

Residency program director

The residency program director and staff members play an important role in the selection of the research project for neurosurgical residents. The director and staff members typically have a deep understanding of the field of neurosurgery and can help guide residents in selecting research projects that align with their clinical interests and career goals.

Here are some of the ways in which the residency program director and staff members can support residents in selecting research projects:

Providing guidance: The residency program director and staff members can provide guidance to residents on how to identify research projects that align with their clinical interests and career goals. This may involve reviewing the available literature, consulting with experts in the field, and considering the practical feasibility of different research projects.

Facilitating collaborations: The residency program director and staff members can help facilitate collaborations between residents and other researchers, clinicians, or institutions. This can help residents access the resources and expertise they need to conduct high-quality research.

Providing resources: The residency program director and staff members can provide residents with access to resources such as funding, equipment, and data analysis software. This can help ensure that residents have the necessary resources to conduct their research projects effectively.

Offering mentorship: The residency program director and staff members can offer mentorship to residents as they conduct their research projects. This can involve providing feedback on research proposals, helping to troubleshoot challenges that arise during the research process, and guiding residents in interpreting their research findings.

Overall, the residency program director and staff members can play an important role in supporting residents as they select and conduct research projects. By providing guidance, facilitating collaborations, offering resources, and providing mentorship, they can help ensure that residents are able to conduct high-quality research that aligns with their clinical interests and career goals.

The program director's primary role is to ensure that the residency or fellowship program meets the standards set by the Accreditation Council for Graduate Medical Education (ACGME) and other accrediting organizations. This involves overseeing the program's curriculum, ensuring that residents receive adequate clinical experience and training, and monitoring residents' progress and performance.

Program directors are also responsible for recruiting and selecting residents, evaluating resident performance, providing feedback and mentoring to residents, and ensuring that residents have access to appropriate educational resources and support. They work closely with faculty members and other healthcare professionals to develop and implement the program's curriculum, and may also be involved in research and other scholarly activities.

In addition to their administrative duties, program directors may also maintain a clinical practice and may be involved in teaching medical students and other learners. They play a critical role in shaping the future of healthcare by training the next generation of physicians and promoting excellence in

medical education.

Revised 1-06 Responsibilities of the Residency Program Director According to the ACGME Institutional Requirements, “the purpose of graduate medical education (GME) is to provide an organized educational program with guidance and supervision of the resident, facilitating the resident’s ethical, professional, and personal development while ensuring safe and appropriate care for patients.” In UTHSCSA-sponsored GME programs, the residency program director is responsible for the organization and implementation of these objectives for his/her program. Specific responsibilities may be delegated by the program director, but he/she is responsible to the GME Committee, the Designated Institutional Official (DIO), and to the ACGME Residency Review Committee for the timely and accurate completion of all tasks. In addition to the ACGME, a number of other regulatory bodies impose requirements on our GME programs. These agencies include (but are not limited to) the University of Texas System, Texas Department of Health, Texas Medical Board, Joint Commission on Accreditation of Healthcare Organizations, the University Health System, South Texas Veterans Health Care System, and Christus Santa Rosa Health Care System. Compliance with these requirements is the responsibility of the program directors, working in concert with the institution. Physicians-in-training include residents and fellows, who, for the purposes of this policy, will be referred to as “residents” (see GME General Policies). GME programs may be characterized as: • ACGME accredited – for which there are specific ACGME program requirements • Non-ACGME-accredited – for which there are no specific ACGME program requirements The program directors of non-ACGME programs are exempted from some responsibilities. Such exemptions are designated with an asterisk (*) below Responsibilities of the residency program director include all of the following 1 : Participation in the Institutional governance of GME programs (I-A-1) • Maintain current knowledge of and compliance with UTHSCSA GME Policies (www.uthscsa.edu/gme/policies) • Maintain current knowledge of and compliance with ACGME Institutional and Program Requirements – www.acgme.org)

1 References are to the ACGME Institutional Requirements effective July 1, 2003 – www.acgme.org Revised 1-06 • Participate in GME Committee, subcommittees and task forces (including program representation at all GMEC meetings), and Internal Review panels as requested * • Cooperate promptly with requests by the GME Office and/or GME Committee for information, documentation, etc. • Maintain accurate and complete program files in compliance with institutional records retention policies • Ensure that residents comply with periodic survey by ACGME (ACGME Resident Survey) ACGME accreditation (Residency Review Committee) matters * • Maintain current knowledge of and compliance with the ACGME Manual of Policies and Procedures for GME Review Committees (www.acgme.org) • Maintain current knowledge of and compliance with the ACGME Program Requirements pertaining to his/her program, as well as any other program policies and procedures, subspecialty program requirements, etc (see specific RRC webpage for further information) • Oversee and organize the activities of the educational program in all institutions that participate in the program. This includes selecting and supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate resident supervision at all participating institutions. • Respond promptly to RRC requests for information, working with the GME Office to ensure compliance with RRC-stated deadlines, as well as timely review and co-signature by the DIO • Maintain accurate and complete program files in compliance with ACGME requirements • Prepare accurate and complete Program Information Form (PIF) prior to RRC site visits. A complete copy of the PIF should be delivered to the DIO for review, at least one month before the site visit • Ensure that the DIO reviews and cosigns any correspondence or document submitted to the ACGME by the program directors that either addresses program citations or requests changes in the programs that would have significant impact, including financial, on the program or institution (II.A.3.a) • Prepare documentation of Internal Review materials and reports as required by

the GME Committee protocol • Develop action plans for correction of areas of noncompliance as identified by the Internal Review, RRC site visit, and/or other mechanisms • Update annually both program and resident records through the ACGME Accreditation Data System. • Prepare Program letters of Agreement (Program Agreements) with all clinical sites outside of the primary teaching facilities for which rotations of >30 days are provided, and reviewing and revising these Program Agreements to accommodate elements included in the GME Committee template, at least every 3 years Revised 1-06 • Ensure that Business Associate Agreement forms (template on the ACGME site) are prepared for any clinical training site in which residents have access to protected health and/or demographic information Educational Administration and Oversight of the Program • Develop an educational curriculum as defined in the ACGME Program Requirements for the specialty or, if a non-ACGME accredited program, periodic review/revision of the educational curriculum • Provide instruction and experience with quality-assurance/performance improvement, including the tracking of autopsy results for patients cared for by the program's residents • Develop and use dependable measures to assess residents' competence in the General Competencies of patient care, medical knowledge, practicebased learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice • Use dependable measures to assess residents' competence in other areas as defined in the ACGME Program Requirements for the specialty • Implement a process that links educational outcomes with program improvement • Ensure that each resident develop a personal program of learning to foster continued professional growth • Facilitate residents' participation in the educational and scholarly activities of the program, and insurance that they assume responsibility for teaching and supervising other residents and students • Assist residents in obtaining appointment to appropriate institutional and departmental committees and councils whose actions affect their education and/or patient care • Procure confidential written evaluations of the faculty and of the educational experiences by the residents, at least annually (or more frequently if so required by the RRC program requirements) • Ensure residents' attendance at educational offerings required by the institution and the agencies listed in the second paragraph. • Ensure at least annual review of the educational effectiveness of a program (Common Program Requirements VII.C.1) via a formal documented meeting for which written minutes are kept • Ensure that the program's policies regarding evaluation and performance feedback are followed for all residents within the program, and particularly for non-succeeding residents. When a resident is being considered for placement in a status other than in good standing, the DIO should be consulted prior to this status change, and the notification letter should include all elements addressed in the GME Committee probation letter template. • Provide oversight and liaison with appropriate personnel of other institutions participating in the residency training • Maintain current and continuous enrollment of all program residents with clinical responsibilities in the UT System Self Insurance Plan Revised 1-06 • Ensure that each resident maintains current and continuous Physician in Training Permit status with Texas Medical Board, until/unless resident obtains a Texas Medical License. Provide reports to the Texas Medical Board as required. • Create, implement, and review annually program-specific policies consistent with UTHSCSA GME policies for the following: □ Resident selection □ Resident evaluation □ Resident promotion □ Resident dismissal □ Resident duty hours □ Moonlighting policy and written documentation for any resident participating in moonlighting • Monitor residents' duty hours and report findings to the DIO • Facilitate institutional monitoring of resident duty hours • Ensure that non-eligible residents are not enrolled in the program • Ensure that all interviewed residency applicants are provided, at a minimum, a written information sheet containing the URL at which the terms and conditions of employment and benefits, visa policies, and the resident contract may be found • Ensure that written notice of intent not to renew a resident's contract is provided no later than four (4) months prior to the end of the resident's current contract, unless there are extenuating circumstances • Provide verification of residency education for residents who may leave the program prior to completion of their education. • Determine the appropriate level of education for residents who are transferring from another residency program. The program director must receive written verification of previous educational experiences and a statement regarding the performance

evaluation of the transferring resident prior to their acceptance into the program. • Provide appropriate supervision of residents (via the program faculty) so as to allow progressively increasing responsibility by the resident, according to their level of education, ability, and experience • Manage clinical scheduling of residents including, but not limited to □ Creating clinical rotation and on-call schedules □ Entering these schedules into institutional electronic tracking software, and revising schedules at each cycle completion (e.g., monthly) and communicating the revised schedule to the University Hospital System Reimbursement Specialist and the GME Office to enable accurate IRIS reporting □ Structuring on-call schedules to provide readily available supervision to residents on duty, and that appropriate backup support is available when patient care responsibilities are especially difficult or prolonged □ Structuring duty hours and on-call time periods so as to focus on the needs of the patient, continuity of care, and the Revised 1-06 educational needs of the resident, and to comply with requirements as set by the institution, ACGME, and the appropriate RRC • Provide a final evaluation for each resident who completes the program. This evaluation must include a review of the resident's performance during the final period of education, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. Approved by GMEC: December 11, 2001; Revised November 17, 2004, February 14, 2006 Reviewed and approved by Faculty Council: January 14, 2002; January 10, 2005; March 13, 2006

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Last update: **2024/06/07 02:50**

