

# The National Institute for Program Director Development: A School for Program Directors

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**Background:** The role of residency program director is unique in medicine and medical education. Most program directors learn the job through trial and error, with a fortunate few benefiting from the wisdom and experience of their predecessors and mentors. In 1994, the Association of Family Practice Residency Directors (AFPRD) made the development of training and support resources for program directors a top priority.

**Methods:** With the support of the strategic plan of the AFPRD, the focus on excellence in residency education by the ABFP, and a survey documenting need, the National Institute for Program Director Development (NIPDD) was formed, with its sentinel product, a school for family practice residency directors.

**Results:** A fellowship-format 9-month training program was constructed using a multidimensional educational model. To date, there have been more than 300 participants. The curriculum emphasizes leadership development, resource allocation, a thorough familiarity with regulations and standards, educational options, and personnel management skills. A follow-up survey in 1999 documented an increase in program director tenure and an overall positive impact on family practice residency programs.

**Conclusions:** Enhanced preparation for the job of residency program director results in a positive impact on both the director and the program. (J Am Board Fam Pract 2002;15:209–13.)

Central to the founding of the Association of Family Practice Residency Directors (AFPRD) in 1990 was the recognition that the role of the residency program director is unique in medicine and medical education. Within that role, residency directors must be professional administrators, pragmatic teachers, clinician role models, political activists, and standard bearers for academe in their institutions. Consequently, many directors, especially those conducting sole programs in community hospitals, have few peers in their own institutions with whom to work and learn.

The role of program director carries with it appreciable job-related stress, professional isolation, and the threat of a high rate of burnout. Seminars on burnout, offered at the annual Workshop for Directors of Family Practice Residencies,

were noted to be routinely oversubscribed and characterized by emotionally laden discourses on the stresses of the job, which were aggravated by a sense of inadequate preparation for the associated demands and responsibilities. It was with this background in mind that in January 1994, at a strategic planning retreat, the AFPRD Board of Directors recognized the need for greater support for and preparation of program directors as a top priority.

Specifically, what was missing was an educational resource, tailored to the unique needs of program directors, that went beyond the typical presentation material available at annual conferences for family medicine educators, including those sponsored by the Residency Assistance Program (RAP Workshop), the American Academy of Family Physicians and Association of Family Practice Residency Directors (Program Directors Workshop), and Society of Teachers of Family Medicine (STFM Spring Conference).

Other educational models were considered. For example, the American College of Physician Executives (ACPE) offers the Physician in Management series, and several academic institutions offer masters-level programs in management, finance, teaching skills, and other aspects of medical educa-

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**Table 1. National Institute for Program Director Development (Core Curriculum).**

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Leadership skills
Personnel management and team building
Program management
Communication skills
Negotiation skills
Program finance
Educational guidelines for family practice residencies
ABFP policies and procedures for certification eligibility of graduates

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ABFP—American Board of Family Practice.

tion. None, however, could meet the broad-based needs and especially the unique challenges of the residency program director. Consequently, the AFPRD board decided to pursue the development of a school for program directors designed with their particular knowledge and skill needs in mind. This project received unanimous and enthusiastic support from the membership at the all-member meeting of June 1994.

## Methods

### *Project Initiation*

Two specific resource needs were requisite to such an ambitious and comprehensive initiative. The first was a focused needs assessment, which was conducted in 1994 by a survey of then current program directors. Typical respondents described on-the-job training as the primary mode for learning the skills demanded by their positions. Although most reported several years of teaching experience before assuming the role of program director, few reported management experience other than that gained through practice experience. A very small group of respondents reported formal education (MPH, MBA, etc) that included management skills. When collated, the survey findings showed that the typical program director spent 3 to 4 years in that role before feeling prepared to meet the job demands. Unfortunately, 3 to 4 years was also determined to be the typical longevity of a program director. Just about the time the director started to learn the job, role stress began to take its toll. Directors consistently cited several domains in which they felt inadequately prepared (Table 1). These elements would eventually form the foundation of a curriculum.

The second resource needed to develop a program directors' school was financial support. The timing for this initiative turned out to be fortuitous, as the American Board of Family Practice (ABFP) had been seeking a way to enhance directors' facility with the requirements and procedures associated with preparing residents for eligibility for certification. The American Academy of Family Physicians (AAFP) also generously agreed to provide in-kind services to support this initiative. With the financial support from both the ABFP and the AAFP to pay for all costs except participant travel, the AFPRD board was ready for program development.

### *Formation of the School*

The first step in the development of a curriculum was the creation of a panel of senior physician educators to oversee and guide the process. In addition to the AFPRD board of directors, the Academic Council was created to include representatives from the Society of Teachers of Family Medicine, Residency Assistance Program, American Academy of Family Physicians, and the American Board of Family Practice. To provide a structure within which to operate this educational initiative, the National Institute for Program Director Development (NIPDD) was formed, with the Academic Council as its operating board.

### *Curriculum Development*

Using the information base from the program director survey, the Academic Council crafted a curriculum that incorporated preferred learning styles, format, and content in an adult-learning model. Drawing on a broad experiential database, the council designed an educational program consisting of a 9-month longitudinal curriculum in a fellowship format. Short, intensive, focused learning sessions were combined with existing annual educational programs to facilitate participants' experiencing the content value and networking opportunities of those events. The focused sessions concentrated on the core topics determined by program directors to be essential content.

A longitudinal project requirement was included in the curriculum to provide participants with a guided opportunity to create a tangible product that would be used in the participant's own program. Participants were paired with senior program

**Table 2. National Institute for Program Director Development Fellowship Resource Guide Content.**


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Fellowship presentation outlines, notes, and support documents
ACGME Program Requirements for Residency Education in Family Practice
ACGME Institutional Requirements for Accredited Residency Programs
ACGME Program Requirements for Geriatrics and Sports Medicine Fellowships
AAFP Core Educational Guidelines for Family Practice Residents
RAP Criteria for Excellence in a Family Practice Residency Program
Program Information Form for Family Practice Residency Accreditation
RRC Guidelines for Education in Community Health Centers
AAFP Information booklet on the National Resident Matching Program
AAFP/AFPRD/RAP Services to Family Practice Residency Programs
AAFP Special Considerations in the Preparation of Family Practice Residents Interested in Rural and Inner-City Practice
AFPRD Action Plan for the Future of Residency Education in Family Practice: Recommendations of the AFMO/AFPRD Strategic Planning Working Group
ABFP Program Directors Handbook
AAFP Policies and Position Statements
Current AAFP listings of Accredited Residency Programs in Family Practice
AAFP Fellowship Directory for Family Physicians
Extramural Resident Electives (AAFP) Resource Guide
AAFP Member Services Resource Guide

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ACGME—Accreditation Council for Graduate Medical Education, AAFP—American Academy of Family Physicians, RAP—Residency Assistance Program, RRC—Residency Review Committee, AFPRD—Association of Family Practice Residency Directors, AFMO—Academic Family Medicine Organizations, ABFP—American Board of Family Practice.

directors and RAP consultants in a mentorship format to augment and support their educational development. Contact with the participants and mentor-advisors continued throughout the 9 months of the fellowship. A resource guide was assembled as a program syllabus to provide fellowship participants with copies of all those documents and other written materials that should be immediately accessible to every residency director (Table 2).

Program participants were asked to evaluate critically each component of the curriculum as it was experienced in real time. Finally, each member of the Academic Council accepted a leadership role for fine tuning one curricular element and made a commitment to participate visibly with the entire program of study. This level of commitment permitted unusually rapid curriculum development and an accelerated response time for program adaptations to learner needs.

### ***First Class***

In early autumn 1994, an announcement of the NIPDD fellowship program was mailed to every accredited family practice residency program in the United States. The curriculum was described, and preferred participation was extended to program directors with less than 3 years' experience, direc-

tors of developing programs, and faculty anticipating advancement to the responsibilities of program director in the near future. Class size was limited to 40 participants to permit close monitoring of their educational experiences. The response to the first announcement was overwhelming with more than twice as many applications as available positions. Using the preference criteria, a sentinel class was assembled with diverse geographic and program characteristics.

Participants attended a 3-day, stand-alone conference in the autumn to start the program. Participants selected, in addition to core didactic and small-group sessions, a project related to their present job to accomplish in their work setting during the ensuing 9 months. Assignment to or selection of mentor-advisors completed the initial session. The second session of the program directors' school was held the day before their participation in the spring RAP Workshop. Similarly, the third NIPDD session was held the day before their participation in the Program Directors' Workshop, after which a graduation ceremony was held. This scheduling allowed the school to deliver the curriculum, as well as to expose new directors to ongoing educational resources for themselves and their faculty.

As the program progressed, feedback questionnaires and a professionally facilitated focus group provided the Academic Council with opportunities to modify the curriculum to enhance learning. For example, formal, comprehensive didactic sessions were replaced with a series of brief (20- to 30-minute) presentations, interspersed with discussion groups and exercises to reinforce key topics. Additions were made to the program syllabus to enhance its usefulness to new directors. Opportunities for team building, networking, and asking focused questions provided participants with a level of support beyond that expected from formal content. In June 1995, the first class of NIPDD Fellows received their recognition certificates.

### ***Subsequent Programs***

Since the initial program offering, annual presentations and feedback sessions have resulted in modifications to the curriculum. For example, the mentorship component has been made more flexible to facilitate the development of a long-term support relationship. Experimentation with class size has resulted in the establishment of a cap of 50 participants per program to maintain the capacity for individualized learning support. An electronic mailing list for participants, mentor-advisors, NIPDD faculty, and the Academic Council was developed to reinforce real-time learning throughout the year. Finally, with the recent financial challenges to residency program viability created by the Balanced Budget Act of 1997, the curriculum in residency program finance has been expanded and enhanced with a finance project exercise and discussion groups. Despite the eventual transfer of the financial responsibility from initial underwriters to participants, applications for this now annual program continue to exceed class capacity.

## **Results**

### ***NIPDD Impact on Family Practice Education***

Longitudinal feedback from fellowship graduates continues to reinforce the perceived value of this training program. Former participants report enhanced job satisfaction, reduced job stress, and an expanded network of educational contacts and resources. Residency faculty participants who are not yet program directors report an enhanced capacity for effectiveness in supporting their programs' directors.

To evaluate this program more specifically, in January 2000 a survey was conducted of all 476 current family practice residency program directors, with 241 returns for a response rate of 51%. Of those responding to the survey, 41% had participated in NIPDD; 85% rated it "very valuable" and 14% rated it "valuable." The opportunity for networking with other program directors and the training in residency finance were considered the most valuable components of the experience. Regarding the impact of NIPDD on their stress level as a program director, 76% reported that it lowered the stress level, 22% reported that it had no impact, and 2% reported that it raised the level of stress.

When asked whether NIPDD participation made it more or less likely they would continue as a program director for the next few years, 83% said more likely, and the balance said it had no effect. This finding is validated by the observation that the average tenure of family practice program directors has increased from 3 to 4 years in 1994, to more than 6 years in 1999. Of the responding directors, 24% had other program faculty with NIPDD experience, and 90% reported that it had a positive impact on the program.

### ***Program Format Replication***

The success of the NIPDD Fellowship as a model of adult education can also be measured in part by the duplication of its learning format in other professional training programs. The AAFP Fundamentals of Management program is oriented toward family physicians finding themselves in their first management positions with medical groups and health maintenance organizations. It uses training elements of a comprehensive resource guide, focused workshops and discussions, a longitudinal project requirement, mentorship, and program integration with the AAFP Scientific Assembly. Likewise, the Chief Resident Leadership Development Program sponsored by the AAFP uses these same educational strategies. The influence of the NIPDD educational format has also extended beyond family practice. In an effort to stimulate cross-fertilization and collegiality, NIPDD participation has been offered to educational leadership representatives from internal medicine, pediatrics, and obstetrics and gynecology. As a result of NIPDD participation, in 2001 the discipline of obstetrics and gynecology initiated their own

school for new program directors, with a format and curriculum much like that of NIPDD.

### **Conclusions**

Since the inception of the NIPDD Fellowship, senior residency program directors have voiced their perceived needs for an advanced training program. Improved knowledge and skills in negotiation, mediation, advanced finance, strategic planning, faculty development, change management, and career planning are curriculum elements most often described as unmet needs. A task force is presently investigating options for meeting those and other as yet undetermined needs.

The National Institute for Program Director Development was created in 1994 as a direct response to the expressed needs of family practice residency directors for enhanced preparation for their unique roles. With broad support and input from the family of family medicine organizations, in less than 1 year NIPDD became a reality. Feedback from participants documents its unquestionably positive impact on current and aspiring residency directors and their programs. Its format and structure as a model for adult learning have been replicated both within the discipline of family medicine and by obstetrics and gynecology organizations as well. For more information about NIPDD, log on to [www.afprd.org/nipdd](http://www.afprd.org/nipdd).