

Implementation and Impact of a Graduate Medical Education Program Director Bootcamp

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Setting and Problem

The Accreditation Council for Graduate Medical Education (ACGME) mandates that a single program director (PD) has the authority, accountability, and responsibility for the program and requires that PDs serve long enough to ensure program stability. High PD turnover is reported in multiple medical specialties; among internal medicine (IM) PDs in 2023, nearly half had been in the role less than 3 years. PD attrition is a key performance indicator in program accreditation, and turnover affects trainees and the sponsoring institution by contributing to program instability and poor performance. There are increasing challenges for PDs stemming from financial pressures, competing priorities, accreditation requirements, and well-being threats to faculty and trainees.

While many national societies offer PD training to support a PD's ability to be effective in their role, off-site program attendance is limited by financial pressures, restricted travel, and rapid PD turnover. Additionally, national conferences lack the local networking and acculturation to institutional policies, procedures, and priorities. Our goal was to implement a longitudinal PD bootcamp to better equip PDs to overcome GME leadership challenges, thrive in their roles, network, and lead successful, innovative, inclusive, and ACGME-compliant programs.

Intervention

After reviewing existing graduate medical education leadership curricula, we met with key stakeholders and developed a needs assessment for essential PD competencies. From this, we developed and implemented a comprehensive, innovative, interactive PD bootcamp, delivered in-person monthly by diverse speakers with expertise from procedural, non-procedural, residency, and fellowship programs, as well as from medical school and hospital legal departments, human resources, and senior administration. We evaluated each session as well as overall course outcomes via anonymous QR code post-session questionnaires.

Participants were also asked to complete an accountability notecard setting 1 to 2 goals that they wished to work toward, based on what they learned from PD bootcamp. Notecards were collected at program graduation and shared with participants at the 6-month mark after completing bootcamp. Participants were asked to share their progress toward goals since bootcamp graduation.

Outcomes to Date

We successfully developed and implemented an 11-month longitudinal PD bootcamp that launched in June 2022 and is now in its third successful year. Each monthly session included 1 to 2 core curriculum topics from 1:00 to 4:30 PM. Our first year, registration for the course reached capacity within an hour of opening enrollment, and the program has filled to capacity all 3 years. Since its inception, 75 PDs and aspiring PDs/associate PDs (APDs) registered for the course, and more than 95% of attendees successfully earned their certificate. Of those completing our pre-post surveys, 61% (17 of 28) of participating PDs had been in their role for less than 3 years, and 25% (7 of 28) had been in the role less than 1 year; 18% (5 of 28) of respondents were APDs. Twenty different medical/surgical specialties were represented. Sixty-four percent (28 of 64) of participants completed their post-course evaluation. One hundred percent of respondents enjoyed the course, made new connections, and found it useful. Retrospective pre/post surveys revealed that all participants felt they at least somewhat improved their knowledge/skills/confidence across all topics covered. Participants said the greatest improvement was thought to be in delivering feedback, remediation, building relationships, knowing who to call when, recruitment, and using annual program evaluation for program improvement. Approximately 50% (18 of 36) of the first cohort and 39% (11 of 28) of the second cohort completed and submitted accountability notecards at the time of graduation. The top 3 areas for which participants set goals were improving feedback to trainees, restructuring evaluations of trainees, and engaging the program

DOI: <http://dx.doi.org/10.4300/JGME-D-24-00879.1>

evaluation committee in the annual program evaluation process.

We hope this impact enhances the quality of our training programs, the educational experience of our trainees, and the recruitment and retention of outstanding PDs and APDs. Next steps include tracking implementation of goals set during the course and continuous course improvement to meet PD and institutional needs. We believe our curriculum and structure can be easily implemented at other institutions to support their PD development, create community, and increase ability to adapt to an ever-changing and critically important leadership role.



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