

The Subspecialty Fellowship Training Program Director: Essentials and Expectations

A subspecialty fellowship training program is an integral component of an academic subspecialty division of internal medicine and can enhance the academic stature of the division. Because the training program contributes directly to the division's ability to meet its research, clinical service, and teaching missions within the academic health center, the quality of the training program and that of the division are directly intertwined.

A successful fellowship program can result only through the careful, deliberate oversight of the program's director. This article examines the essential qualities of a fellowship training program director and the expectations of and for a director. In light of the importance of the fellowship program director to subspecialty divisions and departments of internal medicine, the Association of Subspecialty Professors (ASP) is grateful to the Association of Professors of Medicine for allowing us to express our views.

The fellowship training program director serves as a vital interface among many groups within the academic health center. At a minimum, the director should be the training program's administrative liaison with the division director, the parent medicine residency training program, the institutional graduate medical education (GME) office, the institutional GME committee, the Residency Review Committee for Internal Medicine (RRC-IM), the American Board of Internal Medicine (ABIM), the Educational Commission for Foreign Medical Graduates (ECFMG), the respective professional society, and the subspecialty training program directors group. Often, the training program director must also be an advocate for the trainee in interactions with the faculty and with the numerous agencies, organizations, and societies that are involved in graduate medical education.

To be effective in this complex role, the training program director must possess certain attributes, which can be categorized as essential knowledge, skills, and values and attitudes. Similarly, the institution must have certain expectations of and for a program director—academic development and progression, financial support of both the director and the program, and protected time—that are essential for the director to succeed.

PROGRAM DIRECTOR ESSENTIAL ATTRIBUTES

Knowledge

Medical knowledge. Knowing the content of the subspecialty area is critical for the program director. Mastery of the subspecialty content is demonstrated best through ABIM certification.

Accreditation process. A major responsibility for the program director is to maintain the highest level of accreditation by the Accreditation Council for Graduate Medical Education (ACGME). It is imperative that the director possess knowledge of the ACGME institutional requirements (1), the RRC-IM program requirements for residency education in internal medicine (2), and the program requirements for residency education in the subspecialties of internal medicine (3,4) and in the specific subspecialty area. These requirements and the accreditation process are available from the ACGME Web site (available at: www.acgme.org) or from the *Graduate Medical Education Directory*, published annually by the American Medical Association.

Trainee certification. Achieving ABIM certification should be the primary goal of all trainees capable of certification. The program director must know the ABIM certification requirements (5) and must understand the certification process. This information is readily available on the ABIM Web site (available at: www.abim.org) and from their printed material.

Institutional GME policies. Each sponsoring institution is required to develop specific GME policies to address the ACGME institutional requirements. Knowledge of these specific institutional policies is essential, and this information can be easily obtained from the institutional GME office.

Institutional non-GME policies. Many training programs enhance program diversity by using various clinical facilities. Each facility will have its own policies, usually developed as bylaws, for medical staff regarding, for example, medical record keeping, controlled substances prescribing, and credentialing. Often the bylaws pertain to or refer to GME trainees, and compliance with these policies is essential. The bylaws are available from the

Table 1. Essential Attributes for the Program Director

Knowledge

- Medical knowledge
- Accreditation
- Certification
- Institutional GME policies
- Institutional non-GME policies
- Federal guidelines
- Trainee assistance resources
- ASP resources

Skills

- Clinical skills
- Recruitment
- Communication
- Negotiation and conflict resolution

Values

- Professionalism
- Altruism
- Integrity

sponsoring institutions, from the GME office, or from the clinical facility's chief-of-staff office or equivalent medical staff office.

Federal guidelines for GME. The federal government is intricately involved in GME funding and has guidelines and regulations pertaining to GME training. The federal agencies involved in GME include the Centers for Medicare and Medicaid Services (CMS), the National Institutes of Health (NIH), and the Department of Veterans Affairs (VA). Administered by CMS, Medicare provides the bulk of GME funding at the specialty level, and provides less funding at the subspecialty level. The institution's accurate completion of its Medicare cost report depends on the program director's accurate reporting of trainee assignments at each institution, thus ensuring that the institution receives optimal Medicare GME reimbursement. CMS—formerly known as the Health Care Financing Administration—has published guidelines for teaching physician documentation requirements; the institution must comply with them to be optimally reimbursed. The NIH, through the T32 training grants, funds some subspecialty fellowship training and has its own set of requirements and guidelines. The VA is a vital partner in subspecialty training and also maintains its own requirements. Knowing the essentials of all these federal programs will optimize the funding available to subspecialty programs and will ensure the financial longevity of the program. Even unintentional violation of these federal requirements can damage the institution's reputation as well as its financial status.

Trainee assistance resources. Postgraduate years are stressful times for the physician trainee. Most will have significant educational and other debts. The Association

of American Medical Colleges (AAMC) has been a valuable resource for financial counseling and debt management for medical students and postgraduate trainees. Moreover, trainees' financial stress can be compounded by the personal stress of long hours, delayed personal growth, or postponement of family growth; and many state medical societies or local institutions have resources for counseling. The program director should know of these resources or information should be available in the institutional GME office.

Association of Subspecialty Professors. ASP provides many of the resources commonly needed by all subspecialty training program directors, and delivers them at annual meetings and through publications. Knowledge of ASP resources will assist all program directors in carrying out their responsibilities.

Skills

Subspecialty clinical skills. The competent program director must possess clinical skills in the specific subspecialty area at the level required for ABIM certification.

Recruitment skills. The vitality of the subspecialty program is ensured only if new fellows are actively and enthusiastically recruited. The program director must be adept at recruitment, locally, regionally, and nationally.

Communication skills. The program director must communicate well, in both speaking and writing, with the fellows, the faculty, the staff, and the various institutional offices related to the fellowship program. Timely and effective communication will ensure the continuing prosperity of the fellowship training program.

Negotiation and conflict resolution skills. Often, the program director is the interface between the trainees and the diverse constituents of the training program environment. Conflicts among constituent members are frequent. The program director is often the focal point of such conflicts and must therefore have the ability to negotiate and resolve them.

Values and Attitudes

Professionalism. The program director should demonstrate values and attitudes consistent with the standards required for active ABIM certification in the subspecialty (5). These qualities are best defined by the ABIM Project Professionalism (6,7), and they must be part of the program director's repertoire when performing clinical professional duties.

Altruism. In discharging administrative duties, the program director should consider the best interests of the trainee's future patients, and should place those interests ahead of all others. Trainees' time and efforts will be limited and should be scheduled to prepare them for caring for patients and not for taking part in activities that might benefit clinical revenue or achieve research recognition

Table 2. Essential Institutional Expectations

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- Potential for academic development and progression
 - Financial support of the program director
 - Financial support for the program
 - Protected time
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for the division.

Integrity. The program director's actions must always reflect truth, fairness, and respect.

INSTITUTIONAL EXPECTATIONS

Academic Development and Progression

Appropriate recognition and rewards geared toward academic promotion within the institution is essential for the professional development of fellowship program directors. If program directors are not recognized and rewarded for their efforts, then their academic careers are doomed to failure.

Financial Support of Program Director's Administrative Needs

Managing a fellowship program requires considerable time and effort. Institutions must provide the program director a salary that is appropriate to administer, maintain, and develop the fellowship program, and must also provide suitable administrative staff and office support. Some of these benchmarks of support have been reported for internal medicine residency program directors, but not for subspecialty fellowship program directors (8). Furthermore, for a program to be successful, the director's duties should not be limited to managing the existing program, but also should include sufficient time for developing creative improvements for the future.

Financial Support for the Program

The various accrediting institutions have specific requirements for the clinical training environment of the trainee. The institution must provide appropriate support for ancillary staff, technology infrastructure, on-call quarters, counseling, benefits, libraries, and so forth. Appropriate clinical facilities and equipment also must be readily available in the training environment.

Protected Time

Institutions should recognize that managing a fellowship program requires time not only for scheduled activities but also for reflecting upon and developing future activities. It is essential that the program director be supported and given time to participate in training program direc-

tors' meetings and retreats. Continuously improving a training program also requires time, and time to develop and enhance the program must be built into the program director's daily schedule.

SUMMARY

Fellowship training programs should be an integral component of every successful academic subspecialty division of internal medicine. It is hoped that, by knowing the attributes of the program director and the expectations of the institution that are reasonable precursors to success, academic subspecialty divisions can review their fellowship programs and enhance the quality of these programs, and thereby enhance the quality of future subspecialists.

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