What Sustains Residency Program Directors: Social and Interpersonal Factors That Foster Recruitment and Support Retention

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Abstract

Residency program directors' careers follow several trajectories. For many, the role is relatively short term, lasting 3 to 5 years, during which time the program director may gain educational and administrative experience. However, a sizeable cohort of program directors have remained as program directors for a decade or more, and some have filled the role for the majority of their careers. Over the years, the role of the academic residency program director has become increasingly affected by administrative responsibilities, including scheduling, documentation, and reporting

requirements, along with increasing clinical demands that may conflict with ensuring resident wellness and lead to insufficient time to do the job. Burnout in this role is understandable. Given these obstacles, why should any young faculty member choose to become a training director? The authors of this commentary have each served as a residency program director for decades, aggregating approximately 150 years of program director experiences. Based on their collective reflections, the authors describe social and interpersonal aspects of the program director role that have

enhanced their professional satisfaction and well-being. These include overseeing residency cycle events from initial interviews through graduation and certification; assuming leadership and social roles in academic departments; counseling, mentoring, and assisting residents with work—personal life difficulties; and helping trainees and programs weather a variety of traumatic circumstances. These life-enriching experiences can compensate for the challenging aspects of these roles and sustain program directors through exceptionally rewarding careers.

Historically, residency program directors' careers have followed several trajectories. For many, the role has been relatively short term, on the order of 3 to 5 years, during which time the program director may gain educational and administrative experience. Many move on to other academic, administrative, or clinical roles. Some become department chairs, division chiefs, clinical directors, or researchers, and some leave academia for work in the community. Overall, based on Accreditation Council on Graduate Medical Education (ACGME) data, the median length of tenure of program directors is less than 10 years: for example, 5 years for internal medicine, 5.7 for general surgery, 4.3 for

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psychiatry, and 1.2 for interventional radiology. However, a sizable cohort remain as program directors for a decade or more, or for the majority of their careers—they become "lifers." ²

Over the years, the role of the academic residency program director has become increasingly defined by administrative responsibilities including scheduling, documentation, and reporting requirements, along with increasing clinical demands that may conflict with ensuring resident wellness, and lead to insufficient time to do the job. Burnout in this role is understandable.³

Given these obstacles, why should any young faculty member choose to become a training director? In the face of the deterrents noted above, what incentivizes and sustains some program directors sufficiently to enable them to devote major portions of their careers to the program director role?

Having lived the life, the authors of this commentary offer insights that address this question and offer perspectives likely to be relevant for young faculty in all fields of medicine. For context, over the course of our careers, each of the authors

served as a program director for decades, collectively logging approximately 150 years of program director experience. From 2020 through 2022, we participated online via Zoom in a monthly discussion group focused on reflections about the past and current climate of medical education and our changing perspectives on our past and current careers.

We believe that our perspectives have value to potentially improve retention of young program directors, many of whom may become demoralized and disillusioned during their first few years in the position. Data from the 2019-2020 ACGME survey showed changes in program directors in 14.3% of specialty programs (highest in internal medicine, family medicine, and obstetrics/gynecology), with annual turnover of program directors in several subspecialties well over 20%.4 Significant problems were noted even before the development of additional stresses driven by the COVID-19 pandemic. In 2011, 55% of 100 anesthesiology program directors reported feeling high risk for burnout associated with various jobrelated stresses, especially those linked to administrative duties regarding compliance.5 Similarly, 25% of 268

about the authors.

responding family medicine program directors reported burnout or depressive symptoms.6 A 2017 survey reported that 48% of 108 responding internal medicine residency program directors were considering resigning their positions.3 Potentially modifiable contributing factors noted in this survey included insufficient institutional support; having to continuously justify requirements to administration; becoming frustrated with "obstacles" to education such as pressures for patient throughput; the institution of departmental changes affecting residency education without the involvement of program directors; administrative burdens; and being overtasked.

When we reflected on our years as program directors, we identified many satisfying aspects of the job that have sustained us, offsetting potential burnout. Based on these reflections, we identified a number of specific role-related social and interpersonal functions, including life-cycle events, that are central to the experience of leading our programs.

Meeting and Interviewing Applicants

Long-term program directors enjoy the opportunities they have had to interview hundreds if not thousands of applicants over the course of their careers. Along the way, they meet many who ultimately make significant contributions to academic, administrative, community, and clinical aspects of their fields. This gratification comes not only from meeting those who matched into one's own program but also those who trained elsewhere.

Accepting Applicants Into the Program

Even when working with resident selection committees, program directors often retain considerable choice and latitude regarding whom to rank and where to rank them on annual residency and fellowship program match lists as well as in recruiting residents to fill vacant positions throughout the year. Decisions to accept or not accept applicants often have major life-changing impacts. Applicants sometimes prefer to train in certain geographic area to maintain family and/or essential social connections (e.g., couples matching), or to fulfill career aspirations. Longer-term

program directors often give these large-picture personal issues greater consideration when compiling match lists. In some instances, this might require accepting residents about whom others are more skeptical.

Inducting New Trainees Into the Profession

Although residency programs do not conduct "white coat" ceremonies, the official induction of new resident classes as they enter the program serves this ritual function. Onboarding newcomers and helping them orient and find their way gratifies quasi-parenting needs.

Establishing and Shaping the Tone and Philosophy of Education

In addition to assuring that the curriculum covers the most up-to-date information and skills necessary to prepare the next generation of practitioners, program directors can also assure that their department's particular perspectives and strengths are transmitted from older to younger generations of faculty and trainees. Furthermore, they can introduce and promote innovative educational programs.

Counseling and Mentoring

In addition to supervising residents, program directors develop ongoing, lifelong relationships as mentors to many of their former residents. These relationships often last decades after formal programs are completed and may evolve into mutual mentorships.

Certifying and Graduating

Affirming that residents are competent graduates at the end of their formal program period serves to anoint and launch professional careers. This ritual is usually shared with friends and families of graduates, often at occasions featuring good food. In some instances, this celebration may involve graduating residents who at first struggled during training but were nevertheless retained before successfully graduating.

In addition, many program directors serve other social and interpersonal functions, many pleasurable, and some more challenging:

Leading the Community

Especially in larger departments where the department chair may be removed or distant from the training program, program directors may be seen by residents as the department's central figure, the key "go to" person in times of crisis, and the person most responsible for setting the tone and expectations for professional development. Trusted program directors are known to advocate for and protect their residents, who are low on the institutional hierarchy, and generate a nurturing environment for postgraduate education. The program director's emphasis on developing individual residents may expand to include helping one's department, and the profession as a whole. For many longterm program directors, these roles serve as a professional calling.

Hosting Community Events

Many program directors take great pleasure in serving as hosts for resident or department-wide get togethers, in their own homes or in larger spaces in the community.

Matchmaking

Astute program directors are aware of and concerned with the social lives of residents, particularly those who have moved from other parts of the country and who may lack social connections in their new locations. Making social connections to help residents settle in and develop satisfying social lives can even include playing matchmaker. Members of our group have been credited with facilitating partnerships and marriages among their house staff.

Being Included in Residents' Family Functions

Members of our group have been honored in various ways by residents. This has included being invited to—and at times being asked to stand in for absent or deceased parents at—weddings and other life-cycle occasions.

Helping Residents Address Work-Personal Life Balance Issues

Long-term program directors become veterans at helping residents with a variety of work–personal life balance issues, frequently involving complicated family or relationship situations. Importantly, childbearing is common during residency. Program directors are frequently called upon to support residents through pregnancy and new parenthood, and they have the opportunity to help trainees navigate conflicting demands and work–personal life challenges involving parenting. Concurrently, program directors must help the program adapt to scheduling changes these events may require.

Providing Crisis Intervention and Creative Problem Solving

Every long-term program director has encountered situations in which residents experience personal or family crises or emergencies In these instances, program directors and administrators may be called upon to help affected residents emotionally and provide practical assistance, both in long- and short-term ways. Being able to provide these supports is extremely gratifying, especially when complicated and inventive solutions are required.

Every long-serving program director has also experienced having to lead their trainees through larger difficulties. These have included natural disasters and mass shootings; the COVID-19 pandemic; physical assaults on residents or staff; and the deaths of residents, faculty members, spouses, or children, such as a stillborn pregnancy or the death of a child, or the loss of someone by suicide.^{7,8} In these instances, program directors use compassion, wisdom, and practical common sense to help their communities grieve, deal with loss and trauma, process other strong emotions, and move forward. Carrying out these social and interpersonal functions provides a great deal of gratification to the program director.9

We have all been privileged to serve in departments that value education and collaborative relationships with departmental leadership. We often feel that we have received more than we have given. Spending so much time with trainees keeps us feeling young. Our priceless rewards include deep and sustained feelings of pride in the accomplishments and successes of our residents when they are recognized with teaching awards, publications, and

national awards; as they become "Top Docs," program directors, chairs, deans, and leaders of local, state, and national organizations; and as they make valued contributions to their communities. We are repaid by the occasional out-of-theblue "thank you" from graduates we have not seen in years, even from the parents of a former resident. We are repaid by having the unique privilege of being participant-observers in the evolution of students to residents, mentees, colleagues, and often friends We are rewarded by feelings that we have "fooled' the system, by being able to get well paid for being perpetual students and doing what we love. We have also been rewarded by the development of long, meaningful, and fulfilling relationships with a special cohort of other program directors and educators who are smart, generous, generative, and dedicated to values we all share. We love learning and have learned so much from one another.

Many of the social and interpersonal functions described here do not appear in written job descriptions for program directors. These are not reimbursable activities, but they are critically important. In assuming these roles, program directors provide a worthwhile "hidden curriculum" for trainees, modeling behaviors that help humanize the profession.

We recognize that these sources of satisfaction may not be enough to counter the administrative and institutional factors contributing to demoralization and burnout. Other challenges can be addressed by changes in ACGME policies regarding reporting requirements, assuring adequate fulltime equivalent allocations and more attention by department leadership to assuring supportive work environments. Individuals assuming program director roles require adequate time to do the job well, and close, respectful, and meaningful interactions with department leadership. In addition, recruiting and retaining program directors from underrepresented gender and ethnic/ racial groups and fostering a culture that values equity, inclusion, and diversity so that they can thrive 10-12 requires thoughtful actions by leadership, $^{13-15}$ implementing formal and informal professional development programs, 16,17 and specialty-specific efforts. 18-20

Despite these drawbacks, we feel privileged to perform the functions we have described because these are the parts of the job that provide enduring satisfaction. These life-enriching experiences should attract young faculty to these positions and can sustain them through exceptionally rewarding careers.

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References

- Accreditation Council for Graduate Medical Education. ACGME Data Resource Book 2020-2021. https://www.acgme.org/about-us/ publications-and-resources/graduatemedical-education-data-resource-book. Accessed June 16, 2022.
- 2. Silbergleit A. Forty years in the saddle: Lessons learned as program director in one program for forty years. Curr Surg. 2006;63:373–384.
- O'Connor AB, Halvorsen AJ, Cmar JM, et al. Internal medicine residency program director burnout and program director turnover: Results of a national survey. Am J Med. 2019;132:252–261.
- 4. Accreditation Council for Graduate Medical Education. ACGME Data Resource Book 2019-2020. https://www.acgme.org/globalassets/pfassets/publicationsbooks/2019-2020_acgme_databook_document.pdf. Accessed July 12, 2022.
- De Oliveira GS, Jr, Almeida MD, Ahmad S, Fitzgerald PC, McCarthy RJ. Anesthesiology residency program director burnout. J Clin Anesth. 2011;23:176–182.

- 6. Psenka TM, Freedy JR, Mims LD, et al. A cross-sectional study of United States family medicine residency programme director burnout: Implications for mitigation efforts and future research. Fam Pract. 2020;37:772–778.
- Prabhakar D, Balon R, Anzia JM, et al. Helping psychiatry residents cope with patient suicide. Acad Psychiatry. 2014;38:593–597.
- Goldman ML, Shah RN, Bernstein CA.
 Depression and suicide among physician trainees: Recommendations for a national response. JAMA Psychiatry. 2015;72:411–412.
- Gutheil TG, Gabbard GO. Misuses and misunderstandings of boundary theory in clinical and regulatory settings. Am J Psychiatry. 1998;155:409–414.
- Kassam AF, Taylor M, Cortez AR, Winer LK, Quillin RC, 3rd. Gender and ethnic diversity in academic general surgery department leadership. Am J Surg. 2021;221:363–368.
- **11.** Sethi S, Edwards J, Webb A, Mendoza S, Kumar A, Chae S. Addressing gender

- disparity: Increase in female leadership increases gender equality in program director and fellow ranks. Dig Dis Sci. 2022;67:357–363.
- 12. Blanchard AK, Blanchard JC, Suah A, Dade A, Burnett A, McDade W. Reflect and reset: Black academic voices call the graduate medical education community to action. Acad Med. 2022;97:967–972.
- Acosta DA, Lautenberger DM, Castillo-Page L, Skorton DJ. Achieving gender equity is our responsibility: Leadership matters. Acad Med. 2020;95:1468–1471.
- 14. Harris TB, Jacobs NN, Fuqua CF, et al. Advancing equity in academic medicine through holistic review for faculty recruitment and retention. Acad Med. 2022;97:631–634.
- Pino-Jones AD, Cervantes L, Flores S, et al. Advancing diversity, equity, and inclusion in hospital medicine. J Hosp Med. 2021;16:198–203.
- **16.** Guevara JP, Adanga E, Avakame E, Carthon MB. Minority faculty development programs

- and underrepresented minority faculty representation at U.S. medical schools. JAMA. 2013;310:2297–2304.
- Tucker Edmonds B, Tori AJ, Ribera AK, Allen MR, Dankoski ME, Rucker SY. Diversifying faculty leadership in academic medicine: The program to launch underrepresented in medicine success (PLUS). Acad Med. 2022;97:1459–1466.
- **18.** Eshtehardi P, Bullock-Palmer RP, Bravo-Jaimes K, et al. Women leaders: Transforming the culture in cardiology. Open Heart. 2022:9:e001967.
- Gutierrez-Wu J, Lawrence C, Jamison S, Wright ST, Steiner MJ, Orr CJ. An evaluation of programs designed to increase representation of diverse faculty at academic medical centers. J Natl Med Assoc. 2022;114:278–289.
- Woodward Z, Rodriguez Z, Jou JH, et al. Gender disparities in gastroenterology fellowship director positions in the United States. Gastrointest Endosc. 2017:86:595–599