

Down to Basics: 26 Things Every New (or Old) Rheumatology Program Director Should Know

Your first responsibility is to be the chief advocate for the fellow's educational experience. The men and women who have entered your program implicitly trust you to have their best interest at heart. Rheumatology divisions are made up of faculty who have greater and lesser degrees of interest in training fellows. Your interest must be the greatest. You must defend their right to be educated against the encroachment of competing interests. When in doubt ask yourself: if this were my son or daughter what would I want the Training Program Director to do?

You are a member of a small and shrinking group of faculty administrators. There are now 108 accredited adult Rheumatology training programs in the United States, less than the total number of U.S. medical schools and down from 120 just ten years ago. Accredited pediatric programs number just 25. You have joined 133 other people in an enterprise that will secure the future of rheumatic disease care for a country of nearly 300,000,000 people. That occurs at a moment in U.S. history when the population with rheumatic disease is expanding at a pace greater than the population at large.

You have met an ACGME national standard to be in your role. While sometimes humbly reflecting on the fact that you are doing this because nobody else in the division will, be assured the club is not open to just anybody. ACGME standards require the following qualifications to be a training program director:

1. There must be a single program director responsible for the program who is an institutionally based appointee; i.e. his or her home office must be at the primary training site.
2. Have at least five years of participation as an active faculty member in an accredited subspecialty program.
3. Be subspecialty certified by the ABIM or present equivalent credentials acceptable to the RRC.

You must meet an ACGME national standard to continue in your role. We all know protected time for administrative duties is a fantasy. Contemporary academic medicine insists on a level of productivity that compels us to keep a frantic pace of activity. Whether growing patient volume or grant dollars it is easy to neglect the field of training or teaching in general. Yet the ACGME has set a level of expectation for program directors that includes:

1. Must devote an average of at least 20 hours per week throughout the year to the training program.
2. Must be primarily responsible for the organization, implementation, and supervision of all aspects of the training program, including the selection and

supervision of the faculty members and other program personnel at each institution participating in the program.

3. The program director must participate in academic societies and in educational programs designed to enhance his or her educational and administrative skills.

Teaching is undervalued at academic institutions; your major responsibility is teaching. Publications and grants get you promoted; teaching does not. It is a universal reality in U.S. medical schools and a continuing challenge to those who strive to improve the quality of medical education. Yet as Training Program Director you must have a skill for teaching and a passion to do it. You must because you are primarily responsible for the fellows' education. You are also in charge of recruitment. The same skill set that makes for good teaching (enthusiasm, clarity, empathy, kindness, among others) makes for a good recruiter. You need to make the literature and experience of teaching part of your daily diet.

The accreditation status of your program is linked to the status of your internal medicine program and cycles with it. You cannot have an accredited training program in Rheumatology unless you are linked to an accredited internal medicine training program. The RRC reviews the fellowship programs in conjunction with the review of the core internal medicine program. Interact regularly with the Internal Medicine Training Program Director at your institution. He/she has oversight responsibilities for the fellowship programs according to RRC regulations. The core program director can be an enormous help at the time of the site visit. Become familiar with what has caught the attention of the RRC with regard to the core program at the last RRC site visit.

Knowing a good contact person in the Graduate Medical Education office will make your life a lot easier. The Graduate Medical Education Office of the Medical School oversees all graduate medical education. It is often the domain of an Associate Dean for Graduate Medical Education. Often there is one key administrator who has lived through the last three or four Associate Deans and is as savvy as a master sergeant. This is the office residents and fellows go to when they have questions about their paycheck, sick leave, maternity leave or other benefits. This is the office that handles serious disciplinary actions or dismissals of a fellow from the program. This office interfaces with the ECFMG and knows the ins and outs of the visa business. Get to know the key person in your GME office.

The Green Book is your Bible. The Graduate Medical Education Directory or the Green Book is a joint project of the AMA and the ACGME. It represents a complete listing of all accredited postgraduate training programs in the United States. It is updated yearly. You must provide information yearly in order to keep your program's profile current. The Green Book also contains the current training requirements for both internal medicine and rheumatology. Want to know what the RRC will be looking for when they visit your program? Open the Green Book! Want to get a copy of the Green Book? Call: 1-800-621-8335

Program requirements are also available at the ACGME website: www.acgme.org which is the most up to date source.

Licensure, Accreditation and Certification: Separate but Equal in Importance.

Trainees must have a valid state license to train in an accredited program. The granting of licensure is a function of the state government which relies on National Board of Medical Examiners to administer the USMLE. To be Board Certified trainees must have completed training in an accredited training program. The Accreditation Council for Graduate Medical Education (ACGME) accredits training programs and administers this responsibility through a committee system known as the Residency Review Committee(s) (RRC). Board Certification is a function of the American Board of the Internal Medicine. As Rheumatology Training Program Director, you play a key role in the process of certification and accreditation. You have nothing to do with licensure. Refer these issues to the GME office.

ACGME, ABIM, and the RRC: The alphabet soup of the Training Program Director.

The make up and responsibilities of the ACGME, ABIM and RRC are different and should be familiar to you.

Men are from Mars, Women are from Venus. A Significant part of the Training Program Director's job can be described as "relationship management". Fellow-fellow, fellow-resident, fellow-faculty relations are at their best mutually enriching, and at their worst they can be volatile and disruptive. These inevitable "personality conflicts" at times arise from a failure to appreciate differences of communication styles that separate men from women and one personality type from another. Popular literature is replete with information on these topics. Become an expert.

You are not responsible for the happiness of your fellows. It is tough when you have an unhappy fellow. It's easy to take it personally. Sometimes that may be the right way to take it. Usually it's not, or at least you are not the person. Day to day our fellows are being delivered good and bad news on lots of fronts, both personal and professional. They are young and it is often hard for them to see life with the same sense of resolution and perspective that age brings. Don't get on their emotional roller coaster. Listen. Listen. Listen. Remember the dark days that clouded your fellowship. Today you can laugh about them; then you wanted to cry.

A J-I ain't an H-I. Rheumatology like many other internal medicine subspecialties attracts international medical graduates. Specialties that are less popular with American graduates provide an opportunity to extend training in the United States. The immigration status of the IMG must be verified and here the GME office can be of great assistance.

Most IMGs are on a J-I visa, which is a training visa that lasts up to seven years. These visas are administrated through the ECFMG. At the end of that time period the trainee must return to his or her homeland unless granted a waiver or Green

Card. This requires a sponsor, usually in an underserved area in the U.S. and some complex dealings with the Immigration and Naturalization Service (INS).

An H-IB visa is a work visa. If the applicant applies to your program on an H-I you become the sponsor. It requires negotiating with the INS rather than the ECFMG. Because of the expense and complexity of this process your GME office may not wish to handle such an applicant.

Alert your GME office as soon as possible after accepting anyone on an H-IB or a J-I so they can begin the appropriate background check.

Giving honest feedback is hard stuff; you are the fellows' chief feedback giver.

A major responsibility of the Training Program Director is to give, get and act upon the feedback of fellows and faculty. It is a crucial process for continuous program improvement. It's not an easy process. We are all familiar with grade inflation and sanitized evaluations that poorly reflect the real picture of the fellow, faculty or program status. It is endemic to American education at all levels. Most people don't want to hurt another person's feelings or damage their "self-esteem". Become familiar with the many resources directed at this issue. Remember, ten years from now your replacement will have only these evaluations when asked by a hospital or agency to attest to the former fellow's capabilities. The fellow you train today may be treating one of your family members in the future.

There are certain web sites you should visit.

For the Training Program Director, the web offers a rich source of information. Take some time to visit the following important sites:

1. ACR site: www.rheumatology.org
2. ACGME site: www.ACGME.org
3. ASP (Association of Specialty Professors): www.IM.org/ASP
4. ABIM: www.ABIM.org

Instilling Professionalism in your fellows is a big part of your job. The process of professionalization has been given greater attention in recent years. It is at least in part a response to the pervasive presence of industry in medicine and the pressures of managed care. Giving fellows guidance in this process is one of your responsibilities. Get familiar with the issues and literature surrounding this important issue.

If you are new in your position you need to write to the ACGME and notify them. Immediately inform the ACGME office of your appointment and send a copy of your C.V.

The letter should be addressed to:

William E. Rodak, Ph.D.
Executive Director, Residency Review Committee for Internal Medicine

ACGME
515 N. State Street, Ste. 2000
Chicago, IL 60610

The ACR gives input to the ACGME/RRC on training requirements that are updated every five years. The ACGME seeks the input of the ACR in establishing training requirements. It is important that you stay actively engaged in the process of shaping these requirements. When the ACR asks for input give it!

The RRC requires “substantial compliance,” not perfect compliance, with the training standards. No program can hit a home run with every pitch. The RRC knows that. If you have a concern about a particular training requirement, call the ACGME office. Ask for Ms. Felicia Davis (312-755-7445, fdavis@acgme.org), or Ms. Sharon Walker (312-755-5786, sdw@acgme.org). Both are senior accreditation administrators with the ACGME.

You should read the letter from the RRC summarizing the last review of your program. On day 1 as Training Program Director, obtain a copy of your most recent ACGME accreditation letter. Note any comments or citations for corrections and any requests for progress reports, and the date of your next survey. If there is anything in the letter you don't understand, e-mail the Executive Director of the RRC, Dr. William Rodak (wer@acgme.org). Also, review the results of your last internal review, which is conducted at mid-cycle. Problems identified at an RRC site visit have usually been previously cited by the institution's internal review committee.

Accreditation indicates your program has the capacity to provide for a quality education. It does not mean you do provide it. It is for this reason among others that the ACGME has become interested in outcome measurements for training programs. These measurements have been phased into the accreditation process. The ACR is currently taking a leadership role in this area and has worked closely with the ACGME in the process. In April 2004 the ACR Committee on Training and Workforce Issues' Outcomes Subcommittee distributed the first edition of Teaching and Assessing the General Competencies: A Toolkit for Rheumatology Training Program Directors.

The accreditation process helps us to maintain a covenant with the American people built on trust. Prior to the Flexner report the practice of medicine in the United States was at best uneven and at worst very risky. While the risk and unevenness of care has not been completely eliminated we have taken great strides forward. The ACR and the Arthritis Foundation agree on one critical message to patients with arthritis: “If you think you have arthritis, you should see a rheumatologist.” The extent of our confidence in that message is secured at the foundation by our training programs. Board certification is a stamp of quality that begins with a fully accredited training program. It provides a mechanism that helps keep patients out of harms way. The accreditation process is arduous and at times

uncomfortable. Nonetheless it touches upon our responsibility to place the interest of the patient ahead of that of the practitioner. That after all is what professionalism is all about.

Fellow files are crucial now and forever. As Training Program Director you will be asked to sign off on forms that request information about fellows you have never met. You will rely on the records of your predecessor. Be kind to your successors. Keep the fellow files complete and accessible.

Look out for your Program Administrator. Rheumatology training programs vary considerably in size and focus. Nonetheless at every program there should be an administrative assistant who has a special responsibility to the fellowship. This individual may be known as the program “administrator” or “coordinator”. Ideally this individual will develop a sense of ownership and pride in the program. Such individuals are crucial to the process of recruiting, evaluating, and capturing the history of each of the trainees. Provide this person with opportunities for professional growth. Invite her/him to the ACR training directors’ retreat!

There is no money or glory to being the training program director but you are the architect of rheumatology’s future. You have joined a tradition that includes the Training Program Director who is responsible for your presence here. Some of the fellows we are currently nurturing must hear the calling to be responsible for properly handing down the best traditions of this subspecialty. Our actions will largely determine whether that challenge is met.

There is more to a fellow’s life (and yours) than career. I am old enough to be occasionally irritated by house staff concerns about ‘life style issues.’ Like many other Training Program Directors I trained during a period when an intensive, physically demanding training experience was a rite of passage to a noble profession. Trading war stories about our training is part of our cultural heritage. Could we be on a slippery slope to producing less qualified physicians? Perhaps, so training outcomes surely need to be our concern. Yet pundits insist balance in one’s life in fact enhances creativity and productivity. Maybe this generation of trainees has it more right than we did. Each of us needs to occasionally remind ourselves of an old adage (anonymously authored to my knowledge): No one lay on their deathbed with the lingering regret: “I wish I had spent more time at work.”

Checklist for New Rheumatology Program Directors

A. Items to have and review:

1. A current copy of the Green Book (Graduate Medical Education Directory).
2. Copy of letter summarizing last site visit.
3. Set of current evaluation forms used to document fellow performance and procedures.
4. The file of fellow feedback about the program for the last three years.
5. Copy of "The Accreditation Process" by William E. Rodak, PhD.
6. Copy of the summary of the last internal review.
7. A Toolkit for Internal Medicine Education Programs (8th ed): A publication of the Association of Program Directors in Internal Medicine (APDIM) and the Association of Specialty Professors (ASP).
8. ACR Teaching and Assessing the General Competencies: A Toolkit for Rheumatology Training Program Directors.

B. People to know and meet/numbers for the Rolodex:

1. Internal Medicine Program Director
2. Chief Residents
3. Associate Dean for Graduate Medical Education
4. Manager, Department of Graduate Medical Education
5. RRC-IM contact at ACGME: Ms. Felicia Davis (312-755-7445), fdavis@acgme.org
6. Chairman ACR Committee on Training and Workforce Issues: Dr. David Daikh david.daikh@ucsf.edu
7. Director, Research and Training, American College of Rheumatology: Ms. LaTanya Batts, (404-633-3777), lbatts@rheumatology.org

C. Places to visit and things to do:

1. Register your program for ERAS and the Match if this has not been done.
2. The file area for all current and past fellows.
3. The Graduate Medical Education Office.
4. The Training Program Directors' Forum at the ACR Annual Meeting.
5. The ACR Training Program Directors' Spring Retreat.
6. Visit the Web Sites of the ACR, ACGME, ASP, ABIM, AF, ERAS and the NRMP/MSMP (the Match):

- www.rheumatology.org
- www.acgme.org

- www.im.org/asp
- www.abim.org
- www.aamc.org/students/eras/start.htm
- www.nrmp.org/

7. Meet with your Program Director for Internal Medicine.
8. Notify Dr. William E. Rodak at the ACGME of your appointment.