One of the key individuals in any residency program is the program administrator. If a chief resident is fortunate enough to work with an experienced program administrator, that individual will be a great resource and will be able to provide valuable historical perspective on how policies and procedures have evolved in the chief resident’s program. If a chief resident’s program administrator is new to the position, the resident should make every effort to assist and educate the new administrator about residency training. Regardless of the program administrator’s tenure, a chief resident will want to establish a healthy working partnership throughout the chief residency year. The chief resident and program administrator need to work together and learn from one another. Undoubtedly, each will bring valuable perspective to the decision-making process.

With each new academic year, program administrators look forward to working with new chief residents because they often bring fresh ideas to the program. Many program administrators rank working with chief residents at the top of their list of reasons for continuing to work so tirelessly on behalf of their residency programs. If a chief resident treats a program administrator with respect, he or she will be among the chief resident’s greatest allies.

A number of administrative challenges affect both the chief resident and program administrator and these areas are where effective collaboration between the chief resident and program administrator are particularly important.

**ACCREDITATION**

If a program is expecting a Review Committee for Internal Medicine site visit, the chief resident will want to work in close partnership with the program administrator to prepare the necessary statistical data and documentation to justify compliance. Often, chief residents find that their program administrators have been through the process in the past and can offer helpful suggestions for making the current process a smooth one. Program directors and administrators rely on chief residents to assist them in maintaining accreditation, a vital component of medical education.

**RECRUITMENT**

Chief residents are well aware of the importance of a successful recruiting season. In most programs, the program administrator works with the program director to establish various recruitment policies. Chief residents may be asked to assist the program administrator in writing, editing, and revising websites as well as other forms of communication to ensure the information is accurate, up-to-date, and “marketable.”

It is important that the chief resident and program administrator are in close contact on days when candidates are interviewing for the program. Chief residents often assist their program administrator with the logistical operations of interview days, such as applicant tours, to ensure that interview days run smoothly. Chief residents are also well positioned to help program administrators identify and adjust any aspect of the recruitment process that may need improvement.

**ORIENTATION**

A well-planned and organized orientation week is essential to the success of any residency program. When the program administrator and chief resident work in harmony on this important task, a positive outcome is more likely. Program administrators can advise chief residents in setting the educational tone for the academic year. It is also the chief resident’s first
opportunity to be the residents’ advocate. The program administrator can assist with the many logistics involved with orientation. It is wise for a chief resident to meet with his or her program administrator early in the second quarter of the calendar year to learn how orientation has been conducted in previous years and to determine what things might be added, deleted, or modified, depending on the changing needs of the program.

POLICY AND PROCEDURE MANUAL

Most programs have a policy and procedure manual that is revised and updated annually. This manual is likely to include a host of topics, such as inpatient and outpatient guidelines, ordering and prescribing guidelines, a description of the evaluation process, and scholarly activity expectations and absence policy, among others. Three months prior to starting the position, incoming chief residents should review and update the information in his or her program’s manual, which will serve as a good policy review and a reminder of why certain rotation policies are in place. The program administrator will ensure that the information in the manual is available during orientation week, but will count on the chief resident to edit and alter any policy changes that affect the hospital and clinic settings. It is advisable not to underestimate the amount of time it takes to update the program’s policy and procedure manual. Unless a program has made virtually no changes to its organizational structure, teaching experiences, and curriculum over the past 12 months, considerable effort is generally required on the part of the chief resident to appropriately update the manual.

CONFERENCES

Teaching is the most rewarding element of a chief resident’s job. The chief resident has multiple teaching opportunities, such as morning report, morbidity and mortality conferences, journal club, and ambulatory conferences. It is important that adequate space and equipment (and food) are available at the time and date a chief resident requires them. A chief resident should not hesitate to delegate the logistics surrounding these educational activities to his or her program administrator, which should allow the chief resident time to concentrate efforts on teaching, leading, participating, and advocating for the program’s residents.

RESIDENT SCHEDULES

Altering and adjusting resident schedules are ongoing tasks. Once the first schedule is finalized, the

planned and unplanned events of residents begin. The chief resident is often the point of contact for most residents’ inquiries into a schedule conflict or potential need for change. These events almost always have an impact on others in the program. A chief resident who treats individuals as fairly as possible earns the trust, respect, and support of the program’s residents as well as his or her program administrator; any appearance of favoritism can undermine the chief’s authority.

When tough, unpopular decisions need to be made and communicated, a program administrator often can offer helpful insight. A chief resident should seek the administrator’s advice, and perhaps the advice of the program director, prior to making final scheduling decisions. It is important to keep in mind that schedules are constantly evolving, so the need for flexibility and patience is crucial.

When changes are made, the chief resident should communicate these changes in writing to the program administrator, rather than relying on verbal communication. Putting changes in writing eliminates misunderstandings and unnecessary work later. Prior to assuming the role, the chief resident should schedule some time with his or her program administrator to learn the program’s scheduling process. The chief resident should find that the program administrator is pleased to explain the process and is also open to ideas that might improve the process in the future. Observing the outgoing chief resident’s decision-making process during scheduling/absence meetings is also extremely helpful.

BUDGET AND FINANCES

A chief resident should be able to count on the program administrator to assist with budgetary considerations. According to past surveys by the Association of Program Directors in Internal Medicine (APDIM), a large number of program administrators oversee the budget for their residency programs (1). Program administrators are able to address the chief resident’s financial concerns because he or she is expected to manage the program within the budgetary restraints assigned to it by the department or institution. The chief resident should be sure to consult the program administrator if he or she has equipment needs or other fiscal requests. The administrator can help the chief resident understand the constraints of the budget as well as aid in ordering the supplies and equipment needed.
DAY-TO-DAY OPERATIONS

The topics mentioned in this chapter are only a small representation of the multiple tasks faced by chief residents and program administrators over a 12-month period. When questions about the program arise, the chief resident should consider the program administrator a valuable resource for answers or suggestions. For a more complete listing of program administrator duties, please review “Job Description of the Internal Medicine Residency Program Administrator” in APDIM’s The Toolkit Series: A Textbook for Internal Medicine Education Programs (2).

FINAL WORDS OF ENCOURAGEMENT

Program administrators understand that the role of chief resident is a challenging and demanding job. They admire chief residents for assuming this responsibility and trust that they will reach their potential, following in the paths of their respected teachers and mentors. Chief residents should take advantage of the myriad of opportunities available to them. The chief resident year will likely be one of the most valuable years in a physician’s career. The program administrator is honored to be a partner with the chief resident in this most noble of positions.

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REFERENCES
