PROGRAM DIRECTOR JOB DESCRIPTION

Introduction:

The University of Nevada School of Medicine is committed to meeting the highest standards of excellence in Graduate Medical Education.

- This is evidenced by the quality of its program directors.
- It is further exemplified by commitment to the principle that the purpose of graduate medical education (GME) is to provide an organized educational program, to facilitate the resident’s ethical, professional and personal development through education, evaluation, and to provide resident supervision that supports safe and appropriate patient care.(ACGME Institutional requirements, July 1, 2007).
- The Residency Program Director is responsible to the Chair of the Department and the Associate Dean of Graduate Medical Education for the overall conduct of the Residency Program.

The responsibilities of the program director include, but are not limited to:

1. Development of a clear program plan that includes:
   a. objectives relating to knowledge, skills and attitudes (competencies) based upon the general and program specific specialty requirements published by the ACGME
   b. integration of the milestones and entrustable professional activities (EPAs) into the curriculum as specified by the specialty specific requirements
   c. methods by which the objectives are to be achieved (learning activities)
   d. an evaluation system that clearly documents resident performance and attainment of milestones and EPAs
   e. the role of each participating institution and/or practice in the attainment of the educational plan

2. Conduct of the program, including the rotation of residents to ensure that each resident is advancing and gaining in experience and responsibility in accordance with the educational plan.

3. Annual review of the program to assess the quality of the educational experience and to review the resources available in order to ensure that maximal benefit is being derived from the integration of the components of the program. This review will include:
   a. Assessment of each clinical teaching unit to be sure that there is an appropriate number of teaching staff and housestaff, adequate number of appropriate patients and professional services and that it is functioning in accordance with the plan agreed upon.
   b. Assessment of resources appropriate to education to ensure that for example, ambulatory care, emergency care, intensive care and radiological, laboratory, operative and other facilities are utilized with optimal effectiveness.
   c. Opinions of residents and faculty.

4. Establishment of mechanisms to provide career planning and counseling for residents and to deal with problems such as those related to psychological stress.
5. Selection of candidates for admission to the program, in accordance with policies
determined by the Graduate Medical Education Committee (found in the resident
handbook).

6. Assessment of performance of each resident through a well organized program of in training
evaluation. This will include the final evaluation at the end of the program as required by the
ACGME. This form attests that the resident has attained the necessary skills, knowledge,
attitude, and judgment necessary for independent and competent practice without direct
supervision.

7. Maintenance of an appeal mechanism. The Residency Program Committee should receive
and review appeals from residents following the appropriate promotion, dismissal and
grievance policy. Any issues that fall out from this assessment maybe brought to the
institutional Resident Performance Review Committee.

8. Supervision and evaluation of faculty and staff members at the primary teaching institutions
as well as additional institutions/private practices that may participate in the residency
program. In this endeavor, the program director is supported by the Chair but retains the
ultimate responsibility and authority to ensure appropriate education both professionally and
academically of the Housestaff.

9. Gathering and reporting complete and accurate information as requested by the accrediting,
licensure, certification and funding agencies. The Program Director is responsible for
providing regular reports of progress to the resident as well as to the teaching staff.

10. Assuring compliance with institutional and accrediting agency requirements and appropriate
notification of major programmatic changes and obtaining approval from GMEC prior to their
implementation.

11. Developing and implementing program policies that are compatible with accreditation and
institutional requirements as well as policies pertaining to duty hours, supervision,
moonlighting, leave, selection, grievance, and promotion and dismissal

12. Newly appointed Program Directors are required to participate in an orientation and have
regularly scheduled meetings with either the parent program director for fellowship directors
or the DIO for core program directors.

13. The Program Director is a member of the Graduate Medical Education Committee (GMEC)
and is expected to participate in committee activities. These activities include, but are not
limited to, taskforce participation and periodically chairing Internal Review Committees.
Attendance at 75% of the monthly GMEC meetings annually is required. The Program
Director may appoint a surrogate to attend in his/her absence if needed.

14. The Program Director must participate in scholarship as defined by the ACGME Common
Requirements:

Scholarship includes contributions of faculty to new knowledge, encouraging and supporting
resident scholarship, and contributing to a culture of scholarly inquiry by active participation
in organized clinical discussions, rounds, journal clubs and conferences. An expanded
definition of scholarship recognizes not only the traditional scholarship of discovery
(research as evidenced by grants and publications) but also the scholarship of integration
(translational or cross-disciplinary initiatives that typically involve more risk and fewer recognized rewards), the scholarship of application (patient-oriented research that might include the systematic assessment of the effectiveness of different clinical techniques), and the scholarship of education (includes not only educational research but also creative teaching and teaching materials.

15. The program director must also comply with all of the duties specified in the ACGME common and specialty specific training requirements.

The responsibilities of program directors have become progressively more complex. Some factors which have contributed to this include: the increased variety of training required by residents, the increased flexibility in rotating residents according to their educational needs, the increase in structured academic courses for residents, the increased need to provide more individual attention to the emotional and personal needs of the residents and the increased information on the residents required by various agencies, including CMS, ACGME, AAMC and various state, local and federal agencies.

To undertake these responsibilities the program directors must have sufficient time and support which includes attendance at educational meetings such as Society or ACGME meetings to stay current with the complexity/demands of the position as well as to foster innovation in teaching. Furthermore these contributions must be documented and used to support academic promotion. The latter might be assisted by the Faculty or external reviews of programs.

The time required by the program directors and the nature of administrative and administrative support is dependent upon the number of residents in the program and the requirements set forth by the ACGME.

Reviewed and approved by GMEC June 2012 Las Vegas and Reno.