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## Importance of the Radiology Program Coordinator<sup>1</sup>

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The Accreditation Council for Graduate Medical Education (ACGME) requires that each program have a dedicated residency program coordinator (1). This was recently added to the program requirements when it became apparent to the members of the Radiology Residency Review Committee (RRC) that the success of a program was dependent upon the program having such a dedicated person. The ACGME requires there to be a single program director responsible for a diagnostic radiology residency program. This person is accountable for the operation of the program including overseeing and organizing the activities of the educational program in all institutions that participate in the program; preparing an accurate statistical and narrative description of the program as requested by the RRC (as well as updating annually both program and resident records through the ACGME Accreditation Data System); ensuring the implementation of fair policies, grievance procedures, and due process; and seeking prior approval of the RRC for any changes in the program that may significantly alter the educational experience of the residents. The labor-intensive nature of these responsibilities led to the ACGME requirement that the program director be provided at least 1 day per week of protected time to administer the program. The role of the coordinator interfaces with nearly every aspect of the program director's role. Although the program director is held accountable for every aspect of the program, much of the effort that is involved in administering a program is delegated to the coordinator. It is vitally important that the program director and coordinator have a close and

mutually respectful working relationship and a clear understanding of each other's role.

Many institutions and their human resource departments have changed the title of the residency coordinator to reflect the evolving job description. The academic and administrative environment of residency training requires operational management at a higher level of independence and administrative discernment than was true several years ago. The coordinator must demonstrate skills in communication (verbal and oral), problem solving and decision making, administration and organization, supervision, goal setting and collegiality, and have broad knowledge of the many facets of academic radiology and residency training. Much of the information managed by the coordinator is highly confidential. He or she may be asked to train and supervise administrative assistants hired temporarily to assist with various projects. For these reasons, in many institutions the job has been reclassified from Residency Program Coordinator to that of Residency Program Manager. The Association of Program Directors in Internal Medicine (APDIM) recognizes and affirms the need for a "professional manager/coordinator" or "program administrator/manager" in the internal medicine training office and makes a distinction between secretarial and managerial functions (2).

The following is a description of what may be considered to be the role of a program coordinator. Depending on how administrative duties are distributed within an academic department, a coordinator's job description will vary. For example, some coordinators also serve as the program director's only secretary or have administrative responsibilities related to medical student courses, fellowships, continuing medical education, grand rounds, and visiting professor programs. The American Residency Coordinators in Obstetrics and Gynecology (ARCOG) has published on their website a template for the coordinator job description and a coordinator manual (3). The Association of Program Coordinators in Radiology (APCR) has

*Acad Radiol* 2005; 12:1033-1038

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doi:10.1016/j.acra.2005.04.008

published on their website a job description for the radiology residency program coordinator/education administrator and an article on the role of the residency coordinator (4). My intent is not to provide an exhaustive list of the duties of a program coordinator, but to offer my perspective on the importance of the coordinator to the program director and program.

### **IDEAL COORDINATOR CHARACTER TRAITS**

The coordinator is often the first person someone contacts with questions about the residency program. Medical students and other resident candidates, clinicians, program directors, hospital administrators, and representatives from radiology societies are just some of the people that the coordinator communicates with. The caller's impression of the program is influenced by their interaction with the coordinator. The coordinator must have a pleasant, helpful, professional demeanor and represent the program positively. In addition, the coordinator interacts daily with residents in the program, and serves as a role model for the kinds of positive character traits that should be exemplified by residents.

The coordinator must be sensitive to many races and cultures and their traditions, be an active listener, and be fair and nonjudgmental. The coordinator must demonstrate tact and diplomacy when dealing with others and relaying confidential information. These traits exemplify professionalism, one of the 6 competencies outlined by the ACGME in the requirements for residency training.

The coordinator must be able to perform multiple duties simultaneously and set priorities with some degree of flexibility. Dealing with the unexpected is the nature of residency training. Life-altering events in residents' lives may temporarily limit their ability to perform at their highest potential. This may require changes in the residents' responsibilities (i.e., call schedule, rotation assignment), which can have a domino effect on the entire program. The coordinator acts to limit any negative impact these changes may have on the program through effective communication with residents and faculty. Implementing such changes often takes precedence over existing priorities.

Coordinators should engage in continuous professional development through ongoing training and participation in organized societies that support and enhance their profession. Through such activities, a coordinator becomes

equipped with the skills needed to initiate actions that improve the efficiency of work, reduce cost, and/or improve the quality of service to all they serve. Being an active participant in the APCR is an excellent way for coordinators to network, share ideas, and learn new skills. Presenting information at the annual meeting of the APCR is an opportunity for the coordinator to represent his or her program in a positive way.

Program directors do much more than administer residency programs. Typically, they will be involved with clinical work, teaching, and research. The coordinator's responsibilities will not be as divided, and he or she will be expected to focus on the residency program. Because they have a dedicated focus, coordinators may be more attuned to changes in regulations, deadlines, and subtle nuances of the day-to-day operations of the program. This necessitates them being able to effectively and regularly make decisions in the program director's absence within prescribed limits of authority. In fact, they are expected to act independently and exercise good judgment and decision-making skills. To the program director, these are among the most valuable traits of a coordinator.

### **ADMINISTRATIVE RESPONSIBILITIES OF THE COORDINATOR**

From resident recruitment to resident graduation, and everything in between, the coordinator will perform hundreds of tasks that are vital to the success of the program. Dianna Otterstad (5) has succinctly outlined the responsibilities of the coordinator as an annually recurring cycle of tasks. Not only does this provide a helpful listing of the duties typically assigned to a coordinator, but it facilitates the coordinator's ability to organize his or her work. Being prepared for the expected allows for flexibility when the unexpected occurs. An efficient coordinator will develop, to the degree that it is possible, an automated system that enables tasks to be completed with minimum effort and stress. I suggest that the coordinator maintain a calendar that is prepopulated with dates of major events (i.e., residency application deadlines, interview dates, in-service and board examination dates, residency match day, and the dates of the annual meeting of the APCR). This calendar can be modified each year to reflect changes in dates and events.

In July, new residents arrive and the coordinator plays a major role in their orientation. The materials that were used the previous year can be updated and used again.

Having a checklist of information to impart to residents and tasks associated with orientation (i.e., distribution of schedules, beepers, keys, badges, laboratory coats, medical licensing forms, requirements for physical examination, and basic life support training, etc.) helps to automate the process. The more automated a job becomes, the more easily a coordinator can delegate tasks to temporary student employees or other workers. For example, in July numerous radiology organizations request resident contact information for purposes of providing free journal subscriptions and other society benefits. Having an updated document with this information (that can be created by someone other than the coordinator if such assistance is available) makes it easy to respond to such requests. July is also the time residents graduate, and it is helpful to have a system in place for maintaining graduate contact information.

Residency recruitment consumes much of the coordinator's time from August through March. It starts with updating the program's informational materials that candidates use to make decisions about which programs to apply to. More and more, this information is made available on the department's website, and the coordinator typically works with the program director and other faculty/staff in updating the website. Program directors rely on the coordinator to continually update his or her computer skills. Much of the work involved in recruitment involves filing application materials, responding to phone calls, and scheduling interviews. This work can be done periodically throughout the day when time permits. However, on interview days, the coordinator will be busy greeting resident candidates, getting candidates to their interviews, and arranging lunch, transportation, and parking. The coordinator sets the tone of the day and helps to put candidates at ease by creating a welcoming experience and demonstrating to candidates that the program is concerned with resident needs. The interactions between the candidates and the coordinator will form a lasting impression in the minds of the candidates.

The Electronic Residency Application Service (ERAS) begins accepting applications in mid-August. Coordinators then begin the daily work of downloading candidate information. In February, the coordinator enters the program's rank order list on the National Resident Matching Program (NRMP) website. The results of the match are posted on the NRMP website on match day in mid-March. It is then time for the coordinator to communicate with the matched candidates and send them necessary forms and information. When the recruitment process

runs smoothly, the program director will be unaware on a day-to-day basis of all the work performed by the coordinator. However, the importance of this work cannot be underestimated. The quality of the training program is dependent upon successful recruitment of residents.

The majority of the work in scheduling activities (i.e., rotation, call, vacation, and conference schedules) is accomplished by the coordinator and chief residents, following departmental guidelines. Chief residents typically draft the rotation and call schedules, receiving guidance from prior chiefs or the coordinator. In some departments, the coordinator is the person primarily responsible for assisting the chief residents. This is an extremely important role of the coordinator, as chief residents generally turn over yearly, and therefore lack experience and institutional memory. An experienced coordinator's input provides consistency and facilitates implementation of new policies that are approved during one chief resident's term but implemented during the term of a subsequent chief resident. The coordinator assists the chief residents in the use of software programs that ease the work of scheduling.

Scheduling conferences involves communication with chief residents, the program director, and faculty. Problems related to scheduling conflicts, which occur throughout the year, usually unexpectedly and with short notice, are generally directed to the coordinator. In addition to scheduling, the coordinator is usually responsible for reserving conference rooms. In some institutions, rooms must be reserved months in advance, so this should be something the coordinator has on his or her yearly calendar. In many cases, food or beverage is provided during conferences, and the coordinator is generally responsible for organizing the catering. This may involve ordering, meeting the caterer, paying the caterer, and in some cases clean-up. There are any number of opportunities for the system to fail (i.e., the food doesn't show up, the room is being used by someone else because of a scheduling mishap), and the coordinator is generally the person who rectifies these emergent problems.

Many programs have a visiting professor program, where outside speakers are invited to give presentations to faculty and residents. It is often the coordinator who makes the arrangements for the speaker's date of visit, travel, lodging, reimbursement, and honorarium. The coordinator is often the first person to greet the speaker upon arrival and arrange for transportation to the airport at the end of the visit. The coordinator does not replace faculty in hosting speakers, but greatly influences the quality of the speaker's visit.

A simple list of coordinator duties underestimates the complexity of the myriad tasks that the coordinator performs. For example, the coordinator administers the American College of Radiology in-service examination that the majority of radiology residents takes each February. This involves reserving an examination room, notifying residents, notifying faculty that residents will be off-service while taking the examination, identifying a processor, receiving the shipment of materials and checking the shipment for completeness, storing the examinations in a secure place until the time of administration, collecting the answer sheets, and arranging for secure shipping of the answer sheets and other materials. For residents who anticipate being away from the department (i.e., at the Armed Forces Institute of Pathology course) on the date of the examination, the coordinator must make arrangements months in advance for the resident to take the examination at an alternate location. When the examination results arrive, the coordinator prepares the information for distribution to the program director, residents, and departmental educational committee.

Programs must continually provide updated information electronically for the American Medical Association through the Fellowship and Residency Electronic Interactive Database (FREIDA), the Association of American Medical Colleges through GME Track, and the ACGME through the Web Accreditation Data System (WebADS). Generally, the coordinator is the person responsible for submitting information to these databases. In addition, he or she supplies information regarding resident rotations to the institution for purposes of Medicare reimbursement.

The educational effectiveness of a program must be evaluated at least annually (1). Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. Generally, an education committee is formed that meets regularly throughout the year. Working with the program director, the coordinator prepares the agendas, attends the meetings, and drafts and maintains minutes of the meetings. He or she facilitates follow-through on all action items through communication with faculty and residents and implementation of new policies or procedures. Documentation of these meetings and of program changes made as a result of the committee's work must be reported to the ACGME at the time of external review.

## INFORMATION MANAGEMENT RESPONSIBILITIES OF THE COORDINATOR

In the current computerized society, what used to be referred to as a "filing system" is now more accurately termed information management. Resident files of hard copy documents still exist, but more information is now stored electronically. This facilitates easy access to and limits loss of information. It is not uncommon for a program director to be asked to provide information about a resident who was in the program 20 years prior, when the program director may not have even been associated with the department. Although resident files should not be discarded, it is not uncommon for such older records to be incomplete or missing. In some cases, a great deal of time is spent hunting down such files because they are located in a remote cabinet that is seldom accessed. Even current information can be misfiled, lost, or incomplete. These problems are not eliminated but occur less frequently with the use of electronic filing. One of the most important functions of the coordinator is to provide ready access to program and resident information. Having a well-organized, computerized system is key to being able to perform this function. The program director should have access to whatever system is in place and know how it is organized, should he or she need to retrieve information when the coordinator is unavailable.

Evaluations of residents by faculty, faculty by residents, and program by residents should be readily retrievable. Computerized systems have the capacity to greatly simplify the evaluation process by automating requests for resident and faculty evaluations, tabulating evaluation results, and storing information in a manageable format. Commercial software programs that can perform these functions are becoming more popular in residency programs. The coordinator is responsible for learning how to operate the system and explain how it functions to residents and faculty. This requires an investment in time and training, and exemplifies the need for coordinators to engage in continuous professional development.

Other information that the coordinator manages includes resident procedures, conference schedules and attendance records, accurate records of resident rotations (information that must be reported to the American Board of Radiology for admittance to the oral examination), resident research activities (i.e., listing of publications and presentations), resident moonlighting activities, sick leave

and vacation days used, education meeting minutes, curriculum documents, and loan deferment forms. Residents placed on probation will require substantive documentation regarding the terms of the probation and the communication process. It is particularly important for these documents to be easily accessible in a secure, confidential location.

Program directors receive numerous announcements regarding job opportunities, review courses, awards programs, and trainee grants. The coordinator can collate information, make it available in an organized format, and communicate with residents when new information is available.

### PROGRAM ACCREDITATION RESPONSIBILITIES OF THE COORDINATOR

Nearly all of the coordinator's activities in some way facilitate the program accreditation process. Becoming accredited by the ACGME and maintaining accreditation is an extremely important event for every program. When a program is on probation because of noncompliance with ACGME program requirements, every potential resident applicant must be informed of the program's status during the initial application process. To be in compliance, a program must not only function according to the requirements but must supply accurate information and statistical data about the program that documents compliance.

Accreditation site visits are generally performed every 2–5 years, depending on the program's level of compliance with the requirements. The program receives notification at least 3 months in advance of the visit. The coordinator is generally responsible for completing the program information form or "PIF," which takes a considerable amount of time and effort. The coordinator also arranges the schedule on the day of the visit, attending to all details such as communication with faculty and residents about interviews with the site reviewer, reserving a room to conduct the review activities, and arranging for parking for the site visitor. The site visitor's impression of the organization of the program can heavily influence his or her attitude regarding the quality of the program. The conduct of the coordinator and everyone who interacts with the site reviewer will form a lasting impression.

Examples of what the coordinator documents for the ACGME site reviewer include confirmation that all resi-

dents completed an initial clinical training year, spent at least 42 months training in the parent institution, and received 6 months of training in nuclear medicine. Complete and updated affiliation agreements with participating institutions must be submitted. The Radiology RRC, which recommends program accreditation action to the ACGME, must be notified of important changes in the program such as new or deleted rotations, change in program director or department chair, or change in number of residents. Coordinators must be able to document that residents in the program have met the eligibility requirements, and that written verification of previous educational experiences is obtained for all transfer residents. There must be documentation that each resident has interpreted/multi-read at least 240 mammograms within a 6-month period within the last 2 years of the residency program. The new ACGME duty hours requirements mean additional responsibilities for the program coordinator and director. Resident duty hours must be monitored and documented and there must be a departmental duty hours policy that is distributed to residents and faculty.

Programs are required to undergo internal reviews midway between ACGME reviews. Typically, the institution's graduate medical education committee is responsible for conducting internal reviews. The process is usually very similar to the external review. The program director and residents are asked to provide information and participate in interviews. The coordinator is generally responsible for filling out surveys and submitting copies of requested documents to the internal review committee. The coordinator is often the one who organizes the faculty and resident interviews. The outcome of the internal review may impact the support (i.e., clerical, financial, number of residents funded, etc.) that the program receives from the institution. The seriousness with which the program views the internal review process will be recognized by the internal review committee. Attention to detail, meeting deadlines, and following through on requests for information will be viewed positively by the committee. The coordinator is often the person who makes these things happen, either directly or indirectly.

### SUMMARY

The ACGME requires adequate lengths of appointment for both the program director and faculty as being essential to maintaining an appropriate continuity of leadership (1). Although this requirement does not apply to the pro-

gram coordinator, the ACGME does require that a program have a dedicated coordinator. Any list of coordinator duties is long, but underestimates the true volume of the coordinator's responsibilities. Although the program director is accountable for all aspects of the program, much of the director's work is delegated to the coordinator. The training period for a new coordinator is from months to years, and coordinator turnover can be very disruptive to the program. The coordinator must possess skills in communication, problem solving, decision making, administration, organization, and supervision. He or she must have a broad knowledge of academic medicine and radiology training. The coordinator is generally the first and last person to interact with resident candidates, visiting speakers, and ACGME site reviewers. His or her professional and administrative skills are a reflection of the quality of the program and effectiveness of the program director. The work of a coordinator involves managing many complex tasks at once, while maintaining the flexibility to accommodate changes in work priorities in the face of unexpected events. He or she should be seen as an advocate of both faculty and residents. The coordi-

nator needs to work independently within prescribed guidelines, engage in continuous professional development and suggest initiatives to improve the quality of the program. When done well, the coordinator's work is accomplished effortlessly in the eyes of the program director, faculty, and residents. A highly skilled and experienced coordinator is a valuable asset to the program. Providing the coordinator with adequate support (i.e., clerical assistance, materials, training, and workspace) is a smart investment, the return on which can be substantial.

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