

# ROLE OF THE PROGRAM COORDINATOR

## EVALUATIONS

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# **ROLE OF THE PROGRAM COORDINATOR**

# WHO IS THE PROGRAM COORDINATOR?

- If he/she is knowledgeable, energetic, caring and organized, the Program Coordinator is your best friend.
- If he/she is not knowledgeable and is lazy, disorganized and not caring, the Program Coordinator is your worst enemy.
- The GME Office might have input into your choice of the Program Coordinator and his/her performance evaluations.
- Probably not a part time job.

# WHAT DOES A PROGRAM COORDINATOR DO?

- Varies with personality traits of the PC
- Organizational aspects of job
  - ACGME and NBME issues
  - Overall organization and oversight of program
- Personal aspects of the job
  - Good listener
  - Good “rear kicker” and “back patter”
  - Your politically correct “advice giver”

# ACGME RELATED ISSUES

- Knowledge of institutional, common, core or specialty requirements
- Oversee:
  - Evaluation processes
  - Duty hour monitoring
  - Scheduling processes
  - Credentialing processes
  - Annual ACGME surveys
  - Internal reviews and site visits

# MATCH PROGRAM ISSUES

- Listing establishes a binding commitment to offer or to accept an appointment if a match results
- Failure to honor this commitment will be a breach of the match agreement and may result in penalties to the breaching party
- The GME DIO is also the NBME DIO; therefore report all inquires to the GME Office.
- The Coordinator should be aware of the rules.

# GMEC ASPECTS

- Knowledge of organizational chart and of GMEC policies
- Good networking results in better understanding of how things work and who can help you get the work done.
- Take active part in GME activities such as list serves, workshops and “Administrators’ Council”.

# PERSONAL ASPECTS

- Scheduled, very organized meetings
  - With Program Director
  - With Recruitment, Education and Clinical Competence Committees
  - With Chief Residents
- Constant communication
- Program Director and Coordinator must have respect for each others' opinions.

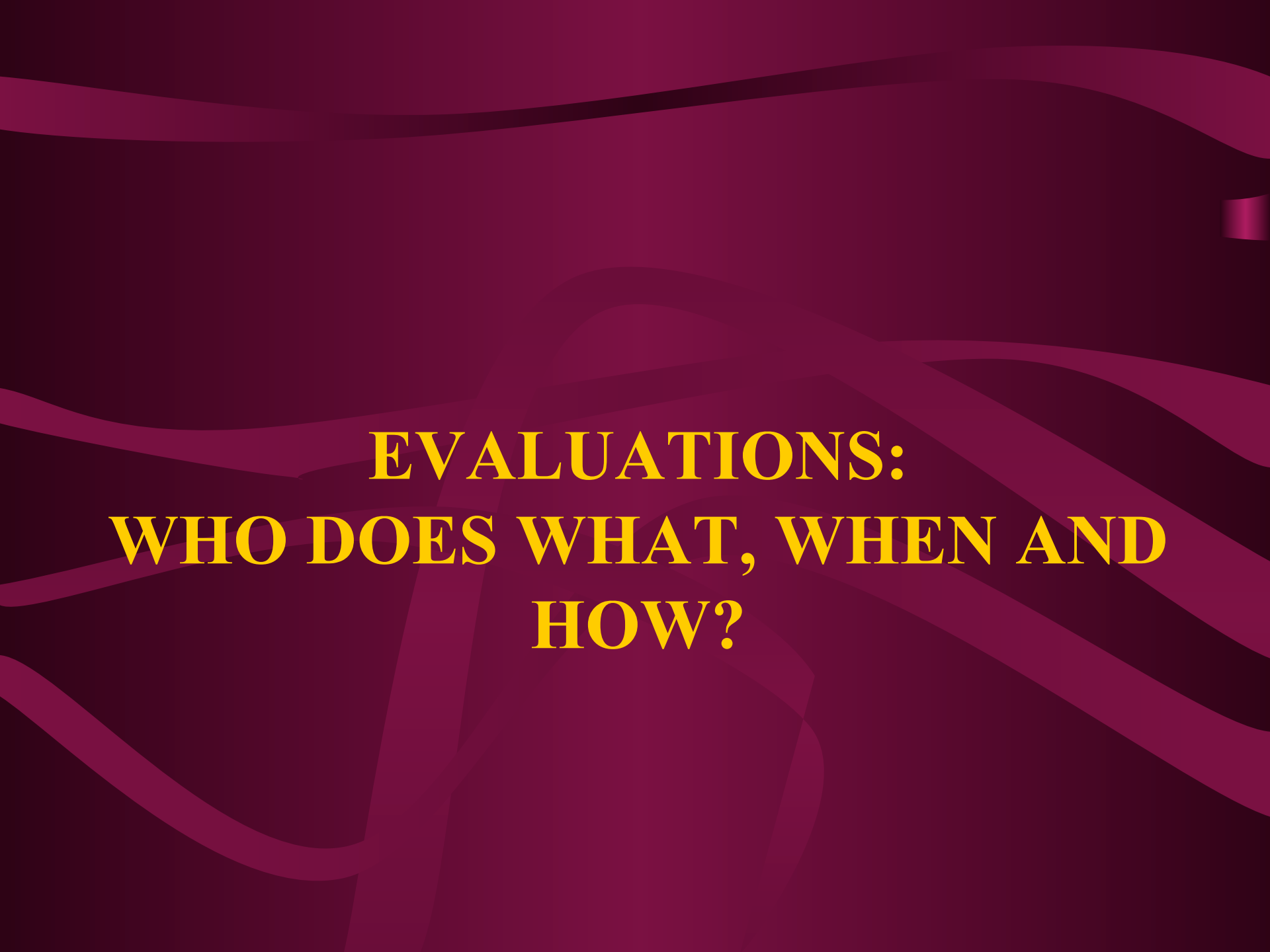
# SUPPORT FOR THE COORDINATOR\*

- Salary
  - 6% earn < \$30,000
  - 2% earn > \$70,000
  - 70% earn \$30,000 to \$50,000
- Training Administration in GME (TAGME)
  - Current state of affairs
    - 7% are certified
    - 9% pursuing certification
    - 22% not available for their specialty
    - 61% not certified and not pursuing
  - Legal aspects of certification or credentialing

# SUMMARY

## Program Coordinator should

- Relate well to faculty, residents and fellows,
- Keep a calendar of residency related events,
- Organize duty hour monitoring, evaluations and recruiting,
- Regularly review the ACGME web page and program requirements,
- Annually update the PIF and WebADS information,
- Meet on schedule with the Program Director,
- Network with other Program Coordinators within your institution and
- Attend national GME conferences.



**EVALUATIONS:  
WHO DOES WHAT, WHEN AND  
HOW?**

# EVALUATIONS: WHY?

- Evaluation process is important to determine
  - If the resident satisfied competencies
  - If the resident should be promoted
  - If the resident requires counseling or commendation
  - If the resident is competent to practice without supervision
  - If the program is doing well

# Formative vs. Summative

- Formative evaluation:
  - encourages the resident's development and improvement during the activity
  - refines how you might better teach this resident
- Summative evaluation:
  - determines if the resident reached all of the goals
  - determines the final impact of the educational process on the resident

# EVALUATIONS: WHO?

- Faculty members evaluate
  - Residents
  - Program
- Program Director/CCC
  - Final summative evaluation
- Residents/fellows evaluate
  - Faculty
  - Program and rotations

# EVALUATIONS BY FACULTY

- Formative evaluations of residents at the end of each rotation using multiple evaluators
- Program Director and CCC complete a final summative evaluation to “verify that the resident has demonstrated sufficient competence to enter practice without direct supervision” Effective July 1, 2007
- Competency-based, formal, semi-annual feedback
- Annual written evaluations of program

# Program Evaluation and Improvement

- Establish your goals and objectives
  - Goal: A subject that the resident must learn from the rotation
  - Objective: Items that will you teach to reach the goal
- Teach the objectives
- Assess and apply metrics
- Use these metrics over time to reach an outcome
- The “outcome” becomes a benchmark to improve the program.
- Do this in writing to show you have a plan for program improvement

# Criterion-Referenced Assessment

- It is a test against a standard, for example, the resident's performance compared to your benchmark.
- The “outcome” of your metrics becomes a benchmark to counsel residents.

# EVALUATIONS BY RESIDENTS

1. Annual, written, confidential evaluations of the faculty
2. Annual, written, confidential evaluations of the rotations and program

# REVIEW THE RESULTS

- What is the training program's effectiveness in teaching its goals and objectives?
- Has the resident reached a level of knowledge and expertise to practice without supervision?

# EVALUATIONS

- Study the ACGME' s assessment methods.
- Use questions that make residents think about the rotation.
- Typical: Did I receive breaks, orientation materials, teaching?
- Consider:
  - How did the faculty help or hinder my learning?
  - What can you do in the future to build on the knowledge gained in this rotation?
  - How can you apply this knowledge to all patients?

# EVALUATIONS

- Use questions that make faculty members think about the rotation.
- Typical: Did the rotation meet ACGME guidelines?
- Consider:
  - How would you redesign this rotation?
  - If you had to defend this rotation, what would you say?
  - How did you help or hinder residents' learning?

# EVALUATIONS

- Evaluate Reaction
- Evaluate Learning
- Evaluate Behavior/Performance
- Evaluate Results

# EVALUATE REACTION

- How favorably do residents react to the rotation? (Did they like it?)
- Measure using a questionnaire at the event.
- Can help determine if residents
  - Will use the new skill
  - Plan to change behavior
  - Expect improvement in results

# EVALUATE LEARNING

- To what extent do residents gain knowledge and improve skills? (Did they learn anything?)
- Measure using pre- and post-tests, observations, surveys and interviews.
- Can help determine if residents
  - Increase their level of information
  - Can apply new behaviors
  - Reach an improved performance

# EVALUATE PERFORMANCE

- Is the resident capable of performing the new skill outside the classroom?
- Measure using observation, surveys, checklists, questionnaires, interviews.
- Can determine the degree to which classroom knowledge transfers to the workplace.

# EVALUATE RESULTS

- What is the training program's effectiveness in teaching its goals and objectives?
- Measure using follow up surveys, in-training scores and board pass rates.

# EVALUATIONS

- Timing of the semi-annual appointments can vary.
  - 1<sup>st</sup> = September-October to detect potential problems
  - 2<sup>nd</sup> = March-April to allow time for remediation
  - Time with your surveys and site visits.

# SUMMARY

- Goals and objectives to benchmarks
- Benchmarks to improve the program
- Benchmarks to counsel residents

# SUMMARY

- Five different processes
- Four levels
- Assure that your assessments lead to the final summative evaluation stating that the fellow has demonstrated sufficient competence to enter practice without direct supervision.
- Program Coordinator involved

