


Survey of the Child Neurology Program Coordinator Association: Workforce Issues and Readiness for the Next Accreditation System

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Abstract

In preparation for the implementation of the Next Accreditation System in Child Neurology, the authors organized the first meeting of child neurology program coordinators in October 2014. A workforce and program-readiness survey was conducted initially. Coordinator job titles varied widely. Most respondents (65%) managed 1 or more fellowships plus child neurology residency. Most had worked in graduate medical education less than 5 years (53%), with no career path (88%), supervised by someone without graduate medical education experience (85%), in divisions where faculty knowledge was judged inadequate (72%). A small proportion of programs had established clinical competency committee policies (28%) and was ready to implement milestone-based evaluations (56%). A post-conference survey demonstrated substantial improvements in relevant skills. The complexity of residency program management in the Next Accreditation System era supports substantive modifications to the program coordinator role. Such changes should include defined career pathway, managerial classification, administrative support, and continuing education.

Keywords

residency coordinator, career path, TAGME, ACGME, NAS

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Program Coordinators are faced with general as well as specialty-specific challenges regarding implementation and management of the Accreditation Council for Graduate Medical Education's (ACGME's) Next Accreditation System (NAS) requirements. The vast number and variety of Accreditation Council for Graduate Medical Education-accredited programs (>9500), each with specialty-specific milestones and requirements, creates challenges for dissemination of information from the Accreditation Council for Graduate Medical Education. Completely new evaluation paradigms as well as committee structures are now required. Program Coordinators for child neurology, who manage child neurology residencies, neurodevelopmental disabilities residencies, and multiple accredited and non-accredited fellowship programs, face a number of additional challenges. Although there are several established organizations providing ongoing instruction in graduate medical education for program directors, no such association existed to train and support managerial tasks for child neurology program coordinators.

Based on the impending full implementation of the Accreditation Council for Graduate Medical Education's Next Accreditation System, coordinators at 3 institutions

organized an educational conference, lobbying successfully for support from the Child Neurology Society. A workforce and program-needs survey was conducted prior to the conference as well as a postconference survey to evaluate educational gains. In this article, we report the results of those surveys. The data suggest that there are many opportunities for improvement within the support structure of child neurology residency education. In particular, the present study supports the development of formal career pathways within graduate medical education for child neurology program coordinators involved with highly complex training programs.

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Methods

The focus of this project was to identify knowledge-gaps and preparedness for the Accreditation Council for Graduate Medical Education's Next Accreditation System and to establish a national coordinator association to support child neurology program management. The Inaugural Meeting of Child Neurology Program Coordinators took place on October 22, 2014, in Columbus, OH, in conjunction with the Child Neurology Society annual meeting.

Survey Development

The authors developed the survey through a collaborative process with input from the program directors at their institutions. This group represents child neurology training programs situated in both pediatric departments and neurology departments. The final survey included 36 questions, with several of the questions having the option of additional free-text responses. Approval for this survey study of education was granted through the Institutional Review Board at Cincinnati Children's Hospital Medical Center.

Survey Topics

The aim of the study was to ascertain systematic information about program coordinator work practices and support, as well as to determine knowledge gaps with regard to preparation for the Accreditation Council for Graduate Medical Education's Next Accreditation System. The knowledge gaps identified were used by the authors to prepare a specific educational curriculum for child neurology program coordinators to be offered as part of the first annual child neurology program coordinators' meeting.

Workforce questions addressed the duration of employment in graduate medical education, certification status, full time equivalent worked, administrative support, number of residencies and fellowships managed, program management software, institutional career path, and other relevant areas. Knowledge gap questions related to milestones, preparedness for new evaluations, policy implementation for program and competency committees, and faculty knowledge of accreditation requirements.

The authors also developed a postconference survey to assess outcomes and interest in future conferences.

Study Sample and Survey Dissemination

The authors requested contact information for all US child neurology training programs from the Child Neurology Society in August 2014. Seventy-seven individuals responsible for 80 programs (72 child neurology programs and 8 neurodevelopmental disabilities programs) were identified. E-mail addresses were provided by the Child Neurology Society. Invalid contacts were replaced after contacting those institutions directly. An e-mail message was sent to 77 program coordinators requesting participation in the study, assuring anonymity, and providing a hyperlink to Survey Monkey. The original e-mail plus 4 e-mail reminders were sent between September and October 2014. There was no reimbursement or other incentive provided for participation.

Data Analysis

The final 43 responders' survey data were downloaded into Excel. The primary aim of the study was to provide descriptive data. Thus,

responses were characterized with descriptive statistics (primarily percentages). Qualitative/Open response data are also presented.

Results

The preconference survey response rate was 56% (43/77; includes both child neurology and neurodevelopmental disabilities coordinators). The postconference survey rate was 100% (17/17; 24% of the 72 child neurology coordinators attended).

Coordinator Training, Work, and Support

The preconference survey results regarding coordinator experience, training, work hours, and work requirements are shown in Table 1. More than half of the respondents have been at their current position for 5 years or less, one-third having worked 2 years or less. Only 2 respondents (4.7%) were Training Administrators of Graduate Medical Education certified,¹ and only 5 (12%) reported the existence of a career path for advancement at their institutions. Job titles showed marked variability (see Supplemental Table 1).

Time allocated to coordinator tasks ranged from 0.1 full-time equivalent to 1.0 full-time equivalent, with just more than half of respondents reporting less than 0.5 full-time-equivalent time allocations. Administrative assistant support was present in one-third of cases. Office locations and primary appointments of program directors are primarily within pediatrics, not adult hospitals.

As shown in Table 1, the majority of child neurology program coordinators manage multiple programs. These include other residencies, such as adult neurology or neurodevelopmental disabilities residencies, as well as a very large number of fellowships, including Accreditation Council for Graduate Medical Education-accredited fellowships. Several different computer-based residency management systems are used.

Next Accreditation System Readiness

Preconference survey responses regarding preparedness for the Accreditation Council for Graduate Medical Education's Next Accreditation System are shown in Supplemental Table 2. At the time of the survey in the fall of 2014, child neurology had implemented new program requirements for Clinical Competency and Program Evaluation Committees (July 2014), and final child neurology milestones were published by the Accreditation Council for Graduate Medical Education but not yet in the implementation stage (phase 3: July 2015). Proportions of respondents reporting establishment of committee memberships and formal policies as well as practical knowledge of milestone-based evaluations were lower than expected. Only a minority of respondents perceived their faculty was knowledgeable or very knowledgeable about Next Accreditation System requirements.

Survey data were complemented by open-label responses in a number of areas. These include faculty-related knowledge and participation, program coordinator knowledge and learning curve, lack of time, resources, and administrative support (see Supplemental Table 3).

Table 1. Residency coordinator workforce summary.

Coordinator information: Preconference survey	Respondent percent
Years in current position	
<1	14.0
1-2	18.6
3-5	23.2
5-10	18.6
10-15	11.6
>15	14.0
Full-time equivalent (FTE)	
<0.5 FTE	27.9
0.5 FTE	27.9
0.6-0.9 FTE	14.0
1.0 FTE	30.2
Residency program coordinator training and support	
Career path for advancement at institution	12.0
Works with administrative assistant	32.6
Certified by TAGME	4.7
Management responsibilities	
Manage both residency and fellowship	55.8
Non-Child Neurology residency programs managed	
NDD	5.1
Adult neurology	20.5
Other	10.3
Fellowships managed	
1	32.6
2-5	23.3
>5	9.3
Number of fellowships which are ACGME accredited	
0	40.5
1	31.0
2-3	19.0
4-6	7.2
>5	2.4
Residency management system	
E*Value	16.7
MedHub	35.7
New innovations	42.9
Other	4.8
Location of residency program office	
Children's hospital	55.8
Adult hospital	14.0
Other	23.3
Primary appointment of program director	
Pediatrics (Child Neurology division)	76.7
Adult neurology	4.7
Other	7.0

Abbreviations: ACGME, Accreditation Council for Graduate Medical Education; NDD, Neurodevelopmental Disabilities; TAGME, Training Administrators of Graduate Medical Education.

Workshop Pre- and Postassessment Results

The workshops presented professional development topics and provided practical tools and instruction for Accreditation Council for Graduate Medical Education's Next Accreditation System implementation. The postworkshop survey of the 17

coordinators who attended showed a doubling in the percentage of coordinators' perceived preparedness, to 92%. All attendees indicated their intention to implement the tools provided. A postconference progress online network has been created.

Discussion

This survey provides vital data on the child neurology program coordinator workforce and preimplementation readiness regarding the ability of child neurology residency and fellowship programs to implement the substantial changes under Accreditation Council for Graduate Medical Education's Next Accreditation System. Understanding these data is an important step in order for programs to implement these changes. A number of policy changes are also suggested on the basis of these findings.

Workforce

The program coordinator workforce has relatively few years of experience. A number of factors emerge from the study that may explain this. First, most institutions provide program coordinators with limited recognition and no opportunity for career advancement. A consensus is not even present in job title: An open-ended question asking respondents to report their titles revealed 15 different answers ranging from Administrative Assistant to Manager to Director (see Supplemental Table 1), further supporting the lack of consistency in recognizing the skillset required to successfully manage a residency training program. Second, despite the complexity of the position and its steep learning curve, institutions often provide minimal training and no administrative support. Training Administrators of Graduate Medical Education certification, which is available for program coordinators in child neurology, solidifies a skillset and reinforces the degree of knowledge required to successfully manage a program. Based on the duration of current position requirement of 3 years minimum,¹ 67.4% of respondents would be eligible for Training Administrators of Graduate Medical Education certification; however, only 4.7% have obtained such credentials. A career path recognizing certification and other achievements is important in retaining and attracting qualified individuals in residency management positions,^{2,3} yet 88% of respondents reported no career path exists at their institutions.

Guidance, assistance, and expertise are often not readily available for coordinators, as 85% of respondents indicated their direct supervisor has no knowledge of graduate medical education. In the absence of direct supervision knowledgeable about educational requirements, the time requirements and complexity of the coordinator skillset is often not understood within divisions and institutions.^{2,4} As a result, coordinators report that frequently their supervisors require them to divide their time with non-program management duties. Lack of time was reported as an obstacle to understanding, planning for, and implementing the Accreditation Council for Graduate Medical Education's Next Accreditation System. Program coordinators

reported widely varying time allocations for their work, and lack of time was a common theme in open text responses. The position itself has cyclical responsibilities. It takes 1 year to become familiar with the position and at least a second year to learn how to apply the skills learned.⁴ One-third of the responders have less than 2 years of experience in their position. Nearly 50% of the open-ended comments referenced lack of knowledge, or a steep learning curve, as an important challenge in implementing Next Accreditation System changes (see Supplemental Table 3). Coordinators expressed concern that they do not have adequate time to spend implementing Next Accreditation System changes due to the number of programs they manage and the non-educational duties for which they are responsible. These issues, compounded with the reported lack of career path and thus no opportunity for advancement, could explain the reason for coordinator turnover.

Summary of Readiness Data

The new Accreditation Council for Graduate Medical Education program requirements effective July 1, 2014, included creation of Program Evaluation Committee and Clinical Competency Committee policies and membership. Forty percent of programs reported multiple Program Evaluation Committees and 48% reported multiple Clinical Competency Committees. Despite the July 2014 requirement, 35% of respondents acknowledged not having created policies for these committees. An additional 37% skipped the question, suggesting that the lack of preparedness in this area could be as high as 72%. There was an overall lack of understanding regarding the timing and requirements of the Clinical Competency Committee. The new program requirements state that the Clinical Competency Committee must meet semiannually, yet when asked how frequently their Clinical Competency Committee meetings would be held, less than 50% reported that they would meet at this interval.

The major current change of the Accreditation Council for Graduate Medical Education's Next Accreditation System is the transition to milestone-based resident evaluations. For child neurology and other phase 3 specialties, the milestones become effective July 1, 2015. They were completed and published by the Accreditation Council for Graduate Medical Education in January 2014, 10 months prior to the conference. The process of incorporating the milestones into rotation-specific evaluations requires much planning and time to achieve successful results. Nearly 50% of respondents skipped the question that asked if their programs had created milestone-based evaluations for their core rotations. When asked when their program would begin implementing and distributing revised milestone evaluations, 40% of programs were unsure. Respondents revealed an overall lack of knowledge on how to implement the milestones, with more than 60% revealing they were unsure if their residency management software program had the ability to map 1 question to multiple milestones. In the open-text responses, coordinators expressed difficulty learning the Next Accreditation System's requirements, oftentimes reporting

limited faculty and program director involvement, stating for example, "I am mostly left to learn the milestones on my own." More than half of all open-text comments indicated lack of faculty participation in the process, and 72% reported faculty members had limited knowledge. Although adult neurology's milestones became effective July 2014, the coordinators located within an adult hospital were not more likely to demonstrate readiness in these areas, and many had not yet started the milestone process.

Survey/Study Limitations

This is the first study of program coordinators for child neurology residency and fellowship programs. The majority of respondents (56%) are primarily housed in children's hospitals, consistent with the proportion of Professors of Child Neurology whose primary clinical affiliation is a children's hospital.⁵ The response rate of 56% is comparable to other e-mailed survey studies in neurology.⁶ Limitations include the possibility that the survey responders may not represent the entire cohort of program coordinators. A possible bias might be that program coordinators who perceived themselves and their programs as less than well-prepared were more likely to participate in the survey and attend the coordinator meeting. However, although the number of the survey responders and conference attendees is small, the broad geographic representation of the responders as well as conference participants, and the distribution across pediatric and adult hospital locations, suggest this survey represents child neurology program coordinators reasonably accurately.

Potential Policy Implications

The program coordinator's growing list of responsibilities include overall program management, operations management, resident and administrative supervision, scheduling, recruitment, orientation, fiscal responsibility, and numerous other residency-related items, including management of residents and fellows rotating through multiple pediatric and adult hospitals, resident elective rotations within multiple subspecialties (eg, neuropathology, neuroradiology, psychiatry) that exist administratively outside of neurology, fellowship training in any of 8 accredited subspecialties (eg, clinical neurophysiology, neuromuscular medicine, sleep medicine), and fellowship training in numerous non-Accreditation Council for Graduate Medical Education accredited specialties (eg, headache, movement disorders, neonatal neurology). The substantial proportion of international medical graduates pursuing child neurology residencies, fellowships, and observerships creates additional work. This requires independent thinking, reasoning, problem solving, and management skills.⁴ The data from this first survey of child neurology coordinators support a number of future policy considerations.

First, the child neurology program coordinator should have a more clearly recognized education-related status and career path within institutions training child neurology residents and

fellows. The current system's shortcomings have resulted in relatively rapid turnover and low levels of preparedness for Next Accreditation System implementation. These difficulties may accelerate as new requirements, including the upcoming Self-Study visits, take effect. The Accreditation Council for Graduate Medical Education will include the coordinator in the one-on-one interviews as a required component of the accreditation visit. Given the complexity and required knowledge base, a number of subspecialties and health professional organizations support that the coordinator position should be re-categorized as a managerial position.^{3,7-10} Second, at the national level, neurology and Child Neurology should follow the lead of other core specialties, including Internal Medicine¹¹ and Orthopedic Surgery,¹² in endorsing the position as professional, not clerical.⁷ Also, Child Neurology should determine Accreditation Council for Graduate Medical Education specialty-specific program requirements including program coordinator full-time equivalency recommendations, based on program complexity and numbers of trainees, similar to what has been published for general pediatrics, emergency medicine, and multiple surgical specialties.¹³ Finally, continuing education of program coordinators is essential.¹⁴ As the postconference survey shows, subspecialty education through a national program coordinator organization can be very effective for improving program implementation and compliance with Accreditation Council for Graduate Medical Education requirements.⁷ Support for this organization should continue.

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Author Contributions

TBF, JLC, JAL, and DLG developed the questionnaire. TBF wrote the first draft of the manuscript. TBF performed the statistical analysis. TBF, JLC, JAL, and DLG performed the final editing of the manuscript.

Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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Ethical Approval

This study was conducted under an exempt human studies protocol, with survey completion as implied consent, as approved by the Institutional Review Board at the Cincinnati Children's Hospital Medical Center (IRB Approval Number: 2014-7625).

Supplemental Material

The online [appendices/data supplements/etc] are available at <http://jcn.sagepub.com/supplemental>

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