

Responsibilities of the Program Director Policy #0.04

I. Duties and Responsibilities

Program directors are required to maintain current knowledge of and compliance with KCU-GME Consortium Policies and Procedures and ACGME Institutional, Common Program, and applicable specialty-specific Program Requirements. In addition, program directors must make good faith efforts to participate in all GMEC meetings, subcommittee meetings for which they are members, and any other discussions as requested by the DIO.

Program Directors are encouraged to reference the KCU-GME Consortium Annual Timeline for Residency Programs located on the New Innovations homepage.

Program directors must be role models of professionalism as expected by the ACGME Review Committee and healthcare institution leadership; are responsible for program administration; ACGME accreditation matters; educational curriculum of the program; evaluation and assessment; supervision; recruitment, selection, appointment renewal, and dismissal; and clinical and educational work hours, including moonlighting.

II. Program Administration

- Devote sufficient time and effort to the program to ensure continuity of leadership and to fulfill all responsibilities necessary to meet the educational goals of the program.
- Design and conduct the program in a fashion consistent with the needs of the community, the missions of the sponsoring institution, and the missions of the program.
- Approve or remove physicians and non-physicians as faculty members at all participating sites, including the designation of core faculty members, and must develop and oversee a process to evaluate candidates prior to approval.
- Remove residents/fellows from supervising interactions and/or learning environments that do not meet the standards of the program.
- Work effectively with the sponsoring institution's DIO and Institutional Coordinator to ensure the program's compliance with all institutional accreditation expectations.
- Cooperate promptly with requests by the KCU GME Department and/or GMEC for information, documentation, etc.
- Maintain accurate and complete program files in compliance with institutional policies.
- Ensure that residents/fellows complete the ACGME Resident Survey during the applicable survey window.
- Ensure that core faculty complete the ACGME Faculty Survey during the applicable survey window.
- Monitor residents'/fellows' clinical and educational work hours, including moonlighting, and report findings of non-compliance to the KCU GME Department.
- Ensure all interviewed residency/fellowship applicants are provided a copy of the agreement they will be expected to sign if matched, or the one currently in use.

- Ensure that residents/fellows are provided with a written notice of intent when the Agreement of Appointment/Contract will not be renewed, when the resident/fellow will not be promoted to the next level of training, or when the resident/fellow will be dismissed.
- Prior to accepting a transferring resident/fellow, obtain written verification of previous educational experiences and a summative competency-based performance evaluation, and a final Milestone evaluation upon matriculation.
- Document verification of education for all residents/fellows within 30 days of completion of or departure from the program and provide verification of an individual resident's education upon the resident's request, within 30 days.
- Structure clinical and educational work hours and on-call time periods to focus on the needs of the patient, continuity of care, and the educational needs of the resident/fellow, and to comply with requirements set by the institution, ACGME, and the appropriate ACGME Review Committee (RC).

III. ACGME Accreditation – RC Matters

- Oversee and organize the activities of the educational program. This includes selecting and supervising the faculty and other program personnel at each participating site, appointing a local site director, and monitoring resident/fellow supervision at all participating sites.
- Promptly respond to RC requests for information and ensure compliance with RC-stated deadlines.
- Maintain accurate and complete program files in compliance with ACGME requirements.
- Develop action plans to address areas of noncompliance (“citations”) and areas for improvement as identified by the Program Evaluation Committee (PEC), the GMEC or ACGME.
- Update program and resident/fellow records in the ACGME's Accreditation Data System during the Annual Update.
- Maintain a Program Letter of Agreement (PLA) with all participating sites providing a required assignment. PLAs should be renewed at least every ten years or any time there is a change in site director or those who need to sign the agreement.
- Immediately notify the DIO/Chair of the GMEC if any of the following take place:
 - Change in leadership of the program,
 - Substantial change in patient volume or variety available for educational purposes,
 - Change in or addition of rotations to participating sites,
 - Desire to add or delete participating sites,
 - Desire to add or delete rotations,
 - Desire to increase or decrease resident/fellow complement, and
 - Major change in the program's educational curriculum or format

IV. Educational Curriculum of the Program

- Develop an educational curriculum as defined in the ACGME Program Requirements for the specialty.
- Provide instruction and experience with quality- improvement.

- In conjunction with the program faculty and PEC, establish overall educational goals for the program.
- In conjunction with the program faculty and PEC, establish competency-based goals and objectives for each assignment at each educational level, which the program must distribute to residents/fellows and faculty.
- Facilitate residents'/fellows' participation in the educational and scholarly activities of the program, and ensure that they assume appropriate responsibility for teaching and supervising.
- Prepare, design, and implement a comprehensive, well-organized and effective curriculum containing the clinical and academic elements necessary to enable residents/fellows to fulfill the program's educational goals and objectives and to achieve clinical and technical competency in all defined and required areas. Among the curricular elements to be considered are:
 - Clinical rotations in all of the disciplines' general and subspecialty areas as outlined in the specialty-specific requirements.
 - Off-service rotations in those clinical areas necessary to augment and complement training.
 - Continuity of care clinic experience.
 - Rotations to faculty and/or private physician practice offices for both clinical and practice management training.
 - Assignments to clinical support and administrative experiences such as legal/professional
 - liability services, quality assessment committees, patient care committees, etc.
 - Teaching and didactic activities such as clinical teaching rounds, educational grand rounds, service-specific clinical conferences, resident/fellow protected-time didactic conferences, journal clubs, research conferences/modules, and in-training examination study groups.
 - Ensuring residents/fellows are provided protected time to complete required Core Curriculum modules and assignments provided by the sponsoring institution.

V. Evaluation and Assessment

- Develop and use dependable measures to assess residents'/fellows' competencies in these domains: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- Use dependable measures to assess residents'/fellows' competence in other areas as defined in the ACGME Program Requirements for the specialty/subspecialty.
- Implement a process that links educational outcomes with program improvement.
- Ensure that each resident/fellow develops a personal program of learning to foster continued professional growth.
- Ensure residents'/fellows' attendance at educational offerings required by the sponsoring institution and the program.
- Ensure at least annual review of the educational effectiveness of the program via a formal documented meeting (PEC meeting) for which written minutes are kept.
- Ensure that the program's policies regarding evaluation and performance feedback are followed for all residents/fellows within the program, and particularly for non-

succeeding residents/fellows. When a resident/fellow is being considered for placement in a status other than in good standing, the DIO should be consulted prior to this status change.

- Ensure residents/fellows are evaluated by teaching faculty and senior level residents, where appropriate, after each clinical rotation and other assigned learning experiences.
- With input from the Clinical Competency Committee (CCC), meet with and review with each resident/fellow their documented semi-annual evaluation of performance, including progress along the specialty/subspecialty-specific Milestones; assist residents/fellows in developing individualized learning plans; and develop plans for residents/fellows failing to progress. The semi-annual evaluation conducted at the end of each training year, referred to as a summative evaluation, must include the residents'/fellows' readiness to progress to the next year of training.
- Provide a final evaluation for each resident/fellow upon completion of the program. This evaluation must be reviewed with the resident/fellow, kept as a permanent record in New Innovations, and accessible for review by the resident/fellow. The evaluation must:
 - Use the specialty/subspecialty-specific Milestones and Case Logs to ensure residents/fellows are able to engage in autonomous practice upon completion of the program;
 - Verify that the resident/fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; and
 - Consider recommendations from the CCC.
- Have interim and timely meetings with residents/fellows exhibiting poor clinical performance, poor educational achievement or who have behavioral problems as frequently as necessary to provide appropriate counseling and remediation plans.
- Maintain a permanent record of each rotation evaluation completed by residents/fellows that is accessible to residents/fellows and other authorized personnel, and available for program reviews and accreditation visits.
- At least annually, evaluate faculty performance as it relates to the educational program. The evaluation must include a review of their clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities. This process must include the review of the written, anonymous, and confidential evaluations completed by residents/fellows. The review should be summarized and reviewed with the faculty, and a copy should be provided to the faculty and saved in their New Innovations record.

VI. Resident/Fellow Supervision

- Ensure appropriate supervision of residents/fellows to allow progressively increasing responsibility by the resident/fellow, according to their level of education, ability, and experience.
- Structure on-call schedules to provide readily available supervision to residents/fellows on duty and ensure that appropriate backup support is available when patient care responsibilities are especially difficult or prolonged.
- Provide for resident/fellow supervision through well-defined, explicit and agreed upon supervisory lines of patient care responsibility. Such guidelines, as clearly defined in the program's supervision policy, must be distributed and clearly

- communicated to all residents/fellows (through New Innovations and at orientation), teaching faculty, nurses and other involved health care provider personnel.
- Define criteria and parameters by which residents/fellows are able to be given direct and increasing responsibility for patient care and provide such criteria and parameters to the teaching faculty.
 - Develop a process, where educationally and clinically appropriate, to credential residents/fellows to perform certain tasks or procedures independently in the care of patients.

VII. Resident/Fellow recruitment, selection, appointment renewal and dismissal

- Be thoroughly knowledgeable of and comply with the ACGME's Institutional Requirements for resident/fellow eligibility and selection, particularly as they pertain to applicant medical school eligibility and to nondiscrimination policies and procedures.
- Practice ongoing recruitment and retention of a diverse workforce.
- Participate in the National Resident Matching Program (NRMP) and be knowledgeable of the NRMP rules, regulations, and violation definitions as described in its "Match Participation Agreement," and of all participation date deadlines and procedures. The same expectation applies to programs using other similarly approved matching programs.
- Register for participation in the Association of American Medical College's (AAMC) Electronic Residency Application Service (ERAS) to allow applicants to apply to the program.
- Update AMA (FREIDA)/GME Track Program and Resident Surveys which provide program information for interested applicants.
- Develop, implement and oversee the entire process of application review, interviews, and match rank list determination to include the participation of the PD, faculty, and residency program coordinator.
- Be responsible for all communication with the applicants before and after the "Match," ensuring its timeliness and appropriateness, and for providing all information and material to matched applicants necessary to commence their residency education, e.g. contract, medical license application, housing, orientation, academic year schedules, etc.
- Follow program policies for resident/fellow appointment and reappointment, promotion, disciplinary actions, non-renewal of contracts, and dismissal that meet all Institutional Requirements.
- Ensure residents/fellows are provided and informed of the policies and procedures for grievance and due process (found on the KCU GME website).
- Notify the DIO and provide KCU GME with a copy of written notification for promotion, appointment renewal and dismissal of agreement of appointment/contracts.

VIII. Learning and Working Environment

- Ensure that the program's educational and learning objectives are not compromised by excessive reliance on residents/fellows to fulfill clinical service obligations and that residents/fellows are supervised at all times by qualified faculty to ensure both patient

- safety and resident/fellow well-being.
- Develop and annually review clinical and educational work hour policies and practices during the Annual Program Evaluation, making programmatic changes as necessary to ensure compliance with ACGME requirements.
 - Develop and annually review moonlighting policies, covering both external and internal moonlighting, that, if allowed, ensures that moonlighting does not interfere with a resident's/fellow's ability to achieve program educational goals, ensures program director approval and oversight, and complies with the Sponsoring Institution and ACGME clinical and educational work hour requirements.
 - Monitor fatigue and participate in the educational program provided by the sponsoring institution to educate residents/fellows and faculty regarding fatigue detection and management.
 - Provide for the education and monitoring of resident/fellow stress, mental and emotional conditions, and substance abuse-related dysfunction that may interfere with performance or learning. If issues are identified, provide timely confidential counseling and psycho-emotional support utilizing available employer and institutional resources for physician well-being.
 - Ensure that an organizational system exists within the program for residents/fellows to communicate concerns about their clinical and educational working environment to the Program Director, faculty, and program leadership.
 - Provide a learning and working environment in which residents/fellows have the opportunity to report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation.
 - Ensure access to food, sleeping facilities, patient care support services, medical records systems, information services, personal security/safety measures, etc., are provided to residents/fellows.

Approval by GMEC: 06.07.2024; 06.02.2023; 05.11.2022; 06.04.2021; 06.05.2020; 05.03.201; 01.11.2019; 06.18.2018; 03.08.2018; 06.02.2017; 05.27.2016; 07.01.2015