

RESIDENT HANDBOOK

SECTION VIII: GMEC RESPONSIBILITIES

PROGRAM DIRECTOR JOB DESCRIPTION

INTRODUCTION

The Kirk Kerkorian School of Medicine at UNLV is committed to meeting the highest standards of excellence in graduate medical education (GME).

- I. This is evidenced by the quality of its program directors.
- II. It is further exemplified by commitment to the principle that the purpose of GME is to provide an organized educational program; to facilitate the resident's ethical, professional, and personal development through education and evaluation; and to provide resident supervision that supports safe and appropriate patient care.
- III. The residency program director is responsible to the chair of the department and to the senior associate dean of graduate medical education for the overall conduct of the residency program.

POLICY

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

- I. 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 Accreditation Council for Graduate Medical Education (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 (with a focus on outcomes)
 - e. The role of each participating institution and/or practice in the attainment of the educational plan
- II. 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.
- III. 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.
- IV. Establishment of mechanisms to provide career planning and counseling for residents and to deal with problems such as those related to psychological stress.
 - V. Selection of candidates for admission to the program, in accordance with policies determined by the Graduate Medical Education Committee (GMEC) (found in the resident handbook).
 - VI. 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.
 - VII. Maintenance of an appeal mechanism. The Residency Program Clinical Competency Committee should receive and review appeals from residents following the appropriate promotion, dismissal, and grievance policy. Any issues that fall out from this assessment may be brought to the institutional Resident Performance Review Committee.
 - VIII. 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 house-staff.
 - IX. 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.
 - X. Assuring compliance with institutional and accrediting agency requirements and appropriate notification of major programmatic changes and obtaining approval from GMEC prior to their implementation.
 - XI. 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
 - XII. 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.
 - XIII. The program director is a member of the GMEC and is expected to participate in committee activities. These activities include, but are not limited to, taskforce participation and periodically chairing Special 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.
 - XIV. The program director must participate in scholarship as defined by the ACGME Common Requirements:
 - a. 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.
 - b. 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).

- XV. The program director must also comply with all of the duties specified in the ACGME common and specialty-specific training requirements.
- a. The responsibilities of program directors have become progressively more complex.
 - b. 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, Association of American Medical Colleges (AAMC), and various state, local and federal agencies.
 - c. To undertake these responsibilities, the program directors must have sufficient time and support which includes attendance at educational meetings such as the specific Program Director Society or ACGME meetings to stay current with the complexity/demands of the position as well as to foster innovation in teaching.
 - d. 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.
 - e. 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.

Approved by the Graduate Medical Education Committee (GMEC) April 2017