



AAIM Testimony to ACGME Congress on Common and specialty-specific Program Requirements relating to duties, functions, dedicated time, and support for program directors, assistant/associate program directors, program coordinators, and core faculty members

November 16, 2020

On behalf of the Alliance for Academic Internal Medicine (AAIM), we appreciate the opportunity to present our testimony today to the Accreditation Council for Graduate Medical Education (ACGME) Board Task Force. My name is Dr. Susan Lane, and I am President-elect of APDIM. I am joined by ASP Councilor Dr. Steven Barczi, and the APDIM PAAC Past Chair Ms. Bethany Millar.

AAIM empowers academic internal medicine professionals and enhances health care through professional development, research, and advocacy. Through AIM, APDIM, APM, ASP, and CDIM, the Alliance includes more than 11,000 faculty and staff in departments of internal medicine at medical schools and teaching hospitals, representing the entire continuum of medical education from medical student to practicing physician.

The ACGME Clinical Learning Environment Review (CLER) framework, which has been transformational in the relationship between Graduate Medical Education (GME) and sponsoring institutions, is predicated on the foundational aspect of **education**. The critical role of GME in our nation's hospitals in the safe delivery of care, outcomes-based research and innovation, specialized services for complex illness, safety net care, and medical student education cannot be overstated. ACGME's oversight and accreditation requirements are essential for promoting the educational mission of our training programs and we are grateful for this guidance and support.

In our recommendations we advise that program directors, particularly those who oversee larger programs (>70 residents), should not be expected to spend an inordinate amount of time dedicated to program administration. Rather, program directors should spend the majority of their time **with residents** supervising clinical care, teaching, overseeing quality improvement projects, and engaging with trainees in interprofessional and scholarly activities. We suggest that 0.5 full-time equivalent (FTE) for larger programs would be appropriate provided there is sufficient administrative support, whereas a minimum commitment of 0.25 FTE would be sufficient for smaller fellowship programs (provided sufficient administrative support).

The duties of core faculty are essential to the goal of competency based medical education as they serve on the front lines as supervising clinicians, educators, coaches, evaluators, and role models. Core faculty require dedicated protected time **beyond** their clinical time with trainees to devote to the essential activities enumerated in the program requirements including, but not limited to, Clinical Competency Committee membership, recruitment and selection of trainees, mentorship, remediation, curriculum development, wellbeing, and new curricula to address structural racism and health disparities. Quantifying the non-clinical effort of core faculty ensures that program directors have adequate faculty support for these required educational activities. In addition to the number of core faculty required based on the number of approved resident positions, we recommend detailing a minimum aggregate FTE salary support for core faculty, (also based on number of approved resident positions).

Increased accreditation standards cause increased administrative workload for program directors and coordinators. AAIM developed and submitted recommendations for a minimum standard FTE for program coordinators to the ACGME Review Committee for Internal Medicine. The recommendations acknowledge the increasingly complex and expansive programmatic, accreditation, and non-physician-essential tasks that are increasingly performed by program coordinators.

We appreciate that the ACGME has incorporated these recommendations into the proposed program requirements. The concept of a “super-coordinator” for fellowship programs has been raised during this Congress. While the concept seems logical and potentially economical, some caution is advised. GME is cyclical by nature, with work-intensive activities such as credentialing and onboarding, recruitment, the ACGME Accreditation Data System (ADS) data collection and entry, and Supplemental Offer and Acceptance Program (SOAP) occurring with regularity. We suggest quantifying the administrative time required for the educational enterprise of GME within a division or department and setting a minimum aggregate administrative FTE based on the number and size of programs. Divisions and departments would have the flexibility to distribute the administrative tasks among staff so as not to overload individuals during times of peak GME activity.

Our neurology colleagues testified that the program directors underestimated the effort and time required to conduct their administrative duties and recommended a time analysis study. AAIM had considered such a study as well, however the costs were prohibitive. Enumerating all of the administrative tasks and quantifying the amount of time it takes to do them will better inform the allocation of time and resources. The APDIM program administrators are currently working on a manuscript detailing the current scope of their job, including tasks and requisite skills.

We believe that there are opportunities for efficiencies of work for many of the current administrative tasks. I will highlight several of our recommendations:

- A. Streamline data integration and facilitate integration among databases. For example:
 - a. Allow multiple users access to ADS so that program directors can assign specific areas to content experts.
 - b. Reconfigure ADS to allow faculty and residents to upload their scholarly activity directly, and link external databases such as Google Scholar and PubMed.
 - c. Automate email messages to faculty and residents within ADS for scholarly activity documentation.
- B. Standardization of reporting documentation including an electronic Program Evaluation Committee (PEC) document with functionality to import data directly into ADS and into a database for the Self-Study.
- C. Integration of milestones reporting with trusted residency management systems to eliminate unnecessary redundancy and minimize transcription error.

Tasks involved in directing a training program are both algorithmic and heuristic. While algorithmic tasks can be streamlined and automated by recommendations such as those mentioned, many of the tasks are heuristic and involve problem-solving, creativity and conceptual understanding. COVID-19 is a prime example – programs had to quickly adapt to the dramatically altered educational infrastructure, develop alternate scheduling systems to match the physical and emotional intensity of the clinical work, and communicate constantly evolving information and emotional support in a timely and empathic manner.

While the pandemic and societal imperatives have taken an emotional toll on health care providers, we have found moments of profound clarity of purpose and gratitude for the work we have been entrusted to do. Self-determination theory argues that we have three innate psychological needs – competence, autonomy, and relatedness; a threat to any is a threat to wellbeing. The data on physician burnout is well-described. Data from the 2010 APDIM Annual Survey of Program Directors reveals that approximately 30% of internal medicine program directors met criteria for burnout and nearly half had considered resigning in the preceding year. Less than half of residency program directors in 2012 were program directors in 2016.

Prior studies of internal medicine program director turnover revealed associated variables including lower satisfaction with relationships, a high percentage of administrative work time, and lack of formal training to deal with problem situations. A follow-up study revealed that the number of support personnel and reduced clinical service time were **positively** associated with job satisfaction. Studies from other disciplines found similar themes including the negative impact of administrative tasks and the tension between balancing work responsibilities and personal life.

Over one-quarter of Program Coordinators meet the screening criteria for burnout and almost half reported to have considered resigning from their positions in the past year. An analysis of data from the 2018 and 2019 APDIM (Residency and Fellowship) Program Administration Annual Surveys demonstrate a statistical association between burnout and consideration of resignation from the position in the past year. The data demonstrate an association between burnout and having less FTE support, experiencing a program size increase, and working overtime.

Setting realistic minimum standards for administrative time, with the flexibility to adapt to the local environment fosters *autonomy*. Defining the skills and training necessary to perform essential tasks of successful program directorship and coordination fosters *competence and mastery*. Recognizing the importance of collaboration and teamwork fosters *relatedness and purpose*. Each of these contributes to wellbeing.

A subgroup of the APDIM Council has collected data from long-term program directors to identify parameters that have contributed to their tenure. We believe this information will identify essential ingredients that contribute to program director stability and wellbeing.

We appreciate the genuine interest the ACGME consistently demonstrates toward internal medicine GME programs. We hope that we have meaningfully contributed to this conversation and we extend our promise to serve as a resource to you as we all work together to improve GME and healthcare for all.