
Guest Editorial

The Departmental Assistance Program

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An important new program in family medicine, the Departmental Assistance Program (DAP), has come about partly as a natural progression of the Residency Assistance Program (RAP). Many RAP consultants are also department chairmen. On several occasions when reviewing a residency in a university setting, a consultant who was also a department chairman would note that the problems associated with the residency program were inextricably intertwined with problems in the department. A second reason for initiation of the Departmental Assistance Program was the desire on the part of many department chairmen to have an experienced outside observer take an in-depth look at the department with suggestions as to how it might function more effectively in the areas of administration, teaching, research, and service. The department chairmen found it extremely difficult to look at their own departments objectively when intimately involved in day-to-day administration. The chairmen also felt that since all of them were relatively inexperienced administering such large organizations as departments of family medicine and since they often had not had any particular training for this position, they could benefit from mutual consultation and support.

With these ideas in mind, it was only natural that the chairmen would look to the RAP Project Board for initial support. The concept was first presented to Dr. Thomas L. Stern, Project Director of RAP, in 1980; shortly thereafter approval was received by the Project Board to proceed. The first step taken to initiate the project was a meeting of all of the departmental chairmen who were also RAP consultants. These members were to become the consultants of the Departmental Assistance Program. This meeting took place just prior to the April 1981 meeting of the RAP consultants. The first meeting, chaired by Dr. Laurel Case, involved a general discussion of what was thought the Departmental Assistance Program should and should not do. There was a general consensus that specific and immutable criteria for departmental

consultations should not be developed. It was felt that the absolutes that characterize RAP criteria should be avoided. It is relatively easy to develop criteria for excellence of an educational program that must be approved by a body utilizing minimal criteria prior to a consultation visit. A department of family medicine is much more complex, and there is no accrediting body that looks at single departments within a medical school.

Following the April 1981 meeting, an ad hoc committee was formed and charged with developing criteria for consultations to be submitted to the other department chairmen/RAP consultants. The ad hoc committee met twice and circulated a draft of its tentative criteria and a plan for providing departmental consultations. This draft was modified and approved at the April 1982 RAP meeting. At that same meeting the process was approved, including the application and presite forms that a department chairman would be required to complete prior to consultation. It was further decided that, in order to allay any anxieties on the part of chairmen who were not part of the development process and to enable DAP consultants gain experience, they would consult on one another's programs at cost prior to offering the consultation service to other departments. This would also enable DAP consultants to critique and improve the process. It was also decided to circulate the finalized criteria to all department chairmen throughout the country for comment and suggestions.

Consultations will be made only at the request of a department chairman, and only the chairman will receive the consultant's confidential report. Specifically, consultations will not be made at the request of deans of medical schools. The purpose of the program is to assist chairmen to improve the operation of their departments in the area of teaching, service, research, and management. It is to be anticipated that eventually this process will be helpful to chairmen, and indeed the entire discipline, by improving the effectiveness of departments of family medicine.

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