It's Not You, It's ME!

Leading From the Middle & More

U/GME

Coordinators

Department Chair

Committees

DIO

Accreditation Body

Program Director

Faculty

Medical Students

Residents
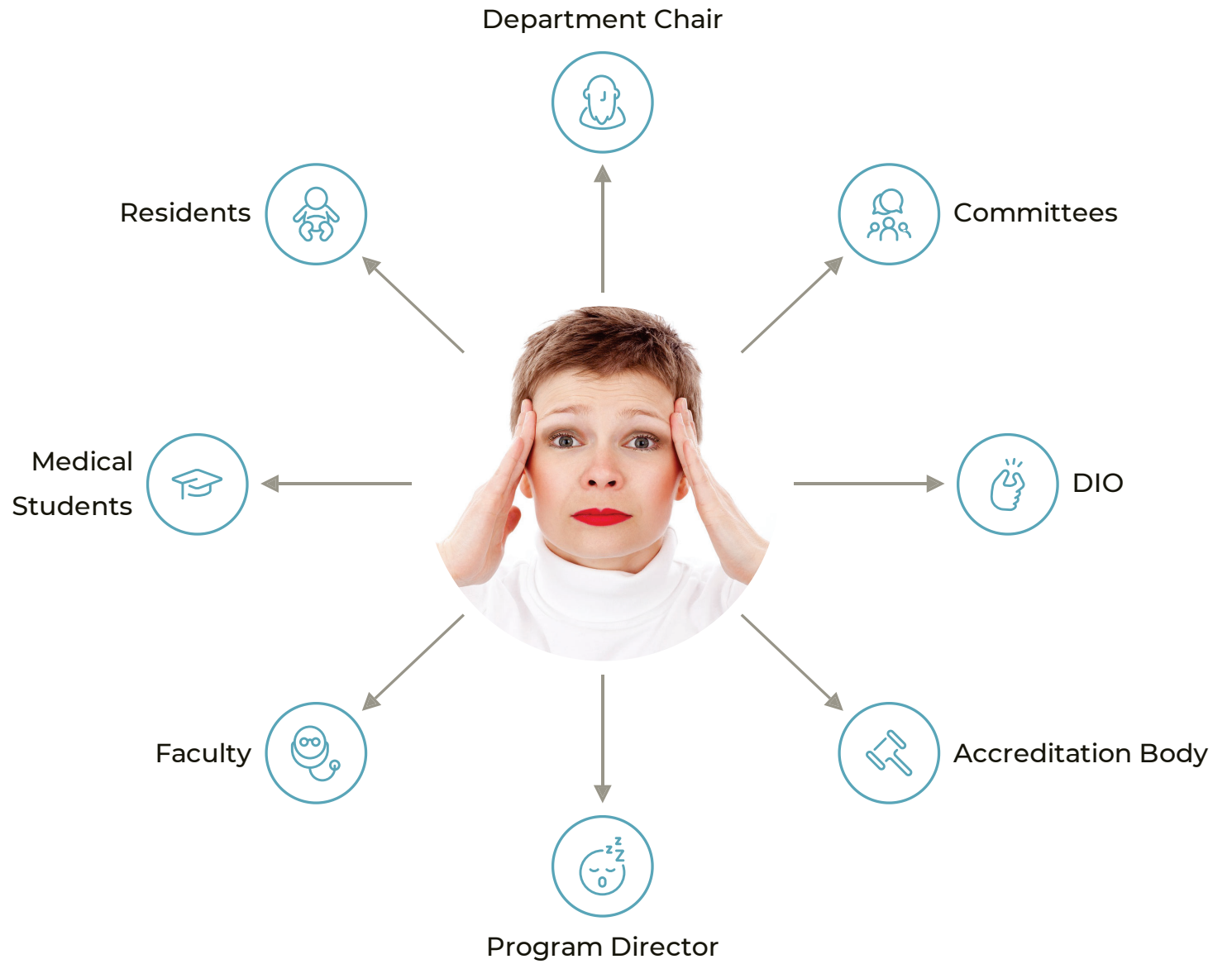
II.C. **Program Coordinator**

II.C.1. **There must be a program coordinator.** (Core)

II.C.2. **The program coordinator must be provided with dedicated time and support adequate for administration of the program based upon its size and configuration.** (Core)

[The Review Committee must further specify minimum dedicated time for the program coordinator.]

Common Core II.C.
56 pages

ACGME

Background and Intent: The requirement does not address the source of funding required to provide the specified salary support.

Each program requires a lead administrative person, frequently referred to as a program coordinator, administrator, or as otherwise titled by the institution. This person will frequently manage the day-to-day operations of the program and serve as an important liaison and facilitator between the learners, faculty and other staff members, and the ACGME. Individuals serving in this role are recognized as program coordinators by the ACGME.

The program coordinator is a key member of the leadership team and is critical to the success of the program. As such, the program coordinator must possess skills in leadership and personnel management appropriate to the complexity of the program. Program coordinators are expected to develop in-depth knowledge of the ACGME and Program Requirements, including policies and procedures. Program coordinators assist the program director in meeting accreditation requirements, educational programming, and support of residents.

II.C.2 Background

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II.C.2 Background

ACGME

The PC plays a very vital role in a functioning residency. They create the agenda to keep it running and manage it to keep it flowing as fluid as possible.

xxx

"Scheduling guru. The person I go to with all my odd-ball, I am not sure if you are the right person to ask questions.

xxx

The program coordinator arranges moving parts together, helping residents navigate the rotational puzzle of residency. Without my PC I would be lost and am so grateful for their helping hand!

xxx

PC allow me to focus on patient care and my individual studies without the being bogged down by administrative secondary tasks.

xxx

"They're work-moms. They are always making sure we're doing ok and getting food."

xxx

"I can't imagine my program without our program coordinator. She really cares for our well-being. She really does best to make sure we feel appreciated and really creates a sense of community. Just a handful of things that comes to mind is that she makes sure our schedules don't conflict with vacation requests, makes changes to schedules when circumstances change, always provides a safe space and listening ear... coordinates office gatherings both in the hospital and out, let's us know fun things to do around town every month, shares the good and bad news in our lives (if permitted), if someone is going through a tough time coordinates how we can be of help to our colleague."

IM Resident Gunderson

What does a program coordinator do?

Clerkship Directors in Internal Medicine (CDIM) Administrator Survey found "vast discrepancies in the position's job responsibility"

Over 230 documented job responsibilities

Even titles differed: program coordinator, clerkship administrator, program administrator, program manager, medical education manager

Despite the variation, U/GME coordinators need a similar skillset to be successful

Table 1   Key Components of Job Responsibilities*

Administrative
Executes institutional or program activities with high degree of independence; partners with PD in operational and financial management of program.

Clinical Experience and Educational Schedules
Creates/Monitors trainee schedules and manages rotation schedules throughout year; monitors compliance of work hours.

Credentialing
Provides detailed info about the physicians who trained in the program; ensures state licensure requirements are met; maintains documentation for board eligibility.

Evaluation
Assists in development of evaluations and ensures completion; attends CCC to take minutes/track action plans; submits milestones to ACGME and board entities.

Didactics and Educational Content
Works with PD to ensure didactics cover deficiencies seen in both in-training and board exams; schedules didactics and speakers; tracks and enters trainee and faculty scholarly activity in ADS.

Faculty
Trains and enrolls faculty in residency management system; compiles faculty evaluation data used for annual evaluation of teaching effectiveness; tracks activities of core faculty for annual reporting.

Finance
Creates GME budget with projected rotation schedule, off-cycle training, and grant participation; monitors operation income and expenses; processes vendor payments; and completes budget control reports.

Human Resources
Issues contracts, new hire, promotion, or termination documents; advises trainees, faculty, and staff on HR, recruitment, and visa issues; consults legal counsel on hiring and disciplinary actions; manages and trains other staff assigned to program.

Information Technology
Develops program-related marketing materials, forms and reports; develops and maintains multiple databases for documentation required by ACGME; trains faculty and staff on use of the residency management system, ADS, ERAS, NRMP, FREIDA and other board reporting sites.

Medical Students, if applicable
If no dedicated student coordinator, arranges student electives, rotations, didactics, orientation, and evaluations of the medical students.

Recruiting/Onboarding
Ensures recruitment requirements meet institutional and ACGME guidelines; coordinates all recruiting interviews, ranking meetings, and adequate match quota; reviews credentialing documents and resolves issues as they arise; develops orientation processes as needed.

Program Accreditation
Advises PD on issues related to the requirements from accreditation agencies, national boards and governing bodies; sits on Program Evaluation Committee; critically evaluates program information in preparation for annual ACGME ADS update.

Wellness
Coordinates wellness activities; monitors trainees for signs of excessive fatigue and burnout; refers appropriate resources as needed.

Professional Development
Investigates and keeps apprised of requirements and changes within the specialty; updates PD of GME trends; may mentor others; may attend or present at local, state, or national conferences.

Other
Participates with development of DEI policy and practices; assesses training program strengths and weaknesses and makes recommendations; may assist with military-specific requirements as needed.

5 Essential Skills

CrossMark

The Evolving Role of the Program Coordinator:
Five Essential Skills for the Coordinator Toolbox

Joseph Stuckelman, BA, MFA, C-TAGME, Sylvia E. Zavatchen, MEd, Sally A. Jones, C-TAGME

As ACGME (Accreditation Council for Graduate Medical Education) requirements have expanded and become increasingly more complex, so has the role of the program coordinator. Over the last decade, the knowledge and skills required to capably administer residency and fellowship training programs have increased in both volume and complexity. Today's coordinators are responsible for more than clerical tasks. They also function as managers and have greater roles in the development and implementation of program initiatives, policies, and outcomes. As a result, coordinators' roles and responsibilities have evolved to include management skills. To keep pace with the rapid and continuing change, it is imperative that coordinators continue to develop these skill sets to add value to their programs, institutions, and careers.

Key Words: Program coordinator; program manager; program management; change agent; manage up; quality improvement; data analyst; data analysis; professional development; GME; ACGME; AUR; APCR.

- Managing Change: The unique role of program coordinators as change agent.

- Managing Up: Maximizing effectiveness.

- Utilizing Quality Improvement Methodologies.

- Analyzing Data: Elevating the skill.

- Developing Professionally: Embracing lifelong learning.

5
Skills
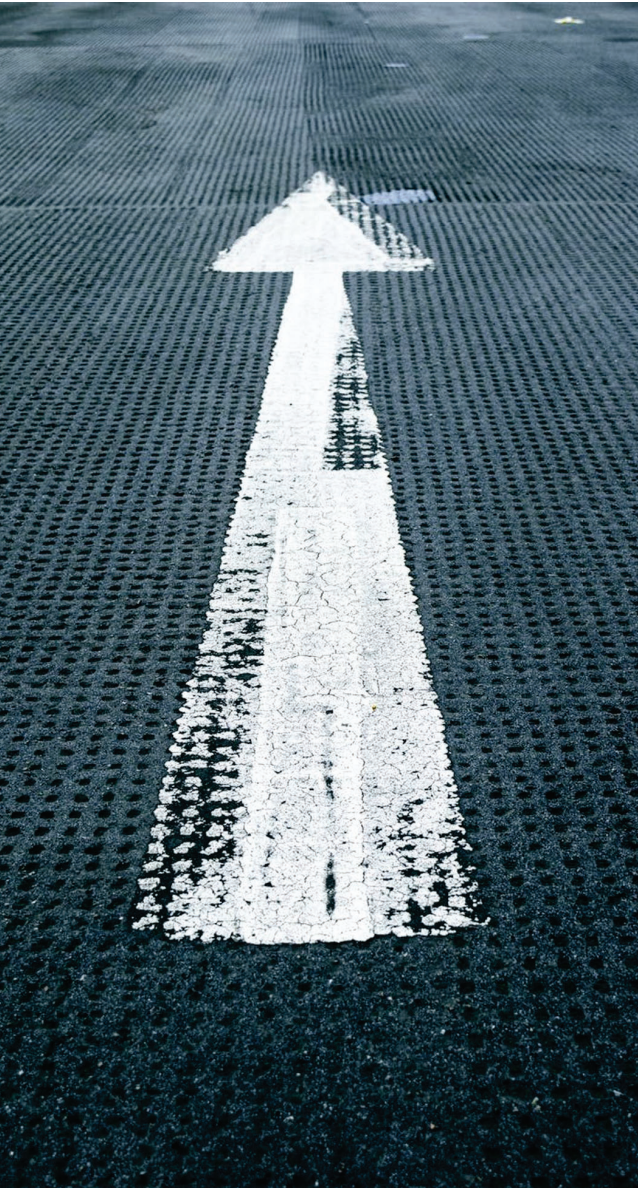
Managing Up

Managing Your Program Director (Boss) Gabarro & Kotter 1980

Have a good understanding of the other person and yourself, especially regarding strengths, weaknesses, work styles and needs.

Use this information to develop and manage a healthy working relationship - One that is compatible with both people's work styles and assets, is characterized by mutual expectations, and meets the most critical needs of the other person.

You are the other half of the relationship, as well as the part over which you have the most control.Developing an effective working relationship requires, then, that you know your own strengths, weaknesses, and personal style.
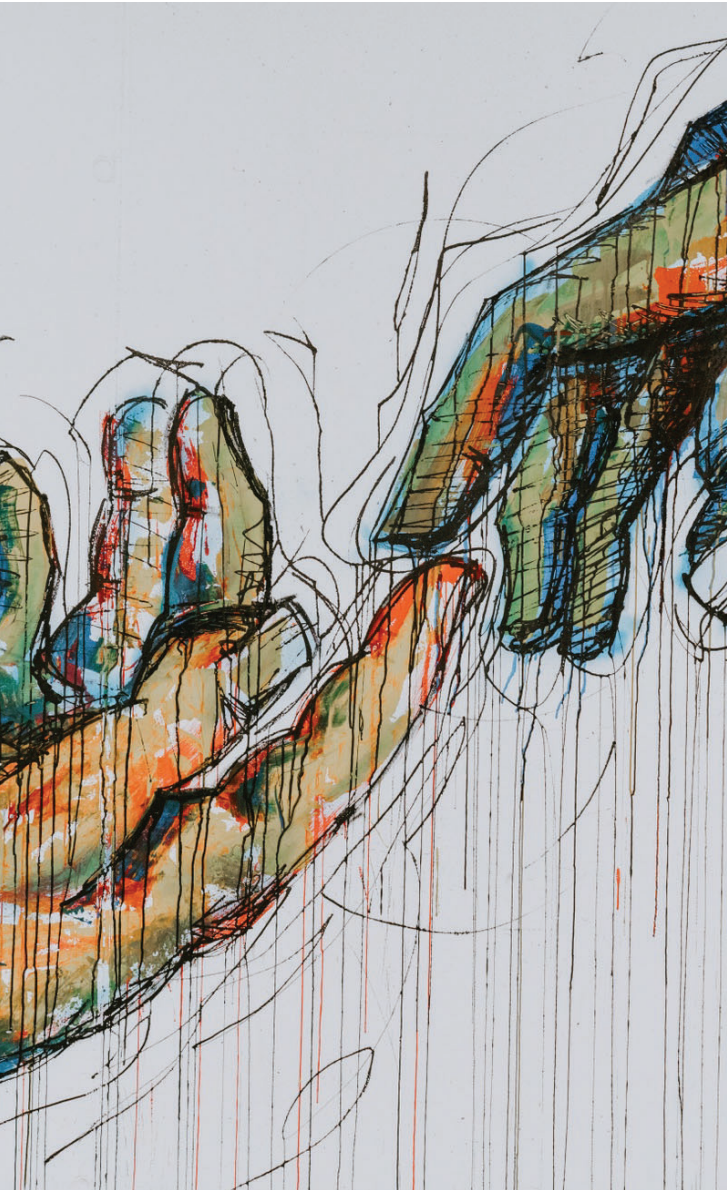
PC-PD Dyad

"Program directors and coordinators have tremendous responsibility for developing, overseeing, and improving residency or fellowship programs, implementing changes based on the current accreditation requirehents, and preparing for accreditation site visits and review by the ACME Review Committees. "

This statement by the Accreditation Council for Graduate Medical Education (ACME) lays out one of the most important relationships in a residency program--the director and coordinator. While each role has its distinct responsibility and oversight, this relationship can truly reach its potential when thought of as a dyad.

Leading from the middle isn't about a position; it's about meeting the demands from above while providing resources to and meeting the needs of those below.

Generation Z

Is medical education ready for generation Z?

Value Independence - work at their pace

May procrastinate to the last minute

They expect flexibility and exceptions

Dislike lectures - want to know in the moment

May expect 24hr availability

Focused on wellness and health

Less likely to ask questions secondary to anxiety and insecurity

May be deficient in communication

Less drawn to medicine

Coordinator Impact

RESEARCH   **Open Access**

Do programme coordinators contribute to the professional development of residents? an exploratory study

Mayumi Aono[1,2], Haruo Obara[3], Chihiro Kawakami[1], Rintaro Imafuku[1], Takuya Saiki[1], Michael A. Barone[4] and Yasuyuki Suzuki[1*]

Abstract

Background: With the development of training programmes for health professions, the role of programme coordinators has become increasingly important. However, their role in providing educational support for the professional development of resident trainees has not been investigated well. This study aimed to qualitatively analyse the involvement of programme coordinators in educational support for residents.

Methods: Semi-structured reflective writing on 'support for residents' was collected from programme coordinators in teaching hospitals in Japan in 2017–18 using a web-based questionnaire. Descriptions were qualitatively analysed thematically, using the professional identity formation (PIF) framework.

Requesting supervisors to reconsider their teaching

sensitive to resident's stressors, behaviors, and mood changes

-coordinated opportunities for communication between residents and supervisors

-proposed review of teaching manuals

Protecting residents from the negative influence of clinical experiences

-closely watching, listening to, and guiding residents after negative clinical outcomes

Facilitating resident's self-assessment and confidence

-noticed subtle changes in resident behavior and appearance

-provided reassurance, arranged skills training, created an amiable atmosphere

Creating a safer learning environment

-proposing improvements for resident workload and review of instructional guides in resident-centered ways

-acted as a bridge between residents and medical team members

✓ **Fostering a better atmosphere for mental health of residents**

-welcoming residents and inviting them to visit and interact

-creating a relaxed atmosphere

-watching and listening to residents' problems in an equal relationship

✓ **Intervening for residents with insufficient social skills/unprofessional behavior**

-providing opportunities for remediation and arranging meeting between affected parties

-maintained a non-hierarchical relationship, listened to residents, created a positive atmosphere

✓ **Providing support for isolated residents**

-created a relaxed atmosphere

-talked to residents with a non-hierarchical attitude

-provided reassurance

✓ **Preventing problems with peers**

-arranged opportunities to foster communication between residents and peers

-advised residents that peer evaluation was important

-facilitated resident's self- reflection

The

Butterfly effect

Coordinator Impact

1 Primary Care Provider

1 Week	84
1 year	3,864
20 years	77,280

Coordinator Impact

Graduate 4 Primary Care Providers Per year

1 year	309,120
5 years	1,545,600
20 years	6,182,400

Jean Witte

MCW Psychiatry Program

12 364 800+

"You can never know how many lives you've touched, so just know it's far more than you think."

Lori Deschene