

AAIM Perspectives

AAIM is the largest academically focused specialty organization representing departments of internal medicine at medical schools and teaching hospitals in the United States and Canada. As a consortium of five organizations, AAIM represents department chairs and chiefs; clerkship, residency, and fellowship program directors; division chiefs; and academic and business administrators as well as other faculty and staff in departments of internal medicine and their divisions.

Program Coordinator Professional Development: Definition, Perception of Importance, Motivating Factors, and Barriers



Lauralee Dubois, BS, C-TAGME,^a Theresa Marsh, BS,^b Lindsay B. Demers, MS, PhD^c

^aBoston Medical Center and Boston University School of Medicine, Mass; ^bGeisinger Medical Center, Danville, Pa; ^cBoston University School of Medicine, Mass.

KEYWORDS: Continuing education; Development; Professional development; Program administrator; Program coordinator; Program operations; Training

INTRODUCTION

The graduate medical education (GME) coordinator role has continued to evolve over the past decade and even more so within the last 5 years.^{1,2} This shift is, in part, a reflection of increasing regulatory demands within medical education, which require appropriate knowledge and skills to manage.³ The title of “program coordinator” no longer seems adequate to represent all that the position entails. Increased use of titles such as program manager, program administrator, associate program administrator, or education specialist,⁴ which distinguish a higher level of skills and competency imperative to the role, provide evidence of this shift. Other examples of the growth in the GME program administrator role include an increase in the number of individuals with advanced degrees,⁴⁻⁶ the formation and growing membership of a formal certification program for GME administrative professionals (TAGME),^{5,6} and the Accreditation Council of

Graduate Medical Education’s (ACGME) recent inception of a formal Coordinator Advisory Group to serve in a consultative role to ACGME.⁷ Program coordinators are integral to successful training program operations, yet there is no formal path for new coordinators to gain the necessary skills to perform the job. In many cases, training for the role is obtained through on-the-job trial and error.³ Continuing education for coordinators is not universal, though there is evidence attesting to its importance.⁸ Due to the highly complex nature of today’s coordinator positions, alongside the ever-changing environment of medical education training, greater emphasis on professional development of the administrator is needed.

The purpose of this study was to gain an understanding of how program coordinators define professional development and the degree of importance placed on it, as well as to identify motivating factors and barriers to participation. The results of this study draw attention to the importance of coordinator engagement in their roles and offers data that can be used to enhance continued growth in these positions that directly impact program operations.

METHODS

Data were collected through a national survey of program coordinators over an 8-week survey period. The survey was disseminated via e-mail to program

Funding: This research is unfunded work with no financial interests to disclose.

Conflict of Interest: None.

Authorship: All authors had access to the data and a role in writing the manuscript.

Requests for reprints should be addressed to Lauralee Dubois, Boston Medical Center and Boston University School of Medicine, 72 E. Concord Street, Evans 124, Boston, MA 02118.

E-mail address: laurie.dubois@bmc.org

coordinator contacts at ACGME-accredited institutions. It was also sent directly to designated institutional officials (DIOs) who were asked to forward the survey internally to their institution's coordinators. Additionally, the survey was disseminated through direct e-mail requests to specialty and subspecialty organization listservers.

The survey consisted of 15 open- and closed-ended questions. This article reports only data that may lead to actionable change in the professional development of program coordinators. The survey tool was Web-based and programmed to ensure that participant responses remained anonymous.

The survey and all associated study procedures were reviewed and approved by the Boston University Medical Center Institutional Review Board.

RESULTS

While we cannot state precisely the number of potential respondents due to the nature of the recruitment approach, we estimate that the survey went to over 4000 potential respondents. The total number of survey participants was 808, for an estimated response rate of 20%. This response rate is in line with previous research showing typical response rates to Web surveys between 20% and 30%.^{9,10}

Participants self-identified as residency administrators (62%), fellowship administrators (34%), GME administrators (16%), and other (21%), which consisted of undergraduate medical education administrators, section administrators, and administrators with a combined role. The average number of years of experience among respondents in their current position was 7.48 years (SD = 7.45), with a median length of time in position of 5 years.

As one of our lead questions in the survey, we asked program coordinators what types of activities they consider professional development. As shown in [Figure 1](#), results show a fair amount of variability in how program coordinators define professional development. Attending a workshop or conference was the most popular response, by a margin of approximately 10%.

When we examined responses to the question of what motivates program coordinators to participate in professional development, it was clear that intrinsic factors such as increasing knowledge or skills were far more motivating than external factors such as receiving a salary increase ([Figure 2](#)).

It was clear that participating in professional development activities is important to program coordinators,

with 89% of our respondents indicating such. Despite the high level of importance placed on professional development, only 22% of respondents indicated that they were satisfied with the amount of time they spent

on professional development activities. The disparity between perceived importance and satisfaction leads to the question of barriers to participation. As shown in [Figure 3](#), the 2 most substantial barriers to participation in professional development were lack of time and lack of financial support for these activities.

In addition to the barriers identified in [Figure 3](#), common open-ended responses pointed to a lack of awareness of opportunities and scheduling conflicts as further obstacles.

Finally, to understand what actions can be taken to increase the amount of professional development participation by program coordinators, we asked respondents to provide recommendations for how the identified barriers might be overcome. In the [Table](#), we present recommendations that were either pervasive or that struck the research team as particularly novel or innovative.

PERSPECTIVES VIEWPOINTS

A program coordinator's work and continued development have direct impact on:

- Overall training program operations.
- Successful administration of the Clinical Competency Committee.
- Successful administration of the Program Evaluation Committee.
- Successful implementation of quality improvement initiatives.
- Successful monitoring of trainee progress through numerous evaluation methods including milestone tracking and reporting.
- Oversight of administrative processing of performance improvement plans or remediation plans for struggling learners.

DISCUSSION

There was no universal view on what types of activities constitute professional development for a medical education coordinator. Nearly all respondents identified attending a workshop or conference as a type of professional development, whereas only two-thirds considered submitting an abstract to a professional conference or journal professional development. We speculate that the reason may be that many coordinators do not think about submitting publications as an opportunity they can or should pursue.

The number one motivator for pursuing professional development activities, by a significant margin, was the desire to increase current knowledge base or skill set, followed by personal satisfaction and sense of achievement. This result implies that coordinators are primarily motivated by intrinsic factors. Conversely, they

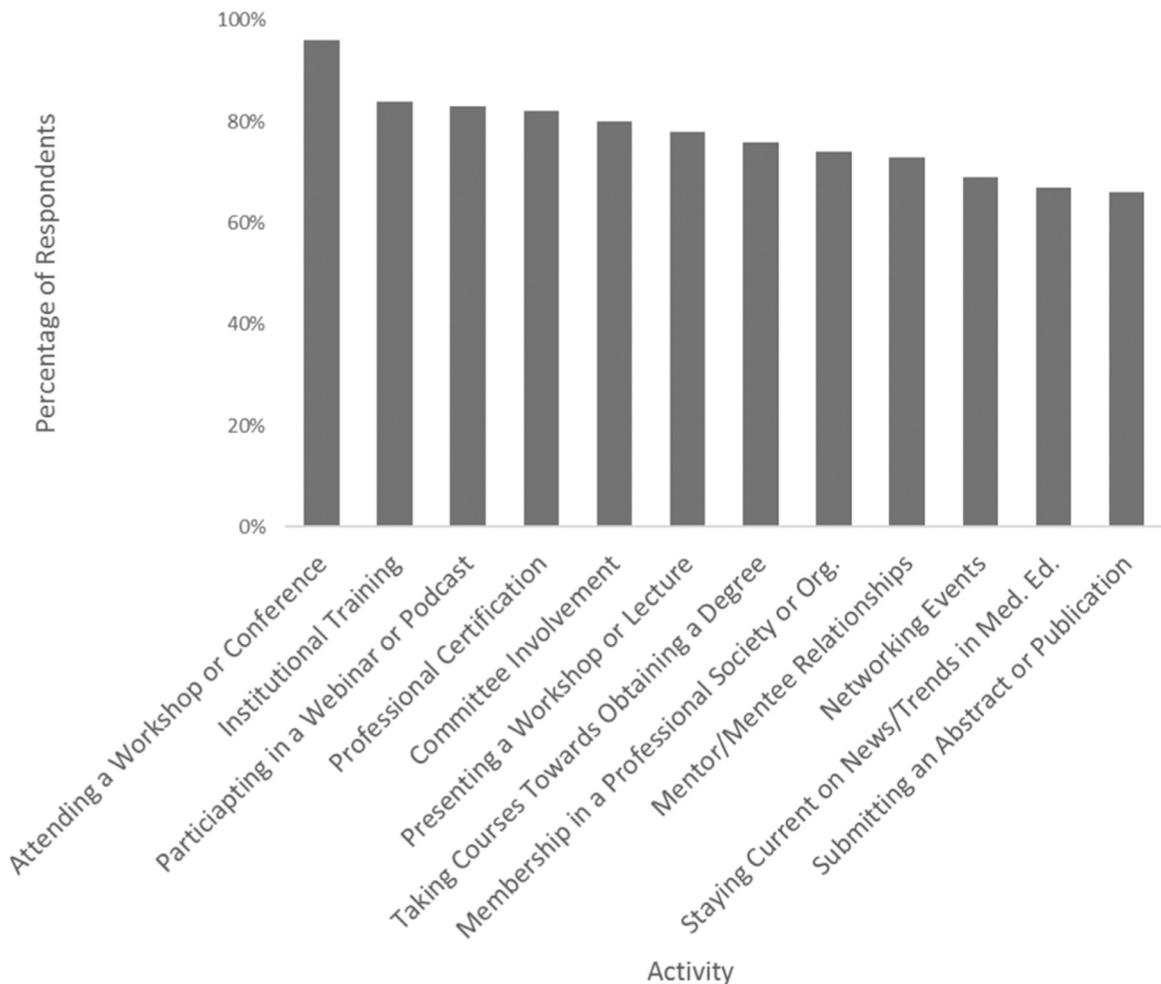


Figure 1 Professional development defined by program coordinators.

appear to be less motivated overall by recognition from others and salary increases. Some of the open-ended commentary for this question led us to consider that for many coordinators, there is no opportunity for a salary increase based on their engagement in professional development activities. Incentives in many cases are limited and thus are not a motivating factor.

Coordinators, in general, felt that their supervisors were supportive of their participation; however, time and a lack of financial support were cited as 2 primary barriers to professional development. This finding suggests that although supervisors were offering support in terms of encouragement, they may not have paired that with the necessary resources to make engagement in professional development activities attainable.

Investing in strengthening the skills of a program coordinator and encouraging activities that enhance personal job satisfaction and a sense of achievement can have a ripple effect on training programs. One example is how a program coordinator's interaction with applicants during interview season can significantly impact an applicant's perception of a training

program.¹¹ Programs that have experienced high turnover rates in coordinators are likely to attest to the significant impact that stability in these positions has on a program.

Limitations

As with all survey research, response bias is a potential limitation of this study. Future research is needed to understand how much of an issue response bias may have been in the current study. Another potential limiting factor is self-selection bias; that is, those program coordinators who have the strongest interest in the topic of professional development or had time to participate in the survey may have been more likely to respond. Although we cannot think of a compelling explanation for how it may have biased responses (eg, regarding definitions of what constitutes professional development), it is feasible that self-selection played a role given our methodological approach.

Although a response rate of 20% is somewhat low, it is consistent with previous research on response rates to Web-based surveys.^{9,10} Further, we have reason to

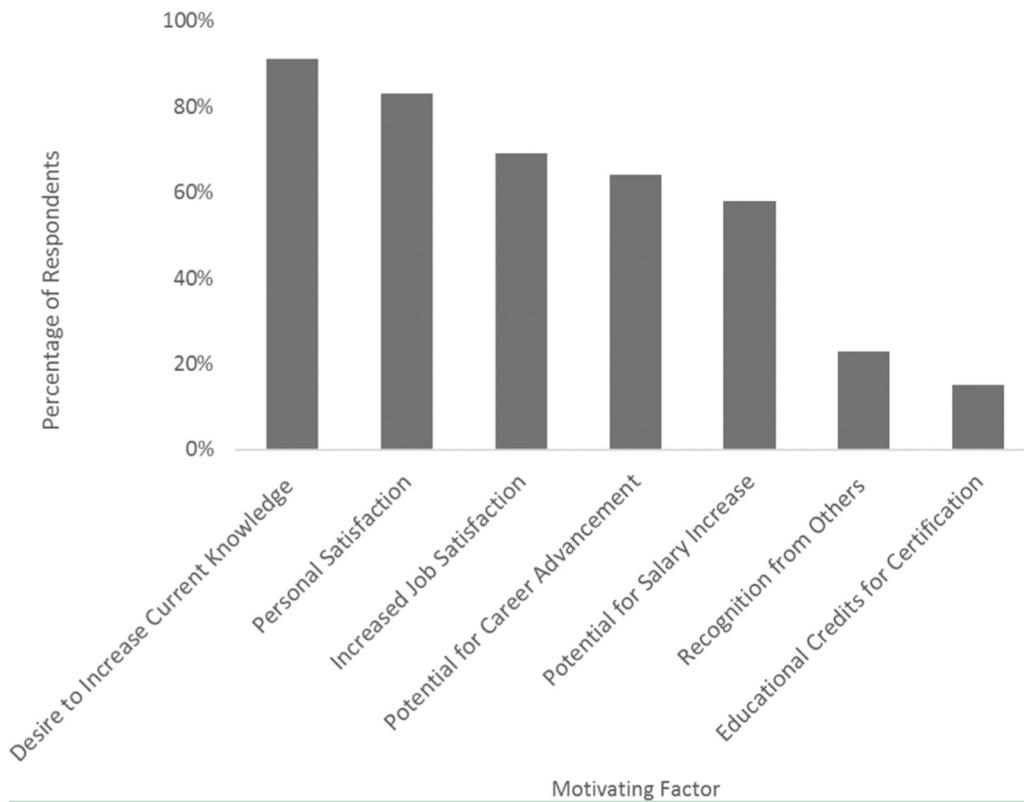


Figure 2 Factors that motivate program coordinators to participate in professional development.

believe that our results are representative of the larger population of coordinators. First, similar outcomes have been highlighted by smaller program/subspecialty level surveys,^{3,12} but the national scope and cross-program participation of our survey respondents demonstrates that many of the barriers to program administrator professional development are prevalent across all GME programs and subspecialties through-

out the country. Our regional demographic response rates mirror the regional distribution of the general population of administrators, which provides additional evidence of adequate representation across the country. Finally, we found no significant differences in survey responses based on years of experience, further suggesting similarity in perception across the field of medical education administration.

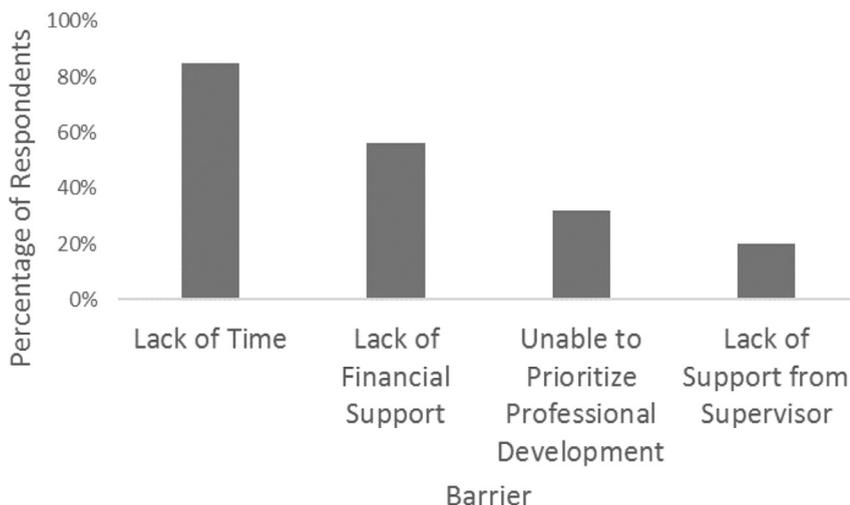


Figure 3 Barriers to participation for program coordinators.

Table Recommendations to Increase Participation in Professional Development Activities

Most frequently provided recommendations

- Provide protected time for administrators to participate (44%)
- Provide financial support (dues, tuition, conference attendance, TAGME certification, etc.) (17%)

Infrequent but novel recommendations

- Offer local training and networking opportunities (< 10%)
- Increase overall staffing levels (< 10%)
- Require participation in professional development (either at the institution or program level) (< 10%)
- Link participation to performance reviews (< 5%)
- Offer financial incentive for participation (< 5%)

Note: Open-ended response n = 536.

Future Directions

Exploration of the impact that involvement in professional development activities (or lack thereof) has on job satisfaction and turnover rate of the coordinator role is a potential next step. Additional studies could also include interviewing or surveying individuals in supervisory roles to understand what they see as the barriers to participation and their view as to its importance. Finally, because the survey used was researcher-developed, additional work must be done to establish its psychometric properties.

CONCLUSION

Institutions and programs should be encouraged to explore ways to eliminate barriers to professional development participation, such as financial constraints, lack of awareness of opportunities, and limited time. Continually developing the skills of the medical education coordinator and encouraging or requiring activities that deepen their knowledge base, enhance job satisfaction, and provide a sense of achievement, should be at the forefront of strategic planning at the program, institution, and national level. It is time to raise awareness of the importance of professional development for the administrator, and for administrators themselves to broaden their scope of how it is defined.

ACKNOWLEDGMENT

We wish to acknowledge Martha Anderson and Crys S. Draconi for their consultative roles and for their contributions to the survey design and data collection effort.

References

1. Nawotniak R. *The Residency Coordinator's Handbook*. 3rd ed Danvers, MA: HCPro; 2014.
2. Stuckelman J, Zavatchen S, Jones S. The evolving role of the program coordinator. *Acad Radiol*. 2017;24(6):725–729.
3. Feist TE, Campbell JL, LaBare JA, Gilbert DL. Survey of Child Neurology Program Coordinator Association: workforce issues and readiness for the next accreditation system. *J Child Neurol*. 2015;31(3):333–337.
4. Residency Program Alert. The results are in: 2015 Program Coordinator salary survey. Available at: <http://health.usf.edu/medicine/gme/~media/B242F2B1DAD94F21A34147CDC-CA818B3.ashx>. Accessed February 12, 2017.
5. Alliance of Academic Internal Medicine. 2018 APDIM Program Administrators' survey. Available at: <http://www.im.org/p/cm/ld/fid=506>. Accessed March 1, 2018.
6. Alliance of Academic Internal Medicine. 2015 APDIM Program Administrators' survey. Available at: <http://www.im.org/p/cm/ld/fid=506>. Accessed March 1, 2018.
7. Accreditation Council for Graduate Medical Education (ACGME). ACGME Coordinator Advisory Group. (n.d.) Available at: <http://www.acgme.org/Program-Directors-and-Coordinators/ACGME-Coordinator-Advisory-Group>. Accessed March 14, 2018.
8. O'Sullivan PS, Heard JK, Petty M, Mercado CC, Hicks E. Educational development program for residency program directors and coordinators. *Teach Learn Med*. 2006;18(2):142–149.
9. Sax LJ, Gilmartin SK, Bryant AN. Assessing response rates and nonresponse bias in web and paper surveys. *Res High Educ*. 2003;44(4):409–432.
10. Dykema J, Stevenson J, Day B, Sellers S, Bonham V. Effects of incentives and prenotification on response rates and costs in a national Web survey of physicians. *Eval Health Prof*. 2011;34(4):434–447.
11. Nawotniak R, Gray E. General surgery resident applicants perception of program coordinators. *Curr Surg*. 2006;63(6):473–475.
12. Grant RE, Murphy LA, Murphy JE. Expansion of the coordinator role in orthopaedic residency program management. *Clin Orthop Relat Res*. 2008;466(3):737–742.