What do I do? Developing a competency inventory for postgraduate (residency) program directors

Reference:
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Tags
Leader Scholar Education research (Post)graduate (Residency training) Faculty Development:

Background
Postgraduate (residency) program management is becoming increasingly complex, as is the PGE context, and program directors (PDs) require a broad set of competencies to lead a program. Most PDs are not prepared, in fact for many the PD role may be the first leadership position in an academic career. A number of inventories have listed health care leadership competencies, but essential education leadership competencies have not been determined.

Why bother: a leadership profile may help develop job descriptions, in recruitment and orientation of new PDs, in performance assessments, to use in MSF, to provide targeted faculty development, and for self-reflection.

Purpose
To develop a list (profile) of leadership competencies for residency program directors (PD) and validate these and apply it using a multisource feedback tool. PPDCI = Postgraduate Program Director Competency Inventory.

**Type of paper**

Research: survey, focus group, interview, validation  
Consensus

**Key Points on the Methods**

Four phases:
1. using existing leadership competency inventories from other related contexts, by consensus develop a list of domains of competence for a PD with associated specific competencies
2. national content consultation via a key informant survey (50 individuals active in residency education, in a variety of roles – PD, residents, administrators, deans, committee members, vice-chairs)
3. Local consultation of ~ 300 PDs via a validity & utility survey
4. Field testing PPDCI on 17 volunteer PDs using a MSF process, getting feedback on utility & validity using a survey and focus group

Few details on specific methods other than surveys had a Likert scale 1= not essential, 5 = very essential to PDs.

**Key Outcomes**

1. 5 domains of competence for a PD: a. communication and relationship management; b. leadership; c. professionalism and self-management; d. environmental engagement and management skills; e. knowledge. For these 5 domains a total of 55 items were selected
2. 35/50 key informants responded – high concordance for most items; 51 items remained after discussion/consensus of authors
3. n=107 a 34% RR: useful for orientation, self-assessment, recruitment, performance evaluation. 55 items too long. Authors revised list to include only foundational = 26 items which is more feasible.
4. 160 raters = average of 9 per PD; confirmed validity and utility

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<tr>
<th>Domain of competence</th>
<th>Description</th>
<th>Core competencies</th>
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| 1. Communication and relationship management | The residency program director communicates clearly in a responsive manner with a diversity of individuals, groups and organizations. The residency program director establishes and nurtures—directly or indirectly—constructive and collaborative interactions with individuals, groups and organizations | 1.1 Presents complex information clearly and succinctly  
1.2 Keeps people appropriately and efficiently informed  
1.3 Listens well  
1.4 Ensures their relationships |
### Table 3. Postgraduate program director competency inventory.

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| 2. Leadership         | The residency program director engages, motivates and facilitates individuals, groups and organizations to develop a shared vision and achieve related goals and objectives. The residency program director ensures that innovation and changes to the program occur within a supportive culture and are guided by a cohesive educational approach | 2.1 Builds consensus around a common set of values for running the organization  
2.2 Facilitates efforts to implement change  
2.3 Advocates for program with relevant leadership (e.g. division, department, decanal leaders)  
2.4 Nurtures a positive educational culture |
| 3. Professionalism and self-management | The residency program director aligns personal and organizational conduct with ethical and professional principles that include responsibility, service, self-reflection and self-discipline. The residency program director recognizes both personal strengths and limitations, demonstrates a commitment to improvement and lifelong learning and with integrity, leads by example | 3.1 Demonstrates priorities anchored in a greater good rather than own interests  
3.2 Acts as a positive role model (e.g. setting a personal example, modelling best practices, organizational values)  
3.3 Follows through on commitments  
3.4 Solicits feedback on their performance  
3.5 Maintains a connection with students, staff and faculty through outreach and visibility |
| 4. Environmental engagement | The residency program director monitors, seeks information from, and networks with, the internal and external environments. In doing so, the residency program director develops an understanding of how things work, identifies trends and priorities and builds individual and organizational relationships | 4.1 Acts as an effective liaison between external environment and postgraduate program  
4.2 Takes advantage of relevant opportunities to improve the program  
4.3 Plans for changing trends, priorities and policies relevant to postgraduate medical education |
| 5. Management skills and knowledge | The residency program director manages the residency program by developing, encouraging and enabling people, and effectively utilizing resources and information. The residency program director demonstrates political astuteness and good judgment about what can and cannot realistically be done | 5.1 Creates a climate of accountability  
5.2 Demonstrates financial responsibility  
5.3 Ensures that processes and procedures for efficient operation of the program are in place  
5.4 Delegates effectively  
5.5 Makes clear decisions  
5.6 Considers all issues relevant |
### Key Conclusions

The authors conclude...
- ‘there was high face validity, content validity and construct validity’;
- useful for recruitment / orientation of new PD, to provide feedback, for performance assessments
- possibly useful for self-reflection and faculty development
- methodology → starting with an inventory list for refinement (vs other studies which developed lists)
- “the accountability for performance in PGME must go beyond trainee assessment to include performance pf PGE leaders.”

### Spare Keys – other take home points for clinician educators

Needs validating in other contexts;
CEs need to know about modern approaches to validity.

### Shout out

Colleagues at U of T