



Orientation of Program Coordinators into the GME World Necessary or Not? : A National Analysis

Hemali J. Shah, C-TAGME¹, Samer A. Naffouje, MD¹, Aslam Ejaz MD MPH²
¹University of Illinois at Chicago- Chicago, IL , Johns Hopkins University- Baltimore, MD²



Introduction:

Working as a Program Coordinator (PC) requires a certain skillset. However, there are a lack of studies that define the predictors of success that might aid PCs shine. Currently, most of the PCs receive an orientation of their duties and expectations from the Graduate Medical Education (GME) office, and frequently from their peers prior to assuming the responsibility of the position.

Herein, we sought to determine the influence of the GME and peer training on PC performance, and determine the factors that can predict improved administrative outcomes.

Methods:

This national analysis was conducted via Qualtrics Survey Software. All PCs with available contacts obtained from the FRIEDA database were included. Specialties that were included were: anesthesiology, internal medicine, medicine/pediatrics, obstetrics and gynecology, pediatrics and general surgery.

A 52-question survey was submitted to all coordinators. Questions were focused on parameters that could be used as metrics for the performance such as compliance with case log, hours reporting, GME survey completion, and many other administrative tasks as reported in the results. The answers were standardized to be converted to either continuous variables or a 10-scale categorical variables. This one-time survey was conducted over a period of 3 months with weekly reminders to improve the compliance rate. After the conclusion of the study period, PCs who submitted complete answers were considered for the analysis. Partially-completed surveys and duplicates were eliminated. Basic statistical tests were used for inferential analysis such as T-test, Chi-square, ANOVA, and univariate/multivariate regression.

Results:

1515 surveys were sent and followed. 712 respondents (47%) were eligible for the final analysis at the end of the inclusion period.

The majority of the respondents were PCs in University programs (59.3%). Internal medicine and surgery PCs comprised 27.2% and 24.2% of the respondents. 17% of PCs received GME training only, 14.9% received peer training only, and 9.4% received both. The mean number of years as PC in the survey was 8.53±8.14. the mean number of residents handled by the PCs was 45.43±37.09. Table 1 summarizes the primary characteristic reported by the respondents.

Per the report, 50.53% of respondents found the GME training helpful, whereas 99.42% reported that the peer training was helpful. Table 2 demonstrates the parameters that were used to measure the administrative competence

It was noted that PCs who received both GME and peer training performed better in multiple aspects; they had lower rates of delayed starts and graduations, higher rates of compliance in case and

Results (continued):

Duty hour reporting, and higher level of readiness for the internal reviews, GME visits, and the MATCH. On a similar scale, PCs who received peer training only had a better performance in general than those with GME training only.

A scoring system was then developed based on these parameters assuming all the outcomes exercise an equal weight on the coordinator's performance. Then, a multivariate regression analysis was conducted to determine the factors that would represent favorable or a poor predictor of the PC's performance. Table 3 shows the results of the regression analysis.

Number of surveys sent	1515
N of respondents	712 (47%)
Region	
Northeast	242 (34.0%)
Midwest	137 (19.2%)
South	231 (32.4%)
West	89 (12.5%)
Other	13 (1.8%)
Setting	
Community	282 (39.6%)
Military	7 (1.0%)
University	422 (59.3%)
VA	1 (0.1%)
Specialty	
Anesthesiology	89 (12.5%)
Internal Medicine	194 (27.2%)
Medicine/Pediatrics	1 (0.1%)
Obstetrics/Gynecology	136 (19.1%)
Pediatrics	120 (16.9%)
Surgery	172 (24.2%)
Coordinator Training	
None	418 (58.7%)
GME	121 (17.0%)
Peer	106 (14.9%)
Both	67 (9.4%)
Years as coordinator	8.53±8.14 (median 6 years)
N of residents	45.43±37.09 (median 35 residents)
N of IMGs in the past 5 years	17.18±26.49 (median 17)
Have assistant	272 (38.2%)

Table 1: summary of the characteristics reported by the program coordinators.

	No training	GME training	Peer training	GME & peer training	P
Delayed start	18.44±9.34	15.34±8.63	11.45±6.75	9.91±5.54	0.012*
Delayed graduation	50.95±6.62	48.51±9.38	40.02±16.52	34.15±7.68	0.004*
% Compliance in info update	54.09±8.81	57.82±10.32	45.81±5.17	58.15±9.65	0.438
% Compliance in case log	87.41±16.27	88.56±17.76	89.90±11.97	95.16±12.71	0.009*
% Compliance in duty hours reporting	88.80±15.21	89.02±14.62	88.39±18.21	94.65±11.76	0.036*
% Compliance in ACGME survey (res)	92.58±12.16	91.33±6.77	91.89±6.99	97.57±7.22	0.013*
% Compliance in ACGME survey (staff)	91.22±11.54	93.54±9.33	92.52±10.27	92.55±8.64	0.156
Readiness for internal reviews	83.33±16.53	85.80±12.30	83.64±15.07	92.00±11.67	0.007*
Readiness for GME visit	87.60±16.87	86.39±13.12	87.84±11.37	93.76±10.15	0.011*
Readiness for Match	90.35±14.50	91.20±14.79	92.92±13.43	96.11±9.34	0.044*
Readiness for In-Service Exam	94.41±12.07	93.68±13.55	93.73±14.02	95.14±14.45	0.383
Readiness for Boards	32.98±17.66	29.47±15.44	34.55±18.21	36.47±18.73	0.727

Table 2: Analysis of outcomes based on training received. * Statistically significant.

Results (continued)

Our results indicate that having prior administrative experience and being a PC for longer time are favorable predictors of the PCs performance. There is a reversed linear correlation between the number of residents and the PCs performance. Most importantly, the type of training proved to be a predictor of the administrative outcome of the PC; GME training only improved the PC's performance, however, peer training only had better results than GME training only, and GME/peer training was better than both.

	Univariate Analysis			Multivariate Analysis		
	Adj r ²	β	p	Adj r ²	β	p
Setting						
Community	0.009	-0.094	0.278			
Military	NA	NA	NA			
University	0.005	+0.070	0.421			
VA	NA	NA	NA			
Specialty						
Anesthesia	0.001	-0.036	0.678			
IM	0.041	-0.203	0.019		0.053	0.540
IM/Ped	NA	NA	NA			
Ob/Gyn	0.029	+0.169	0.051			
Pediatrics	0.048	-0.219	0.011		0.023	0.796
Surgery	0.023	+0.151	0.081			
Training						
None	0.131	-0.485	<0.001		-0.399	0.013*
GME only	0.026	-0.162	0.062	0.166		
Peer only	0.226	+0.549	0.001		+0.432	0.004*
GME/Peer	0.263	+0.612	<0.001		+0.475	0.001*
Region						
NE	0.007	+0.017	0.844			
MW	0.002	+0.011	0.899			
South	0.001	-0.026	0.767			
West	0.006	+0.022	0.801			
Other	0.002	-0.042	0.633			
Assistant	0.002	+0.046	0.528			
Prior administrative experience	0.211	+0.276	0.001		0.201	0.010*
Years as coordinator	0.151	+0.225	0.009		0.188	0.027*
N of residents	0.088	-0.213	0.006		-0.247	0.002*
N of IMGs	0.053	-0.229	0.008		-0.014	0.808
N of sites	0.001	-0.034	0.703			

Table 3: regression analysis of the predictors of PCs performance

Discussion and Conclusion:

The importance of the PCs administrative tasks in ACGME-accredited programs is growing given the multitude of compliance aspects required by programs to maintain the accreditation and provide a more efficient training for the resident physicians.

Herein, we attempt to screen for the utility of GME and peer training from the PCs standpoint, and measure the PCs performance based on standardized metric parameters. The correlation between the training and performance might give an idea about the optimal preparation for the PC and about the tasks whose fulfillment can reflect an improved competence.

Albeit important, GME training only did not seem sufficient for an optimal PC performance. A combined peer and GME orientation yielded the best administrative outcomes. In addition, being a PC appears to have a learning curve in terms of performance as reflected by better outcomes in experienced PC in their respective field or in other administrative positions. Having more residents takes a toll on the PCs performance. However, having more IMGs or more sites were only confounders and did not have a substantial influence on the final results.