

## You're the New Program Director - Now What???

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ACR Program Directors' Retreat  
March 9, 2007

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Please list three answers to each question:

- What words best DESCRIBE the role of Program Director?
- What aspects do you LIKE MOST about being a Program Director?
- What do you DISLIKE most about being a Program Director?
- What do you find MOST CONFUSING about being a Program Director?

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## The Three "E's"

" The broad concept of teaching includes three basic actions: setting expectations, providing experiences and evaluating outcomes."

Stern, David T and M Papdakis, "The developing Physician-Becoming a Professional." N Engl J Med 2006; 355: 1794-9.

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## Role of Program Director

- Educator, advocate, coach, communicator, parent, confidante, role model
- Trouble-shooter, crisis manager
- Evaluator, documenter
- Visionary, Leader
- Interviewer, ERAS expert
- Curriculum Developer
- Clinical Teacher
- Research coordinator

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## What is great about being a PD?

- Clinical teaching, mentoring
- Research mentoring
- Relationship with fellows
- Opportunity to impact young physicians
- Creative curricular and program development
- Opportunity to be Departmental and Institutional leader
- Relationships with colleagues, interdisciplinary collaboration

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## Things that PD's Dislike:

- Paperwork, documentation
- Institutional rules, RRC visits, Internal reviews
- Duty hours, documentation
- Evaluations
- Lack of sufficient protected time
- Giving difficult feedback to trainees and colleagues
- Unpredictable demands on your time
- Undervaluing of teaching effort in RVU-driven systems

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## Confusing things about being PD

- Alphabet soup: ACGME, RRC, ERAS, ABIM, NRMP, AAMC (see handout)
- Competencies
- Accreditation, Accreditation and Certification
- ERAS rules
- Visas
- Notification Requirements
- Documentation requirements

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## Strategies to Optimize the Positives of Your PD Role

- Curriculum Development
- RRC Visit Preparation
- Articulating the Competencies , how you are teaching to them and evaluating them
- Expectations must relate to trainee level and must relate to measurable outcomes
- Customizing ACR Curriculum for your program

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## Strategies: Documentation

- Fellows: patient and procedure lists, evaluations, 360<sup>o</sup> Evaluations, Staff Portfolios
- Trainee evaluation of staff
- Feedback analysis leading to TAFI's ("target areas for improvement")
- Document verbal feedback

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## Strategies: Don't re-invent the wheel !

- Explore institutional resources to expand curriculum, evaluate fellows, duty hour documentation, competency proficiencies
- Institutional support
- Interdisciplinary teaching, conferences –(communicate their contributions to their chairs!)
- Orientation PASSPORT
- Physical diagnosis resources
- Find experienced mentors at your institution AND HERE at PD retreat!

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## Educational Retreat

- Background
- Planning is key: Get away!
- Agenda : everyone's opinion is valuable
- Identify Departmental Strengths
- Frank discussion of challenges
- All challenges need creative discussion

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## Educational Retreat Outcomes

- All challenges need action steps: solutions, plans for further evaluation, programs, committees
- All prioritized action steps need staff assigned, plans for updates with deadlines
- Include fellows in the plans for solutions
- Progress updates to all stakeholders
- Seek ongoing feedback: Review, evaluate what's working and what's not
- Collaborative efforts maximize positive results
- Follow-up Retreats

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## PD as Communicator

- Open Door: Informal communication with fellows and staff may yield info about problems as well as potential solutions
- Fellow evaluations
- Fellow meetings
- Staff Meetings
- "Critical conversations"
- Feedback to those who support you

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## You are the future!

- You are the key to the future of our field
- Program administrator is essential
- Find your Mentors – some of the most valuable are HERE!
- ENJOY!!
- ACADEMIC WORKFORCE STUDY !!!!! We will need your input !

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