**Working With Your Team**

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Introduction

One of the most important things you will do as a Program Director is develop your support system. These are the additional stakeholders who are essential to the success of any residency program. Careful consideration of faculty interest/talent, program needs and structure, and organizational goals should be taken when building your team. Below is one way to begin to think about the members of your support system:

* Core Administrative team members: Designated Institutional Official (DIO), Associate Program Director(s) (APD), Program Coordinator(s), Chief Resident(s).
* Educational Administrative team members: Rotation Directors, Committee Chairs, Vice Chair of Education, UME Leaders, and Fellowship Director(s)
* Other essential team members: Finance/Budgeting leaders, and Department Chairperson.

There can be variability in the way we assign and utilize our support system members that may be based on the following factors:

* Program size
* Program Director past experience(s)
* Existing roles (if the PD is entering an existing program)
* Integrating new team members in a current organization/program
* Degree of involvement and support of the Institution’s Office of GME
* Budgetary constraints for hiring. (See the ACGME Program Requirements for Graduate Medical Education in Pediatrics minimum core administrative team FTE requirements [here](https://www.acgme.org/globalassets/pfassets/programrequirements/320_pediatrics_2023.pdf) beginning with page 7.)

In the following sections, more detail is given about things to consider when building your 3 teams. Then, for each team member, the following information is provided:

* Nomenclature
* Roles and Responsibilities
* Degree of engagement with the Program director

Core Administrative Team Members

*Things To Consider*

With the exception of the DIO, three of the primary decisions you will make regarding your Core Administrative Team is choosing the team members and assigning their roles and responsibilities. This is especially true for your Associate Program Director(s), Chief Resident(s), and Program Coordinators.

**APDs** should have demonstrated interest and excellence in resident teaching, training and research. While APDs may have served as chief resident at some point in their training, but this is not a necessary requirement. Options for how to assign roles/responsibilities include:

* Assigning APDs to be responsible for specific areas of the training program
* Assigning APDs to assist you in all parts of the training program
* Assigning APDs based on their medical training. For example, assigning a general pediatrician to manage areas of training pertaining to general pediatrics.

**Chief Residents** should have demonstrated excellence during residency training with demonstration of leadership. They may be chosen as a:

* 3rd year chief resident
* recent graduate hired as a faculty member or clinical instructor with a 4th year chief resident designation. This chief may or may not have been a resident in your program.

**Program Coordinators** are central to any program and their importance cannot be overstated. These core team members are essential to maintaining an accredited program. They must have exceptional organizational administrative skills. You must also have enough FTE to carry out the needs of the program. Click [here](https://www.acgme.org/globalassets/pdfs/specialty-specific-requirement-topics/dio-dedicated_time_coordinator_102023.pdf) (page 37 of 62) for ACGME minimum coordinator FTE program requirements based on program size.

Job Descriptions:

**Designated Institutional Official:**

Nomenclature: The DIO may also hold other titles including Associate Dean for GME, Dean of Medical Education or Vice Chair of Education for the Department.

Roles/Responsibilities: The primary role of the DIO is to oversee all ACGME Accredited programs of the Sponsoring Institution. This oversight is provided in collaboration with the Institution’s Graduate Medical Education Committee. This includes:

* Institutional GME policy development
* Review and submission of all official correspondence from the residency programs to the ACGME
* Giving guidance on how to handle issues with residents, and
* Soliciting Program Directors to serve on various GME and hospital-based committees.

Engagement with the PD: A healthy working relationship with the DIO will allow you to navigate program processes more easily when questions arise. For example, when attempting to implement ACGME policies, the DIO can offer best practices from other departments that will keep you from making unnecessary errors or working less effectively on process developments/improvements.

**Associate Program Director(s): Click** [**here**](https://www.appd.org/resources-programs/program-resources/for-associate-program-directors/) **for the APPD APD Section**

Nomenclature: In addition to the accepted Associate Program Director title, some programs also have Assistant Program Directors. The purpose for this title varies, but typically, when present, the Assistant Program Director is typically a more junior faculty member who is being trained for an eventual Associate Program Director role.

Roles/Responsibilities: The role of the APD varies. The role(s) and responsibilities include (but are not limited to) the following:

* Chair of CCC
* Chair of PEC
* Continuity Clinic Director
* Recruitment Lead
* Patient Safety/Quality Improvement Lead
* Resident Research Lead
* Program Mentorship Lead
* Curriculum Design and Update
* Evaluation Design and Update

Engagement with the PD: The APD engages the PD on a routine cadence, but not daily and not as frequently as the chief resident. Most APDs provide the PD with periodic updates on their area of responsibility. There is also typically an annual update that includes next steps for any needed modifications.

**Chief Resident(s): Click** [**here**](https://www.acgme.org/newsroom/blog/2019/12/bridging-the-leadership-gap-for-newly-appointed-chief-residents/) **for Chief Resident transition considerations and** [**here**](https://www.acgme.org/meetings-and-educational-activities/courses-and-workshops/leadership-skills-training-program-for-chief-residents/) **for ACGME leadership training for Chief Residents. Click** [**here**](https://www.appd.org/resources-programs/program-resources/2555-2/) **for APPD Chief Resident information. Consider Chief Development (**[**LEGACY**](https://www.appd.org/legacy/)**) at the APPD Spring Meeting**

Nomenclature: 4th year chief residents may be faculty members designated as clinical instructors.

Roles/Responsibilities: Options for roles/responsibilities of the chief resident vary but often include:

* Developing resident schedules
* Organizing resident conferences
* Participating in resident teaching activities
* Serve as liaison between the residents and the remainder of the core administrative team
* Assist in implementation of performance improvement plans for applicable residents.

Engagement with the PD: The chief resident spends a significant amount of time with the program director. The majority of this time is spent working on resident schedules, didactics and grand rounds session schedules, and problem-solving challenges as they arise in the program. It is also beneficial to spend time with your chief resident working on program logistical changes and improvements.

**Coordinator(s): Click** [**here**](https://www.acgme.org/archived-web-pages/program-directors-and-coordinators/welcome/) **for ACGME coordinators pages and** [**here**](https://www.appd.org/resources-programs/program-resources/for-coordinators/) **for APPD coordinators page**

Nomenclature: While the ACGME collectively refers to the program administrative staff as program coordinators, there are:

* Program Managers - Provide oversight for the entire administrative team.
* Program Coordinators - Provide functions in collaboration and with instruction from the Manager.
* Program Assistants - Provides primarily clerical service (phone calls, schedules meetings, maintains calendars)

Roles/Responsibilities: The program coordinators are responsible for program administrative tasks that involve:

* Primary program contact for organizations such as ACGME, ABP, APPD.
* Resident onboarding/offboarding
* Planning/executing Program Events and Ceremonies
* Gathering all ACGME required resident and faculty information and documenting it for program accreditation purposes.
* Working with the chief residents to ensure rotation information/scheduling is communicated to both the residents and their course directors.
* Coordinating all purchase requests from the residents for learning material and conferences.
* Scheduling meetings such as semi-annual evaluations, advisor meetings, course director meetings, committee meetings (CCC, PEC, Selection etc)
* Executing and documenting for resident recruitment season.

Engagement with the PD: The program administrative team engages with the Program Director daily.

Educational Administrative Team Members

Members of the educational team are key to the success of the residency program, but are not likely individuals that at PD would interact with on a daily basis. This includes rotation directors, site directors, continuity clinic directors, committee chairs, undergraduate medical education leaders and subspecialty fellowship program directors; however, not all residency locations have each of these roles.

**Rotation Directors:**

Nomenclature: Rotation Directors should be Board Certified generalists or sub-specialists who take a greater role in resident education and evaluation on core and elective rotations. The Rotation Director may also be the Division Director, but often is a different member of the division who may have more time to dedicate to the role. The Program Director should appoint rotation directors.

Roles/Responsibilities: Rotation directors are responsible for maintaining resident rotations including goals and objective, orientation, and evaluation. Rotation directors may be members of the core faculty.

Engagement with PD: The Rotation Director is the main contact for all rotation-related issues including scheduling, curriculum development and delivery, and trainee evaluation. Rotation directors may be a chair or member of residency-related committees.

**Education Site Director:**

Nomenclature: When a rotation site is not at the Sponsoring Institution, “there must be one faculty member, designated by the program director as the site director, who is accountable for resident education at that site, in collaboration with the program director” ([Common Program Requirements, I.B.3.a](https://www.acgme.org/globalassets/pfassets/programrequirements/cprresidency_2023.pdf)) The Site Director may be a Rotation Director if there is only one rotation at the site.

Roles/Responsibilities: Same as Rotation Director (see above)

Engagement with PD: Same as Rotation Director (see above) and the Site Director should work with the PD to maintain a Program Letter of Agreement (PLA) for the site and functions as a liaison with GME infrastructure at the site.

**Continuity Clinic Director:**

Nomenclature: The Continuity Clinic (CC) Director is a Board-Certified general pediatrician and faculty member at a site for the resident longitudinal outpatient practice. The CC Director may also be the Medical Director of the practice especially if there is only one location for continuity clinic.

Roles/Responsibilities: The CC Director is responsible for the educational program of the residents within the continuity setting including goals and objectives, curricula and evaluation. The CC Director may also be responsible for oversight of research and quality improvement initiatives in the practice.

Engagement with PD: Same as Rotation Director (see above) specific to the resident continuity clinic experience.

**Committees/Committee Chairs:**

Nomenclature

* + - ACGME required program committees *(link to chapter on committees)*
			* Program Evaluation Committee (PEC) (could be chaired by PD)
			* Clinical Competency Committee (CCC) (should not be chaired by PD)
		- Other committees
			* Graduate Medical Education Committee (GMEC)
			* Trainee-led committees
			* Institutional/Program committees (e.g., Curriculum Committee (UGME/GME), Scholarship and Research Committee, etc)

Engagement with PD

* + - The CCC is advisory to the PD regarding trainee advancement and remediation. The PD will work closely with the chair of the CCC and may sit in on CCC meetings.
		- The PEC is responsible for the annual program evaluation and development of action plans. The PEC may be chaired by the PD or another core faculty member.
		- The GMEC is led by the DIO and is responsible for development of institutional policies and procedures related to residency and fellowship training as well as oversight of residency and fellowship programs. Program Directors generally are members of the GMEC.

**Undergraduate Medical Education (UME) leaders:**

Not all residency programs are affiliated with a medical school, but many pediatric hospitals serve as rotation sites for MD and DO students. As such, pediatric residents will share rotations and faculty with third- and fourth-year students on required and elective rotations.

Nomenclature

* + - Clerkship Directors (3rd and/or 4th year pediatric rotations)
		- Director of Undergraduate Medical Education: This person may have a role as an Assistant/Associate Dean at a medical school.

Roles/Responsibilities

* + - UME curriculum and evaluation
		- Transition to residency: UME and residency program leadership should work together to design programming for student transition to residency. Many schools have residency preparation courses at the end of the fourth year and residencies may have specialty-specific “boot camps” at the beginning of the first year.

Engagement with PD

* + - Medical Education Leadership
		- Transition to residency
		- Resident As Teacher
		- Grievances

**Fellowship Program Directors** *(Link to chapter on fellowship vs core residency directors)*

Not all locations with a residency program will have subspecialty fellowships, but all locations with fellowships must have an accredited general pediatric residency program.

Nomenclature: A Fellowship PD is a Board Certified subspecialist appointed by the GMEC to lead a fellowship training program.

Roles/Responsibilities: As with the general pediatric program director, fellowship directors are responsible for the accreditation and maintenance of a subspecialty training program.

Engagement with PD

* + - The General Pediatric PD receives all communication regarding fellowship accreditation at their institution. Fellowship programs require an accredited pediatric residency program at their institution in order to maintain their accreditation.
		- Fellowship PDs are also likely faculty within the residency program.

*Other Essential Team Members:*

Program directors should work closely with their department leadership to ensure that leadership knows the successes and needs of the residency program. Department leaders can advocate for the needs of the residency program at higher levels within the organization and can be great allies to PDs.

**Department/Division Leadership**

Nomenclature: The Program Director’s immediate boss(es) will include one or more of the following people: Department Chair, Vice Chair for Education, DIO, Division Director, and/or Medical Director

Roles/Responsibilities

* + - Oversee academic and clinical responsibilities of providers and staff
		- Maintain overall department budget
		- Evaluation of Program Director

Engagement with PD: Program Directors should strive to meet regularly with Department leadership. This is important to be able to negotiate for faculty time for educational and administrative duties as well as provide the leadership with information regarding faculty and rotation evaluation. The Department Chair and Division Directors should support the Program Director’s efforts at faculty development and authority for remediation/removal of faculty who are not engaging appropriately with trainees.

Finances/Budgeting

The topic of GME funding is complex, but Program Directors should be aware of the general nature of program funding. The ACGME has a simple page defining different types of funding for GME programs [here](https://www.acgme.org/globalassets/pdfs/funding-for-graduate-medical-education-5.3.2022.pdf).

Nomenclature: Budgets in which residency funds may be included could be overseen by Department Chairs and/or Department Administrators and approved through finance committees and/or Boards of Directors.

Roles/Responsibilities: A residency program’s budget may be determined institutionally or at the department level. The Department Administrator has oversight of all budgetary items which may include both clinical and educational budgets.

Engagement with PD

* + - Budgeting for yearly expenditures: A Program’s budget may be determined by a set amount per trainee or event or as part of an overall budget for GME spending at an institution. Even if the Program Director does not have direct oversight of the program budget, they should be intimately aware of the cost of running their program.
		- Having knowledge of program expenses allows the Program Director to negotiate for funding within the yearly budget, for special educational programming or for an increase (or decrease) in resident complement. (Click [here](https://acgmehelp.acgme.org/hc/en-us/articles/360043148273-How-do-I-request-a-change-to-my-program-s-complement-approved-positions-) for instructions on requesting a complement change.)

Resources

Accreditation Council for Graduate Medical Education. (2023, July1). *ACGME Program Requirements for Graduate Medical Education in Pediatrics.* <https://www.acgme.org/globalassets/pfassets/programrequirements/320_pediatrics_2023.pdf>

The Royal College of Physicians and Surgeons of Canada. (2013, September). The Royal College program directors handbook: A practical guide for leading an exceptional program.<https://postgrad.med.ubc.ca/wp-content/uploads/2021/10/rc-program-direcor-handbook-e.pdf>