EL CENTRO FAMILY HEALTH

JOB DESCRIPTION

SECTION I - (i.e., job title, job classification, salary/hourly compensation):		
POSITION TITLE:	Family Medicine Residency Program	DEPARTMENT: Medical- Graduate
	Director	Medical Education
CLASSIFICATION: Exempt	Salary	
REPORT TO:	Chief Medical Officer, New Mex	ico Primary Care Training Consortium
Associated DIO as Sponsoring Institution.		
SECTION II - PURPOSE (i.e. a summary that describes the purpose of the position):		

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The Residency Director oversees the Family Medicine Residency Program and Graduate Medical Education at ECFH. Supervises the Residency Manager, Associate Director, Core Faculty, and Residents. Manages relationships with other community clinical partners as related to resident education.

SECTION III - DISTINGUISHING CHARACTERISTICS (i.e., what makes the position unique):

The Family Medicine Residency Director has the responsibility, authority, and accountability for the administration and operations of the Family Medicine Residency Program at El Centro Family Health. In addition, the Family Medicine Residency Director has oversight of the residency program's teaching and scholarly activities as well as residency recruitment and selection, evaluation, and promotion. The Family Medicine Residency Director must be a role model of professionalism and ensure the design and conduct of the program is consistent with the needs of the community, the mission of ECFH, the mission of the Sponsoring Institution and the mission of the Medicos de El Centro residency program.

SECTION IV - ESSENTIAL TASKS - DUTIES & RESPONSBILITIES (minimum requirements):

- 1. Development of a clear Family Medicine Residency Program plan that includes:
 - A. objectives relating to knowledge, skills and attitudes (competencies) based upon the general and Family Medicine specialty requirements published by the ACGME
 - B. integration of the milestones and entrustable professional activities (EPAs) into the curriculum as specified by the Family Medicine requirements
 - C. methods by which the objectives are to be achieved (learning activities)
 - D. an evaluation system that clearly documents resident performance and attainment of milestones and EPAs
 - E. the role of each participating institution and/or practice in the attainment of the educational plan
- 2. Supervision of the program, including the rotation of residents to ensure that each resident is advancing and gaining in experience and responsibility in accordance with the educational plan.

- 3. Commitment to the annual review of the program to assess the quality of the educational experience and to review the resources available in order to ensure that maximal benefit is being derived from the integration of the components of the program. This review will include:
 - A. Assessment of each clinical teaching unit to be sure that there is an appropriate number of teaching staff and residents, adequate number of appropriate patients and professional services and that it is functioning in accordance with the plan agreed upon.
 - B. Assessment of resources appropriate to education to ensure that for example, ambulatory care, emergency care, intensive care and radiological, laboratory, operative and other facilities are utilized with optimal effectiveness.
 - C. Opinions of residents and faculty.
- 4. Establishment of mechanisms to provide career planning and counseling for residents and to deal with problems such as those related to psychological stress.
- 5. Recruitment and selection of candidates for admission to the program, in accordance with policies determined by the Sponsoring Institution and Graduate Medical Education Committee.
- 6. Assessment of performance of each resident through a well organized program of in-training evaluation. This will include the final evaluation at the end of the program as required by the ACGME. This form attests that the resident has attained the necessary skills, knowledge, attitude, and judgment necessary for independent and competent practice without direct supervision.
- 7. Maintenance of an appeal mechanism. The Residency Program Committee should receive and review appeals from residents following the appropriate promotion, dismissal and grievance policy. Any issues that fall out from this assessment maybe brought to the institutional Resident Performance Review Committee.
- 8. Supervision and evaluation of faculty and staff members at the primary teaching institutions as well as additional institutions/private practices that may participate in the residency program. In this endeavor, the Program Director is supported by the Chief Medical Officer of El Centro Family Health but retains the ultimate responsibility and authority to ensure appropriate education both professionally and academically of the residents.
- 9. Gathering and reporting complete and accurate information as requested by the accrediting, licensure, certification and funding agencies. The Program Director is responsible for providing regular reports of progress to the resident as well as to the teaching staff.
- 10. Assuring compliance with institutional and accrediting agency requirements and appropriate notification of major programmatic changes and obtaining approval from GMEC prior to their implementation.
- 11. Developing and implementing program policies that are compatible with accreditation and institutional requirements as well as policies pertaining to duty hours, supervision, moonlighting, leave, selection, grievance, and promotion and dismissal.
- 12. Newly appointed Program Directors are required to participate in an orientation and have regularly scheduled meetings the DIO and other Residency Program Directors.
- 13. The Program Director is a member of the Graduate Medical Education Committee (GMEC) and is expected to participate in committee activities. These activities include, but are not limited to, taskforce participation and periodically chairing Internal Review Committees. Attendance at 75% of the quarterly

GMEC meetings annually is required. The Program Director may appoint a surrogate to attend in his/her absence if needed.

- 14. The Program Director must participate in scholarship as defined by the ACGME Common Requirements.
- 15. The Program Director must also comply with all of the duties specified in the ACGME common and Family Medicine specific training requirements.

SECTION VII - EDUCATION, EXPERIENCE, KNOWLEDGE & ABILITIES (requirements):

<u>Education:</u> Graduation from an approved and accredited school with a degree of Doctor of Medicine;

Doctor of Osteopathic Medicine. Board certification in Family Medicine. Three years of leadership experience. Licensure to practice medicine in New Mexico. Licensure must be

kept current, full, and unrestricted.

<u>Experience:</u> Three years of Leadership experience in Medicine required per ACGME.

Certification: Basic Life Support (BLS)/Cardiopulmonary Resuscitation (CPR)/ Pediatric Advanced Life

Support (PALS)/Advanced Cardiovascular Life Support (ACLS)

Skills, Knowledge and Abilities (KSA's):

- 1) Computer literate, knowledge, and ability to use Microsoft Suite (Excel, Word, and PowerPoint and Outlook).
- 2) Knowledge of Electronic Health Records system.
- 3) Gather, analyze, and process information for accurate and responsible decision-making.
- 4) Requires ability to listen and evaluate component parts of communications, in order to reach accurate and objective conclusions.
- 5) Requires ability to understand and evaluate theoretical concepts and translate them into clear directions and courses of action.
- 6) Requires ability to explain procedures and processes, both orally and in written form.
- 7) Knowledge of the concepts, principles, and practices of primary care medicine.
- 8) Knowledge of the statutes, regulations, guidelines, and other requirements governing the provision of healthcare in the State of New Mexico.
- 9) Knowledge of organization and management.
- 10) Ability to communicate ideas and instruction orally and in writing.
- 11) Ability to supervise the work of others.
- 12) Ability to exercise poise and tact in all contacts inside and outside the Medical Center.
- 13) Ability to speak Spanish desirable.
- 14) Ability to drive to outlying locations.
- 15) Maintain valid driver's license and clearance for unrestricted automobile insurance coverage pursuant to NM State Law.

SECTION VI - PHYSICAL & OTHER DEMANDS OF THE POSITION (i.e., lifting, standing, walking, driving, working outside, etc., in accordance with ADA compliance; minimum requirements): Physical Demands:

- ⊠ Balancing, bending, lifting, carrying, climbing, and pulling up to 20 lbs.
- ⊠ Sitting and standing for extended periods of time of longer than four hours or more.
- ☑ Working flexible schedule (i.e., flexible, evenings, weekends or as needed.)
- ☑ Hands & fingers (feeling & dexterity)

 ☒ Hearing ☒ Vision ☒ Stooping, crouching, crawling, kneeling ☒ Talking ☒ Walking 		
Exposures:		
 ☑ Odors, fumes, toxicants, explosive materia ☑ Muscular and muscular strain ☑ Airborne Pathogens ☑ Blood borne Pathogens-Category I ☑ Chemicals ☑ Vision and hearing strain ☑ Noise ☑ Electrical current; machine vibration; mov ☑ Temperature 		
	CE, KNOWLEDGE & ABILITIES (preferred requirements):	
Ability to speak Spanish desirable.		
I acknowledge that I have read and understand the job description. Furthermore, I can perform the essential job functions and meet the physical requirements of this position. I understand this is not an employment contract and a copy of such will be retained in my personnel file.		
Employee Signature	Date	
Supervisor Signature	Date	