- ensure that all Program Information Forms or correspondence or documentation submitted to the ACGME that address program citations or requests in changes in the program that would have significant impact on the Program or Paul L. Foster School of Medicine are submitted for review by the GMEC and signature of the Designated Institutional Official.

5. With respect to the PLF-SOM's oversight of graduate medical education programs, the Program Director must:

- represent the Program as a member of the Graduate Medical Education Committee and serve on *ad hoc* subcommittees and internal review panels as requested;
- comply with PLF-SOM institutional and departmental policies;
- comply with ACGME institutional, common and program-specific requirements;
- respond promptly to requests for information, documentation, etc., from the Office of Graduate Medical Education and/or the Graduate Medical Education Committee; and,
- report monthly, as appropriate, the presence of other learners, i.e., non-PLF-SOM trainees, in the program to the Office of Graduate Medical Education.