

A Graduate Medical Education Initiative to Promote Professional Excellence Among Residency Program Coordinators

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Abstract:

Background: The authors describe the scope and impact of a professional development program for residency and fellowship program coordinators (PCs) at the University of Arkansas for Medical Sciences (UAMS) College of Medicine. PCs are vital in the success of their residency programs, yet few articles to date have addressed their increasingly complex roles.

Purpose: This exploratory study examines PCs' professional characteristics, perceptions that influence professional development meeting attendance, and the impact of the Program Coordinators' Organization (PCO).

Methods: All 44 PCs serving 53 residency and fellowship programs at UAMS were surveyed about their perceptions of the PCO in January 2006.

Results: The majority of respondents agreed that the PCO has improved their abilities and interactions with their supervisors, colleagues, and residents and that the PCO has made an institution-wide impact on residency education.

Conclusions: Sponsoring a PCO may be an effective tool for organizations to enhance the role of PCs and their graduate medical education programs.

Keywords: Education, Medical, Graduate; Staff Development; Internship and Residency.

The Association of American Medical Colleges' Executive Council has called on teaching institutions to support their graduate medical education programs by establishing mechanisms and committing resources to ensure that each program is able to meet its educational goals and accreditation requirements.¹ One way the University of Arkansas for Medical Sciences (UAMS) addresses this call is by sponsoring a Program Coordinators Organization (PCO) to support the professional development needs of residency and fellowship program coordinators (PCs) in the College of Medicine. In the United States (U.S.), residency and fellowship program coordinators (PCs) are the administrative personnel who oversee the day-to-day tasks of graduate medical education programs. Generally, PCs report to residency and fellowship program directors. They are crucial in helping programs achieve their educational objectives and remain in compliance with institutional requirements and national accreditation regulations.^{2,3}

PCs in the U.S. play an increasingly complex administrative, managerial, and educational role with tasks that may range from managing confidential program or resident data to organizing travel, lodging, and catering during resident recruitment season.^{2,4} PCs often serve as key liaisons between their medical residents, departments, sponsoring institutions, and external institutions such as governmental agencies that provide visas. PCs may help to ensure that residents fulfill the requirements of the program and that the program is in compliance with accreditation standards.³ They may even help with the preparation of important residency education documents such as the Program Information Form (PIF).² Yet the literature suggests that PCs often are unsure of their actual job descriptions and where to turn for guidance with their job responsibilities.³ For these reasons, PCs are an important population to target for professional development.⁵ Few studies have described the implementation of mechanisms to support the professional development of PCs.⁵ This study describes the results of a survey given to all PCs regarding an innovative institutional Program Co-

ordinators' Organization (PCO) created to provide PCs with a forum for professional development and networking opportunities. The findings of this study may be useful to institutions for planning or enhancing professional development programs for their program coordinators or other key residency education personnel.

The Program Coordinators' Organization (PCO)

- To support its residency and fellowship program coordinators, the UAMS College of Medicine sponsors a Program Coordinators Organization (PCO) for all residency and fellowship program coordinators of its fifty-three accredited graduate medical education (GME) programs. The PCO was formed in October 2002 as a PC-managed organization with three main purposes: to promote excellence in the administration of residency and fellowship programs, to provide educational opportunities in the area of graduate medical education and program administration, and to provide a forum for professional development and information exchange. The structure of the PCO consists of program coordinator leadership including two co-chairs, a recorder, and a newsletter editor. Co-chairs serve staggered 2-year terms, and other officers serve 1-year terms. The PCO holds monthly lunchtime

meetings except in June and July. Each month a different topic is addressed at the meeting; often, professionals, either members of or outside of the PCO, are invited to present. Each year has a different professional focus, depending on PC needs and preferences. During academic year 2005-06, for example, the PCs focused on creating a PC Handbook of helpful resources to be distributed to all UAMS PCs. Finally, time is allocated at the end of each meeting for PCs to network with each other regarding general issues such as data management system updates. Table 1 outlines the PCO agenda for the 2005-2006 academic year.

Methods

All 44 PCs who serve the 53 residency and fellowship programs at UAMS were invited to complete a survey in January 2006. The UAMS institutional review board approved this study. The authors designed a 23-item survey, informed by a literature review on PCs' professional needs and challenges³ and factors that affect meeting attendance⁶. The survey included questions regarding barriers to PCO attendance, PCs' perceptions of the PCO, and the impact of the PCO on GME and on PCs'

Table 1: Topics and Invited Speakers for Program Coordinator Organization (PCO), University of Arkansas for Medical Sciences, Academic Year 2005-2006

Topics	Invited Speakers
• General planning meeting	• Led by PCO co-chair
• Databases common to all programs	• Internal Medicine Program Coordinator
• Accreditation and site visits	• Associate Dean; Administrative Director of Graduate Medical Education
• Residency data management systems discussion	• President of a residency data management system company (via conference call and interactive computer-based demonstration)
• Resident immigration procedures	• Institutional Immigration Manager
• Coordinator tasks: What we do or need to do!	• Open discussion with all PCs
• Residents' mental health	• Director of the Resident Mental Health Service
• Materials for new residents	• Director of Resident Records
• Faculty Affairs' speakers bureau	• Associate Dean of Faculty Affairs
• Educational requirements, documentation, and evaluation	• Department of Pediatrics Medical Educator

professional development. We administered the survey at a PCO meeting. One item on the instrument allowed participants to opt for their responses not to be used for research purposes. We hand-delivered surveys to PCs who were not in attendance at the meeting (identified by absences on the attendance sign-in roster) and gave them a description of the study and a self-addressed envelope for its return. Data were collected in a manner to maintain anonymity of the study participants. Descriptive statistics were calculated and shared with the program coordinators.

Results

Of the 44 PCs surveyed, 37 (84%) completed and returned surveys, and 33 (75%) agreed to allow their responses to be used for research purposes. PCs reported a wide range of time in their position, education, and networking experience. Seven (22%) reported being a PC for less than a year, and 6 (19%) reported being a PC

for longer than 10 years. The majority (68%) reported that they were not given a PC job description when they were hired; of the 10 PCs who reported being given a job description, 6 reported that it had not been revised during their tenure. Four (12%) reported that their highest educational level was a high school diploma, while 5 (15%) reported holding an advanced degree. The majority of respondents reported never (50%) or yearly (34%) networking with PCs at other institutions.

In response to survey items about the impact of attending the PCO, the majority of PCs agreed or strongly agreed that the PCO has improved their interactions with their supervisors (86%), colleagues (79%), and residents (86%). Also, 63% of respondents agreed or strongly agreed that the PCO had made an institution-wide impact on residency education. The majority of PCs (72%) responded that the PCO provided them with a feeling of kinship among their peer group. Less than half (44%) of PCs felt that they always had protected time to attend

Table 2: Percentage of Residency/Fellowship Program Coordinators (PCs) at the University of Arkansas for Medical Sciences Who Agreed with Statements About PCO Outcomes, 2005

Statement	N	% Total
PCO has made an institution-wide impact on residency education *	20	63
PCO has provided you with peer kinship/solidarity *	23	72
As a result of PCO, you have:		
Improved your ability to assist residency program director *	22	69
Made a positive impact on your residency program *	23	72
Become a more valued team member in your residency program *	18	56
Learned things that enabled you to make a positive contribution to your residency education program *	22	69
As a result of attending PCO meetings, your interactions have been more effective with:		
Program director †	25	86
Residents †	24	86
Residency office †	24	86
Other faculty or staff in your office †	23	79
Time for you to attend PCO this year was protected		
Always	14	44
Sometimes	11	34
Never	4	13
Don't know	3	9

*Response options were strongly agree, agree, neutral (don't know), disagree, and strongly disagree. Responses shown are combined for strongly agree and agree.

†Response options were yes/no.

the PCO, and about a third (34%) of PCs felt that they sometimes had protected time to attend the PCO. PCs reported scheduling conflicts to be the largest barrier to attending PCO meetings, with only 21% of PCs reporting being able to attend the PCO regardless of their schedule. Table 2 shows additional survey results central to the purpose of this study.

Discussion

Our findings show that PCs perceived that they have better professional relationships with their supervisors and colleagues, an increased feeling of kinship with their peers, and more networking opportunities as a direct result of PCO. PCs in general perceived that the PCO had had a positive impact on their professional development. The ability to interact with other PCs throughout the institution gave PCs an opportunity to share knowledge, an important feature of the program since job descriptions for many PCs were nonexistent or out of date. PCs perceived that the PCO had made an institution-wide positive impact on residency education. Institutions wishing to enhance their graduate medical education programs may benefit from implementing an institution-wide professional development program for their PCs or their equivalent residency program personnel.

The published literature on attendance motivation indicates some factors that may contribute to the success of our PCO. First, the PCO has been strongly supported by the UAMS College of Medicine; such administrative endorsement has been shown to be important in promoting attendance and in furthering the success of an organization.⁷ Second, attendance motivation⁶ and perceived meeting relevance⁷ and quality⁸ are important in the success of an organization. Positive responses regarding the benefits of the PCO indicate high perceived meeting relevance and quality. Third, employees are more likely to attend a meeting or program if they have the opportunity to participate actively during the meeting⁷ and if they are offered an incentive for attending the meeting.⁶ Features of our program that address these aspects include open discussion time, the opportunity for professional growth, and free lunch. Lastly, attendance motivation is directly related to program accessibility in terms of dates, times, location, and costs.⁸ Participation in our PCO is free, held close to most PCs' offices, and offered during lunchtime.

Institutions sponsoring a professional development organization for their PCs or for other staff in their residency programs may face several challenges. At our institution, PCs are an experientially and educationally diverse group. We credit the success of our PCO, in part, to session planning that offers professional development

activities that appeal to PCs with a wide range of educational levels and job experience. PCO topics may need to be relevant and valuable to new and experienced PCs, to PCs of long-running and newly accredited programs, and to PCs whose additional job responsibilities may range from supervising multiple staff members to doing medical dictation for their department's physicians. Also, our study found that scheduling conflicts were the most commonly reported attendance barrier, a trend which has been described previously.⁸ Institutions must actively encourage PCO attendance by finding ways to minimize or eliminate scheduling conflicts.

There were some limitations in this study. Our population consisted only of PCs at the University of Arkansas for Medical Sciences. PCs at other institutions may perform different roles depending on how their residency programs are structured and administered. Therefore, the results of this study may not be generalizable to all other institutions. Second, PCs who were motivated to complete the survey may be those who are also more motivated to attend the PCO regularly, thus biasing the results of this study in a positive direction. Nevertheless, the results of this study reflect the views of the majority (75%) of PCs at our institution.

Given the dearth of literature on the population of residency and fellowship program coordinators, future work should be directed at better understanding this group as a whole. There is no published literature that has examined the views of all PCs at a single institution or across institutions. This is the first published report of its kind, and future studies are needed to help expand the scope of this research. The increasing roles and responsibilities of the PC position has initiated a grassroots movement for an official PC certification program;⁹ future research should attempt to understand what effect the certification program is having on PCs in the United States. Finally, a set of common requirements for PCs would decrease confusion and enhance PC networking opportunities by enabling PCs to collaborate nationally on changing residency and accreditation requirements.

Conclusions

Program Coordinators perceived that an institutional Program Coordinators' Organization had contributed positively to their professional development, to residency programs, and to GME in general. To ensure a successful PCO, GME programs will need to minimize scheduling conflicts, actively encourage their PCs to attend PCO meetings, and provide their PCs protected time to attend PCO meetings. In addition, the PCO should ensure that the meeting topics are relevant and that the lo-

cations and times are accessible. Sponsoring a PCO may be an effective tool for organizations to contribute to the professional development of their PCs, improve communication and collegiality among their residency programs, and ultimately enhance their graduate medical education programs as a whole.

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