

# How Does GME Support Your Program and PD?

And how could it be better?

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- No financial disclosures.
- Former PD in Surgery, collaborated on our 4:3
- This is not an exhaustive presentation (and feedback welcomed).

# History of the Designated Institutional Official

- Designated Institutional Official
- ACGME (1981): DIO as person to receive the invoices...
- No stipulated qualifications, responsibilities, or protected time
  
- After you've seen one institution...



# Characteristics of the DIO

- Mean time in position: 4 years 8 months
- Common: 96 “musts” of the Institutional Requirements
- Evolution over time...Chief GME Officer
- 886 Sponsoring Institutions
- Most DIOs are physicians

# Who the DIO interacts with...

Hospital and  
health system  
leaders

Medical school  
leaders

Program directors  
and program  
coordinators

Chairs

Legal counsel

Human  
Resources

Mental Health  
Professionals

Finance

Residents and  
Fellows

Faculty

GME Office

Office for Faculty  
Affairs

# DIO Responsibilities:

- Promote culture of continuous improvement
- Support the Program Directors in their work
- Ensure accreditation of programs
- Ensure educational programming meets expectations
- Ensure that the learning environments is safe
  - Psychological safety conducive to learning
  - Physical safety
- Provide counsel on remediation, disciplinary actions
- Guidance re: policies, rules, federal regulations, immigration status
- Provide advocacy to leadership
- Liaison to ACGME/NRMP/CODA/FC/...
- If unionization: participate in collective bargaining

# DIO Responsibilities Related to the PD



**Being a  
Sounding Board**



**Guiding  
Curricular  
Development  
and  
Improvement**



**Providing  
Counsel**



**Communicating  
Hospital Changes**



**Advocating to  
Leadership**



**Professional  
Development**



**Orientation of  
New Program  
Directors**

# Call the DIO if...

- Impairment
- Hostility
- Harassment
- Discrimination
- A Trainee is out more than 5 days in a row (and it's not vacation)
- Verifications for anyone with irregular advancement
- Early recognition of lack of usual accrual of skills
- Communication with Boards, ACGME, NRMP, other entities
- "if you don't know the right answer in 30 seconds"





# Some of the more common calls...



CONCERN FOR FAILURE  
TO ADVANCE



CALL SCHEDULE ISSUES



FMLA AND PAID TIME  
AWAY



CONFLICT OF INTEREST  
OR CONFLICT OF  
COMMITMENT

# Some less common (but concerning) calls...

Concern for fraud (moonlighting, incorrect charting)

Impairment

Resident doesn't show up for work

Arrest (e.g., DUI)

Theft of property

Inappropriate contact or interactions

# Before calling the DIO...

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- Take a glance at the following (the DIO will look here first):
    - House Staff Manual
    - Institutional Policies
    - ACGME Program Requirements
    - Your own Program Policies
    - House Staff Contracts

A 3D rendering of a puzzle with one red piece standing out among many white pieces. The puzzle pieces are arranged in a grid, and the red piece is positioned in the center-right area. The background is a light gray color.

## How Could DIO Support Be Better?

- effectiveness and efficiency:
  - Streamline processes
  - Support administrative functions
  - Decrease bureaucratic burdens
  - Leave curricular aspects to the programs (PDs are experts in field)

# Final Thoughts:

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- Don't accept the status quo as an educator (everything changes)
  - Demonstrate quality improvement through WebADS and APEs
- Your primary responsibility as PD is to the patient
- Be consistent– the risk is not the first, the risk is the second
- Sometimes your interventions as PD are life- and career-saving
- Don't hesitate to call



Questions?