

## Expectations of and for the Med-Peds Residency Program Director

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The following is a document that I adapted from Lou Pangaro's "Expectations of and for the Medicine Clerkship Director"<sup>1</sup> that I hope will serve as a guideline for defining the essential competencies, products, and resources for Med-Peds Program Directors. I have also incorporated and highlighted statements from the ACGME Program Requirements for Med-Peds<sup>2</sup>. This document will hopefully serve as a useful resource for both new and experienced Med-Peds program directors as you seek to advocate for your own careers and for the educational benefit of your residents.

### COMPETENCIES

#### *Essential Competencies*

The Med-Peds program director *must* be:

1. Able to demonstrate ability as a clinician, medical educator and administrator, and have an understanding of and commitment to, internal medicine and pediatrics education.(IV.B. Core)<sup>2</sup>
2. Certified by the American Board of Internal Medicine and the American Board of Pediatrics or possess qualifications that are judged to be acceptable by the Review Committees.(IV.D.1. Core) <sup>2</sup>
3. Responsible for ensuring the program's compliance with all pertinent requirements, and is responsible for all communication with the specialty boards, the ACGME, and the respective Residency Review Committees. (IV.D. Core) <sup>2</sup>
4. Able to manage the Med-Peds program with appropriate administrative skills, including scheduling of residents and preceptors.
5. Able to translate specific curricular goals of the parent programs into the combined training program.
6. Able to achieve a credible, consistent, and fair process of summative evaluation for residents that will meet accreditation standards.
7. Able to achieve and demonstrate consistency in curriculum and evaluation across multiple ward rotation sites.
8. Skilled in giving feedback to individual residents.
9. Able to develop and implement remediation for residents who do not successfully complete specific rotations within the curriculum.
10. Skilled in career counseling and have knowledge of career options in Internal medicine and Pediatrics.

#### *Desirable Competencies*

The Med-Peds program director *should* have:

1. Knowledge of curricular goals for residents in both (internal medicine and pediatric) parent programs.

2. Skills in defining interdepartmental goals and negotiating with both categorical program directors and chairmen.
3. The authority to represent the program to a resident promotion or Graduate Medical Education standards committee.
4. Interpersonal and leadership skills that earn the trust of students, residents, and other faculty.
5. Professional skills to give feedback to teachers.
6. The ability to advise the chairs on program goals and outcomes.
7. Skills in strategic planning and be able to anticipate changes in resources and societal needs.

## PRODUCTIVITY

### *Essential Products*

The Med-Peds program director *must* prepare:

1. Biannual evaluations with narratives for each resident, including citation of goals achieved strengths, and areas for continued work.
2. Documentation of progression of Med-Peds residents along to the professional Milestones in both Internal Medicine and Pediatrics once yearly.
3. Documentation of meetings for educational activities with internal medicine-pediatrics residents. This must occur at least monthly, such as jointly sponsored journal clubs, clinic conferences, occasional combined grand rounds, conferences on medical ethics, program administration, and research. (IV.H.1.Detail) <sup>2</sup>
4. Documentation ensuring that residents in the combined program have schedules that comply with the ACGME duty hours standards, and for carefully monitoring the potential for excessive duty hours that may occur during the transition between assignments. (IV.I. Core) <sup>2</sup>
5. Reports on the adequacy of patient load for each rotation and clinical site.
6. Annual report to categorical program directors and chairs on matched applicants and program graduates.
7. A summary of residents with academic difficulty to categorical program directors.
8. Agendas for Quarterly Med-Peds Leadership Meetings which require the attendance of the categorical pediatric and internal medicine program directors.
9. Letters of recommendation for residents applying for fellowship programs and private practice.

### *Desirable Products*

The Med-Peds program director *should* prepare:

1. Recommendations for changes in residency curriculum or teaching methods based on resource availability and/or current trends in education.

## RESOURCES

### *Essential Resources*

The Med-Peds program director *must* have:

1. Adequate salary support from the sponsoring institution for the administrative activities of the combined training program. The program director must not be required to generate clinical or other income to provide this administrative support. (IV.A.1. Core) <sup>2</sup>
2. Sufficient authority and resources to enact any changes required to the combined program. (IV.C. Core) <sup>2</sup>
3. Collaboration and coordination of curriculum and rotations with the related core programs (IV.F. Core) <sup>2</sup>
4. Appropriate coordination of the combined program, including integration of the training and supervision in each discipline. The program directors of the core programs and the program director of the combined program must hold at least quarterly meetings that involve consultation with faculty and residents from both departments. (IV.G. Detail) <sup>2</sup>
5. A program administrator assigned to the Med-Peds residency.
6. Cooperation and communication from both internal medicine and pediatric categorical residency program administrators.
7. Sufficient time for interviewing and recruiting of residency program applicants.
8. Sufficient time for evaluation of residents and discussion of evaluations.
9. Sufficient time for feedback to residents at least twice yearly.
10. Sufficient time to develop combined ambulatory sites.
11. Sufficient time to participate in Clinical Competency Committee meetings involving the assessment of Med-Peds resident performance.
12. Sufficient time for counseling residents about career choice and writing letters of recommendation.
13. Additional time and clerical support for additional duties under his or her direction such as resident workshops, scholarly project mentoring, Med-Peds resident conference, transitional care programs, etc.
14. Membership dues for relevant professional organizations.

### *Desirable Resources*

The Med-Peds program director *should* have:

1. Resources commensurate with the tasks to be performed. It is suggested that this support be 25-50% of the program director's salary, depending on the size of the program. (IV.A.1.a. Detail) <sup>2</sup>
2. Sufficient time protected for program administration— completion of ACGME, ABP and ABIM forms, meeting with Med-Peds chief resident, attendance of relevant categorical program director administrative meetings.
3. Access and time for departmental residency educational committee meeting attendance.
4. Sufficient time available to participate in committee work that will lead to personal professional development.

## INCENTIVES AND CAREER DEVELOPMENT

### *Essential Career Development*

1. There should be recognition of the Med-Peds program director's role as productivity and a qualification for promotion. There should be an explicit statement of how this productivity will contribute.

### *Desirable Career Development*

1. The chair and division or section chiefs should mentor the Med-Peds program director for greater departmental responsibility and authority.
2. The Med-Peds program director should participate actively in national meetings through giving workshops, presenting abstracts, and leading committee efforts.
3. The Med-Peds program director should be given time and funding for annual attendance at the national meeting of the Med-Peds Program Director's Association (MPPDA). Membership dues for APDIM (MPPDA's sponsoring program) should be included in the Med-Peds budget.
4. The Med-Peds program director should be given time and funding for continuing medical education such as attendance at the national APDIM, APPD, ACP, PAS, or SGIM meetings to maintain clinical and academic credibility.

### References:

1. Pangaro L. Expectations of and for the Medicine Clerkship Director. *The American Journal of Medicine*. 1998;105; 363-365.
2. ACGME Program Requirements for Graduate Medical Education in Internal Medicine and Pediatrics (Focused Revision: Sept 30, 2012; Effective July 1, 2013)