

# RESIDENCY AND FELLOWSHIP PROGRAM DIRECTORS: COORDINATION AND INTEGRATION

## CHAPTER OVERVIEW:

- RC-IM requires that core residency program directors monitor fellowship training programs compliance with ACGME standards.
- Collaboration between residency and fellowship program directors can lead to more efficient and comprehensive efforts in teaching competencies.
- Residency and fellowship directors can provide an objective forum for addressing disciplinary issues in the context of a medical education/clinical competency committee.

The relationship between residency program directors and subspecialty fellowship program directors has recently gained greater importance due to Review Committee for Internal Medicine (RC-IM) requirements and the challenge of addressing the Accreditation Council for Graduate Medical Education's (ACGME's) core competencies (1). Integration of the directors' knowledge, experience, and leadership can be vital to a successful site visit as well as to the overall success of both the residency and fellowship programs.

The RC-IM has formalized the need for a reporting relationship between fellowship and residency program directors in the *Program Requirements for Residency Education in Internal Medicine* and the *General Program Requirements for Fellowship Education in the Subspecialties of Internal Medicine* (2). The mode of communication and the methods of reporting should be defined and documented. Program directors should educate fellowship program directors regarding core competencies and program requirements. Moreover, there is a tremendous opportunity for bi-directional interaction with regard to resource utilization, evaluation, assessment, and program improvement. At a minimum, program directors should be informed of substantive changes in fellowship programs and should review program information forms (PIFs) completed by fellowship program directors prior to submission to RC-IM. In this way, the program director can serve as consultant to fellowship program directors, yet fellowship programs can retain their autonomy regarding budgetary and scheduling issues.

Ideally, coordination between program directors and fellowship program directors can stimulate development of a more robust collaboration between educators in departments of internal medicine. Since many of the core competencies span the continuum of

training, coordination of curricula between institutional core residency and subspecialty programs is desirable. In addition, evaluation templates and forms for both faculty and residents may be addressed jointly. This is an inherent efficiency that also benefits the training institution.

The interaction between program directors and fellowship program directors should be tailored to the size and culture of the department. It may be helpful for the program director and department chair to establish a committee for addressing medical resident and post-graduate education. The membership of a medical education committee (MEC) and the frequency of meetings depend on the needs of the department. Developing a reliable and cohesive group of medical educators can be a very worthwhile investment for a program director. For instance, the MEC can coordinate educational efforts between the core residency and fellowship programs.

There are several possible ways to structure a MEC. A MEC with membership that includes all fellowship program directors, clerkship directors, and residency program leadership (**Table**) allows discussion of broad topics such as physician-in-training and faculty evaluation, disciplinary issues, and preparation for accreditation. Alternatively, selecting fellowship program directors that represent procedural and evaluation/management specialties limits the number of individuals but brings many of the same voices and concerns to the committee. A MEC comprised of fellowship program directors representing areas of strong research or clinical programs allows the committee to acknowledge opportunities that may highlight departmental strengths. Larger departments of medicine might consider the MEC as a vehicle for addressing strategic opportunities in the academic

**TABLE**

<b>Medical Education Committee Membership</b>
Second-Year Student Clinical Skills Clerkship Directors
Third-Year Student Ambulatory Clerkship Directors
Third-Year Student Internal Medicine Clerkship Directors
Fourth-Year Student Internal Medicine Sub-Internship Directors
Chief Residents
Residency Program Directors
Residency Program Coordinators
Subspecialty Fellowship Program Directors

educational mission, such as undergraduate medical education and continuous professional development. The departmental MEC loosely mirrors an institution's graduate medical education committee where the program director serves as a surrogate for the designated institutional official (DIO) within the narrower context of an internal medicine department's educators, including fellowship program directors and clerkship directors.

Departments may also consider creating a central fellowship program coordinator position, similar to a residency program coordinator. This individual can help fellowship programs complete their PIFs and aid fellowship program directors and their individual program support personnel by providing information and updates. The fellowship coordinator can also help liaison between residency and fellowship programs over issues related to information technology, common curricula, and mandated educational programs, such as Joint Commission updates. Depending on the individual's educational qualifications and background, he or she may even help subspecialty fellowship programs develop core competency-based curricula and outcomes assessments. There is an educational economy of scale in linking this role to both the subspecialty fellowship programs and the core residency program as many of the issues in implementing new curricula or formalizing objectives for competencies will be confronted in both areas. Moreover, the program director, who is responsible for oversight of all training programs, should be aware of ongoing endeavors in each subspecialty arena. With documented means of communication, the fellowship program coordinator can serve as an important link between all departmental training programs. Funding this position, while challenging, becomes a shared expense of all the active fellowship programs and, as such, part of any central departmental educational budget.

## CURRICULUM DEVELOPMENT

Residency and fellowship programs must achieve continuity and standardization of curriculum, at least in regard to the ACGME 6 core competencies. Presentations addressing professionalism, systems-based practice, and interpersonal communication can often be provided for combined audiences of residents and fellows. Because residents and fellows span a broad range of experiences, audience participation and interaction is enhanced around discussions of professionalism and communication style. Physicians-in-training who make the transition from resident to fellow at the same institution maintain continuity of competency-based training. Resources are utilized more efficiently (e.g., a lecture on physician impairment can be given once to a larger combined audience of residents and fellows rather than 5 times to smaller audiences from single programs) and curriculum alignment ensures that training in the competencies occurs in the fellowship programs as well as the core residency program. Certainly, experiential or situational learning differs across specialties, as should the application of the core competencies to daily practice and learning in specific subspecialty domains (3). However, this should not deter program directors and fellowship program directors from seeking areas of commonality to lead education for their trainees.

Residency and fellowship programs should also consider how to share innovative teaching and evaluation tools. A department may determine that an interdisciplinary performance improvement project applies to several fellowship programs as well as the core residency program. A department may also invest in a standardized patient laboratory to which residents and fellows with identified communication deficiencies can be referred. Other teaching modalities, such as procedural skills assessment and computer-based tutorials, can be designed to meet the needs of the residency program, and then adapted for fellowship programs as well. In this way, competency-based education, an otherwise expensive proposition for individual programs, can be more manageable, efficient, and economical.

An area of focus for fellowship and residency coordination is implementation of electronic health records (EHR). Today's physicians-in-training are generally quite adept with computer-based technology (4), so identifying EHR champions among residents and fellows can be an important part of the implementation and dissemination strategy. Residency and fellowship programs should work together to identify these key individuals and

help coordinate the entire educational process for EHR functionality. This has the added benefit of clearly meeting objectives in technology utilization and systems-based practice for both residency and fellowship programs.

## EVALUATION

Integrating the evaluation process throughout the core and subspecialty programs in a department can be quite helpful. The residency program may have more resources and administrative personnel and a computerized evaluation system that can be expanded to include fellowship programs within the institution. Faculty evaluations of physicians-in-training can be standardized to add continuity and ease of tracking progress of residents and fellows who complete training. Such data are even more powerful in making appropriate program adjustments when examining residents who stayed at the same institution to pursue fellowship training.

Integrated evaluation systems also provide valuable information to program directors, division chiefs, and department chairs on the quality of faculty teaching. The administrative and educational leadership in a department can use this information to determine faculty development activities that address teaching and evaluation skills. A combined evaluation system may be particularly helpful for small subspecialty programs to pool fellow and resident evaluations as an aggregate assessment of faculty teaching quality.

## DISCIPLINARY ISSUES

Program directors and fellowship program directors are faced with numerous challenges, especially disciplinary actions. Program directors must balance the absolute obligation to ensure the competency of graduating residents with the knowledge that decisions regarding probation or termination can have drastic effects on the careers of physicians-in-training and may lead to litigation. Collaboration between program directors and fellowship program directors can lend valuable objectivity when determining if disciplinary action is warranted in specific situations. Other experienced program directors can be very helpful to the program director proposing a disciplinary action. Such input is exceedingly helpful when program directors need to engage hospital or extra-departmental authorities in outlining due process and potential disciplinary action. Similarly, guidance from the program director may be very useful for smaller fellowship programs that may only rarely need to invoke disciplinary action.

In some departments, program directors regularly seek each others' counsel in a confidential fashion, yet maintain autonomy over decisions that lead to probation or termination of residents and fellows. This model offers program directors the greatest authority, but the responsibility for making seemingly unilateral decisions may seem daunting. Alternatively, disciplinary decisions can be made by a vote of the MEC (or other clinical practice or graduate medical education evaluation group). This process may be coupled with a policy extending the right to a hearing before the MEC or members of departmental leadership to all physicians-in-training faced with disciplinary action. This policy allows the program director to maintain the role of advisor to the struggling resident or fellow. ("The Clinical Competence Committee" in Section IV contains further information regarding this disciplinary process.)

An alternative approach to disciplinary issues is to engage in formal due process for any potential disciplinary action directed by a core, pre-designated group of departmental leaders, such as the department chair, 1-2 vice chairs, and the program director or designated fellowship program director, depending on the circumstances. The steps leading to a review by this group should be documented as part of departmental policy and procedure. The DIO should also approve this approach for legal and due process reasons. Given the complexity of the appeals process, residents deserve impartial advocacy and counsel from their program director when facing disciplinary action. To this end, the program director of the resident or fellow in question may choose to abdicate his or her vote within the committee on the physician-in-training's proposed disciplinary action, and rely on the decision of other program directors or members of the decision-making body.

## PREPARING FOR THE RC-IM SITE VISIT

Another important task for both program directors and fellowship program directors is preparing for a RC-IM site visit (Section II contains further information on residency and fellowship program accreditation). The MEC or the central fellowship program coordinator can serve as a tremendous resource for mentoring new program directors about an accreditation site visit. Program directors can coordinate internal reviews by pairing with other directors or by channeling all information through a central review group from the MEC to provide feedback on compliance with RC-IM program requirements. To thoroughly complete an internal review, this process must begin at least 12

months in advance of a formal site visit. The reporting relationship between program directors and fellowship program directors is very important because the program director should be aware of all key features of the fellowship program, including potential problem areas. Fellowship program directors should consider meeting with fellows to assess their understanding of the fellowship program's policies and to provide a safe forum for fellows to express concerns prior to the site visit. The program director also bears an important responsibility for ensuring completion and accuracy of each fellowship program's PIF, as expected by RC-IM.

To alleviate some of the burden of this important task, the program director should ask other departmental leadership, such as the department chair or his or her designee and 1 or 2 other individuals, to aid in the internal review process. This process may include additional reviews of the PIF or the entire group (including the program director) arrange 2 formal presentations about the fellowship program. The first should be held approximately 12 months prior to the site visit to ascertain program strengths and areas of potential development. The second should be held approximately 6 months later to determine if necessary changes have been made in anticipation of the program's scheduled site visit. Through this type of collaboration, departmental educators may find innovative ways to improve training in all competencies, especially professionalism and systems-based practice. Cooperation in completion of the accreditation paperwork can also decrease redundancy in the data-gathering process.

## RESEARCH PATHWAY

With the opportunity for some individuals to move directly from residency into subspecialty fellowship training through the ABIM research pathway (5), it is imperative that the program directors and fellowship program directors consider developing research program slots for the residency and fellowships. A shared understanding of departmental research objectives, as well as the aspects of career development and available mentoring resources is vital to the success of such an endeavor.

## EDUCATIONAL BUDGETS

The budget for subspecialty fellowship programs is often developed within the program director's office or through the vice chair for education in conjunction with the program director and fellowship program

directors. Obviously, a discussion of fiscal priorities and contribution to shared resources is necessary to facilitate such discussions and to equitably distribute expenses. This discussion should be undertaken on a semi-annual basis at a minimum to assess institutional trends in expenses and fellowship support and to prepare for any significant changes that may be on the horizon in the upcoming fiscal year.

## CONCLUSION

Integration and collaboration between program directors and fellowship program directors is not only desirable, but is mandated by RC-IM. In recognition of the growing complexity of training program administration, it is helpful to formalize these interactions to the best extent possible and document them. Curriculum development, faculty and resident evaluation, disciplinary procedures, and site visit preparation are key activities for which collaboration is vital. By establishing mechanisms to address concerns and coordinate administrative functions, program directors and fellowship program directors may gain insight and support from colleagues and foster an environment conducive to academic innovation.

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