The Program Director–Coordinator Relationship: Who is Responsible for What?

Program Coordinator’s Symposium
Plastic Surgery – Denver, CO
September 21–24, 2011

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UB SUNY Surgery – Training Program Administrator
Building the director–coordinator team
Understanding the program director’s role
Supporting your program director
Managing mistakes
Characteristics of a strong relationship
Characteristics of a strong relationship

- Open communication
  - discussion and listening skills
  - respect for opinions, suggestions and decisions

- Honesty
  - truth in reporting
  - taking responsibility for actions
Characteristics of a strong relationship

- **Trust**
  - accuracy in data
  - do what you say and say what you do
    - words = actions

- **Availability**
  - open-door policy
  - regular meetings
Successful Relationships

Based upon perspective – Program Director

- how the program director views the position of program coordinator
  - Secretarial, Assistant or Manager
Successful Relationships

- Based upon perspective – Program Director
  - what the program director will allow the coordinator to do
    - how much trust does the program director have in the knowledge, skills and abilities of the coordinator
Successful Relationships

Based upon perspective – Program Coordinator

- how much credibility the coordinator has with the residents
  - How much trust the residents have in the knowledge, skills and abilities of the coordinator
Successful Relationships

Based upon perspective – Program Coordinators
- how well coordinators apply the six competencies to themselves
Successful Relationships

Based upon understanding – Program Director and Program Coordinator

- Expectations of the job
- Realities of the job
What the Coordinator Brings to the Relationship

- Knowledge
  - common program requirements and their impact on the training program
  - program requirements, the competencies, and curriculum and how they interact

- Active involvement in self directed learning
What the Coordinator Brings to the Relationship

- Timely Response to requests for information
  - Has solutions available when problems arise
  - Has analysis ready when reporting data
What the Coordinator Brings to the Relationship

- Ability to Anticipate
  - needs for documentation for meetings
  - data needed to manage rotation and clinical experiences
What the Coordinator Brings to the Relationship

- Understanding of and support for the vision of the program director
  - Supports decisions with faculty and residents
  - Uses his or her expertise to advise and counsel residents and faculty
What the Coordinator Brings to the Relationship

- A different perception and interpretation
- Advice if asked for
- Advice when not asked for, but may be of value
What the Program Director Brings to the Relationship

- Knowledge and understanding
  - of graduate medical education
  - of adult learning concepts
  - of program requirements; common, institutional, program

- Commitment to the program’s educational mission
What the Program Director Brings to the Relationship

- Support for the efforts of the coordinator
  - activities with faculty and residents
  - deadlines and reminders
    - Follows up on reports of tardiness or noncompliance
  - initiative and ownership
What the Program Director Brings to the Relationship

- Willingness to learns what the coordinator does
  - Understands difference between the expectations and realities of the coordinator’s job
Section II.A.4 – Common Program Requirements

- Who is Responsible for What?
<table>
<thead>
<tr>
<th>ACGME Standard CPR II.A</th>
<th>Program director responsibility</th>
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</table>
| 4.a) Oversight of the didactic and clinical education at all participating sites. | 1. Create and develop a curriculum, including goals and objectives for each rotation at each PGY level.  
2. Establish a didactic program that meets the needs of the training program.  
3. Ensure that the curriculum includes all clinical components required by the clinical specialty RRC and the specialty board. | 1. Work with the program director and faculty to collate and distribute the curriculum. Know the difference between goals and objectives.  
2. Develop a grand rounds schedule that includes presenters and topics as directed by the program director.  
3. Know the RRC requirements and  
4. the appropriate specialty board to ensure all clinical components are present; understand the RRC and specialty clinical requirements and apply that understanding to assessing the needs of the training program. |
Section II.A.4 of the ACGME Common Program Requirements: Who Is Responsible for What?

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<td>4.b) Approve a resident education director at each participating site.</td>
<td>1. Select a resident education director at each participating site.</td>
<td>1. Prepare, analyze and present reports regarding faculty candidates’ qualifications.</td>
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<td>4.c) Approve faculty who will work with the residents.</td>
<td>1. Select faculty.</td>
<td>1. Give input on faculty as requested by the program director.</td>
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**4.d) Approve ongoing participation by the faculty based upon evaluation.**

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<td>1. Review evaluations to ensure faculty contribute to the education of residents.</td>
<td>1. Utilize an evaluation process (commercial, institutionally developed, or personally developed) to prepare, analyze and present reports on each faculty member. Reports may include evaluations, and his or her procedural and patient encounter activities with residents.</td>
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<td>ACCME Standard</td>
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<tr>
<td>CPR II.A</td>
<td>1. Evaluate resident supervision activities.</td>
<td>1. Manage tracking or monitoring mechanisms put in place by the program director.</td>
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<td>4.e) Review resident supervision at all participating sites.</td>
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### Section II.A.4 of the ACGME Common Program Requirements: Who Is Responsible for What?

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<td>4.f) Prepare and submit accurate and complete information required and requested by the ACGME, including the program information forms (PIF) and the program’s annual resident update to ADS.</td>
<td>1. PIF: Prepare the PIF or assign sections of the PIF to faculty members and the program coordinator to draft. The program director is responsible for the final version of the PIF submitted to the DIO for signature and to the site visitor. The program director should write the final version based on the drafts others submit.</td>
<td>1. PIF: Collaborate with the program director, distribute assignments as directed, follow up on deadlines, and compile drafts into one document for the program director to review. Review and edit the program director’s draft of the PIF. Distribute the final draft to faculty and residents for review, edits, and suggestions. Collate suggestions for the program director to review. Submit the final PIF to the DIO for signature. Submit the PIF (signed by the DIO) to the site visitor. Follow any directions sent by the site visitor.</td>
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<td>2. ADS: Program directors usually delegate this task to coordinators. However, they are responsible for reviewing this data to ensure it is accurate and complete.</td>
<td>2. ADS: Regularly access ADS and update resident, program and faculty information.</td>
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<td>4.g) Meet with residents semi-annually to review documentation and performance, and provide feedback.</td>
<td>1. Meet with each resident twice per year to review their progress and development. It is not required to meet in December and June. The requirements only state they must meet twice. Most programs hold midyear or near midyear performance evaluations that include feedback to the resident. My program performs semiannual evaluations in August and February because our institution requires that residents receive four months notification of potential promotion issues.</td>
<td>1. Prepare reports on residents’ compliance with all training program assignments (i.e., case or patient encounter numbers, evaluation completion rates, completion status of courses or online training programs that fulfill the competencies, results of required tests). Organize files for view (no outstanding filing). Highlight and report areas of concern. The coordinator can also be a third party in the room during semi-annual reviews, particularly when there are developmental issues that may or will change the resident’s status in the program.</td>
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4.h) Adhere to grievance and due process procedures as directed in the ACGME Institutional Requirements and implemented by the sponsoring institution.

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<th>ACGME Standard CPO 11a</th>
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<td>1. Notify the resident of changes in training status and the institution’s due process procedures.</td>
<td>1. Track all documentation and ensure it is in accordance with the ACGME Institutional Requirements.</td>
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<td>2. Draw up the plan of correction or remediation.</td>
<td>2. Understand the due process and remediation process. Advise the program director of the status of the documentation. Follow up and remind the program director of deadlines and compliance requirements.</td>
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<td>3. Discuss with the resident and any faculty involved.</td>
<td>3. Coordinator may be present for these meetings as an unbiased third party to take notes, but it is not required.</td>
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Figure 3.1

Section II.A.4 of the ACGME Common Program Requirements: Who Is Responsible for What?

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<td>CPR 11A</td>
<td>1. Respond to requests with accurate information in a timely manner. In most programs, the program director delegates this function to the program coordinator.</td>
<td>1. Complete verification requests in a timely manner, based on information in the resident's file. Develop a standard letter that indicates that the coordinator is responding on behalf of and with the authority of the program director. The program director approves the template. Include a copy of the resident’s exit evaluation of the resident along with the request. Complete the letter with appropriate information, sign, and return it to the requesting entity. Maintain accurate records of resident attendance in the training program. Ensure that there is a final summative evaluation for each resident.</td>
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4.i) Respond to verification of residency education requests for any residents who participated in the program.
### Section II.A.4 of the ACGME Common Program Requirements: Who Is Responsible for What?

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<td>CPR II.A.4.1</td>
<td>1. Ensure that residents and the program are in compliance with all policies and procedures of the institution and program.</td>
<td>1. Know and understand the duty hour and work environment policies and procedures of the institution and the program.</td>
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<td></td>
<td>2. Take action when residents are not in compliance. Educate residents and faculty regarding fatigue management and resident safety issues.</td>
<td>2. Advise the program director in the event of noncompliance. Understand the ramifications of noncompliance.</td>
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<td>3. Monitor compliance with duty hours.</td>
<td>3. Monitor resident adherence and faculty compliance with the requirements.</td>
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<td>4. Develop resident call schedules that incorporate the guidelines.</td>
<td>4. Understand the method in place to track duty hours. Prepare and analyze reports, and present results.</td>
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<td>5. Modify schedules or resident activities to minimize excessive service demands. Ensure that the curriculum includes instruction in fatigue management.</td>
<td>5. Follow up on any noncompliance issues at the direction of the program director. Distribute policies and procedures to the residents.</td>
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4.j. 1-4) Establish policies and procedures that comply with the institutional and program resident duty hour requirements, the working environment, and moonlighting.
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| CPR-II.A.       | 1. Prepare a back-up support system.  
                | 2. Authorize changes in the schedule to accommodate need. | 1-2. Access back-up system and follow up with residents and faculty as needed. |

4.k) Ensure back up support systems are in place when patient care responsibilities are unusually difficult or prolonged.
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<td>4.1) Ensure adherence with ACGME and sponsoring institution’s written policies and procedures, regarding the selection, evaluation and promotion of residents, as well as disciplinary actions, and supervision of residents.</td>
<td>1. Ensure that all ACGME and institutional policies and procedures with regard to the following are adhered to: the selection, evaluation and promotion of residents, including disciplinary actions and supervision.</td>
<td>1. Know and understand the written policies and procedures. Advise the program director regarding compliance. Ensure the program’s resident handbook includes program policies and procedures that are in compliance with the institution and the ACGME standards.</td>
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<tr>
<td>ACGME Standard CPR 3.1.4</td>
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2. Advise the program director when these policies and procedures impact the training program. |
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| 4.n. 1-10) GMEC/DIO must review and approve information or requests submitted to the ACGME that fall within 10 specific areas. | 1. Prepare the information or request.  
2. Submit the request to the GMEC/DIO for review and approval prior to submission. | 1–2. Know which information and requests require DIO review and/or signature prior to submitting them to the ACGME.  
Advise the program director when the ACGME requires DIO/GMEC review and/or signature.  
Prepare, analyze, and present reports that support the program director in the request.  
Review and edit the program director’s correspondence, if asked (not responsible for writing the request.)  
Follow up on deadlines and submitted requests. |
### Section II.A.4 of the ACGME Common Program Requirements: Who Is Responsible for What? (cont.)

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Responsibilities</th>
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| 4.o.1-2) Obtain DIO review and co-signature on the PIF as well as any correspondence or documentation submitted to the ACGME that involve citations or changes to the program that would significantly affect the program or the institution. | 1. Prepare the PIF.  
2. Write responses to program citations and/or requests for significant changes in the program.  
3. Submit to the DIO for review and signature prior to submission. |
|  | 1. Review and edit the responses.  
2. Submit the final document to the DIO.  
3. Follow-up with deadlines and signatures. |
Managing Mistakes

- Honest and upfront about mistakes
- First to tell program director
- Correct data error
- Correct informational error
- Corrective action plan
- Owning up to mistake and having plan of action in mind – reduces embarrassment or fallout – facilitates prompt discussion
Try not to make same mistake twice
Learn from mistake
The administrative/managerial role of the coordinator can be potential grounds for conflict.
Conflict

- How do you deal with a program director who does not comply with program requirements?
- What do you do when your program director is not doing what he or she should?
- What do you do when your program director does not support your efforts?
Differences of Opinions

- Differences in interpretation of standard or requirement
- Discuss in private – not public arena
  - Never before faculty or residents
  - Undermines pd’s authority
- If no resolution – speak to DIO
The reality of the role of the program coordinator –

we support...

graduate medical education

AND

the efforts and duties of our program director
THANK YOU!

- Ruth H. Nawotniak MS, C–TAGME
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- rhn@buffalo.edu