



Strengthening the Associate Program Director Workforce: Needs Assessment and Recommendations

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Received for publication May 12, 2014; accepted May 12, 2014.

ACADEMIC PEDIATRICS 2014;14:332–334

THE NUMBER OF associate program directors (APDs) in the Association of Pediatric Program Directors (APPD) has increased from 196 in 2006 to over 350 in 2013, indicating that serving as an APD is a growing career pathway (Kathy Haynes Johnson, Association of Pediatric Program Directors, personal communication, December 2013). At the same time, changes in regulatory requirements from the Accreditation Council for Graduate Medical Education requirements (ACGME) have resulted in expansion and evolution of the role of APDs in helping meet the programmatic needs of pediatric graduate medical education (GME) programs.¹ Despite the growing importance of APDs as members of the GME team, there is a lack of information about their faculty development needs. This is important because the benefit of faculty development programs is well established in the literature and includes skill development, career advancement, and higher job satisfaction.^{2,3}

To address this gap, the APD Special Interest Group chairs of the APPD conducted a series of surveys to define the characteristics, experience, and faculty development needs of APDs. The results of these surveys were used to inform specific program- and national-level recommendations for APD faculty development that are the focus of this report. These recommendations are important because they provide guidance for how to better prepare APDs for their GME role, with the ultimate goal of improving both individual programs and the national GME community.

SURVEYS

There were no preexisting surveys that would meet our needs; therefore, we developed a survey using expert

consensus. The final version of the survey was approved by the APPD board of directors before use. We distributed the survey electronically to all APDs who were members of the APPD on 3 separate occasions: 2008, 2010, and 2013. Surveys were collected anonymously over a 1- to 2-month time frame on each occasion. Most questions were the same in all 3 survey occasions; however, minor modifications were made as part of the iterative needs assessment process. The study was approved by the Children's Mercy Hospital institutional review board. Surveys are available from the authors upon request.

Survey response rates were as follows: 43% (2008), 45% (2010), and 51% (2013). Data include the range of responses from the 3 survey time points.

APD CHARACTERISTICS

APD members from over 34 states were represented in each year of the survey. Both general pediatricians (56–63%) and subspecialists (27–37%) in APD roles were included. The number of APDs in individual residency programs varied substantially, but the number of programs reporting 2 or fewer APDs decreased over time (85% [2008], 79% [2010], 62% [2013]).

A substantial proportion of APDs were younger than 40 years of age (43–48%), and most were junior faculty: instructor (6–8%), assistant professor (51–60%), associate professor (23–28%), and professor (5–12%). Some APDs had advanced degrees: master's of education (7–12%), other master's degree (13–23%), and doctorates (2–6%). Importantly, the great majority of APDs had been in their

position for less than 5 years (<5 years [43–48%], 6–10 years [9–14%], >10 years [6–10%]). Although this observation could reflect increasing program needs with changing ACGME requirements, it may also reflect a high turnover due to other factors.

APD PROFESSIONAL RESPONSIBILITIES

Most APDs reported being compensated at ≤ 0.5 full-time equivalent (FTE) for their APD role: <0.25 FTE (34–36%), 0.25 to 0.5 FTE (60–62%), and >0.5 FTE (2–5%). APDs were asked to identify which activities they were responsible for in their role (Table). The most common activities reported were administration, counseling trainees, teaching, recruitment, and curriculum development. Less common activities included evaluation/assessment, faculty development, providing feedback to trainees, education research, and receiving mentoring for their APD role. These responsibilities are consistent with the reasons APDs entered their roles, with most having entered as a result of interests in education and working with residents. Given that most APDs have less than 0.5 FTE of protected time to support a broad range of responsibilities, developing skills to effectively balance their GME responsibilities with competing clinical or other demands would be important.

APD FACULTY AND PROFESSIONAL DEVELOPMENT NEEDS

The details of faculty and professional development activities and needs of APDs are summarized in the Table. Most APDs received training in teaching skills and providing feedback to learners. However, far fewer reported receiving faculty development to enhance their skills in mentoring, evaluation/assessment, and curriculum development even though they are often responsible for these activities. Surprisingly, over 50% of APDs lack a formal academic mentor, and less than 37% have presented scholarship at any APPD meeting. Most APDs not only lacked formal job descriptions (59–71%) but also had not participated in performance reviews (63–72%) specifically related to their educational role. When asked to report their top 3 concerns regarding their APD position, they reported the following: 1) lack of time (ie, clinical responsibilities conflicted with residency time); 2) faculty engagement (ie, difficulty engaging faculty in teaching, evaluation and other educational missions); and 3) scholarly work (ie, insufficient time and resources for projects, research, and promotion).

In the 2013 study, many APDs aspired to other leadership roles, including vice chair of education (19%), section chief (18%), and other education leadership roles (20%). However, in the same survey, only 39% of APDs indicated that they aspire to become a program director (PD). The most common reasons cited by those not planning on a PD role included the large time commitment required for

Table. APD Roles and Faculty Development Needs

Survey Element	Year Survey Administered		
	2008	2010	2013
Percentage of APDs reporting involvement in the following activities:			
Administration	79	92	84
Career counseling/mentoring/advising trainees	71	90	87
Teaching	82	91	85
Recruitment	78	94	88
Curriculum development	73	87	85
Evaluation development or implementation	55	71	74
Feedback	56	74	63
Faculty development	44	58	64
Education research	56	62	60
Receiving counseling or mentoring for their role as APD	63	46	43
Other	17	11	14
Percentage of APDs reporting having received faculty development for the following:			
Teaching skills	69	86	80
Providing feedback	64	85	79
Curriculum development	46	49	52
Mentoring skills	24	39	54
Evaluation development	38	46	44
EBM	34	37	44
ILPs	36	30	39
Human resource issues	3	8	5

APD = associate program director; EBM = evidence-based medicine; ILP = individualized learning plan.

program administrative issues (45–48%) and the PD role requiring more protected time than they are able to give (27–36%).

IMPLICATIONS

APDs play significant roles in graduate medical education. Increasingly complex requirements for residency programs have made APDs essential for most programs to succeed. The number of APDs in residency programs has increased substantially in the past 10 years (Johnson, personal communication). Targeting faculty and professional development of APDs is a worthwhile investment for GME given that many aspire to contribute as educators, either as future PDs or long-term APDs, or in other educational leadership roles. Improved training of APDs in areas of leadership, administrative skills, educational scholarship, and support for dissemination of their innovative scholarly work would benefit the GME community and enhance educational innovation nationally. Providing targeted faculty development and facilitating the process of professional development planning has the potential to improve career satisfaction for APDs. These strategies may encourage APDs to remain in their roles longer, allowing more senior APDs to serve as role models and mentors.

Informed by our survey findings, we offer the following recommendations at the program and national levels to better meet the needs of APDs and to promote successful GME programs.

PROGRAM-LEVEL RECOMMENDATIONS

CLARIFICATION OF ROLE EXPECTATIONS

Notably, few APDs have job descriptions for their role, and most have not received performance reviews, making job expectations unclear. It is critical to address this issue. PDs should facilitate a collaborative written job description with their program's APD. An APD job description template is available through the online repository of educational resources, "Share Warehouse," on the APPD Web site. The template may be used to stimulate discussion and allow for individualization to meet program needs. PDs should conduct regular performance reviews of APD performance, targeting opportunities for improvement, professional growth, and success in the APD role.

FOCUS ON CAREER DEVELOPMENT

PDs and department chairs should invest in skill development resources for APDs at all stages of their careers. This investment may include sending APDs to training sessions at the institutional or regional/national level, as well as supporting participation in advanced degree or certificate programs. Support for attendance at the national APPD meetings is important because they are important venues for networking, disseminating educational scholarship, and acquiring other related skills. Program leadership should assist APDs in establishing mentor relationships related to their educational roles and scholarship. Finally, the professional roles and activities of APDs must align with the institution's appointment and promotions criteria. Program and institutional leadership should work to ensure that the expected responsibilities of APDs are recognized in the advancement and promotion process at their institution.

NATIONAL-LEVEL RECOMMENDATIONS

FOCUS ON CAREER DEVELOPMENT

Specific training sessions should be developed to target the unique needs of APDs. Possible venues include offerings at APPD meetings, as well as other educational conferences such as Academic Pediatrics Association regional meetings, the Pediatric Academic Societies' annual meeting, and the Pediatric Educational Excellence Across the Continuum Conference, as well as meetings hosted by the Accreditation Council for Graduate Medical Education, the Association of American Medical Colleges, and others national organizations. In addition, national mentorship programs should be supported for APDs on the basis of current and future career needs and guided skills development. Formal organizational awards should be developed to recognize educational contributions from APDs. Offering early or midcareer awards for APDs would recognize the unique contributions from this diverse group of educators. Furthermore, such awards would serve to encourage APDs to make contributions, even with shorter tenures and limited time, and would provide national recognition for the individual and the program.

TRAIN PDs AND DEPARTMENT CHAIRS TO OPTIMIZE THE PROFESSIONAL DEVELOPMENT OF APDs

Training should be offered to PDs and department chairs on the best ways to utilize their APD workforce. Possible topics include how to prepare new APDs for their role, how to utilize a niche-based approach for APDs, how to guide APDs to develop innovations, and how to improve job retention for APDs. It may be helpful to collaborate with national organizations, such as APPD or Association of Medical School Pediatric Department Chairs.

FOCUS ON APD LEADERSHIP DEVELOPMENT

APDs should be considered important team members in GME and be given equal opportunities for national leadership positions. The APPD has developed the APD Executive Committee to the Board, providing a direct voice for APDs and an avenue for leadership development. APDs have participated successfully in APPD's Leadership in Educational Academic Development (LEAD) and have served as site principal investigators for APPD's Longitudinal Educational Assessment Research Network (LEARN). They have also served in leadership roles in APPD task forces. We encourage further efforts to recruit APDs to apply and be selected for these opportunities. Finally, APDs should be included as a formal part of organizational strategic planning because APD leaders can best represent the needs of APD constituency and provide a unique perspective to inform long-term planning.

NEXT STEPS

To ensure the individual professional development of APDs and the success of residency programs, the next steps include consensus building with programs, departments, and leadership organizations regarding the importance of this issue. This will support successful implementation of the above recommendations with concurrent formative assessment. Follow-up surveys should be conducted to assess the impact of implementation at the program and national levels. Targeted faculty development for APDs has the potential to benefit individuals, programs, institutions, and the GME community at the national level.

ACKNOWLEDGMENTS

We thank the associate pediatric residency PDs who participated in the surveys as well as the board of directors of the APPD for supporting efforts to address the needs of associate PDs.

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