Graduate Medical Education Leadership Development Curriculum for Program Directors

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Abstract

Objective Program director (PD) orientation to roles and responsibilities takes on many forms and processes. This article describes one institution's innovative arm of faculty development directed specifically toward PDs and associate PDs to provide institutional resources and information for those in graduate medical education leadership roles.

Methods The designated institutional official created a separate faculty development curriculum for leadership development of PDs and associate PDs, modeled on the Association of American Medical Colleges-GRA (Group on Resident Affairs) graduate medical education leadership development course for designated institutional officials. It consists of monthly 90-minute sessions at the end of a working day, for new and experienced PDs alike, with mentoring provided by experienced PDs. We describe 2 iterations of the curriculum. To provide ongoing support a longitudinal curriculum of special topics has followed in the interval between core curriculum offerings.

Results Communication between PDs across disciplines has improved. The broad, inclusive nature allowed for experienced PDs to take advantage of the learning opportunity while providing exchange and mentorship through sharing of lessons learned. The participants rated the course highly and education process and outcome measures for the programs have been positive, including increased accreditation cycle lengths.

Conclusion It is important and valuable to provide PDs and associate PDs with administrative leadership development and resources, separate from general faculty development, to meet their role-specific needs for orientation and development and to better equip them to meet graduate medical education leadership challenges. This endeavor provides a foundational platform for designated institutional official and PD interactions to work on program building and improvement.

Introduction

Program directors often are excellent teachers. However, although this group is deeply passionate about teaching, as the Goldsmith and Reiter's[1] book declares, "What got you here won't get you there." Some program directors (PDs) and associate program directors (APDs) may not have opportunity to be part of succession planning and mentoring. There are numerous aspects of graduate medical education (GME) leadership that benefit from regular updates and discussion, and PDs and APDs also need to equip themselves with tools for leading clinical faculty in teaching and measuring competency. Although many PDs are able to draw on specialty society development programs and resources, GME leaders also need resources within their institution. Sponsoring institutions use various approaches for GME leadership orientation and development (handbooks, mentors, computerized modules), as shown by a 2007 Association of American Medical Colleges survey.

Professional development for PDs at the University of Florida College of Medicine – Jacksonville (UFCOM-J) had consisted of orientation to an annual schedule of due dates, processes for reporting, evaluation templates, and the GME server. In addition, the institutional official (DIO) spent significant time in one-on-one or small group meetings with PDs and APDs. Although the individualized approach offered opportunities for DIO-PD relationship building, it lacked economy of scale and interaction with more experienced PDs. To select a new approach for providing development for new and less-experienced program leaders, the DIO consulted experienced UFCOM-J PDs and the curriculum from the 2007 Graduate Medical Education

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Leadership Development (GMELD) course alumni workshop, which focused on developing and keeping residency program directors.[2] These sources reinforced the need for robust resources to support PDs as imperative to fostering recruitment, effectiveness, and retention, as described by Cottrell and colleagues.[3]

This article describes the methodology used by 1 institution for building and growing a GME leaders' development program and early assessment of impact.

Methods

The UFCOM-J DIO and Office of Educational Affairs conduct a faculty development curriculum for faculty that includes tracks in (1) education methods and competency teaching and evaluation, (2) research and scholarly activity, and (3) leadership skills and career development. To meet the development needs of PDs and APDs, the UFCOM-J DIO and Office of Educational Affairs created a separate curriculum following the structure and content assembled by the GMELD of DIOs.[4] As the GMELD courses are structured to address core competencies for leading an institution's GME activity,[5] PDs and APDs development at UFCOM-J is tailored to address the competencies for program leadership.[6]

Initial Curriculum

Since 2008, PDs and APDs have been provided their own GMELD curriculum *separate from the general faculty development schedule,* provided in monthly 90-minutes sessions at the end of a working day to avoid loss of productivity. Continuing medical education credit is provided to attendees. All PDs and APDs are invited to attend—providing experienced PDs with updates and information and allowing them to share their experience and lessons learned with their less-experienced colleagues.

The program was initiated as curriculum to meet the needs of new PDs and APDs. Sessions are led by the DIO, with assistance from education deans and institution resources for their areas of expertise. It includes some didactic component, but group discussion predominates.

The cyclical aspects of GME—recurring annual program activities, the GME "life-span" or program duration for learners, and the program cycle of accreditation—were discussed to clarify the PD's leadership. Key aspects of GME administration—monitoring and oversight, discipline and due process, contracts and agreements, finance, giving and receiving evaluative feedback—were discussed in detail, along with challenges related to competency-based education and fundamentals of performance improvement (TABLE 1).

Revisions to Produce the Current Ongoing Curriculum

In the last session of the first core curriculum, attendees recommended ongoing GMELD sessions for more in-depth discussion. This resulted in the subsequent iteration of the curriculum, which runs as a 9-month curriculum for the academic year (with months off around holidays and academic year-end activities). Invitees continued to be all PDs and APDs, with sessions commonly attended by newer PDs and APDs. Topics covered in the initial course were revisited in greater depth. New sessions were added using narrative questions from the program information form to help PDs consider how they and faculty teach and evaluate the competencies and performance improvement principles. This allowed innovative PDs to share their successes and lessons learned. The curriculum has included informal mentorship, with experienced PDs sharing their experience.

During intervals between core curriculum sessions, quarterly GMELD meetings provide a venue for ongoing exchange and development until 5 or more new PDs and APDs necessitate a repeat of the course. Topics include portfolio development and use, technology for GME, clinical outcomes integration, and a town hall forum for discussion of current issues and challenges for GME leaders.

Measures for the success of the curriculum include attendance and the session evaluations completed by attendees. The continuing medical education evaluation tool for each session (TABLE 2) provides feedback on the extent to which faculty feels the course (1) met the session learning objectives, (2) presented material at an appropriate level and in a manner that is objective and balanced, and (3) resulted in implementation of changes after the session. Proxy measures to monitor for overall impact of GMELD at UFCOM-J include GME program accreditation cycles and aggregated citations, and trends in education processes and outcomes assessed annually by the institution.

Results

Twenty-two of 49 individuals participated in the first course (mean of 14 participants per session). The second iteration of the core curriculum had 21 individuals participating (mean of 8 individuals per session), with at least 1 to 2 experienced PDs joining each session.

The overall evaluation rating for the quality of the education program averaged 4.80 (on a 5-point scale) for the first course and 4.96 for the second course.

GME programs' accreditation cycles improved from mean of 3.41 years in July 2008 to 4.00 years in July 2009 and 4.52 years in July 2010. During the same period, educational process and outcome measures—internal review and postinternal review tracking of progress, program frequency at full complement, quality and timeliness of evaluations, scholarly activity productivity for faculty and residents, and quality and completeness of annual program evaluation—have shown strong, positive trends.

TABLE 1 **GME Leadership Development Curriculum Outline**

Core Curriculum Topic(s)		Facilitator
PD/APD job description and competencies	Why do you want to be a PD/APD?	DIO
	What does it take to be competent, successful?	
Institutional requirements	Institutional oversight of GME	DIO
	Institutional support	
Program requirements	Program accreditation cycle—site visit to site visit, internal review at mid-cycle	DIO
Annual program cycle of activities	Implementing your curriculum—rotations, preceptors, and agreements	DIO, OEA[a]
	Rotation evaluation	
	Annual program evaluation	
Competency-based medical education	Developing competency-based goals and objectives	DIO, OEA
	Teaching competencies as integrated with clinical specialty subject matter	
	Measuring competency	
Performance improvement	Integrating clinical care quality, safety, patient advocacy	DIO
	Measures of improvement	
Learning portfolio	Portfolio structure and development	DIO, OEA
	Monitoring and feedback	
Evaluative feedback	Giving feedback	DIO, OEA
	Receiving feedback	
	Annual program evaluation	
Program training cycle	Marketing and promoting program, recruitment, selection, orientation, progression and promotion, graduation	DIO
Monitoring and oversight	PD's monitoring and oversight role—especially for duty hours, professional behavior, conference attendance, required training	DIO
Legal aspects of GME	Master affiliation agreements, program letters of agreement	DIO, OEA, General Counsel
	Disciplinary action and due process	
GME finance	CMS support of GME, hospital cap for GME positions, direct and indirect costs of education	DIO
	Program GME accounts	
	Counting and accounting for PD protected time	
PD wellness	Balance wheel—avoiding burnout	DIO

Abbreviations: APD, associate program director; CMS, Centers for Medicare & Medicaid Services; DIO, designated institutional official; GME, graduate medical education; PD, program director; OEA, Office of Educational Affairs.

[a] OEA represents the Assistant and Associate Deans of Educational Affairs—the former has special expertise in teaching and evaluative tools and the latter has special expertise and experience in human resources and dealing with trainees with difficulty.

Discussion

The GMELD curriculum at UFCOM-J has been well attended and positively evaluated by PDs and APDs. The primary cost is that of time—for the DIO, time in preparation and for the PDs and APDs, time devoted to attendance and participation. This time cost should be assessed against the time spent in individual PD/DIO meetings for information sharing and time spent by PDs learning by trial and error due to poor understanding of resources and processes.

One limitation of this endeavor is that the effect of the curriculum on GME performance improvement cannot be confirmed. However, the improvements seen thus far are at least temporally and positively associated with the GMELD program.

Another limitation is that it is not known what constitutes the most appropriate threshold for starting the

TABLE 2 **Continuing Medical Education Evaluation Tool for the Graduate Medical Education (GME) Leadership Development Sessions**

Evaluation questions for each session: (Likert scale: 1 = poor to 5 = excellent)	2009 Core Course	2009–2010 Core Course
1. The material was presented at an appropriate level.	4.77	4.94
2. I have learned things that will improve patient care and teaching.	4.74	4.87
3. The program content was objective, balanced, and avoided bias/influence.	4.96	4.98
4. The program met expectations in accomplishing stated educational objectives.	4.77	4.85
5. Overall rating of the quality of the education offered.	4.81	4.96
Describe changes you plan to make as a result of the program:		
Utilize institutional tools available.		
Keep daily information to facilitate review/site visit documentation.		
Improve communication with external rotation preceptors.		
Involve trainees in daily improvement processes.		
Improve communication and set milestone markers for promotion.		
Addition/introduction of behavioral interviewing.		
How can this program be improved? (List both strengths and weaknesses.)		
Having some experienced GME leaders to share with experiences was helpful.		
Get program directors to bring PIF sections to analyze/defend.		
Interaction and reflection.		
Repeat it!		
I would be interested in a workshop format (half-day or full day) to cover more topics at a time.		
Written pamphlets/resources for sharing best practices.		

Abbreviation: PIF, program information form.

core GMELD curriculum. UFCOM-J has used a "critical mass" of 5 to 6 new or elevated GME program leaders. Economy of scale, as well as shared learning among colleagues, makes the group size amenable to good discussion and reinforcement of key concepts.

Plans for going forward are twofold. The first is to continue with an ongoing, longitudinal schedule to keep PDs and APDs informed and updated and to encourage continued networking and support. The curriculum content undergoes ongoing quality improvement based on attendee evaluative feedback. The core curriculum will be provided periodically for new PDs and APDs. The second is to assess impact on performance through a more comprehensive scorecard, developed and implemented as a monitoring and feedback tool. It is used for annual review as part of PDs and APDs evaluation by the chair or dean and reviewed semiannually by the GME Committee to identify opportunities for improvement.

In summary, a GME leadership development curriculum provides PDs and APDs with knowledge and tools by which to better carry out their administrative and education leadership roles and to foster GME leadership networking as a natural opportunity to learn from one another and to build camaraderie and support.

References

1 Goldsmith M, Reiter M. *What Got You Here Won't Get You There: How Successful People Become Even More Successful*. New York, NY: Hyperion; 2007.

2 Boysen PG, Haan CK, Hart J, Kamin B, Neish SR, York JW. Program director recruitment and development. AAMC GME leadership development course alumni session; Washington, DC; November 3–7, 2007.

3 Cottrell S, Brownlee L, Ferrari N. An institutional approach to assist program directors and coordinators with meeting the challenges of graduate medical education. *J Grad Med Educ*. 2010;2(2):170–174.

4 Group on Resident Affairs. Core competencies for institutional GME leaders/designated institutional officials. Available at: http://www.aamc.org/download/89724/data/diocorecomp.pdf. Accessed August 29, 2010.

5 Group on Resident Affairs. GME leadership development course. Available at: http://www.aamc.org/download/121770/data/program.pdf.pdf. Accessed August 29, 2010.

6 Capobianco DJ, Schultz HJ. The program director—a competency-based job description. *ACGME Bull*. August 2007:28–30. Available at: http://www.acgme.org/acWebsite/bulletin/bulletin08_07.pdf. Accessed August 29, 2010.