

Yuan CM, Young BY, Watson MA, Sussman AN. **Nephrology Program Director Protected Time for Program Administration in the United States**

Supplemental Material

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Nephrology Program Director Survey: Protected Time for Program Administration

You received this research survey link because the ACGME website has identified you as the Nephrology Program Director at your institution. If you are not the program director, please do not complete the survey--and if possible, forward the link to the program director. Thank you!

* 1. I am the Nephrology Program Director at my institution

☐ Yes

☐ No

Nephrology Program Director Survey: Protected Time for Program Administration

Why do a survey about protected time?

This research study was reviewed and approved by a Walter Reed National Military Medical Center Exempt Determinations Official. Taking the survey implies that you consent to participating.

The 2021-2022 ACGME Nephrology Program Requirements indicate that Program Directors "must be provided with the salary support required to devote 25-50% FTE of non-clinical time to the administration of the program". For 2022-2023, this will change so that program directors must receive a minimum 0.2 FTE of protected time for program administration. Time increases as approved fellow positions increase above 6. In addition, core clinical faculty will now be required to receive 0.1 FTE of protected time. Before 2019, the requirement was that program directors "dedicate" 20 hours a week to the program, and that key clinical faculty (now core clinical faculty) dedicate 10 hours.

There is little or no published data as to how much time program directors require for program administration in any specialty. The ACGME has not (to our knowledge) asked about this in their annual surveys. This survey is an attempt to clarify the time demands of program administration for Nephrology Program Directors.

Helpful Definitions:

"Protected time" is defined by the ACGME as "salary support, supplemental compensation, educational value units, or relief of time from other professional duties".

"Program administration" is defined as "non-clinical teaching and administration".

The first question asks the number of ACGME-approved clinical fellow positions there are for your program. The number defines the amount of protected time and administrative support per the ACGME.

* 2. How many total clinical fellow positions (both first and second year together) are ACGME-approved for your program in this training year (2021-2022)?

Nephrology Program Director Survey: Protected Time for Program Administration

About You and Your Program

3. I have been the Nephrology Program director

- ☐ < 5 years
- ☐ 5-10 years
- ☐ >10-20 years
- ☐ >20 years

4. Our nephrology fellowship program is in the following geographical area

- ☐ Northeast (CT, ME, MA, NH, RI, VT, NJ, NY, PA)
- ☐ Southern (FL, GA, MD, NC, SC, VA, WV, DE, AL, KY, MS, TN, AR, LA, OK, TX, DC, Puerto Rico)
- ☐ Midwest (IL, IN, IA, KS, MI, MN, MO, NE, ND, SD, OH, WI)
- ☐ West (AZ, CO, ID, MT, NV, NM, UT, WY, AK, CA, HI, OR, WA)

* 5. Were you program director before July 1, 2019

- ☐ Yes
- ☐ No

Nephrology Program Director Survey: Protected Time for Program Administration

Your Protected Time before July 1, 2019

6. Before July 1, 2019, did you have at least 20 hours per week (0.5 FTE) of protected time for administration of your program? (Protected time is defined by the ACGME as "salary support, supplemental compensation, educational value units, or relief of time from other professional duties").

- ☐ Yes
- ☐ No

Nephrology Program Director Survey: Protected Time for Program Administration

Your Average Weekly Work Hours and How You Divide Your Time

These are questions about division of your work hours. Note that 1 FTE is usually defined as 40 hours per week, thus 0.25 FTE would be 10 hours a week, and 0.5 FTE would be 20 hours a week. However, some institutions may define an FTE differently. Many of you work more than 40 hours a week. Please report absolute hours rather than fractions of an FTE. Hours worked from home should also be included.

Just to Repeat the Definitions:

“Protected time” is defined by the ACGME as “salary support, supplemental compensation, educational value units, or relief of time from other professional duties”.

“Program administration” is defined as “non-clinical teaching and administration”.

7. On average, how many hours a week do you work?

0 hours 40 hours 80 or more hours

☐

8. How many hours a week of protected time does your institution presently provide to you that is dedicated to your role as program director in administering the program?

0 hours 10 hours 20 or more hours

☐

9. How many hours a week do you estimate that you actually require to effectively administer the program in your role as program director?

0 hours 10 hours 20 or more hours

☐

Nephrology Program Director Survey: Protected Time for Program Administration

How You Divide Your Work Week

10. On average, how many hours a week do you dedicate to

	None	<4	4-7	8-9	10-11	12-15	16-20	>20
Administration of the training program (this may be more or less than your "protected" time)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Direct and indirect nephrology patient care delivered <u>by you personally</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Direct and indirect supervision of nephrology patient care delivered <u>by fellows</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Administration and training required by your hospital or medical school not associated with the training program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other teaching (residents/medical students) or program administration (e.g. Internal Medicine)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Please describe)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please describe other duties that you have that are not listed above.

Nephrology Program Director Survey: Protected Time for Program Administration

Questions about the Tasks Associated with Program Administration

"Program administration" is defined as "non-clinical teaching and administration".

11. Please indicate the three training program administration tasks that take the most time for you averaged over the course of the training year. (Consider that some may take a fixed amount of time on a weekly basis, and some might be time intensive in blocks of weeks or months).

- ☐ Curriculum development
- ☐ Didactic teaching (including conference scheduling and preparation)
- ☐ Attendance at program teaching conferences
- ☐ Developing, defining objectives, and scheduling fellow rotations
- ☐ Fellow and faculty evaluation (including development of milestone assessments and formal/informal feedback)
- ☐ Mentorship of fellow projects and research
- ☐ Fellow remediation
- ☐ Fellow recruitment
- ☐ Annual fellow orientation and graduation administration
- ☐ Clinical Competency Committee administration and documentation
- ☐ Program Evaluation Committee and Program Improvement Action Plan administration and implementation
- ☐ Routine ACGME/GME administrative work, response to data calls, and documentation (e.g. submission of milestone progress, annual program review submission, surveys, program evaluation, work hour tracking, reviewing ACGME program requirements)
- ☐ Other (please describe)

Other (please specify)

12. Please indicate the three training program administration tasks that you find the most professionally rewarding.

- ☐ Curriculum development
- ☐ Didactic teaching (including conference scheduling and preparation)
- ☐ Attendance at program teaching conferences
- ☐ Developing, defining objectives, and scheduling fellow rotations
- ☐ Fellow and faculty evaluation (including development of milestone assessments and formal/informal feedback)
- ☐ Mentorship of fellow projects and research
- ☐ Fellow remediation
- ☐ Fellow recruitment
- ☐ Annual fellow orientation and graduation administration
- ☐ Clinical Competency Committee administration and documentation
- ☐ Program Evaluation Committee and Program Improvement Action Plan administration and implementation
- ☐ Routine ACGME/GME administrative work, response to data calls, and documentation (e.g. submission of milestone progress, annual program review submission, surveys, program evaluation, work hour tracking, reviewing ACGME program requirements)
- ☐ Other (please describe)

Other (please specify)

13. Please indicate the three training program administration tasks that you find the least professionally rewarding.

- ☐ Curriculum development
- ☐ Didactic teaching (including conference scheduling and preparation)
- ☐ Attendance at program teaching conferences
- ☐ Developing, defining objectives, and scheduling fellow rotations
- ☐ Fellow and faculty evaluation (including development of milestone assessments and formal/informal feedback)
- ☐ Mentorship of fellow projects and research
- ☐ Fellow remediation
- ☐ Fellow recruitment
- ☐ Annual fellow orientation and graduation administration
- ☐ Clinical Competency Committee administration and documentation
- ☐ Program Evaluation Committee and Program Improvement Action Plan administration and implementation
- ☐ Routine ACGME/GME administrative work, response to data calls, and documentation (e.g. submission of milestone progress, annual program review submission, surveys, program evaluation, work hour tracking, reviewing ACGME program requirements)
- ☐ Other (please describe)

Other (please specify)

Nephrology Program Director Survey: Protected Time for Program Administration

Administrative Support for your Program: Program Coordinator

14. Do you have a Program Coordinator?

- ☐ Yes
- ☐ No

Nephrology Program Director Survey: Protected Time for Program Administration

Your Program Coordinator

15. On average, how many hours a week does your program coordinator dedicate to the Nephrology program? (If unsure, divide the number of programs the coordinator is managing into one 40- hour FTE, e.g. if the coordinator is managing 4 programs, that would be 0.25 FTE or 10 hours a week.)

0 hours 20 hours 40 hours

☐ 

Nephrology Program Director Survey: Protected Time for Program Administration

Administrative and Faculty Support for Your Program: Your Associate Program Director(s)

16. Do you have an associate program director(s)?

- ☐ Yes
☐ No

Nephrology Program Director Survey: Protected Time for Program Administration

Your Associate Program Directors(s)

17. How many associate program directors do you have?

- ☐ 1
☐ 2
☐ >2

18. On average, how many hours/week of protected time for program administration does your associate program director(s) have (Estimate in hours/week/APD.)?

0 hours 5 hours 10 or more hours

☐ 

Nephrology Program Director Survey: Protected Time for Program Administration

Your Core Clinical Faculty (other than the Associate Program Director)

19. How many core clinical faculty do you have, not counting your associate program director(s)?

20. On average, how many hours/week of protected time for non-clinical teaching and administration do your core clinical faculty have? (Estimate in hours/week/core faculty.)?

0 hours 5 hours 10 or more hours

☐  ☐

21. Please attach any other comments or suggestions you may have

Nephrology Program Director Survey: Protected Time for Program Administration

Thank you for taking the survey. Please click done if you are finished.

Supplemental Material 2: Number of Survey Respondents Answering Each Survey Question

Question	Required Answer?	Number Responding	% of n=99
1. I am the Nephrology Program Director at my institution.	Yes	99 respondents identified themselves as program director	100%
2. How many total clinical fellow positions (both first and second year together) are ACGME-approved for your program in this training year (2021-2022)?	Yes	92	93%
3. I have been the Nephrology Program director	No	89	90%
4. Our nephrology fellowship program is in the following geographical area	No	89	90%
5. Were you program director before July 1, 2019?	Yes (with Logic)	89	90%
6. Before July 1, 2019, did you have at least 20 hours per week (0.5 FTE) of protected time for administration of your program? (Protected time is defined by the ACGME as “salary support, supplemental compensation, educational value units, or relief of time from other professional duties”).	No	62 directed by logic. 62 responses (100%)	NA
7. On average, how many hours a week do you work?	No	88	89%
8. How many hours a week of protected time does your institution presently provide to you that is dedicated to your role as program director in administering the program?	No	82	83%
9. How many hours a week do you estimate that you actually require to effectively administer the program in your role as program director?	No	88	89%
10. On average, how many hours a week do you dedicate to	No	82	83%

11. Please indicate the three training program administration tasks that take the most time for you averaged over the course of the training year. (Consider that some may take a fixed amount of time on a weekly basis, and some might be time intensive in blocks of weeks or months).	No	81	82%
12. Please indicate the three training program administration tasks that you find the most professionally rewarding.	No	81	82%
13. Please indicate the three training program administration tasks that you find the least professionally rewarding.	No	81	82%
14. Do you have a Program Coordinator?	No	81	82%
15. On average, how many hours a week does your program coordinator dedicate to the Nephrology program? (If unsure, divide the number of programs the coordinator is managing into one 40- hour FTE, e.g. if the coordinator is managing 4 programs, that would be 0.25 FTE or 10 hours a week.)	No	81	82%
16. Do you have an associate program director(s)?	No (with logic)	80	81%
17. How many associate program directors do you have?	No	57 directed by logic. 57 responses (100%)	NA
18. On average, how many hours/week of protected time for program administration does your associate program director(s) have (Estimate in hours/week/APD.)?	No	51 of 57 (89%)	NA
19. How many core clinical faculty do you have, not counting your associate program director(s)?	No	79	80%
20. On average, how many hours/week of protected time for non-clinical teaching and administration do your core clinical faculty have? (Estimate in hours/week/core faculty.)?	No	68	69%

Supplemental Material 3: Redacted Comments to Survey Questions:

Q10: Other significant duties

Time for academic advancement. Need to show productivity and leadership beyond program directorship in order to be promoted. No protected time for this.
Medical directorship.
Dialysis unit administration
Dialysis Medical Director duties. Systems Ethics Committee Member Shared decision making in serious illness training
Renal course director for 1st year medical student academic program
participation in institutional, national, and international committees...supervising residents and students (lectures, clinical, and research)
Teaching or being present during teaching of renal fellows - 3 hours per week
Medical directorship of a dialysis unit
Due to not having any fellows for the last 4 years, this survey may not reflect actual time contribution
Quality Assurance, case reviews
Dialysis unit medical director
I am a member of committees not related to fellowship
Clinical notes, offsite Dialysis, Dialysis Center responsibilities
General Administrative. Hospital Committees. Preparation of Teaching materials. CME.
hospital & faculty practice committees/boards
Outpatient dialysis rounds, including with fellows
Also teach courses to physiology students at undergraduate campus. Used to be medical director of dialysis units but had to relinquish all the other medical directorship as I assumed program directorship role. Also, with the applicant to position ratio being only 0.65, the PD in nephrology as well as core faculty spend a lot more time with recruitment of applicants. We are interviewing more candidates and devoting a lot of time during recruitment season which needs to be accounted for in the protected time. Also, as a PD it would be helpful to protect the time of educational "coaches" that help struggling learners.
medical student education
Medical school committee membership. Interviews for medical school
Reading BP monitors reports.
Review of clinical data with Nurse Coordinators for Transplant and Living Donor Program
salary support is there for PD, however, clinical activity is not changed
Supervision of APRNs. Supervision, mentoring of faculty Program building
Monthly faculty schedule. (<i>National organization</i>) administrative duties
Director of....program for all fellows in department of medicine- 10% protected time . Course director for...Masters' degree course- 10% protected time

Q21. General Comments

Pay is based on rVU. Those with directorships have dedicated time for...tasks needed for the directorship but faculty do not get paid for admin or non-clinical teaching. I have been told I cannot have a APD as they cannot fund them. So no APD...
Faculty is pressured to do more and more RVU
If we were dependent on salary support for program administration, none of us would be doing it. What drives me is the satisfaction I get around graduation time for knowing that the (education) job was well done.
Core faculty have protected time, but largely not for fellow education / research mentoring
at primary location...faculty have 8 hours at...participating sites (<i>they</i>) have no time
How does one give feedback to senior faculty who are not interested in teaching but merely attestation of the fellow note
This is a real problem as we ask a lot of them but they get no time to do it
Data not applicable since we don't have any fellows for the last 4 years
....For the last several years, recruitment has been challenging. This has required faculty to pick up the tasks usually assigned to fellows. This and the pandemic leads to a unique situation.
Good Luck...
Clinical demands are compromising Fellow Education and Training
...We do not have specified "protected hours in our contract", but we do receive a stipend for administrative work.
We ask for 0.1 FTE for each core faculty member, but sometimes clinical work can be a lot
I do not know how much protected time the core clinical faculty have.
The move to reduce the FTE time for program directors by the ACGME was met with very heavy dismay. At a time that the ACGME and boards are requiring more education and asking for more regulation, we're asked to do this with less time. What is the priority? Also, my opinion is that it is short-sighted to believe that a smaller program requires less FTE time. While that may be true of certain specialties, for our specialty which has been falling in the number and thus quality of applicants every year, the amount of time I have had to spend remediating or adjusting the curriculum to fit the current expectations of applicants to our specialty far exceeds the time provided to us now, and would even more so when the time is reduced. I could foresee that less time will lead to burnout, and diminishing the goals/aims or even closure of fellowship programs in the future.

We have been in a staff crunch...started before COVID 19 and it continues; they are finally hiring new faculty but it is not enough and too late. Administration looks at 'protected time' as assigning FTEs for education, but given the new paradigm that is shifting to RVUs above all else, these FTEs seldom translate into a different job description. They lower your expected RVU goals, which may mean in some institutions that you receive a higher bonus, but in my experience...most of the program director activities are done on my time. This is an avocation rather than a vocation. Until institutions look at PD FTEs as time that needs to be protected--as though it were a percent effort on a research grant--most places will be content to collect the money provided for education and place the burden of 'finding time' on the PDs rather than actually protecting a PD's time. This is coming to pass in medical student education as well, where being a course director no longer actually comes with a %FTE, it comes with EVUs ('education value units'). We are told that the EVUs will figure into our yearly evaluations and possibly promotions. However, at this point, they might as well tell us that if we collect enough EVUs we'll win a set of university (*dinnerware*) or win a toaster. We have been in a major staffing crunch...which has worsened with retirements and departures. Our department administration is well aware of these issues but chose to ignore them. Our faculty are working over 100 hours per week...when we are on service...60-80 hours on off-service weeks... (Redacted)I love teaching, working with fellows/residents, but there is little job satisfaction when you are holding on to a thread just to get your clinical work done and there is virtually no time to be a PD or to teach. I am not specifically angry--maybe I should be. The feeling I have is more of disappointment. I have been in academic medicine for (Redacted) years...In spite of any adversity, I have had some of the most meaningful and rewarding experiences of my life because of this job. The...same factors that have created our situation here are present in other places and at the cancer is spreading. In talking to my colleagues in other institutions, their situation is not as dire. However, time allotted for education is slowly being eclipsed by clinical demands/RVUs. Until the ACGME makes institutions actually account for PD time and core faculty time--not just FTEs on paper but actually accounting for PD time--none of this will change.

CF are likely spending many more hours than they are allotted working on fellowship needs. Conference attendance alone is 5 hours a week. CF spend many hours preparing lectures, participating in mentoring fellow research, participation in CCC and completing evaluations etc. that is not accounted for or protected.

For PD FTE breakdown - total FTE supported is 0.25 - I give 0.05 to APD and have 0.2